



# 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	Tasks						2	Change Role from Disability Admin	
	Disability Transmittal Action Request for 14 25 (6 Ordinary)	Task Overview					<b>∠</b>	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	CME Suspension Reinstatement								
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	00		35			
Adn	min								
	Netifications (Last on Dawn)								
Direc	tory Houncations (Last 90 Days)								
Mon	100 mos								
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	irement Administration Commis	sion		Hello, Board Member20188	Sign Out
	A 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 —	a dembers	CME Suspension Reinstatement for 97 M 99	СМЕ	Member Information Re	quests		Suspension Requests		
	ocumen	CME Suspension Reinstatement for 31.85	91A	Salary Verifications	Termination R	equests	Excess Requests		
	* Admin	CME Suspension Reinstatement for 5 L 91	l	0/	00		35		
	Directory	Notifications (Last 90 Days)							

### 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

	re		Massachusetts Public Employee Ret	irement Administration Commis	ssion		Hello, Board Member20188	Sign O
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	CME	Member Information Re	quests		Suspension Requests		
	CME Suspension Reinstatement for 31 85	91A	Salary Verifications	Termination R	lequests	Excess Requests		
	for 5 L 91							
	Notifications (Last go 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

	1	Massachusetts Public Employee Retirement Administration Commission	Hello, Board Member20188	Sign Out
	Tasks			
		Member Information Dequest 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 SSN Member Last Name <sup>®</sup> Member First Name <sup>®</sup> ML Suffix SSN Selected appears here		
	91A Board Action Termination Request for 38 W 79	Foreign Address		
	91A Board Action Termination Request for 69.94	Street Address*         Street Address z         City*         State*         Zip*           60 St.		
	Net/Festions (Lest on Dava)	Phone #" Email [781] 626-9884 [60.4@test.test		
	Notifications (Last 90 Days)	Date of Birth Date of Hire Job Title Date of Retirement		
		2/27/394 irropper 07/27/2022 CME Exception?		
		· · · · · · · · · · · · · · · · · · ·		
		Employer Name (current)* Employer Title (current)*		
		Employer Phone Type     Employer Phone 'Employment From     Employment To       Work     V     (508) 820-2656     Imployment From		
		Current Position Occupation Supervisor Name		
		Trooper Shawn Givhan, Director of H		
		Employer Street Address (current) City State Zip		
		470 Worcester Road Pramingham MA 🗸 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	Ma	ssachusetts Public Employee Retirement Administra	tion Commission		Hello, Board G M	ember20294	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 Red	quests		Suspension Requests		
	CME Suspension Reinstatement for 31 85	91A	Salary Verifications	Termination R	equests	Excess Requests		
	CME Suspension Reinstatement for 5 L 91		87	66		35		
	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							
	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	Dear Board G Member20294,		
	Disability Transmittal Action Request for 41 61 (7 Accidental)	An appointment on 12/12/2025 at 3:07 PM for AutoMPR McTest3000 has been confirmed with Nabil Basta. Steven Silver. Ryan Friedberg.		
	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			
Select a	11/8/2023 Appointment Confirmed			
	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 01:3 https://www.google.com/maps/dir/54	PM 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: <u>Lunn's+Way,+Plymouth,+MA,+02360/123+Test+ave,+testville,+MA,+11111/am=t</u> .
CONFIDENTIALITY NOTICE This el recipient, please notify the sende you. This message is sent by an a	tronic 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 by 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 iomated 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

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Disability Home					First Name:	Last Name:
Start Medical Panel Request	Start Involuntary Panel Request	Start Transmittal				
<ul> <li>Member Medical Panel</li> </ul>	Requests					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	
18 15	2/15/2019	Voluntary Ordinary Disability	Massachusetts Trial Court	Request Not Submitted		
45 B 17	2/21/2023	Voluntary Accidental Disability No Pre	Mass Department of Transp	Pending Scheduling	B. Eugene E Brady; Marc Linson	
42	12/27/2018	Voluntary Accidental Disability No Pre	Department of Corrections	Request Not Submitted		Clarification
42	12/27/2018	Voluntary Accidental Disability No Pre.	Department of Corrections	Pending Scheduling	Robert W Ferrell	Clarification
+ Member Disability Tra	nsmittals					History

