



USER GUIDE | Disability: Medical Panel Requests

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DISABILITY: MEDICAL PANEL REQUESTS

(1) Overview



PROSPER

In This Section

- ✓ 1.1 Home Page
- 1.2 Tabs
- 1.3 Tasks
- ✓ 1.4 Notifications

1.1 Home Page

The Home page contains 3 sections:

- 1. Application tabs, such as Tasks, Disability, and 91A are on the far left
- 2. Tasks and Notifications are found in the second section
 - Log into PROSPER often to check for updates. Updates happen in real time and only show for 90 days.
- **3.** The large central window contains an enlarged view of the application tab that is currently selected. In this instance, the **Task Overview** window is shown.

Task Overview y 1 Board Action Requests 19 * Member Information Request: Suspension Requests 2 P Salary Verifications 87 Termination Requests Excess Requests 35 * cations (Last 90 Days) Ŀ 2 3

Figure 1.1.1: The Home Screen

Figure 1.1.2: Home Screen Board Name and Greeting

s	STATE		Massachusetts Public Employee Reti	rement Administration Commis	lion			Hello, Board Member20188 Sign Out	
Tas	sks						2	Change Role from Disability Admin	
Ų	Disability Transmittal Action	Task Overview					2	Last login: 11/28/2023 12:59 PM	
Disab	bility	Disability Transmittal						Change Password	
IIS	CME Suspension Reinstatement for 83 74	Disability manamittat		Board Action Re 19	quests			Change Security Questions	
91									
2	for 97 M 99	CME	Member Information Res 5	quests		Suspension Requests			
Memi	CME Suspension Reinstatement								
ocun	ments	91A	Salary Verifications	Termination R	quests	Excess Requests			
	CME Suspension Reinstatement for 5 L 91		87	66		35			
Adn									
Direc									
Men									
1101									

- **1.** The **Board Name** will reflect your board (STATE used here for demonstration purposes only).
- 2. The **Greeting** (in this example, "BoardMember20188") will contain your name; hovering over the greeting will display options such as change your password and change security questions.

1.2 Tabs

Choosing a tab from the **Tabs** section will open that specific application and will show each of the processes that are available to you. Once a tab is selected, it will bring you to a different work section and the active section will be highlighted.

Administrators will have permission to access different tabs depending on their user access.

Figure 1.2.1: Tabs

	STAT	TE		Massachusetts Public Employee Rel	tirement Administration Commis	sion		Hello, Board Member20188	Sign Out
	😭 Tasks	Tasks							
	Ų,	Disability Transmittal Action Request for 14 25 (6 Ordinary)	Task Overview						
	Disability	CME Suspension Reinstatement for 83 74	Disability Transmittal		Board Action Re 19	equests			
Tabs —	Aembers	CME Suspension Reinstatement for 97 M 99	СМЕ	Member Information Re	quests		Suspension Requests		
	pcumen	CME Suspension Reinstatement for 31.85	91A	Salary Verifications 87	Termination Re	equests	Excess Requests		
	* Admin	CME Suspension Reinstatement for 5 L 91		0,			20		
		Notifications (Last 90 Days)							
	B								

1.3 Tasks

Tasks are items that need some action to be taken. Clicking on a specific task will bring you to that task.

Figure 1.3.1: Task Section on the Home Page

	IE.		Massachusetts Public Employee Ret	irement Administration Commis	ssion		Hello, Board Member20188	Sign C
Tasks ———	Tasks Disability Transmittal Action Request for 14 25 (6 Ordinary)	Task Overview						
	CME Suspension Reinstatement for 83 74	Disability Transmittal		Board Action R 19	equests			
	CME Suspension Reinstatement for 97 M 99	СМЕ	Member Information Re	quests		Suspension Requests		
	CME Suspension Reinstatement for 31 85 CME Suspension Reinstatement	91A	Salary Verifications 87	Termination R 66	equests	Excess Requests 35		
	for 5 L 91	- · ·						
	Notifications (Last 90 Days)							
						• • • • •		

Tasks will be visible on the home page until it is completed. Most Board Member Tasks involve Compliance. Disability Tasks for Board members involve approval or denial of disability applications.

Figure 1.3.2: Select the Task For Information on Actions Needed

	:	Massachusetts Public Employee Retirement Administration Commission	Hello, Board Member20188	Sign Out
	Tasks			
		Member Information Request for 60 4		
	CME Member information for 42			
	36 is due by 11/9/2023	Current Information Form		
Select Task ———	CME Member information for 60 4 is due by 11/9/2023	Name of Retirement Board Information on the action that		
	91A Board Action Termination Request for 21 R 2	State SN Member Last Name [*] Member First Name [*] ML Suffix """"9635 4 60		
	91A Board Action Termination Request for 38 W 79	Foreign Address		
	91A Board Action Termination Request for 60.04	Street Address* Street Address z City* State* Zip* 60 St.		
		Phone #* Email		
	Notifications (Last 90 Days)	(781) 626-3884 60.4@testtest		
		Date of Birth Date of Hire Job Title Date of Retirement 3/27/1984 Trooper 6/21/2022		
		CME Exception?		
		v		
		Employer Name (current)* Employer Title (current)*		
		State Police Headquarters State Police		
		Employer Phone Type Employer Phone Employment From Employment To		
		Work v (508) 820-2656		
		Current Position Occupation Supervisor Name		
		Trooper Shawn Givhan. Director of H		
		Employer Street Address (current) City State Zip		
		470 Worcester Road Framingham MA V 01702		
		If this member is now deceased, please contact PERAC	Sub	mit

Tasks contain detailed information on the action that needs to be taken.

1.4 Notifications

Notifications are items that are primarily informational, but may need action by you or another Board Member.

