Prosper Updates Administrator Training

- Disability
- Transmittal
- 91A

Disability Administrator Training Topics

- Home page
 - Disability MP and Transmittals
 - 91-A
 - Memos
 - Tabs
 - Tasks
 - Notifications
 - E-Mails



Overview

- Disability Home
 - Medical Panel Request status
 - PROSPER Medical Panel Processing
- Start Medical Panel/Involuntary Medical Panel
 - Forms
 - Medical Records
 - Under Review
 - Withdraw/Deny

Help

- For Log-in and Password Issues

 Contact the Help Desk
- Medical Panel Submissions
 - Contact the Disability Unit
- Specific Transmittal Questions

 Contact Ellen Furtado
- Specific 91 A issues
 Contact Sandy King



Home Page

TAU	NTON	Massachusetts	Massachusetts Public Employee Retirement Administration Commission						
Arrow Home	Tasks							-	
Compliance	Notifications	Home - Taunton							
Ųı	Medical Panel Request has	PERAC Memos	Q	All Years 🔻					
Disability	268A Term Pledge for Peter is due by 4/24/2017.	Memo #6/2017 2017 Mandatory Retirem	Memo #9/2017 2017 Buyback And Make	Memo #2/2017 2017 The Binding Effect	Memo #3/2017 2017 2017 Limits Under C	Memo #4/2017 2017 2017 Limits Under S	Memo #5/2017 2017 Cola Notice		
	CME 91A Fabs have been added	Memo #1/2017 2017 Jpdated Public Rec Memo #22/2016 2016 Forfeiture Of Retire	Memo #7/2017 2017 Actuarial Data Memo #23/2016 2016 Tobacco Company	Memo #8/2017 2017 Continuing Membe Memo #24/2016 2016 Mandatory Retirem	Memo #10/2017 2017 Domestic Relations Memo #20/2016 2016 Reinstatement To S	Memo #12/2017 2017 2017 Interest Rate S Memo #25/2016 2016 Other Post-employ	Memo #11/2017 2017 2017 Annuity Savin Memo #26/2016 2016 Appropriation Data		
		Memo #27/2016 2016 Tobacco Company	Memo #28/2016 2016 2016 Disability Data	Memo #29/2016 2016 The Buyback Of Ca	Memo #21/2016 2016 Updating Perac?s W.	Memo #30/2016 2016 840 Cmr 10:10(3) &	Memo #17/2016 2016 Tobacco Company		
								L L	

Once logged in you will see your retirement board and greeting.

Memos

CAM	BRIDGE	Massachusetts Public Employee Retirement Administration Commission	Hello, Ellen	Sign Out
A Home	Tasks			
Compliance - Cy Disability -	Placement Agent Statement has been assigned to you. Placement Agent Statement has been assigned to you. Procurement Money Manager Vendor Disclosure has been assigned to you. Vendor Certification has been assigned to you.	Memo #15/2018 Memo #14/2018 Memo #13/2018 Memo #2018 2018	Iemo #12/2018 Memo #11/2018 Memo #10/2018 018 2018 2018 2018 erac V. Crab & Ot Investment Relate 2018 Interest Rate 2018 1emo #6/2018 Memo #5/2018 2018 2018 018 2018 2018 2018 198 2018 2018 2018 101 Mandatory Retirem Tobacco Company	All Years V
	Notifications Completion of Retiree Evaluation - Unable	Memo #3/2018 Memo #2/2018 Memo #1/2018 Memo #1/2018<	Iemo #38/2017 Memo #37/2017 017 2017 017 Disability Data 3(8)(c) Reimburse	
	Appointment Confirmed Appointment Confirmed	Memo #35/2017Memo #34/2017Memo #32/2017Memo20172017201720172017Forfeiture Of RetirAdministrator?s TrTobacco CompanyAge	Iemo #31/2017Memo #30/2017Memo #29/201701720172017ppropriation DataMandatory RetiremVendor Disclosures	
	Appointment Confirmed	Memo #28/2017 Memo #27/2017 Memo #26/2017 M 2017	Iemo #25/2017 Memo #24/2017 Memo #23/2017 017 2017 2017 he Repeal Of G.L Cost Of Living Incr Mtrs C. 32. Section	

Memos are listed with the most recent first. A search function and year selection is available for locating specific memos.