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 Neimer   Market Neimer  <	Medical Panel Request									
Meeter Meete	Request Information					Status Information				
Aussian     Conjusto     Attachnance       Dealerly Adactania     ○     0:       Dealerly Adactania     ○     0:       Dealerly Adactania     ○     0:       Projecia Latter Projecia     ○     0:       Officia Additional Medical Projecia     ○     0:       Protein Projecia     ○     0:       Protein Projecia     Dia     0:       Officia Additional Medical Projecia     O     0:       Officia Additional Medical Projecia     O     0:       Officia Additional Projecia     O     0:       Protein Projecia     Mathematical Projecia     0:       Officia Additional Projecia     O     O       Officia Additional Projecia     O     O       Orizonal B     Outline Mathematical Projecia     O       Orizonal B     Outline Mathematical Projecia     O	Member Name: 2 N Social Security #: Application Date: 4/1 Panel Type: 5/0 Disability Type: 1/0 Appointment Type: 5/2 Board: 5/2 Medical Condition: Pp Octor(s): Me	41 <sup>11</sup> -sata Actor glo unstan/ uns			1	Request Submitted: Request Under Review Pending Scheduling: Scheduling Hold: Appointment Scheduled: Appointment Confirmed: Appointment Complete: Results Distributed:	6/30/2018 8/26/2018 7/3/2018		2	
Endelly Ageication     ©     Dit       Endelly Ageication     ©     Dit       Endelly Ageication     ©     Dit       Photon Level     ©     Dit       Photon Level     ©     Dit       Proton Level     Dit     Dit       Proton Level     ©     Dit       Proton Level     Dit     Dit       Proton Level<	Forms				3			Complete	Attachments	History
Ender y Stative	Disability Application							0	<b>D</b> :	
Internal Projection's Statement     ©     Differ       Projection IS     0     0       PRSR / Agronom Statement     0     0       PRSR / Agronom Statement     0     0       Official Judio Description     0     0       Optional Judio Description     0     0	Employer's Statement							0	<b>D</b> :	
Procent     O       Redarding     0     Br       Redarding     0     Br       Celled Andread     0     Celled Andread       Celled Andread     North     Bectrift     Section	Treating Physician's State	ment						0	<b>B</b> 1	
Method moduli     ©     Dir       FBAG Approall Letter from FRAC (plar additional Medical Flaves)     ©     ©     Dir       Official Jab Discription     ©     Dir     Dir       Official Jab     Dir     Dir     Dir       Operation match whole FLaves     Dir     Dir     Dir       Partners match whole FLaves     Dir     Dir     Dir       Partners match whole FLaves     Dir     Dir     Dir	Physician List							0		
Percent Letter for VERAC (for valid/ord Medical Pares)     Image: Contract of the VERAC (for valid/ord Medical Pares)     Image: Contract of the Verac Pares of the Vera	Medical Records							0	<b>B</b> 2	
Other     Image: Control of the Discretion of the Database Locating on	PERAC Approval Letter fr	om PERAC (for additional Medical Panel)						0	B:	
Better we were been were be	Official Job Description							0	<b>D</b> :	
Date         Time         Vendor         Dectorial         Speciality         Location         Criticale         Addendums           1/20/2018         8 00 AM         Kahn, M.D.         Motanet Kahn, M.D.         Psychiatric         Boston, RA         View	By entering my name, checki First Name Marceline I acknowledge that I am	ng the Electronic Signature box, and clicking o MI Last Name Vilmont electronically signing this form	on the buttons. I certify under the pe Suffic	salty of perjury that the information provided here	in is true and complete to the	best of my knowledge.	o View/Print	t Certifica	ates & Narrative	s
Date         Time         Vendor         Doctor(a)         Spaciality         Location         Certificati           3/25/2018         8.00 AM         Kahn, M.D.         Modasi: Kahn, M.D.         Psychiatric         Boston; M.A.         Verw	Appointments & Certifica	ates								
2/20/2018 Boo AM Kahn, M.D. Middeet Kahn, M.D. Psychiatric 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 Prist N	ame Last Name
Start Meddal Brodwist Request	
* Member Medical Panel Requests 1	History
+ Member Disability Transmitials	History
+ Member CME Reviews	History
+ Withdrawi/Denial	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

Chock II this panel request is for an accidental death only: Chocke All that apply Choc	*NOTE if multiple Accidenta Disability selections are necessary create a Medical Panel request for each selection.	
Member Contact Information		
Social Security #	ther First Name* ML Suffix 21 Name International Suffix Su	ant on
Application Date*		
This member has claimed total incapacity based on the following medical condition(s).*		
teins*	3	