Figure 1.4.1: Notifications Screen

	Έ	Ма	ssachusetts Public Employee Retirement Administra	ation Commission		Hello, Board G M	lember20294	Sign Out
	Tasks							
	Disability Transmittal Action Request for 14 25 (6 Ordinary)	Task Overview						
	CME Suspension Reinstatement for 83 74	Disability Transmittal		Board Action Re 19	equests			
	CME Suspension Reinstatement for 97 M 99	СМЕ	Member Information Re	quests		Suspension Requests		
	CME Suspension Reinstatement for 31 85						1	
	CME Suspension Reinstatement for 5 L 91	91A	Salary Verifications 87	Termination Re 66	equests	Excess Requests 35		
	101.01.91							
	Notifications (Last 90 Days)							
	11/8/2023 Disability Transmittal Complete							
Notifications ——	11/8/2023 Disability Transmittal Needs More Information							
	11/8/2023 Medical Panel Results							
	11/8/2023 Appointment Confirmed							

> Notifications show for 90 days only.

Figure 1.4.2: Selecting Notifications

E	Massachusetts Public Employee Retirement Administration Commission	Hello, Board G Member20294	Sign Out
Tasks			
Accidental)	Dear Board G Member20294,		
Disability Transmittal Action	An appointment on 12/12/2025 at 3:07 PM for AutoMPR McTest3000 has been confirmed with Nabil Basta, Steven Silver, Ryan Friedberg,		
Request for 41 61 (7 Accidental)			
Disability Transmittal Action			
Request for 35 A 25 (7			
Accidental) Disability Transmittal Action			
Request for 22 15 (7 Accidental)			
Disability Transmittal Action			
Request for 9 93 (7 Accidental)			
Disability Transmittal Action			
Request for 14 25 (7 Accidental)			
Notifications (Last 90 Days)			
11/8/2023			
Disability Transmittal Complete			
11/8/2023			
Disability Transmittal Needs			
More Information 11/8/2023	-		
Medical Panel Results			
11/8/2023 Appointment Confirmed			
Appointment Conlinned			
11/5/2023	-		
Disability Transmittal Board			
Action Request is Late 11/3/2023			
Medical Panel Results			

> Selecting a **Notification** will display the full Notification.

Most information regarding medical panel exams, reports etc. will be sent to the board via the **Notifications** tab. You will no longer receive letters regarding medical panel appointments. Notices will be sent via PROSPER NOTIFICATIONS. Any cancellations and completed Certificate and narrative notifications will appear here as well.

When you open the Notification, you will view the details of the notification. Most of the actions in the Disability process will be in the form of **Notifications**, such as:

- Appointment notices
- Cancellations
- Certificate receipts



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NOTE: Notifications only remain visible for 90 days, then they fall off. LOG IN TO PROSPER TO KEEP TRACK!

Email and Notifications

You will not receive e-mails for all processing; check PROSPER daily.

- Medical Panel Request Under Review
- Appointment Scheduled/Confirmed/Cancelled
- Medical Panel Results
- Withdrawal/Deny Acknowledgement

Figure 1.4.3: Sample Notification with Link to View Certificate



Figure 1.4.4: Sample Notification E-mail

perac-mailing@per.state.ma.us	4:53 PM (18 hours ago) 🏠 🦘
to me 💌	
Dear Marceline	
An appointment on 6/7/2018 at 01:30 F https://www.google.com/maps/dir/543+	for Paul has been scheduled with William Donahue, M. D. at 123 Test ave testville MA, 11111. For your convenience, follow this link to print off the directions: nn's+Way.+Plymouth.+MA.+02360/123+Test+ave.+testville.+MA.+11111/am=1.
recipient, please notify the sender b	onic message and any attachments are intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended reply email and immediately delete this message. Use, disclosure or reproduction of this email by anyone other than the intended recipient(s) is strictly prohibited. Than the email system. Please do not reply to this email message as this mailbox is not monitored.

> You will not receive e-mails for all processing - check PROSPER daily.

(2) Medical Panel Request Process



In This Section

- ✓ 2.1 Disability Home Page
- ✓ 2.2 Medical Panel Request Overview / Home Page
- ✓ 2.3 Creating a Medical Panel Request
- ✓ 2.4 Status of Medical Panel Request

2.1 Disability Home Page

From the Disability Home Page, the Board Member can review documentation on active and completed Disabilities.

Figure 2.1.1: The Disability Home Page

sability Home	First Name Last Name
Start Medical Start Panel Involuntary Start Request Request	
+ Member Medical Panel Requests	1
Member Disability Transmittals	T
+ Member CME Reviews	2 Click History to sort through cases →
+ Withdrawal/Denial	
+ Rejected	
+ Approved Disability Transmittals without Retirement Date	

The Disability Home page is set up in 2 sections:

- 1. The top 3 boxes will start a process (Medical Panel Request, Involuntary Panel Request or Transmittal)
- 2. The horizontal blue lines underneath contain Cases, History and Information for Medical Panel Requests (as well Disability Transmittals and 91A Status). Current active cases can be opened to view ongoing cases. Once the member has completed the Disability process, the file contents will move over to History.
 - Click the **History** link on the right side of the box. Depending on the size the board, these lists can become extensive. The History link can help to sort through completed cases.

2.2 Medical Panel Request Overview / Home Page

A list of all cases in the Medical Panel Request process for your board will populate.

Figure 2.2.1: Medical Panel Requests Home Page

PROSPER

Start Medical Panel Request	Start Involuntary Panel Request	Start Transmittal				
 Member Medical 	Panel Requests					History
1ember Name 🔺	Request Date	Disability Type	Employer	Current Status	Doctor(s)	
M 1	4/8/2017	Voluntary Ordinary Disability	Department of Probation	Certificate Reviewed	Michael Kahn	
8 15	2/15/2019	Voluntary Ordinary Disability	Massachusetts Trial Court	Request Not Submitted		
5 B 17	2/21/2023	Voluntary Accidental Disability No Pre	Mass Department of Transp	Pending Scheduling	B. Eugene E Brady; Marc Linson	
2	12/27/2018	Voluntary Accidental Disability No Pre	Department of Corrections	Request Not Submitted		Clarification
2	12/27/2018	Voluntary Accidental Disability No Pre	Department of Corrections	Pending Scheduling	Robert W Ferrell	Clarification

The cases listed will provide the Member Name, Date of Panel Request, the Disability Type, the Employer, Current Status and the names of the Doctor(s).

Figure 2.2.2: Viewing a Medical Panel Request

Board members are able to view a disability application throughout the Medical Panel process.

