



**Alameda County Employees' Retirement Association
BOARD OF RETIREMENT**

**OPERATIONS COMMITTEE/BOARD MEETING
NOTICE and AGENDA**

ACERA MISSION:

To provide ACERA members and employers with flexible, cost-effective, participant-oriented benefits through prudent investment management and superior member services.

**Wednesday, June 18, 2025
1:30 p.m.**

LOCATION AND TELECONFERENCE		COMMITTEE MEMBERS	
ACERA C.G. "BUD" QUIST BOARD ROOM 475 14TH STREET, 10TH FLOOR OAKLAND, CALIFORNIA 94612-1900 MAIN LINE: 510.628.3000 FAX: 510.268.9574 The public can observe the meeting and offer public comment by using the below Webinar ID and Passcode after clicking on the below link or calling the below call-in number. https://zoom.us/join Call-In Number: 1 699 900 6833 Meeting ID: 879 6337 8479 Password: 699406 For help joining a Zoom meeting, see: https://support.zoom.us/hc/en-us/articles/201362193		ROSS CLIPPINGER, CHAIR	ELECTED SAFETY
		OPHELIA BASGAL, VICE CHAIR	APPOINTED
		KEITH CARSON	APPOINTED
		TARRELL GAMBLE	APPOINTED
		GEORGE WOOD	ELECTED GENERAL

The Alternate Retired Member votes in the absence of the Elected Retired Member, or, if the Elected Retired Member is present, then votes if both Elected General members, or the Safety Member and an Elected General member, are absent.

The Alternate Safety Member votes in the absence of the Elected Safety, either of the two Elected General Members, or both the Retired and Alternate Retired members.

This is a meeting of the Operations Committee if a quorum of the Operations Committee attends, and it is a meeting of the Board if a quorum of the Board attends. This is a joint meeting of the Operations Committee and the Board if a quorum of each attends.

Board and Committee agendas and minutes and all documents distributed to the Board or a Committee in connection with a public meeting (unless exempt from disclosure) are posted online at www.acera.org and also may be inspected at 475 14th Street, 10th Floor, Oakland, CA 94612-1900.

Public comments are limited to four (4) minutes per person in total. The order of the items on the agenda is subject to change without notice.

Note regarding accommodations: If you require a reasonable modification or accommodation for a disability, please contact ACERA between 9:00 a.m. and 5:00 p.m. at least 72 hours prior to the meeting at accommodation@acera.org or at 510-628-3000.

OPERATIONS COMMITTEE/BOARD MEETING

NOTICE and AGENDA, Page 2 of 2 – Wednesday, June 18, 2025

Call to Order: 1:30 p.m.

Roll Call

Public Input (Time Limit: 4 minutes per speaker)

Action Items: Matters for Discussion and Possible Motion by the Committee

- 1. Discussion and possible motion to renew the Employer Reimbursement Policy with or without revision.**

-Lisa Johnson

Recommendation

Staff recommends that the Operations Committee make a recommendation to the Board of Retirement to approve the Employer Reimbursement Policy, with revision.

Information Items: These items are not presented for Committee action but consist of status updates and cyclical reports

- 1. MMRO Annual Report**

- Sandra Dueñas-Cuevas

Trustee Remarks

Future Discussion Items

- **Discussion and Possible motion to approve the proposed 2026 ACERA Operating Expense Budget**
- **Discussion and possible motion to approve the annual agreement for the Segal Group, ACERA's Benefits Consultant**

Establishment of Next Meeting Date

November 20, 2025, at 12:00 pm

Adjournment



MEMORANDUM TO THE OPERATIONS COMMITTEE

DATE: June 18, 2025

TO: Members of the Operations Committee

FROM: Lisa Johnson, Assistant Chief Executive Officer

SUBJECT: **Employer Reimbursement Policy Review**

A handwritten signature in blue ink, appearing to read "Lisa Johnson", written over the "FROM:" line.

Executive Summary

The Employer Reimbursement Policy (Policy) is set for review by the Operations Committee to ensure that it remains relevant and appropriate. The policy was last reviewed by the Operations Committee on March 5, 2025.

Staff recommends that, due to conflict-of-interest concerns, Trustees Ms. Kellie Simon, Mr. George Wood, Mr. Ross Clippinger, and Mr. Kevin Bryant recuse themselves from participating in any discussion or Committee and Board actions associated with the Employer Reimbursement Policy.