Tabs

TAUI	NTON	Massachusetts		Hello, Paul J Slivinski	Sign Out				
A Home	Tasks								
Compliance	Notifications Medical Panel Request has	Home - Taunton PERAC Memos Q All							
Disability	been put under review. 268A Term Pledge for Peter H Corr is due by 4/24/2017.	Memo #6/2017 2017 Mandatory Retirem	Memo #9/2017 2017 Buyback And Make	Memo #2/2017 2017 The Binding Effect	Memo #3/2017 2017 2017 Limits Under C	Memo #4/2017 2017 2017 Limits Under S	Memo #5/2017 2017 Cola Notice		
	268A Term Pledge for Gill E Enos is due by 4/24/2017. Annual Eligibility for Dennis M Smith is due by 4/24/2017.	Memo #1/2017 2017 Updated Public Rec	Memo #7/2017 2017 Actuarial Data	Memo #8/2017 2017 Continuing Membe	Memo #10/2017 2017 Domestic Relations	Memo #12/2017 2017 2017 Interest Rate S	Memo #11/2017 2017 2017 Annuity Savin		
	Annual Eligibility for Barry J Amaral is due by 4/24/2017.	Memo #22/2016 2016 Forfeiture Of Retire	Memo #23/2016 2016 Tobacco Company	Memo #24/2016 2016 Mandatory Retirem	Memo #20/2016 2016 Reinstatement To S	Memo #25/2016 2016 Other Post-employ	Memo #26/2016 2016 Appropriation Data		
		Memo #27/2016 2016 Tobacco Company	Memo #28/2016 2016 2016 Disability Data	Memo #29/2016 2016 The Buyback Of Ca	Memo #21/2016 2016 Updating Perac?s W.	Memo #30/2016 2016 840 Cmr 10:10(3) &	Memo #17/2016 2016 Tobacco Company		
		··· ··· ·	· · · · · ·	··· ·· ·	··· ··· ·	··· ·· ·	· · · · ·	ſ	

Administrators can have permission for Compliance, Disability, 91a depending on your user access. Tabs will show based on the permission given. Choosing a Tab will open that specific application

Tasks

ZZT	EST PERAC	Massachuset	ts Public Employee Retirer	nent Administration Commi	ission	1	Hello, Chuck Zztestadm	Sign Out
Home Complianc	TasksVendor Certification has been assigned to you.Vendor Disclosure has been assigned to you.Placement Agent Statement has been assigned to you.Consultant Certification has 	Home - Zztest PERAC PERAC Memos Memo #17/2017 2017 Mandatory Retirem Memo #11/2017 2017 2017 2017	Memo #16/2017 2017 Tobacco Company Memo #10/2017 2017 Domestic Relation	Memo #15/2017 2017 Sts/Istar Event Memo #9/2017 2017 Buyback And Make	Tasks wil until the	l remain task is co	on the list mpleted!	ars
	Notifications Appointment Complete	Memo #5/2017 2017 Cola Notice	Memo #4/2017 2017 2017 Limits Under	Memo #3/2017 2017 2017 Limits Under	Memo #2/2017 2017 The Binding Effect	Memo #1/2017 2017 Updated Public Re	Memo #30/2016 2016 840 Cmr 10:10(3) &	
	Appointment Confirmed Appointment Scheduled	Memo #29/2016 2016 The Buyback Of Ca	Memo #28/2016 2016 2016 Disability Data	Memo #27/2016 2016 Tobacco Company	Memo #26/2016 2016 Appropriation Data	Memo #25/2016 2016 Other Post-employ	Memo #24/2016 2016 Mandatory Retirem	

Also on the Home Page are current Tasks and Notifications. Tasks are items that need an action to be taken.

Task Page

ZZTE	EST PERAC		Massi	achusetts Public Employee Retiremen	Administration Commission		Hello, Chuck Zztestadm	Sign Out			
A	Tasks	Back									
• Home	Vendor Certification has been assigned to you.	Member Information Req	uest for Pasty Corni	sh							
Compliance	Vendor Disclosure has been assigned to you.	Current Information Form									
Disability	Placement Agent Statement has been assigned to you.	Name of Retirement Board Zztest PERAC	Name of Retirement Board Zztest PERAC								
	Consultant Certification has been assigned to you.	SSN Member Las	t Name* Member Pasty	r First Name* M.I. Suffix							
	CME Member information for Pasty Cornish is due by	Street Address* 123 Pasty Ave #4	City* Wausau	State* Zip* WI 54403	-						
		Phone #* (715) 555-1212	Email								
	Appointment Complete	Date of Birth 1/12/1960	Date of Hire	Job Title RepoMan	Date of Retirement 5/5/2012						
		Type of Disability									
	Appointment Confirmed	Employer Name (current)		Employer Title (current)							
	Appointment Scheduled	EmpNamestuff		Repo							
		Employer Street Address (cur	rent)	City	State Zip						
	Disability Transmittal Complete	123 EmpStreet		Empville	WI 54401						
		This retired member was awa	rded benefits based on t	he following incapacitation and/or in	pairment:						
	Appointment Complete		ar com.								
	Appointment Complete										
	Appointment Complete						Sub	mit			

Selecting a specific task will bring you to that task. Once a task is complete it will disappear from the Task list . The task will remain on the home page until completed.