August formation Market Name Market Name <th>Medical Panel Request</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Medical Panel Request									
<pre>sed with set wit</pre>	Request Information					Status Information				
Form Conjunt Conjunt Attachment Charley Argendation © 0 0 Charley Argendation Argendatio Argendation Argendation Argendation	Social Security #: " Application Date: 4// Panel Type: Sin Disability Type: Vo Orr Appointment Type: Saa Board: Saa Medical Condition: Pay OC	***.g216 8/2017 Juntary Jinary Disability dinary Appointment He cychiatric JD			1	Request Under Review: Pending Scheduling: Scheduling Hold: Appointment Scheduled: Appointment Comfirmed: Appointment Comfirmed:	6/25/2018		2	
Pickow Statement 0 B: Pickow Statement 0 D: Pickow Statement Statement 0 D: Pickow Statement Statement 0 D: Pickow Statement Statement Statement 0 D: Pickow Statement Statement Statement Statement 0 D: Pickow Statement Statemen	Forms				3			Complete	Attachments	History
Projection! © Direction Projection Us © Direction Perform NFERC for addring on the budget parset © Direction Official Judio Description © Direction Operating the Elections (Sproken Elections) (Disability Application							0	D :	
Previow Image: Control of the solution of the buttom is control of the solution of the solution of the buttom is control of the solution of the buttom is control of the solution of the solutis of the solution of the solution of the solution of the	Employer's Statement							0	D :	
Notice Networks One Dir FERC Approval Littler from FERCE (for additional Medical Pare) C Dir Chick Absorber C Dir Chick Absorber C Dir Chick Absorber for the Michical Pare) C Dir Chick Absorber for the Michical Pare) C Dir Norwall weeks the Electronic weeks the Electronic top output the Information provided herein to the and complete to the best of my invested and the Michical Pare) Dir Norwall weeks the Electronic weeks the Electronic top output the Information provided herein to the and complete to the best of my invested and the Michical Pare) Dir Norwall weeks the Electronic weeks the Electronic top output the Information provided herein to the and complete to the best of my invested and the Michical Pare) Dir Norwall weeks the Electronic weeks the Electronic top output the Information provided herein to the and complete to the best of my invested and the Michical Pare) Dir Norwall weeks the Electronic weeks the Electronic top output the Information provided herein to the and complete top output the Michical Pare) Dir Appletithement & Certificates Norwall Weeks the Michical Pare) Secalary Location Chick Here to View/Print Certificates & Marranic top output the Michical Pare) Secalary Location	Treating Physician's State	ment						0	B 1	
PARAC Agronal Letter from FBARC (for additional Modical Pares) © B: Officed Job Description © D: Officed Job Description © D: Pre-stream of the March officed Letter from FBARC (for additional Modical Pares) International Modical Pares) D: Pre-stream officed Letter from FBARC (for additional Modical Pares) International Modical Pares) D: Pre-stream officed Letter from FBARC (for additional Modical Pares) International Modical Pares) Difficed Pares	Physician List							0		
Click Add Description © Display Display the Display to Electives Signalar loss, and clicking on the batters (correly update the persist) of persist) that the information produced homes to the and complete to the batter of my knowledge. Display Part Admon Ministry Ministry Bit Display Ministry Bit Date Time Vendor Date Time Vendor Date Time Vendor	Medical Records							0	B 2	
by vetering my name, eluciting the Elicitions Synchras loss and Idology on the buttoms Losently under the penalty of perior that the information provided herem is to use all complete to the set of my howeledge. Parstance M Last Name Last Name Click Here to View/Print Certificates & Narratives Appletiments & Certificate Vender Speciation	PERAC Approval Letter fr	om PERAC (for additional Medical Panel)						0	B:	
Prof. Marcellow No. 1 No. 1 Viewellow Viewellow 2 Lackbeerlooger Hultzanskie	Official Job Description							0	D :	
Data Time Vendor Doctorisi Speciality Location Certificate Addendums	First Name Marceline	MI Last Name Vilmont		salty of perjury that the information provided here			o View/Print	t Certifica	ates & Narrative	s
Kérked Valen MD	Appointments & Certifica	ates								
2/20/2018 Boo AM Kahn, M.D. Midates Kahn, M.D. Paychatel, Boston, M.A. View	Date	Time	Vendor	Doctor(s)		Specialty	Location	Certificate	Addendums	
	7/20/2018	8.00 AM	Kahn, M.D.	Michael Kahn, M.D.		Psychiatric	Boston: MA	View		

 Upon opening a Medical Panel Request page, the Request Information, Status Information and Forms fields will appear.

- 1. **Request Information -** including Information from the member application, such as member demographic data and case detail.
- 2. Status Information includes status of the request and dates of the various processes.
- **3. Forms** includes submitted application documents sent to PERAC. When appointments are scheduled, this page will update to reflect appointment dates. When certificate/narratives are completed, they will be available here as well.

PROSPER Medical Panel Request Processing

- What has NOT changed:
 - ◎ Role of Board and PERAC
 - \odot Information provided to the physicians
- What HAS changed:
 - Documents will be uploaded by the Retirement Board and submitted at the time of Request
 - PROSPER will make records available to MD's at date of schedule
 - No mailing 3 copies of records

The boards can use PROSPER to assist in managing their cases however it best suits them. Once you begin inputting the information, the board can **Save**, **Cancel** or **Submit**. Information can be input as it is received, or the case can be compiled and then input.



NOTE: NOTHING IS TRANSMITTED TO PERAC UNTIL THE BOARD CHOOSES TO SUBMIT.

2.3 Creating a Medical Panel Request

Voluntary and involuntary panel requests are separate processes. These buttons will only be enabled for Administrators. Board members and chairs will not be able to start this process.