- 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

		Involuntary				
-	Ordinary Disability	Accidental Disability - No Presumption	Accidental Disability - Heart	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	quest 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         ************************************	Rec Rec Sch App App Res	equest Submitted equest Under Review: ding Schoolung: beduiting Hold: gooletimest Consolidation gooletimest Consolidation gooletimest Consolidation gooletimest Consolidation	
Forms	ssigned	Complete	Attachments
Forms // Disability Application // E	ssigned loard Member20188	Complete	Attachments
Førns // Disability-Application E Employer's Satement E	ssigned loard Member20188 loard Member20188	Complete	Attachments
Ferm / Daability Application / E Disability Application / E Productory Statement / E	ssigned loard Member20188 loard Member20188 loard Member20188	Complete O O	Attachments
Forms         J           Disability Alpication         E           Enalogye's Statement         E           Department         E           Physician's Statement         E           Physician Util         E	ssigned Joard Member20188 Joard Member20188 Joard Member20188 Joard Member20188	Complete O O O	Attachments
Forms         J           Daukity Application         E           Daukity Application         E           Tradapt Physicatric Statement         E           Physician Lidt         E           Modical Records         E	ssigned loard Memberzoo88 loard Memberzoo88 loard Memberzoo88 loard Memberzoo88 loard Memberzoo88	Complete O O O O	Attachments
Form         J           Dasbilty Application         E           Dasbilty Application         E           Displayer's Statement         E           Physician Lit         E           Modeal Records         E           Voys Player 1         E	ssigned loard Member2038 loard Member2038 loard Member2038 loard Member2038 loard Member2038	Comparte O O O O O	Aliachments
Form         If           Disability Application         E           Cirplophyrity Statement         E           Physician's Statement         E           Modical Recreats         E           Physician's Statement         E           Modical Recreats         E           Physician's Statement         E           Modical Recreats         E           Physician's Statement         E	ssigned bard Membersotill bard Membersotill bard Membersotill bard Membersotill bard Membersotill bard Membersotill bard Membersotill	Complete O O O O O	Atuchnets

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	×		
ition	Application Type: Application for Accidental Disability			
Peter griffin 5 Thursdoos	Employer's Statement Form (Please Attach)			
V 11/1/2023 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		
on: Head Gun shot wound	<ul> <li>Employer's Statement Info*</li> </ul>			
	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 Dissbillty Refirment).	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)</li>
- 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"





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**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 Co	mission		Helio, Board Memberzos08	Sign Out
	R Tooks	Medical Panel Request					
	Finance	Request Information		Status Information			
	Bendis Develokity Develokity SAA Members	Moniski rusme: 12, Toshng Appleidados Date: 6/05/2014  Provent Type Diskullity Type Voluntary Appleidados Volume Volument Appleidados Volume Volument Volume Volument Volume Vol		Bequest Extentions Provide Standards Providing Scheduling Scheduling Hold Appointment Schedules Appointment Computer Results ExterNations			
	Documents						History
	Admin	Forms	Assigned		Complete	Attachments	
		Disability Application	Board Memberzos88		•		
	Directory	Employer's Statement	Board Memberzo188		•		
	<b>D</b>	Treating Physician's Statement	Board Member20188		0		
Physican	Memos	Physician List	Board Memberzos88		0		
List		Medical Records	Board Memberzos88		0		
		Injury Report	Board Member20188		•		
		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 Public Employee Retirement Administration Commission		Hello, Board Memberzo188 Sign O
Medical Panel Request Request Information	Physician List         Board:       State         Member:       35 C 3         Social Security #:	×	
Member Name:         35 C 3           Social Security #:         "15-6320           Application Date:         9/16/2020           Panet Type:         Single           Disability Type:         Voluntary Accidental Disability No Presumption           Appointment Type:         Standard Appointment State           Board:         State	First Name*     MI     Last Name*     Suffix       Speciality*		
Trauma/Injury	Lozabetri Dupuis internat Printary Priystaan		
Forms	Cancet Submit	mplete	History Attachments
Disability Application	Disability Admin	0	<b>D</b> :
Employer's Statement	Disability Admin	۲	<b>D</b> :
Treating Physician's Statement	Disability Admin	۲	<b>D</b> :
Physician List	Disability Admin	•	
Medical Records	Disability Admin	0	<b>D</b> 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:	<ul> <li>There are some errors, please correct them below:</li> <li>The field Essential Duties is required.</li> <li>The field Employment Began is required.</li> </ul>	
	Board: Member: Social Security #: Application Type:	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 Public Employee Retirement Administration Commission		Hello, Board Member20188 Sign Out
Member Name:         76 20           Social Security #:         ""-7420           Application Date:         9/18/2017           Disability Type:         Single           Disability Type:         Voluntary           Accidental Disability         No Presumption           Appointment Type:         Standard Appointment           Board:         State           Medical Condition:         Hand           Carpet Tunnet Syndrome	Request Submitted: Request Under Review: Pending Scheduling: Scheduling Hold: Appointment Scheduled Appointment Comfired: Appointment Comfired: Results Distributed:	:	
		_	History
Forms	Assigned	Complete	Attachments
Disability Application	Disability Admin	•	Di t
Employer's Statement	Disability Admin	0	Di:
Treating Physician's Statement	Disability Admin	0	Dia.
Physician List	Disability Admin	•	
Medical Records	Disability Admin	•	Dia 1
Injury Report	Disability Admin	•	<b>b</b> 3
Official Job Description	Disability Admin	•	D 1
Cancel			1 Submit