Board Task-Task Page

BOSTON	I	M:	assachusetts Public Employee	Retirement Administratio	n Commission	Hello, Michael Sign Out		
A Home	Task Overview							
Tasks	Disability Transmittal		Board Action Re	equests				
Compliance								
U Disability	CME	Member Information Rev 0	quests		Suspension Requests 0	Alternate View		
[]\$]] 91A						Board will be able to review		
A Members	91A	Salary Verifications 2	Termination R 71	equests	Excess Requests 0	Cases based upon the task.		
	Disability Transmi	ttal - Board Action Requests			Chattan Data			
	Name				Status Date			
	Gilbert .				8/22/2018			
	Lamar				9/26/2018			
	James				10/5/2018			
	Christine				10/5/2018			
	David _				10/4/2018			
	Kenneth .				9/28/2018			

The task tab allows you to manage tasks based on process. When you select a specific task type, Board Action Request for the Disability Transmittal process, a list of the members in that process with that task will be displayed in a list. Selecting a specific member name brings you to the task that needs to be completed. This view is especially helpful when there are a large number of tasks for more than one process.

Notifications



Notifications are items that are primarily informational, but may need action by you or another Board Member. Notifications show for 30 days only.

Notification Page



Selecting a notification will display the full notification.

Email & Notifications

- Medical Panel request under review
- Appointment Scheduled/Confirmed/ Cancelled
- Medical Panel Results
- Withdrawal/Deny acknowledgement

<u>-</u>	Massachusetts Public Employee Retirement Administration Commission	Hello, Theresa	Sign Out
Tasks	Back		
CME Member information for	Please be advised that PERAC has completed its review of the following medical panel Certificate(s) ar	d found the Certificate(s) to be in o	order.
Douglas A Gonzaga is due by	Paul F Walker		
6/4/2018	Your retirement board is encouraged to review the attached report(s) to determine if it is completed to	your satisfaction	
CME Member information for Amy E Crowley is due by 6/4/2018	If upon review of the enclosed report, your board determines that additional information or clarification is writing a request which identifies the additional information which is desired. The board's request will the	required, the board may submit to en be forwarded by this office to th	o PERAC in he physicians.
CME Member information for	If you should have any questions regarding the enclosed material, please do not hesitate to contact this	office.	
Cindy L Lewis is due by	Old to show a difference		
CMF Member information for	Circk to view certificate		
Lisa Sullivan is due by 6/4/2018			
CME Member information for			
Jefferson Case is due by			
07472010			
_			
Notifications			
Retiree Catastrophic Condition			
Appointment Confirmed			
Appointment committed			
	Check Prosne	r Daily	
Medical Panel Results	encektrospe		
Madical Danal Desults			

to me 💌 Dear Marce

perac-mailing@per.state.ma.us

An appointment on 6/7/2018 at 01:30 PM for Paul I 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: https://www.google.com/maps/dir/543+Lunn's+Way.+Plymouth.+MA.+02360/123+Test+ave.+testville.+MA.+1111/am=t.

confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information that may be privileged and confidential. If you are not the intended only for the addressee(s) and contains information. They will remain a value of the privileged and confidential of the privileged and confidential. If you are not the intended only for the addressee of the privileged and confidential of the privileged and confidential

Disability Home

ZZTEST P	ZZTEST PERAC			vee Retirement Administration Commission	Hello, Chuck Zztestadm Sig	
Home	Disability Home					
U Disability	Start Medical Panel Request	Start Involuntary Panel Request	Start Disability Transmittal			
	+ Member Medical	Panel Requests		On the right side of the box history link.	you will see a	
	+ Member Disability	/ Transmittals		Once the member has co Disability process, the file cor	mpleted the ntents will mo	ve
	+ Member 91A Status: 2016			over to history You will be able to view fr	y. rom this link	

The Disability Home page is set up in 2 sections, Top 3 boxes will start a process, the 3 horizontal lines will contain your cases, history and information.