Figure 2.3.1: Starting a Voluntary or Involuntary Medical Panel Request

Disability Home Frst Name	Last Name.
Start Medical Brogenet Request	
* Member Medical Panel Requests 1	History
+ Member Disability Transmittals	History
+ Member CME Reviews	History
+ Withdraws/Devial	History
+ Rejected	History
+ Approved Disability Transmittals without Retrement Data	

1. Selecting either of these buttons will open the member information page to enter the member information.

Figure 2.3.2: Entering Member Information

Disability Information		
Chock II this panel request is for an accidental death only: Chocke All that apply Chocke All that apply Chocke All that apply () Chocke All that	"NOTE If multiple Acodential Disability selections are necessary create a Medical Panel request for each selection.	
Member Contact Information		
Last Name Fir	mber Fins Name* ML. Suffix R Name	x
Application Date*		
This member has claimed total incapacity based on the following medical condition(s).* Body Part*		
	3	
ingury 🗸		

- 1. Presumptions will appear in the drop down if you choose Accidental Disability.
- 2. Important to verify **Social Security Number** before entering! You must complete ALL fields to Save the information.
- **3.** Enter **Body Part** and describe details of the **Injury** and Diagnosis (from Treating Physician's Statement).



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NOTE: You must complete all fields. Court Decisions must be attached, if applicable.

Once all questions are completed, a **Form Checklist** will be created based upon the information that was entered. Here is an example of the required forms for each type of application.

Figure 2.3.3: Required Forms Lists for Disability Applications

Voluntary Disability Application

	Voluntary					
	Ordinary Disability	Accidental Disability - No Presumption	Accidental Disability - Heart	Accidental Disability - Lung	Accidental Disability - Cancer	
Disability Application	R	R	R	R	R	
Employer's Statement	R	R	R	R	R	
Treating Physician's Statement	R	R	R	R	R	
Physician List	R	R	R	R	R	
Medical Records	R	R	R	R	R	
Injury Report		R				
Involuntary Retirement Application						
Official Job Description	R	R	R	R	R	
Other Documents						
Pre-Employment Physical			R	R	R	
Appeals / Court Decisions		R (If "Is this re	quest to an Appeal or Court De	cision" is YES)		
Veterans Status						
Death Certificate						
Previous Disability Certificate						
Previous Disability Narrative						

Involuntary Disability Application

	Ordinary Disability	Accidental Disability - Lung	Accidental Disability - Cancer		
Disability Application					
Employer's Statement	R	R	R	R	R
Treating Physician's Statement					
Physician List	R	R	R	R	R
Medical Records	R	R	R	R	R
Injury Report		R			
Involuntary Retirement Application	R	R	R	R	R
Official Job Description	R	R	R	R	R
Other Documents					
Pre-Employment Physical			R	R	R
Appeals / Court Decisions		R (If "Is this re	equest to an Appeal or Court De	cision" is YES)	
Veterans Status					
Death Certificate					
Previous Disability Certificate					
Previous Disability Narrative					

Death Disability Application

	Death				
	Survivor Benefit	Posthumous Panel - Presumption	Posthumous Panel - No Presumption		
Disability Application	R	R	R		
Employer's Statement		R	R		
Treating Physician's Statement		R	R		
Physician List		R	R		
Medical Records	R	R	R		
Injury Report			R		
Involuntary Retirement Application					
Official Job Description	R	R	R		
Other Documents					
Pre-Employment Physical	R	R			
Appeals / Court Decisions					
Veterans Status					
Death Certificate	R	R	R		
Previous Disability Certificate	0				
Previous Disability Narrative	0				

Figure 2.3.4: Required Forms Checklist

Medical Panel Request			
Request Information	Stat	atus Information	
Member Name Peter grifn Social Social Transmitty ************************************	Req Pon Sch App App App	equest Submitted equest Under Review: ding Schoolung: beduiting Hold: gooletimest Consolidation gooletimest Consolidation gooletimest Consolidation gooletimest Consolidation	
Forms	ssigned	Complete	Attachments
	ssigned loard Member20188	Complete	Attachments
Disability Application E			Attachments
DaabilityApplication E Employer's Statement E	loard Member20188	•	Attachments
Disability Application E Employer's Statement E Treating Physician's Statement E	loard Memberzo188 loard Memberzo188	•	Attachments
Daability Application E Grangbory's Statement E Physician's Statement E Physician List	ioard Member20188 Ioard Member20188 Ioard Member20188	0 0 0	Attachments
Daabily Application E Employer's Statement E Taxating Physican Ista Physican Ista Medical Records E	ioard Member20188 Ioard Member20188 Ioard Member20188 Ioard Member20188	0 0 0	Aliachments
Dashity Application Englishing Application Englishing Application Englishing Application Statement Application	laard Memberzos88 laard Memberzos88 laard Memberzos88 laard Memberzos88 laard Memberzos88	0 0 0 0	Atachnets

1. A list of required Forms based upon the type of application will populate. The **Red Complete** button will remain until the form is uploaded. You are required to open and complete each section. Complete each section and then attach the form required.

Figure 2.3.5: Sample Form

Jost	Employer's Statement Board: State Member: Peter griffin Social Sociuly #: "``-ooog	×		
ition	Application Type: Application for Accidental Disability			
Peter griffin #: "11-1-0005 #: 11/2/2023	Employer's Statement Form (Please Attach)			
Voluntary Accidental Disability	Please upload the Employer's Statement Form. Only the most recently uploaded Employer's Statement will be presented to PERAC for review.	Click Add Attachment Link		
No Presumption pe: Standard Appointment State	Add Attachment	to upload PDF documents		
nr: Head Gun shot wound	 Employer's Statement Info* 			
	Please enter the essential duties that the applicant is required to perform in his or her current position. (From Question 1 of Employer's Statement Pertaining to Member's Application for Disability Retirement)	Complete	Attachments	History
ition		•		
ment		•		
n's Statement	Date Employment Began*	•		
		•		
		•		
	Cancel Submit	•		
ription		•		
				Submit

- Click on any of the forms and another window will pop-up (in this case, Employer's Statement). Make sure to scroll down in all of the pop-up boxes to complete ALL fields and answer ALL questions. Each section will need to be completed by the Administrator.
- Click the Add Attachment link to add the relevant form; the form must be a pdf document.

Medical Records

Medical Records are extremely important for record keeping at both the Board and at PERAC. These records will be referred to numerous times in this process and possibly in the future if there is any Restoration to Service processing after retirement. Taking time to do this correctly at the beginning will save a lot of time in the long run.

Boards should try to scan these documents in pdf format as they are received by the facility. When ready to upload, the board will have them as they received them.

How Should the Files Be Named?