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 Commission			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	<b>1</b>	
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 buttons. I certify under the penalty of perjury that the information provided herein is true and complete to the best of my knowledge.           First Name*         MI         Last Name*         Suffix           Board         D         Admint         The electronic signature must match the name Board D Admint.         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *         I acknowledge that I am electronically signing this form *				
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	tration Commission	Hello, Board Memberzoo88 Sign Out
uest	COMPLETE: This form was signed and submitted on 6/36/3014 at 1132 AM by Board Nembershills		Í
	Medical Panel Request		
	Request Information	Status Information	
	Member Name:         80 8 o           Social Society #         "">">">">">">">">">">">">">">">">">">	Request Submitted: 0/20/2024 Request Under Review: Pandia Schwädzing Schwädzing Hold: Appointment Schwädzel: Appointment Schwädzel: Appointment Complete: Results Distributed:	
			History
	Forms	Complete	Attachments
	Disability Application	0	D:
	Employer's Statement	٥	<b>D</b> :
	Treating Physician's Statement	0	<b>D</b> :
	Physician List	0	
	Medical Records	0	<b>B</b> 4
	Injury Report	0	<b>D</b> 4
	Official Job Description	0	<b>D</b> :
	By entering my name, checking the Electronic Signature box, and clicking on the buttors, I certify 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

			Prova, locatru Pristikar 2000
ALERT:      Angless 7 Maxing on ss/sk/2x2 sk age AM     Vaar Medical Parent Request for Thomas Turcic Inas been put Under Review. The follow Medical Parent Request	ing questions were asked. Must have a pre-employment physical or a ph	ysical exam from an MD right after he was hired.	
Request information		Status Information	
Member Name: 33.74 Social Kecurity #: ~~~~00 Application Duis: 0/>2021 Parel Type: Single Disability Parel: Disability Accidental Clashiby Head: Presumption Appointment Type: Single Appointment Social Medical Condition: Head Head:		Request Submitted: 11/8/2023 Request Under Review: 11/7/2023 Pareling Schooluling: Schooluling: Schooluling: Appointment Schooluling Appointment Comfende: Results Distributed:	
Forms	Assigned	Complete	Attachments
Disability Application	Disability Admin	•	<b>D</b> :
Employer's Statement	Disability Admin	0	D:
Treating Physician's Statement	Disability Admin	•	D:
Physician List	Disability Admin	0	
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

Massachusetts Public Employ	ee Retirement Administration Commission	Hello, Boa	ard Member20188 Sign
Trauma/Injury			
			History
Forms	Assigned	Complete	Attachments
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

	Massachusetts Public En	nployee Retirement Administration Cor	nmission	Sign Out
Panel Request	Panel Disability Request	L		
+ Member Medical	Panel Requests			
+ Member Disabilit	y Transmittals			
+ Member CME Rev	views			
+ Member 91A Stat	us: 2016			
— Withdrawal/Den	ial <b>4</b>			
Member Name 🔺	Process	Cancellation Type	Date	Acknowledgement Date
Aaron	Medical Panel	Withdraw	11/29/2017	11/29/2017
Coburn	Medical Panel	Withdraw	10/13/2017	10/13/2017
Karen	Medical Panel	Withdraw	11/29/2017	
Seth	Disability Transmittal	Withdraw	11/30/2017	
Sharman !	Medical Panel	Withdraw	10/11/2017	10/11/2017
Test Ordinary	Disability Transmittal	Withdraw	10/13/2017	10/13/2017