BERKSHI	IRE COUNTY RETIREMENT BOARD	Ma	assachusetts Public Employee Retirement Administration Commission	Hell	lo Board D Admin1	Sign Out
Home	Disability Home					
Disability	Start Medical Panel Request Start Involuntary Panel Request	Start Disability Transmittal				
	 Member Medical Panel Requests 					
	Member Name Request Date		Employer	Current Status		
	Test1 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling		
	Testz Joint Thu Sep 01 2016		Co Name	Panel Complete		
	Test3 Joint	Thu Sep 01 2016	Co Name	Pending Scheduling		
	Test4 Joint Thu Sep 01 2016		Co Name	Request Submitted		
	Test5 Joint Thu Sep 01 2016		Co Name Panel Com		ete	
	Test1 Single	Thu Sep 01 2016	Co Name	Request Submitted		
	Test2 Single	Thu Sen 01 2016	Co Name	Request Submitted		
	+ Member Disability Transmittals					

As you can see this will provide the member name, Date of Panel request, the employer and the current status.

Medical Panel Page

STATE			Massad	chusetts Public Employee Retireme	ent Administration Commi	ssion		Hello, Theresa Kerrigan	Sign Out
Home	Medical Panel Request								
Disability	Request Information					Status Information			
l	Member Name: Social Security #: Application Date: Panel Type: Disability Type: Appointment Type: Board: Medical Condition:	Lisa ***_**_0000 7/18/2017 Joint Voluntary Voluntary Accident Standard Appointm Retirement Boa Leg	al ent rd			Request Submitted:8/28/2017Request Under Review:10/16/2017Pending Scheduling:10/16/2017Scheduling Hold:10/16/2017Appointment Scheduled:10/16/2017Appointment Confirmed:11/2/2017Appointment Complete:11/10/2017Results Distributed12/5/2017			
I.	Forms					Complete		To view or print certificate(s) and	
	Employer's Statemer	nt				0			
	Treating Physician's S	Statement				narrative(s)			link
	Physician List Medical Records					0			
	Injury Report					O	1		
	Official Job Description	on				0	1		
	Appointments & Cer	tificates							
	Date	Time	Vendor	Doctor(s)	Specialty		Location	Certificate	
	11/9/2017	4:30 PM	QME	Jay Ellis Laurence Cohen John Golberg	Orthopedic Orthopedic Neurology/1	Neuro Surgery	Springfield, MA	View	

Medical Panel Request Page. Member information, Status of the Request, Forms submitted to PERAC. When appointments are scheduled they will update this page, When certificate/narratives are completed they will be available here as well.

PROSPER Processing

- What has not changed
 - Role of Board and PERAC
 - 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

Start Medical Panel Request



These buttons will only be enabled for Administrators. Board members and chairs will not be able to start this process. Selecting either of these will open the member information page for the member information to be entered.

Enter Member Information

BERKSHIR	RE COUNTY RETIREMENT BOARD	Massachusetts Public Employee Retireme	nt Administration Commission	Hello Board D Admin1	Sign Out		
A Home	Medical Panel Request Back						
Compliance	Disability Information						
\$ Finance	 Check if this panel request is for an accir Choose all that apply: Ordinary D Is this request to an Appeal or Court Decision 	Idental death only: isability Accidental Disability	* NOTE: If multiple Accidental Disability selection al Disability • each selection.				
Disability	Member Contact Information	Important!					
	Social Security # * Membe	Verify SSN before					
	The retirement board hereby re who applied for disability retire	entering!	ıle a regional medica	l panel examination for the above named mer	nber		
	Application Date * mm/dd/yyyy		Ν.4				
	This member has claimed total incapad	tity based on the following medical condition(s).*	d on the following medical condition(s).*				
I.	Knee v	ease describe in detail	who th	e information.			
					t		

You must complete **all** fields.

Court Decisions must be attached if applicable.

Presumptions will appear in Drop Down if you choose Accidental.

Once all questions are completed a Form checklist will be created based upon the information you entered.

