



MEDICAL ADVISOR TO THE ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

PRESENTED BY MANAGED MEDICAL REVIEW ORGANIZATION, INC.

JUNE 18, 2025



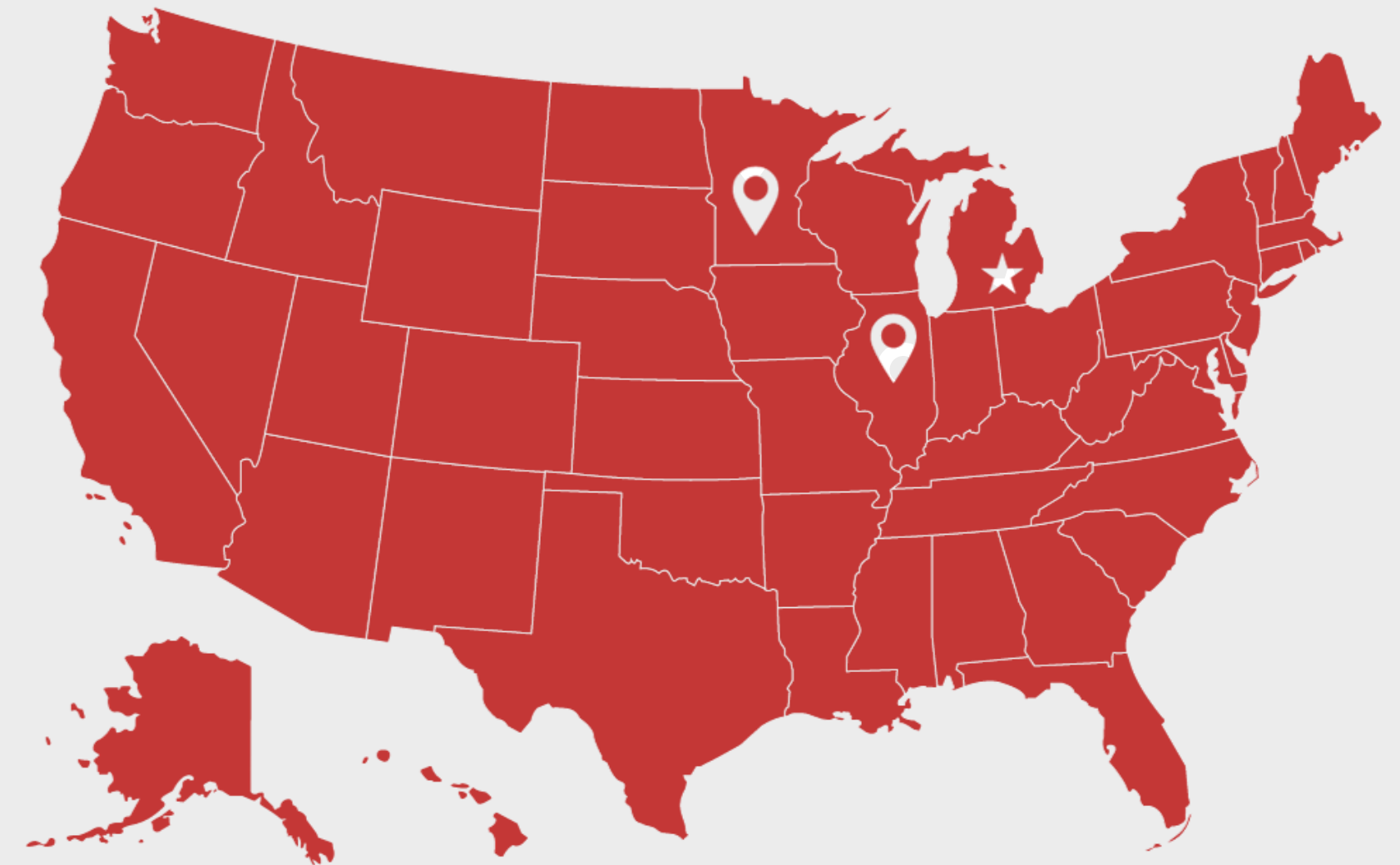
ABOUT MMRO

MMRO is a national leader in providing Case Management and Disability Retirement Review Services to Public Retirement Systems. We partner with more than 75 state, county and municipal retirement systems nationwide.

Our specialties include:

- Modernizing and streamlining disability retirement programs
- Incorporating the most advanced technology and the industry's best practices
- Meeting all applicable statutes, ordinances, and administrative requirements

Approximately 10,000 disability reviews performed per year



Corporate Offices



Satellite Offices





URAC ACCREDITATION

MMRO maintains accreditation as an Independent Review Organization, with certification remaining valid through April 1, 2026.

MMRO adheres to nationally recognized standards to ensure Quality, Credibility, and Independence.

MMRO applies URAC Standards to every aspect of the disability retirement program, including:



Credentialing & Qualifications

Conflict of Interest

Quality Review & Measure

Quality Management & Control



TESTING & CERTIFICATION

MMRO's security systems and controls are reviewed and tested on an ongoing basis.