**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 Er	mployee Retirement Administration Com	mission	Sign Out
Home	+ Member Medical Panel	Requests			
Compliance	+ Member Disability Tran	ismittals			
Disability	+ Member CME Reviews				
Documents	+ Member g1A Status: 20:	16			
	- 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     Start       Panel     Panel     Transmittal       Request     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	tory					
Member Name	Request Date	Disability Type	Employer	Current Status	Doctor(s)	
651	10/26/2017	Voluntary Accidental Disability No Presumption	Upper Blackstone WPAD	Results Distributed	John Golberg; Marc Linson; Thomas Goss 2	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 Administrati	on Commission	Hello, Board Member20188	Sign Out
Clarification Medical P	'anel Request		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:	Heart Presumption Standard Appointment State Heart Ventricular fibrillation status post defibrillator	placement. Cardiac arrest.			
Forms Clarification	Doctor(s)	Assigned Disability Admin	Complete	Attachments	History
Cancel	4			S	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 Submit

- 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 Retireme	nt Administration Commission			Hello, Board Member201	88 Sigr
Disability Home Start Medical Panel Request	Start Involuntary Panel Request	Start Transmittal		Firs	t Name.	Last Name.	
<ul> <li>Member Medical</li> </ul>	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 	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	George J Philippides, M.D	Complete	Attachments	History
Forms Disability Application	George J Philippides, M.D	Complete	Attachments	History
Forms Disability Applicatic Employer's Statemm	George J Philippides, M.D	Complete ©	Attachments	History
Forms Disability Applicatio Employer's Statem Treating Physician's	George J Philippides, M.D on ent s Statement	Complete © © ©	Attachments	History
Forms Disability Applicatic Employer's Statem Treating Physician's Physician List	George J Philippides, M D on ent s Statement	Complete	Attachments	History
Forms Disability Applicatic Employer's Statem Treating Physician's Physician List Medical Records	George J Philippides, M D on ent s Statement	Complete © © © © © © © ©	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

	Massachu	usetts Public Employee Reti	rement Administration Commiss	ion	Hell	o, 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	atter 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				
Member Name: Social Security #: Application Date: Panel Type: Disability Type: Appointment Type: Beard: Medical Condition: Doctor(s):	86 P 1 46/2/2020 Srigle Voluntary No Prosumption Standard Appointment State Back Tasuma/Jinjury Douglas G Bentiny, MD.				Request Submitted: Request Under Review: Pending Scheduling: Scheduling Hold: Appointment Scheduled: Appointment Comfirmed: Appointment Comfirmed: Results Distributed:	8/10/2020 g/21/2020 g/21/2020 10/16/2020 10/5/2020 10/5/2020			
									History
Forms						Complete		Attachments	
Disability Application	n					0		<b>D</b> 1	
Employer's Stateme	nt					0		<b>D</b> 2	
Treating Physician's	Statement					0		<b>B</b> 1	
Physician List						0			
Medical Records						0		B 7	
Injury Report						0		<b>B</b> 2	
Official Job Description	ion					0		<b>D</b> 1	
By entering my name, o First Name Lisa I acknowledge that	theoling the Electronic Signature box and clickin MI Last Name S Zalo tt I am electronically signing this form	ig on the buttons. I certify under Suffix	the penalty of perjury that the information provided herein is true and cor	rplete 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



ledical Panel Requ	lest			Ves No     Please list any receipt not listed on the transmittal of background information to a regional medical panel forward.				
Drabitive Report Voluntary Ordinary Voluntary Ordinary Voluntary Ordinary Appointment Type: Board: Boston Condition: Recurrent thigh/bottock cellulitis & abscesses, bilateral leg amputee, diabetic, anemic, and chronic kidney disease				Appoint Results	permit control mittain use an environment.  Is the member mentally or physically incapable of performing the essential duties of his or her job at description?  Is add incapably likely to be permanent?  Is add incapable of ho			
Disability Applica	tion			0	Regional Medical P	anel Certificate & Narrative	History	
Employer's State	ment			0	Certificate 📑 1			
Treating Physicia	n's Statement			0	Narrative 📑 1			
Physician List Medical Records				0	Additional Informat	tion (optional)	class	
Official Job Descr	iption			0			Cluse	
Appointments &	Certificates							
Date	Time	Vendor	Doctor(s)		Specialty	Location	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