Enter Body part and Diagnosis (from Treating Physician's Statement)

Required Forms

	Ordinary	Accidental	9 Accidental Death	Involuntary Ordinary	Involuntary Accidental	heart presumption	r lung presumptions	Cancer presumption
Documents								
Application for Disability Retirement	R	R				R	R	R
Treating Physicians Statement	R	R				R	R	R
Regional Medical Panel Selection Form	R	R				R	R	R
Injury Reports		R						
Employers statement	R	R		R	R	R	R	R
Official job description	R	R		R	R	R	R	R
Pre-employment Physical						R	R	R
Admin Court Decisions (if applicable)	R	R				R	R	R
Medical Records	R	R		R	R	R	R	R
HRD file								
Statement of Facts			R	R	R			
Death Certificate			R					
Medical Panel Reports			R					

Form checklist

BERKSHI	RE COUNTY RETIREMENT BOARD	Massachusetts Public Employee Retirement Administration	on Commission	Hello Board D Admin1	Sign Out
A Home	Back Medical Panel Permest Board Admin: Board D Admin1				
Compliance	Request Information				
Finance	Social Security #9888 Member james E rowe				
	Forms	Assigned	Complete	Attachments	
	Disability Application	Board Disability Admin	•		
	Employer's Statement	Board Disability Admin	•		
	Treating Physician's Statement	Board Disability Admin	•		
	Physician List	Board Disability Admin	•		
	Medical Records	Board Disability Admin	•		
				Save	ubmit

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

ZZTEST	PERAC	Massachusetts Public Employee Retirement Administration Commission	Hello, Chuck Zztestadm Sign Out
A Home	Back	Employer's Statement	Suc Employee Rearement Administration Commission
0	Medical Panel Request	Board: Zztest PERAC Member: sfdqsdf	Attachment 10
Compliance Qr	Request Information	Social Security #: **-**-5634 Application Type: Application for Ordinary Disability	P No file selected Browse
Disability	Social Security # '''-''-5634 Disability Type Ordinary Di	 Employer's Statement Form (please attach) * 	
		Please upload the employer statement form.	at
	Forms	Add Attachment	Complete Attachments
	Disability Application		•
	Employer's Statement	Employer's Statement Info*	•
	Treating Physician's Statement		0
	Physician List	Please enter the essential duties that the applicant is required to perform in his or h current position. (From Question 1 of Employer's Statement Pertaining to Member's Ma	ke sure you scroll down in the
	Medical Records	Application for Disability Retirement.)	n up hoxes to make sure you
	Appeals or Court Decisions		have completed all fields
	Injury Report		nave completed an neids.
	Official Job Description	Date Employment Began*	Must be pdf.
		Cancel Submit	

Each section will need to be completed by the administrator. Answer all of the questions . Followed by attaching the relevant document.

Medical Records

- By Facility/physician Date Range
- File size for Prosper is <15MB (approx. 200 pages)
- Pdf format
- Name of file
- Facility(physician) 2015-2017 part 1
- Facility(physician) 2015-2017 part 2
- Example
 - 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



Make sure to include date ranges.

Last 5 years of medical records.

STATE	Massachusetts P	ublic Employee Retirement Administration Commission		Hello, Theresa	Sign Out
A Home	Back				
បូ	Involuntary Medical Panel Request				
Disability	Request Information				
	Social Security # ***_**-0000 isability Type C Member Karen Rowe	rdinary Disability			
					History
	Forms	Assigned	Complete	Attachments	
	Employer's Statement	Disability Admin	•		
	Medical Records	Disability Admin	•		
	Involuntary Retirement Applicat	Dicability Admin	•		
	Other Documents	Do not include me	edical records	; !	
	Injury Report	Sisterity ratio	•		
	Withdraw Deny				Submit

Other Documents DO NOT get sent to the Dr.'s, please make sure any medical records are attached to the Medical Records section!!

BERKSHI	IRE COUNTY RETIREMENT BOARD	Massachusetts Public Employee Retirement Administratic	on Commission	Hello Board D Admin1	Sign Out
A Home	Back				
•	Medical Panel Request Board Admin: Board D Admin1				
Compliance	Request Information				
Finance	Social Security #9888 Member james E rowe				
Disability	Forms	Assigned	Complete	Attachments	
	Disability Application	Board Disability Admin	•		
	Employer's Statement	Board Disability Admin	•		
	Treating Physician's Statement	Board Disability Admin	•		
	Physician List	Board Disability Admin	•		
	Medical Records	Board Disability Admin	•		
				Save S	Submit

Please provide a complete list of all physicians to avoid having to re-schedule panels.