Some suggestions on information to include in the file names:

- By Facility/physician
- Include Date Range (last 5 years of medical records)

Medical Records file naming convention suggestions:

- Facility(physician) 2015-2017 part 1
- Facility(physician) 2015-2017 part 2

Examples:

- Mass General Hosp 2012-2017 part 1
- Mass General Hosp 2012-2017 part 2
- ◎ Dr. Doctor 2003-2017
- Get Well Physical Therapy Jan-June 2012

Who Reviews This Information?

This information is being reviewed by:

- physicians (during the panel process)
- retirement board members (at their meetings regarding the application)
- any board attorney (through the process)
- the legal dept (at PERAC during the transmittal)
- nurse case managers during CME and RTS (and possibly physicians throughout the CME/RTS process)



NOTE: Maximum file size when attaching files in PROSPER is <15MB (approx. 200 pages)

Scanning Guidelines

- Incorrectly configured scanners or scanning software can create a file significantly larger than it should be (remember, all files must be <15MB)
- Not every scanner and its software have the same options. The following options are recommendations:
 - Scan with a DPI setting of 300
 - Scan documents as black and white (not color or greyscale)
 - ◎ As a general rule, aim for less than 200 pages if possible
 - O Acrobat save as "Optimized PDF"
 - O Acrobat save as "Reduced Size PDF"





PROSPER

IMPORTANT: Refer to your local IT staff for scanning support. PERAC cannot provide technical support for scanners or related software.

Figure 2.3.6: Physician List (1)

	STATE		Massachusetts Public Employee Retirement Administration Cor	nmission		Helio, Board Memberzos88	Sign Out
	Tooles	Medical Panel Request					
	Finance	Request Information		Status Information			
	Economics Discontines State State Monobors	Monisole Name: 12, Tording Application Date: 05 (55 2014) Application Date: 05 (55 2014) Disubility Type: Voluma / Name Volum		Request Exhibited Request Exhibiting Scheduling Scheduling Scheduling Held Appointment Scheduled Appointment Complete Results Distributed			
	Documents						History
	Admin	Forms	Assigned		Complete	Attachments	
		Disability Application	Board Member20188		•		
	Directory	Employer's Statement	Board Memberzo188		•		
	D	Treating Physician's Statement	Board Memberzos88		•		
Physican	Memos	Physician List	Board Memberzos88		0		
List		Medical Records	Board Memberzos88		0		
		Injury Report	Board Memberzos88		•		
		Official Job Description	Board Member20188		•		
		Cancel					Submit

 Please provide a complete list of all physicians to avoid having to re-schedule panels. Include previous medical panel doctors and Workers Compensation doctors.

Figure 2.3.6: Physician List (2)

	Massachusetts Pu	ublic Employee Retireme	nt Administrat	ion Commission			Hello, Board Memberzo188 Sign Ou
Medical Panel Request Request information	Physician List Board: Member: Social Security #: Application Type:	State 35 C 3 6129 Application for Accid	Jental Disabi	ity		×	
Member Name: 35 C 3 Social Security #: '''-''-'6129 Application Date: 9/36/2020 Panet Type: Single Disability Type: Voluntary Accidental Disability No Presumption Appointment Type: Standard Appointment Beard: State	First Name* Speciality* Clear First Name Elizabeth	MI Last Na	me*	Specialty	Suffix		
Trauma/injury	Luzaberi	Dubus		Internat	Cancel Submit		History
Forms Disability Application			Disability Adr	nio		omplete	Attachments
						Ö	D:
Employer's Statement			Disability Adr			-	_
Treating Physician's Statement			Disability Adr	nin		0	D :
Physician List			Disability Adr	nin		•	
Medical Records			Disability Adr	nin		Ø	D 8

Clicking on the **Physician List** shows brings up a dialog box to add the physican(s) information

Figure 2.3.7: Error Messages

	Employer's Statemen	t	×
ERROR Message	ERROR:	 There are some errors, please correct them below: The field Essential Duties is required. The field Employment Began is required. 	
	Member: Social Security #:	Zztest PERAC sfdgsdf sdfgsd ***-**-5634 Application for Ordinary Disability	
	- Employer's	Statement Form (please attach) *	
	Please upload t	ne employer statement form.	
			Add Attachment

> This error pop-up window indicates that some fields were incomplete.

Figure 2.3.8: Ready to Submit Medical Panel Request

Massachusetts Pub	lic Employee Retirement Administration Commission		Hello, Board Member20188 Sign Ou
tember Name: 76 20 ocial Security #: ""-7420 pplication Date: 9/18/2017 anet Type: Single isability Type: Voluntary Accidental Disability No Presumption ppointment Type: Standard Appointment loand: State tedical Condition: Hand	Request Subm Request Under Scheduling Ho Appointment S Appointment C Results Distrib	Review: uling: id: cheduled: onfirmed: omplete:	
Carpet Tunnet Syndrome	Assigned	Complete	History
isability Application	Disability Admin	٢	D 1
mployer's Statement	Disability Admin	0	D :
reating Physician's Statement	Disability Admin	0	D 1
hysician List	Disability Admin	•	
fedical Records	Disability Admin	0	D :
njury Report	Disability Admin	0	D 3
	Disability Admin	•	D :

1. Once all forms are **Complete** and ALL documents have been attached, the request can be submitted by hitting the **Submit** button. (The request remains only with the board until Submit has been selected).

Figure 2.3.9: Administrator's Electronic Signature

	Massachusetts Public Employee Retirement Administration Comm	iission		Sign Out	
Back					
Medical Panel Request Board Admin: Board D Admin1					
Request Information					
Social Security # ``-``-2342 Member Renee Member1					
Forms	Assigned	Complete	Attachments		
Disability Application	Board Disability Admin	0	1		
Employer's Statement	Board Disability Admin	0	1		
Treating Physician's Statement	Board Disability Admin	0	1		
Physician List	Board Disability Admin	0			
Medical Records	Board Disability Admin	0	≣ 1		
By entering my name, checking the Electronic Signature box, and clicking on the buttoms. I certify under the penalty of perjury that the information provided herein is true and complete to the best of my knowledge. Binst Name* Mil Last Name* Suffix Image: Suffix Suffix Image: Suffix Image: Suffix Suffix Image: Suffix </td					
This form was signed and submitted on 9/30/2016 at 8:58 AM by Board D Admin1					

 The administrator is required to electronically sign the request before submission to PERAC. It is expected that the board will submit the request for a medical panel when a complete medical record has been obtained. You cannot add additional medical records once the request has been submitted to PERAC.