SOC2 Type II

Annual Audit of MMRO's internal control environment

- SOC2 Type II report provided by outside audit firm
- Currently finishing our annual SOC2 Audit, with final report expected in July 2025



Security Testing

- Internal Vulnerability Scans
- Web Application (Portal) Scans
- External Penetration Tests
- Internal Penetration Tests



CALIFORNIA COUNTY RETIRMENT SYSTEM CLIENTS



MMRO currently serves as Medical Advisor to seven (7) California County Retirement Systems, including:



**Alameda County Employees'
Retirement Association (ACERA)**



**Kern County Employees'
Retirement Association (KCERA)**



**Mendocino County Employees'
Retirement Association (MCERA)**



**San Mateo County Employees'
Retirement Association (SAMCERA)**



**Contra Costa County Employees'
Retirement Association (CCCERA)**



**Orange County Employees'
Retirement System (OCERS)**



**San Luis Obispo County Pension Trust
(SLOCPT) (**California Charter County)**

Through more than 10 years of experience in the California market, MMRO has developed the institutional knowledge to properly handle the unique clinical questions present in CERL claims:

- "Incapacity" Standard
- "Service Connected" Disability Analysis
- "Permanency" Standard
- *Safety Member "Presumption" Cases (including newly enacted presumptions)*



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THE ACERA-MMRO PARTNERSHIP

MMRO is proud to have served as ACERA's Medical Advisor since 2017

Since 2017, MMRO has handled more than **420 disability retirement claims** on behalf of ACERA

- **24** disability retirement claims currently amid the clinical review process
 - **7** Periodic Reviews in process

A strong working relationship has developed between the MMRO and ACERA Disability Staff, with bi-weekly meetings to discuss claim status, statutory/regulatory changes, etc.

Our teams are constantly looking for process improvements that will strengthen the disability retirement claim process





DISABILITY PROGRAM ENHANCEMENTS

In 2022, MMRO and ACERA jointly developed and implemented an enhanced disability claim review model based on clinical review by physician specialists



This Specialist Review model utilizes MMRO's panel of more than 200 board-certified physicians, in virtually all major specialties and sub-specialties.

- **BENEFIT**: Recommendation Reports are completed by specialists who are board-certified in the condition(s) at issue (e.g., a heart presumption claim is best reviewed by a Cardiologist; a PTSD claim is best reviewed by a Psychiatrist, etc.)



A specialized, expert opinion in each Disability Retirement claim makes the claim process more efficient and less burdensome on members.

- **BENEFIT**: The revised process is leading to a decrease in the overall claim completion timeframes, while in-person "Functionality" Independent Medical Examinations (IME) are reserved for claims where there is a dis-correlation within the medical evidence after an initial Medical Board review. In these instances, the member will be seen for an IME, and then the specialist reviewer will review the IME report and issue an Addendum with a final recommendation.



PHYSICIAN REVIEWER/EXAMINER NETWORK

MMRO maintains an extensive network of **over 200** board certified and fully credentialed physician medical consultants for disability retirement claim review services ***in virtually all major specialties and sub-specialties***. Physician Reviewer specialties utilized by MMRO are in accordance with those recognized by:



American Board of
Professional Psychology
(ABPP)



American Board of
Medical Specialties
(ABMS)



Osteopathic Board
Certification
(AOA)



American Board of
Podiatric Medicine
(ABPM)

Physician reviewers possess extensive training and expertise in the specific statutes and considerations relevant to disability retirement. Their specialties encompass, but are not limited to:

- Addiction Medicine
- Addiction Psychiatry
- Anesthesiology
- Anesthesiology - Pain Medicine
- Cardiovascular Disease
- Child & Adolescent Psychiatry
- Clinical Cardiac Electrophysiology
- Colon & Rectal Surgery
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Emergency Medicine - Medical Toxicology
- Endocrinology, Diabetes, & Metabolism
- Family Medicine
- Female Pelvic Medicine and Reconstructive Surgery
- Gastroenterology
- General Allergy & Immunology
- Geriatric Medicine
- Gynecologic Oncology
- Hematology
- Infectious Disease
- Internal Medicine
- Internal Medicine – Sleep Medicine
- Internal Medicine – Sports Medicine
- Interventional Cardiology
- Interventional Radiology and Diagnostic Radiology
- Medical Oncology
- Medical Toxicology
- Nephrology
- Neurological Surgery
- Neurology
- Neurology - Pain Medicine
- Neurology - Sleep Medicine
- Neuromuscular Medicine
- Neurotology
- Obstetrics and Gynecology
- Occupational Medicine
- Orthopedic Surgery
- Orthopedic Surgery – Surgery of the Hand
- Otolaryngology
- Otolaryngology - Sleep Medicine
- Physical Medicine & Rehabilitation - Pain Medicine
- Physical Medicine & Rehabilitation - Sports Medicine
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Plastic Surgery - Surgery of the Hand
- Plastic Surgery w/in Head & Neck
- Psychiatry
- Pulmonary Disease
- Radiation Oncology
- Rheumatology
- Spinal Cord Injury Medicine
- Sports Medicine
- Surgery
- Thoracic Surgery
- Urology
- Vascular and Interventional Radiology
- Vascular Surgery
- Vascular Surgery - Surgery of the Hand