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
 - (Acrobat) save as "Optimized PDF"
 - (Acrobat) save as "Reduced Size PDF"

🔁 optimized.pdf - Adobe Acrobat P <u>ro</u>			
File Edit View Window Help			
👌 <u>O</u> pen	Ctrl+O	🗩 😼 💊 🖓 🗳	
🔁 C <u>r</u> eate	•		
E Save	Ctrl+S		
Save As Shi	ft+Ctrl+S		
Save As Ot <u>h</u> er	۱.	Microsoft <u>W</u> ord	
Send File		Spreadsheet	
		Microsoft PowerPoint Presentation	
	Ctrluia	Image •	
<u>C</u> 1036	Cultyr	HTML Web Page	
Prop <u>e</u> rties	Ctrl+D	Reduced Size PDF	
🖨 Print	Ctrl+P		
<u>1</u> W:\Users\per-test\\optimized.pdf		Reader Extended PDF	
2 W:\Users\per-test\\unoptimized.pdf	6	Optimized PDF	
<u>3</u> W:\Users\per-test\\reducedsizepdf.pdf			m
4 W:\Users\\base example unoptimized.pd	lf	Richivable PDF (PDF/ <u>A</u>) Drocc Boody DDF (DDF(Y)	ľ II
5 X:\incoming faxes\test for the example.pd	f	Press-Reduy PDF (PDF/A)	
Exit	Ctrl+Q		l edu
	-		ouu

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



If required information is missing an error message will appear.

BERKSHI	RE COUNTY RETIREMENT BOARD	Massachusetts Public Employee Retirement Administration Commission		Hello, Board D Admin1	Sign Out
A Home	Back				
Ċ,	Medical Panel Request Board Admin: Board D Admin1				
Disability	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	•	1	
	Treating Physician's Statement	Board Disability Admin	0	1	
	Physician List	Board Disability Admin	⊘		
	Medical Records	Board Disability Admin	0	1	
				Save	Submit

Once all forms are complete and documents attached the request can be submitted.

(
Panel Request Bo	ard Admin: Board D Admin1					
est Information						
al Security # ber Rene	2342 e Member1					
s			Assigned	Complete	Attachments	
ility Application			Board Disability Admin	0	1	
oyer's Statement			Board Disability Admin	•	1	
ing Physician's State	ement		Board Disability Admin	0	1	
ician List			Board Disability Admin	O		
cal Records			Board Disability Admin	0	1	
tering my name, checki lame * N d E lectronic signature mus acknowledge that I am	ng the Electronic Signature box, ; vi Last Name * D Admin1 at match the name Board D Admin electronically signing this form *	and clicking on the buttons, I certify Suffix 11.	under the penalty of perjury that the information prov	ided herein is true and complete to the best of my k	nowledge	
al bo	st Information Security # ·····- er Rene ity Application yer's Statement ig Physician's State ian List at Records ring my name, checki me * I ctronic signature mus iknowledge that I am	st Information Security # ```-``-2342 er Renee Member1 ity Application yer's Statement ig Physician's Statement ian List al Records ring my name, checking the Electronic Signature box, a me* MI Last Name* D Admin1 ctronic signature must match the name Board D Admini ctronic signature must match the name Board D Admini	st Information Security # ```-``-2342 er Renee Member1 ity Application yer's Statement ing Physician's Statement ian List al Records ring my name, checking the Electronic Signature box, and clicking on the buttons, I certify me* MI Last Name* Suffix D Admin1 ctronic signature must match the name Board D Admin1. cknowledge that I am electronically signing this form *	st Information Security # ``-`-2342 er Renee Member1 Assigned ty Application ger's Statement go and Disability Admin ger's Statement go and Disability Admin go and Disabili	st Information Security # "```2342 er Renee Members Renee Members Assigned Complete ty Application Board Disability Admin Ity Application Board Disability Admin Board Disability Admin Ity Application Board Disability Admin Board Disability Admin <	st Information Security # "2342 er Renee Members ty Application Board Disability Admin O Matchinents ty Application Board Disability Admin O I 1 g Physician's Statement Board Disability Admin I I I I I I I I I I I I I I I I I I I

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's once the request has been submitted to PERAC.