Figure 2.3.10:	Medical	Panel	Reauest	COMPLETE

	Massachusetts Public Employee Retirement Adminis	Helio, Board Memberzos88 Sign Out	
uest	COMPLETE: This form was signed and submitted on 6/35/2014 at 1131 AM by Board Memberson®		Í
	Medical Panel Request		
	Request Information	Status Information	
	Member Name B0 8 Social Security #: "-"	Request Submitted 6/26/2024 Request Under Inniver Scheduling Hold: Appointment Schedule: Appointment Confined: Appointment Confined: Results Distributed	
			History
	Forms	Complete	Attachments
	Disability Application	0	D 1
	Employer's Statement	0	D:
	Treating Physician's Statement	٥	B:
	Physician List	0	
	Medical Records	٥	D .4
	Injury Report	۲	D-4
	Official Job Description	٥	D :
	By entering my name, checking the Electronic Signature box, and clicking on the buttors, I centify under the penalty of perjury that the information provided herein is to en	and complete to the best of my knowledge.	*

- Once the request has been submitted to PERAC a Green COMPLETE banner will appear to confirm. Once submitted, additional documents (such as additional medicals) cannot be added and no changes can be made.
- Any changes after submission may result in withdrawing of initial request and creating a new request with correct information.

2.4 Status of Medical Panel Requests

Medical Panel Request Under Review

If PERAC needs more information or there are missing fields or forms that need correction, PERAC can put the request under review. A notification with the specifics on what information is needed will appear on the board page. Updated information can be uploaded to resubmit.



NOTE: An example of this could include a treating physicians statement that does not support the application.

Figure 2.4.1: Under Review

	Massachusetts Public Employee Retirement Administration Comm			Helio, Board Memberzosti
ALERT: Angelen 7 Manning on 12/36/2022 of 4.39 AM Ware Medical Parent Request for Thomas Tucic Inas been put Under Review. The Indian Medical Parent, Request.	ving questions were asked. Must have a pre-employment physical or a pi	hysical exam from an MD right after he was hired.		
Request Information		Status Information		
Member Name: 33.74 Social Security #: ~~~~00 Application Dute: 0/>2021 Parel Type: Single Disability Yournary Accidental Clashity Accidental Clashity Heard Presumption Sandad Apportment Social Medical Condition: Heard Heard Social		Request Submitted: 11/17/2623 Request Under Review: 11/17/2623 Pending Schodular; Schodular; Schodular; Appointment Schodular; Appointment Complete: Results Distributed:		
Forms	Assigned		Complete	Attachments
Disability Application	Disability Admin		•	D :
Employer's Statement	Disability Admin		•	D1
Treating Physician's Statement	Disability Admin		•	D :
Physician List	Disability Admin		•	
Medical Records	Disability Admin		•	D:
Pre-Employment Physical	Disability Admin		•	D:

- 1. You will receive a notification on your home page.
- 2. Go to Member list and open the case

Medical Panel Requests - Cancel/Submit

Medical Panel requests that have NOT been submitted to PERAC can be **Canceled** at the board level AT ANY TIME. If the request was already submitted to PERAC, please send letter/notification to remove from PERAC.

Figure 2.4.2: Cancel Medical Panel Request

Trauma/Injury			
Forms	Assigned	Complete	History
Disability Application	Board Member20188	•	
Employer's Statement	Board Member20188	•	
Treating Physician's Statement	Board Member20188	•	
Physician List	Board Member20188	•	
Medical Records	Board Member20188	•	
Injury Report	Board Member20188	•	
Official Job Description	Board Member20188	•	
Cancel			Submit

> Click on the **Cancel** button to Cancel a Medical Panel Request



Figure 2.4.3: Medical Panel Cancellation Screen

- 1. After clicking Cancel, Select Withdrawn, Deny or Data Entry Error from the drop-down box.
- 2. For **Withdrawn** or **Denied**, a letter has to be attached. Once PERAC receives the letter for review (in PDF format), forms that have been completed and or attached will be discarded.

Figure 2.4.4: Medical Panel Request Canceled Complete Screen

3. Once the letter has been submitted, a **Green COMPLETE** banner will appear verifying the submission has been cancelled.

Figure 2.4.5: Withdrawal/Denial Section

Panel	nvoluntary	mployee Retirement Administration Com	mission	Sig
Request	Panel Disability Request Transmittal	L		
+ Member Medical Panel R	Requests			
+ Member Disability Trans	mittals			
+ Member CME Reviews				
	s 4			
— Withdrawal/Denial		Cancellation Type	Date	Acknowledgement Date
─ Withdrawal/Denial Member Name ▲	4	Cancellation Type Withdraw	Date 11/29/2017	Acknowledgement Date 11/29/2017
- Withdrawal/Denial Member Name A Aaron	4 Process			-
	Process Medical Panel	Withdraw	11/29/2017	11/29/2017
- Withdrawal/Denial Member Name ▲ Aaron Coburn	Process Medical Panel Medical Panel	Withdraw Withdraw	11/29/2017 10/13/2017	11/29/2017
Withdrawal/Denial Member Name ▲ Aaron Coburn Karen	Process Medical Panel Medical Panel Medical Panel	Withdraw Withdraw Withdraw	11/29/2017 10/13/2017 11/29/2017	11/29/2017

4. Once the Withdraw/Deny has been submitted, the member will move from the **Medical Panel Request** section to the **Withdrawal/Denial** section.