CREDENTIALING STANDARDS

- Current non-restricted license or certification
- Board Certification
 - American Board of Medical Specialties (ABMS),
 - American Osteopathic Association (AOA),
 - American Board of Podiatric Surgery (ABPS),
 - American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM), or
 - American Board of Professional Psychology (ABPP)
- Professional experience to include five (5) years' full-time experience providing direct clinical care to patients
- No history of sanctions or disciplinary actions
- Specialty-matched based on clinical analysis of diagnosis under review



MEDICAL BOARD PROGRAM RESULTS

Review of the past 12 months of Medical Board Operations

64 Claims have completed clinical handling over the past 12 months.

This represents a 56% increase in number of claims closed compared to this same period last year (41 claims completed from June 2023 - June 2024).

Overall claim completion timeframes continue to decrease, with a decrease in the incremental timeframes from: (i) receipt of claim through clinical triage and sending the Disability Packet to the parties, and (ii) the end of the commenting period through the completion of the Medical Board Recommendation Report.

Physician training and QA efforts are reducing the time claims are in final Report Completion Stage. From 1/1/2025 – 6/1/2025, average Report completion stage is down to 34.17 days (including an outlier claim that totaled 90 days in this step due to multiple drafts following an IME).



DISABILITY PROGRAM ENHANCEMENTS

The ACERA/MMRO Partnership continues to strengthen the Disability Retirement Program with the following enhancements:

MMRO's Associate Medical Director, Michelle Brezinski, M.D., is now more than one (1) year into the lead role in clinical oversight involving the ACERA Claim Reviews, including chairing the Clinical Escalation Committee reviewing all ACERA claims.

- Centralized review of Medical Board Reports to ensure clinical compliance with Report structure
- Available for peer-to-peer discussions with Medical Advisors to discuss clinical complexities of a claim, ensure understanding and application of medical/legal standard, as well as proper analysis as applied to a specific Job Description (and "usual job duties").
- Reconciling/harmonizing Functionality IME Report opinions and ultimate Medical Advisor Recommendation Reports.



DISABILITY PROGRAM ENHANCEMENTS

When clinically necessary to the claim, we have shifted from a “Disability” IME/IPE to a “Functionality” IME/IPE

Issue

Previously, for an in-person IME/IPE, the selected physician would receive a copy of the complete claim file to review, perform an in-person examination, and then answer a near identical set of questions as answered by the Medical Advisor. While this historical model has worked in many instances, there have been times where the IME/IPE Report lacks sufficient objective medical evidence, with the IME/IPE physician then making certain conclusions based more on subjective opinions. When reviewed by the Medical Advisor, charged with issuing the ultimate recommendation in the claim, these reports have led to some disagreement amongst the physicians as to the objective evidence supporting a claim.

Solution

The “Functionality” IME/IPE focuses on objectively assessing the member’s functionality (akin to a Functional Capacity Evaluation), and a Physical/Psychiatric Capacity Grid is completed as the output of the evaluation. Thus, the Medical Advisor can then work to complete his/her report with an independent, recent, objectively supported opinion as to the member’s functionality, and without the possibility that the IME physician and the Medical Advisor have differing takes as to the conclusion on permanent incapacity, service connection, etc.



DISABILITY PROGRAM ENHANCEMENTS

When clinically necessary to the claim, we have shifted from a “Disability” IME/IPE to a “Functionality” IME/IPE

Benefits

- Quicker to schedule, with a much faster turn-around time from the IME/IPE physician
- More efficient from a cost perspective, with a focus on an opinion as to the member’s current physical/psychiatric functionality.
- More convenient for the member, as we can contract with a physician in a single, centralized area (for ACERA, evaluations will take place in Oakland/San Francisco area), as opposed making the member potentially drive further away to meet with a specialist physician.
- Better used by the Medical Advisor to complete their Recommendation Report with recent, independent objective evidence.



DISABILITY PROGRAM ENHANCEMENTS

Expansion of Applicable Statutory Presumptions

Effective January 1, 2024, the California Legislature added several statutory presumptions that will impact CERL claims, including:

- Post-Traumatic Stress Disorder (Sec. 31720.91)
- Lower Back Impairments (Sec. 31720.96)
- Skin Cancer (Sec. 31720.94)
- Hernia or Pneumonia (Sec. 31720.97)
- Additional Presumptions (Tuberculosis, Meningitis, Lyme Disease)

MMRO and ACERA have worked together to develop question templates for the Medical Advisors to guide them through the proper analyses in these claims (in addition to existing templates for the “Heart Trouble” and existing “Cancer” presumptions). This continues to be an evolving area, as the understanding and required analyses under these presumptions continue to develop.



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QUESTIONS?

THANK YOU!