STATE	- ormo	Massachusetts Public Employee Reti	rement Administration Commission	comptete	Hello, Theresa Kerrigan	Sign Out
Home	Back Application		Disability Admin	0	1	
Ch.	Employer's Statement		Disability Admin	0	∎ 1	
Disability	Treating Physician's Statement		Disability Admin	0	1	
	Physician List		Disability Admin	0		
	Medical Records		Disability Admin	O	1	
	Injury Report		Disability Admin	Once submitte	d vou cannot a	add
	Official Job Description		Disability Admin	docu	iments	
	By entering my name, checking the El knowledge.	ectronic Signature box, and clicking on the I	puttons, I certify under the penalty	(such as addi	tional medical	s)
	First Name* MI La Theresa Ke	st Name* Suffix				
	The electronic signature must match	the name Theresa Kerrigan				
	I acknowledge that I am electron	ically signing this form*				
	COMPLETE: This form was signal	gned and submitted on 6/7/2018 at 11:55 A	M by Theresa Kerrigan			

Once the request has been submitted to PERAC a complete banner will appear to confirm

MP Under Review

BERKSH	IRE COUNTY RETIREMENT BOARD	Massachusetts Public Employee Retirement Administration	n Commission	Hello, Board D Admin1 Sign O	ıt
Home Usability	Back ALERT: Perac D User1 on 2/20/2017 at 12:06 PM Dear Board Admins, Your Medical Panel Request has been put Under Review. Th out provide enough detail on how the member was involved	e following questions were asked: Please provide additional information on the mem	ber's Injury report. The report does		
E Documents	Medical Panel Request	м		You will recei	ve a
	Social Security # ***-**-4573 Member David Peterson			home page	your e. Ar list
	Forms Disability Application	Assigned Board Disability Admin	Complete	Open the Ca	ase
	Employer's Statement	Board Disability Admin	٥		
	Treating Physician's Statement	Board Disability Admin	•	1	
	Physician List	Board Disability Admin	•		
	Medical Records	Board Disability Admin	•	1	
	Injury Report	Board Disability Admin	•	1	
	Official Job Description	Board Disability Admin	•	1	
				Jubmit	

If there is any missing fields or additional information needed by PERAC the request can be put under review. A notification will be sent with specifics about what information is needed.

MP deny/withdraw

KSHIRE COUNTY RETIREMENT BOARD	Massachusetts Public Employee Retirement Administra	ation Commission Hello Board D Admin1 Sign
Back Medical Panel Request Board Admin: Board D Adn	1in1	
Request Information		Before submittir
Social Security # 9888 Member james E rowe		After submittin
Forms	Assigned	Comple
Disability Application	Board Disability Admin	•
Employer's Statement	Board Disability Admin	•
Treating Physician's Statement	Board Disability Admin	•
Physician List	Board Disability Admin	•
Medical Records	Board Disability Admin	•
		Save Submit
Withdraw Deny		

Medical Panel requests that have NOT been submitted to PERAC can be Withdrawn or Denied at the board level at any time.

If the request was already submitted to PERAC, please send letter/notification to remove from PERAC.

Withdraw/Deny Request not submitted to PERAC

ZZTEST	PERAC			ZZTEST PER	CAC Massachusetts Public Em	ployee Retirement Administration Commission		Hello, Chuck Zztestadm	Sign Out
Home Complance Complance Disability Documents	Back Disability Transmittal Request Request Information Accidental Disability Transmittal Request Social Security #: Think-1386 Disability Transmittal Documents	Disability Transmittal Withdrawal X Board: Zzlest PERAC Member: Seth Brojeski Social Security #: ""-::4386 Application Type: Application for Medical Panel Vithdrawal Letter (please attach) Please upload the full document Add Attachment Add Attachment	History link	Home Compliance Usability Disability Documents	Back Disability Transmittal Request COMPLETE: This Disability Transmittal was canceled on 11/30/200 Request Information Accidental Disability Transmittal Request for: Social Security #. Ment ""-4386 Seth	7 at 8 43 AM by Chuck Zztestadm eer. Brojeski			
	Forms Description of Essential Duties Employer Statement Letter from Employer Terminating Position Other Attachments Board Member Signatures	Cancel Submit Disability Admin on Disability Admin	Complete Attachments		Disability Transmittal Documents Forms Description of Essential Duties Employer Statement Letter from Employer Terminating Position Other Attachments	Assigned Disability Admin Disability Admin Disability Admin	Complete O O	Histo	ny link

A Withdrawal or Denial letter has to be attached. PERAC receives the letter for review, forms that have been completed and or attached will be discarded. Once the letter has been submitted, a complete banner will appear verifying the submission has been cancelled.