		Massachusetts Public E	mployee Retirement Administration Com	mission	Sign Out
Home	+ Member Medical Panel Red	quests			
Compliance	+ Member Disability Transmi	ittals			
Disability	+ Member CME Reviews				
Documents	+ Member g1A Status: 2016				
	- Withdrawal/Denial				
	Member Name	Process	Cancellation Type	Date	Acknowledgement Date
	Sharman	Medical Panel	Withdraw	10/11/2017	10/11/2017
	Stacy	Disability Transmittal	Withdraw	11/30/2017	11/30/2017 5
	Test Ordinary	Disability Transmittal	Withdraw	10/13/2017	10/13/2017
	TestDT Deny	Disability Transmittal	Deny	10/11/2017	10/23/2017
	TestDT Withdraw	Disability Transmittal	Withdraw	10/11/2017	
	Traves Wilfred	Medical Panel	Withdraw	10/20/2017	10/20/2017

5. Once PERAC acknowledges the Withdrawal or Denial, the date will display in the **Acknowledgement Date** column.

Clarifications

If a board seeks clarification from the medical panel after receiving medical panel reports, a **Clarification Request** may be submitted through Prosper. There is no official PERAC form for this request. The board should submit the request in the form of questions to the medical panel and should be concise as possible.



	Massachusetts Public Employee Retirement Administration Commission	Hello, Board G Member20294 Sign Out
	Disability Home First Name	Last Name.
	Start Medical Start Panel Involuntary Panel Transmittal Request Request	
1	Hember Medical Panel Requests	History
	+ Member Disability Transmittals	History
	Member CME Reviews	History
	* Withdrawal/Denial	History
	* Rejected	History
	Approved Disability Transmittals without Retirement Date	

1. Expand Medical Panel Requests by clicking on the "+" symbol to the left of the section. Find the member name in the list.



NOTE: If you have already uploaded a Clarification for a doctor, you will now see an extra entry for the member with Clarification listed to the right of the doctor(s) column. **DO NOT USE THIS ENTRY.** You will need to find the original Medical Panel for the member, and in some cases, you will need to click **History** on the right hand side to see if it was created more than 90 days ago.

Figure 2.4.8: Request Clarification Link

		Massachusetts Public Employee Retireme	ent Administration Commission			Hello, Board Member20188 Sign Out
Disability Home					First Name:	Last Name:
Medical Panel Request His	story					
Member Name	Request Date	Disability Type	Employer	Current Status	Doctor(s)	
65 1	10/26/2017	Voluntary Accidental Disability No Presumption	Upper Blackstone WPAD	Results Distributed	John Golberg; Marc Linson; Thomas Goss	Request Clarification
60 S 1	12/4/2018	Voluntary Accidental Disability No Pre_	Worcester County Sheriff's D	Results Distributed	Douglas G Bentley; Henry Drinker; John Golberg	
32 1	2/4/2020	Voluntary Accidental Disability No Pre_	Department of Mental Health	Results Distributed	Henry Drinker; Nabil Basta; Ryan P Friedberg	



- 2. Once you have found the appropriate entry for the member, you will see a clickable link button labeled **Request Clarification** to the right of the Doctor(s) column. This will not be visible until you hover over this column with your mouse. Click **Request Clarification**.
- 3. A Clarification Request Pop-up asks you to verify; click YES.

	Massachusetts	Public Employee Retirement Administrat	ion Commission	Hello, Board Member20188	Sign Out
Clarification Medical P Request Informatio	4		Status Information		
Member Name: Social Security #: Application Date: Panel Type: Disability Type:	97 0 		Request Submitted: Request Under Review: Results Distributed:		
Appointment Type: Board: Medical Condition:		placement. Cardiac arrest.			
Forms Clarification	Doctor(s)	Assigned Disability Admin	Complete	Attachments	History
Cancel					Submit

Figure 2.4.9: Clarification Medical Panel Request Information Screen

- 4. You will be brought to the **Clarification Medical Panel Request** page.
- 5. Click **Clarification** in the list of Forms.

Figure 2.4.10: Clarification Request Additional Information Pop-Up

Member Social Se Applicati Panel Ty; Disability	Clarification Request Board: State Member: 98 G o Social Security #: "-"-7323 Application Type: Application for Accidental Disability	×
Appointn Board: Medical (Doctor: Please t Changir B. Eugene E Brady. M. D. John Golberg, M.D. Richard N Warnock, M.D.	
	Clarification Request* (Please Attach)	History
Forms Clarificati Cancel	No attachments uploaded. 7 Cancel Save	Attachments

- 6. An **Additional Information** pop-up box will appear and a list of doctors. Select the appropriate doctor from the list that this clarification request pertains to.
- **7.** Attach appropriate Clarification file and any additional medical documents and hit **Save**.
- 8. Hit Submit when done.

NOTE: Repeat steps above for specific clarification requests for other doctors. As you add the Clarifications, you will see new entries appear in the "Member Medical Panel Requests" page with "Clarification" listed to the right of the "Doctors(s)" column.



IMPORTANT: If you have 3 Clarification Requests for a member, you should have 3 separate Clarification Requests. Each physician must have its own cover letter.

(3) Medical Panel Request - Board Member View



In This Section

- ✓ 3.1 Viewing Disability Medical Panel Information
- ✓ 3.2 Contact Information

3.1 Viewing Disability & Medical Panel Activity

Disability Tasks for Board members involve approval or denial of disability applications. From the Disability Home Page, the Board Member can review documentation on active and completed Disabilities.

Figure 3.1.1: Viewing Disability Documentation

		Massachusetts Public Employee Retiremen	nt Administration Commission			Hello, Board Memberzo	188 Siç
Disability Home				Fir	st Name:	Last Name:	
Start Medical Panel Request	Start Involuntary Panel Request	Start Transmittal					
 Member Medica 	l Panel Requests					2	History
Member Name 🔺	Request Date	Disability Type	Employer	Current Status	Doctor(s)		
2 M 1	4/8/2017	Voluntary Ordinary Disability	Department of Probation	Certificate Reviewed	Michael Kahn		
32 S 12	1/16/2020	Voluntary Accidental Disability No		Request Not Submitted			
78 F 13	8/3/2021	Voluntary Accidental Disability No	Pilgrim Area Collaborative	Request Not Submitted			
48 14	6/19/2019	Involuntary		Request Not Submitted			
18 15	2/15/2019	Voluntary Ordinary Disability	Massachusetts Trial Court	Request Not Submitted			
45 B 17	2/21/2023	Voluntary Accidental Disability No	Mass Department of Trans.	. Pending Scheduling	B. Eugene E Brady; Marc Linson		

- 1. Click on the + Member Medical Panel Requests to bring present current cases along with their Status
- 2. Cases that have completed activity are available in History

Board members are able to view a disability application throughout the medical panel process.

Figure 3.1.2: Viewing Disability Application

	Massachusetts Public Employee Retire	ment Administration Commission	Hello, Board Member20188	Sign Out
Medical Panel Reques	st			
Request Information	on	Status Information		
Member Name: Social Security #: Application Date: Panel Type: Disability Type: Appointment Type Board: Medical Condition: Doctor(s):	55 E 75 "4954 3/27/2017 Joint Voluntary Ordinary Disability & Standard Appointment State Body Cancer Eric H Awtry, M.D Madhusadan Thakur, M.D	Request Submitted:11/17/2018Request Under Review:Pending Scheduling:12/3/2018Scheduling Hold:12/3/2018Appointment Scheduled:12/3/2018Appointment Confirmed:2/3/2018Appointment Complete:12/20/2018Results Distributed:	2	
	George J Philippides, M.D			
Forme	George J Philippides, M.D	Camilat		History
Forms		Complete	Attachments	History
Forms Disability Application	on e	Complete		History
	on		Attachments	History
Disability Applicatio	on ent 3	0	Attachments	History
Disability Applicatio	on ent 3	© ©	Attachments	History
Disability Application Employer's Stateme Treating Physician's	on ent 3	© ©	Attachments	History

- 1. Application Information
- 2. Status Information
- 3. Submitted Application Documents

Scheduled Appointments

For member appointments that have been scheduled, the dates and times can be seen in the member information.

Figure 3.1.3: Scheduled Appointments

Massachusetts Public Employee Retirement Administration Commission						lo, Board Membe	r20188 Sign	Out
I acknowl	edge that I ar	n electronically signing thi	s form					
Appointmen	ts & Certific	ates						
Date	Time	Vendor	Doctor(s)	Specialty	Location	Certificate	Addendums	
7/16/2024	11:00 AM	Scope Medical, LLC.	Maitri Patel, M. D.	Psychiatric	Newton; MA			
6/19/2024	11:00 AM	Melvyn Lurie, M.D.	Melvyn Lurie, M.D.	Psychiatric	Waltham; MA			
6/14/2024	11:30 AM	Scope Medical, LLC.	Michael Braverman, M.D.	Psychiatric	Cambridge; MA			
Notification	5							
Letter Date Sent								

> A Notification Status change will appear on the Process line of the Home page.

Certificate Results

View **Certificate** Results by selecting the member from the list then clicking on the **View** link. A pop-up with information will appear along with the paper forms.

Medical Panel Reques										
Request Informatio	n				Status Information					
Board:	Social Security #: ""083 AppleInstro Data: // 07.000 Diability Type: 5/n/e Diability Type: 6/n/en Accidenta Duability No Persamption Appentiment Type: StartSuit Appointment Board: Back Traum_fujny				Request Submitted: 0/10/2020 Reguest Under Review: 1/1/2020 Scheduling Hold: 0/11/2020 Scheduling Hold: 0/11/2020 Apportimmet Confirmed: 10/10/2020 Apportimmet Confirmed: 11/10/2020 Results Distributed: 11/10/2020					
									History	
Forms						Complete		Attachments		
Disability Application	n					0		Di 1		
Employer's Stateme	nt					0		D 2		
Treating Physician's	Statement					0		B 1		
Physician List						0				
Medical Records						0		B 7		
Injury Report						0		D 2		
Official Job Descript	ion					0		D 1		
First Name Lisa	theoking the Electronic Signature box, and clickin MI Last Name S Zalc It I am electronically signing this form	g on the buttons. I certify under Suffix	the penalty of perjury that the information provided herein is true and cor	nplete to the best of	my knowledge.					
Appointments & Ce	rtificates									
Date	Time	Vendor	Doctor(s)		Specialty	Location	Certificate	Addendums		
10/23/2020	10:30 AM	OME	Douglas G Bentley, M.D.		Orthopedic	Taunton: MA	View			
10/17/2020	9:30 AM	OME	Wojciech Bulczynski, M. D.		Orthopedic	Taunton: MA	View	1		
10/9/2020	10:00 AM	OME	John Golberg, M.D.		Orthopedic	Taunton: MA	View			

Figure 3.1.4: View of Completed Certificate

1. Click View to see the Certificate and Narrative



Medical Panel Requ	est	Massa	chusetts Public Employee Retirement Administr	ation Commission	 information to a region Yes No 	al medical panel form prior to renderin not listed on the transmittal of backgro	entified on the transmittal of background ig a medical opinion in this case? ound information to a regional medical
Disabiluty Type: Appointment Type: Board: Medical Condition: Forms	Vountary Voluntary Opdinary Stuttary Opdinary Boston Disease Recurrent High/Posttock cellulitis chronic kidney disease	. & abscesses, bilateral leg amp	putee, diabetic, anemic, and	Appoint Results Con	Is the member mentall described in the surrer Is take inches to the Is said incapacity likely Is yes No Was there a dissenting Yes No	t job description? 1 to be permanent?	g the essential duties of his or her job as
Disability Applicat	nent			0	Certificate 1 Narrative 1	inel Certificate & Narrative	History
Treating Physician Physician List Medical Records Official Job Descri					Additional Informati	ion (optional)	Close
Appointments & C	Certificates						
Date 4/25/2018	Time 1:00 PM	Vendor Awtry, M.D.	Doctor(s) Robert Ellison Madhusadan Thakur		Specialty Cardiology Cardiology	Location Boston, MA	Certificate

From the Certificate pop-up window, you can open the Regional Medical Panel Certficate and Narrative documents.



3.2 Contact Information

O Help Desk

617-591-8983 or 617-666-4446 Ext. 983 PER-ProsperHelp@mass.gov

O Disability Help

To Reach a Case Manager 617-591-8956



NOTES

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COMMONWEALTH OF MASSACHUSETTS

Public Employee Retirement Administration Commission

10 Cabot Road, Suite 300 | Medford, MA 02155 Phone: 617-666-4446 | Fax: 617-628-4002 Web: www.mass.gov/perac

PROSPER HELP DESK

Email: PER-ProsperHelp@mass.gov Phone: 617-591-8983