Withdraw/Deny Request not submitted to PERAC

ZZTEST PER	AC	Massachuse	tts Public Employee Retirement Admir	nistration Commission	Hello, Chuck Zztestadm	Sign Out
Home	Panel Request	Panel T Request	Disability Fransmittal			
Compliance	+ Member Medical I	Panel Requests				
एु Disability	+ Member Disability	' Transmittals				
locuments	+ Member CME Rev	iews	Nc	ote		
	+ Member g1A Statu	ıs: 2016	Additional pro			
	- Withdrawal/Deni	al				
	Member Name	Process	Cancellation Typ	De Date	Acknowledgement Date	
	Aaron Rodgers	Medical Panel	Withdraw	11/29/2017	11/29/2017	
	Coburn Jules	Medical Panel	Withdraw	10/13/2017	10/13/2017	
	Karen rowe	Medical Panel	Withdraw	11/29/2017		
	Seth Brojeski	Disability Transmitt	al Withdraw	11/30/2017		
	Sharman Shyama	Medical Panel	Withdraw	10/11/2017	10/11/2017	
	Test Ordinary	Disability Transmit	al Withdraw	10/13/2017	10/13/2017	

Once the Withdraw or Deny has been submitted, the member will move from the Medical Panel Request section to the Withdraw/Denial section. Once PERAC has acknowledged the Withdraw or Deny, the date will display in the Acknowledgement Date column.

Withdraw/Deny Request submitted to PERAC

ZZTES	T PER	AC		Massachusetts Public E	Employee Retirement Administration Co	ommission	Hello, Chuck Zztestadm	Sign Out
A Home		+ Me	mber Medical Panel Reque	sts				
Compliance		+ Me	mber Disability Transmittal	s				
Disability		+ Me	mber CME Reviews					
Documents		+ Me	mber 91A Status: 2016					
		– wit	hdrawal/Denial					
		Member	Name	Process	Cancellation Type	Date	Acknowledgement Date	
		Sharma	an Shyama	Medical Panel	Withdraw	10/11/2017	10/11/2017	
		Stacy A	nderson	Disability Transmittal	Withdraw	11/30/2017	11/30/2017	
		Test Or	dinary	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	

Once PERAC receives and processes the Withdraw letter, the member will move from the Disability Transmittal section to the Withdrawal/Denial section.

Scheduled Appointment

		BOSTON		Massachusetts Public Employee Retiren	ent Administration Commission	Hello, Michae	Sign Out
BOSTON Mome Compliance	Medical Panel Req	Home Compliance	Disability Home Start Medical Panel Request - Member Medical Panel Reque	tart Luntary anel guest Sequest Date	You will see tl	ne action on Is a Notif <u>ica</u> t	the Home tion
	Forms		Ruben	12/12/2016	Status o	hange on Dr	rocass lina
	Disability Applica		Kevin	7/19/2017	Status c		
			Madelyn	3/23/2017		and	
	Employer's State		David	4/24/2018	Ant dotai	ls in the Me	mhor Scroot
	Treating Physicia		Roy	7/17/2017	Apt. uetai		
	5 ,		Christine	6/19/2017			
	Physician List		Kenva	5/23/2016			
	Medical Records		Member Disability Transmitta	ale		E 1	
	Official Job Desc	ription			•	1	
	Appointments &	Certificates			F		
	Date	Time	Vendor	Doctor(s)	Specialty	Location	Certificate
	6/29/2018	1:30 PM	Thomas Sciascia, M.D.	Michele Masi Melvyn Lurie Thomas Sciascia	Neurology/Neuro Surgery Neurology/Neuro Surgery Psychiatric	Cambridge, MA	

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

С	ertif	icat	e R	esults		Certificate X Did the medical panel receive and review medical records identified on the transmittal of background information to a regional medical panel form prior to rendering a medical opinion in this case? Yes No 			
EOSTON Home C C Disability	You will Sta And C	see the a as a atus cha Certificat Mei	action on Notificat nge on Pi e on Apt. mber Scr	a the Home page tion rocess line details in the een	Appointment C Results Distribu	Prease form, which the panel reviewed. Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description? Yes No Us said incapacity likely to be permanent? Yes No Vas there a dissenting opinion? Yes No Regional Medical Panel Certificate & Narrative History Certificate 1 Narrative 1 1			
	Treating Physician's Statement					di Additional Information (optional)			
	Physician List				0	Close			
	Medical Records				0				
	Official Job Description								
	Appointments & Certifica	ites							
	Date	Time 1:00 PM	Vendor Awtry. M.D.	Doctor(s) Robert Ellison Madhusadan Thakur Eric Awtry		Specialty Location Certificate Cardiology Cardiology Boston, MA View Cardiology Boston, MA View			

Certificate Results can be viewed by selecting the member from the list then clicking on the 'View' link. A pop-up with the information will appear along with the paper forms. Selecting the paper icons will open the saved forms in a new tab.