Staff's review of the Policy resulted in the following findings:

- The Policy content has been revised to update the section formerly titled 'Detailed Breakdown of Elected Trustee ACERA Activities' to 'Estimated Number of Meetings for Elected ACERA Trustee Activities'. The sample number of hours has been removed, leaving sample descriptions of typical activities that elected ACERA trustees may participate in within each year. References to a specific number of hours have been removed, leaving the focus on spending 25% of their normal annual work time to meet the needs of ACERA. The list of meetings has been updated to reflect the current composition of meetings held.
- The policy continues to address the Board's intent to reimburse Departments employing ACERA Board Trustees.
- The issues addressed by this Policy continue to be within the Board's responsibilities of managing the Plan's budgetary requirements and are legally permissible as an administrative expense of the Plan.
- The Policy continues to be appropriate and does not overlap with other Board policies.
- The revisions are presented to encompass Operations Committee feedback on the need to update the description of possible activities of an Elected ACERA Trustee.

Background

In April 2000, the Board adopted the Policy to reimburse employers of Elected Trustees for the time that these Trustees spend away from their traditional employment responsibilities. In 2008 and 2009, the Board comprehensively reviewed the Policy, examining: the Policy's financial impacts; any potential conflicts of interest concerns; whether the Policy is permissible as an administrative expense; and whether the Policy presents fiduciary concerns for the Board. The Board was advised to implement a methodology to quantify the reimbursement to ensure that it is reasonable and based upon an objective standard. Outside counsel provided a legal opinion confirming that the cost was permissible as an administrative expense. In February 2010, the Board voted to continue the Policy, with an amendment to require Elected Trustees to certify that annually they have devoted a minimum of 25% of normal annual work time towards ACERA related activities. That process has been successfully implemented to date.

Recommendation

Staff recommends that the Operations Committee make a recommendation to the Board of Retirement to approve the Employer Reimbursement Policy, with revision.

Attachment:

Employer Reimbursement Policy – Redlined

Estimated Number of Meetings for Elected ACERA Trustee Activities – Redlined

Estimated Number of Meetings for Elected ACERA Trustee Activities

Employer Reimbursement Policy

I. Purpose

The Board of Retirement believes that the interests of the members and retirees of the Association are best served by attracting and retaining highly competent Board members who embrace the fiduciary responsibilities of ACERA Trustees and who are selected through a process that supports the statutory configuration of the Board.

II. Objectives

The objectives of this policy are as follows:

- A. To assist employers of active employee elected Board members (hereinafter “elected Board members”);
- B. To promote free and open participation of members in the democratic Board electoral process; and
- C. To maximize the opportunities for elected Board members to fulfill their fiduciary responsibilities to ACERA.

However, elected member employer reimbursement is not a statutorily mandated benefit to employers. Further, its authorization is subject to annual renewal at the discretion of the Board. Reimbursement is dependent upon ACERA budgetary considerations and Board approval.

III. Assumptions

In preparing this policy, the following assumptions were made:

- A. The 1937 County Employees Retirement Law specifies that the Board of Retirement of the Alameda County Employees' Retirement Association shall consist of nine members, and up to two (2) alternate members.

While all qualified members of ACERA have the constitutional right to seek election to the Board of Retirement, the members' employer does not enjoy a statutory right to reimbursement.

- B. The Board recognizes that, in order to fulfill their fiduciary duties to ACERA, Board members will be required to expend a significant amount of time on ACERA business to the possible detriment of their other professional and personal activities. This may create conflicts with respect to the non-ACERA duties of these members and may, in the case of elected Board members, inhibit or deter Association members from seeking election to the Board of Retirement or satisfactorily discharging the duties of an elected Board member.
- C. The Board further recognizes that the precise amount of time an individual Board member may spend on ACERA activities will differ with the member's interests, committee assignments and general Association activity level. Elected Board members will, generally, incur additional responsibilities in conjunction with their duty to serve as an intermediary between their constituency and the Association.
- D. The Board acknowledges that it is not practical or useful to precisely quantify the amount of time spent on ACERA activities by each elected Board member over any given period of time and it is reasonable to limit reimbursement to 25% of the elected member's full time employment requirements. ~~which equates to 520 hours per year.~~

IV. Guidelines

In order to assist the employers of ACERA elected Board members, to promote free and open participation of ACERA active members in the democratic Board electoral process and to maximize the opportunities for elected Board members to fulfill their fiduciary responsibilities to ACERA, the Board hereby approves:

- A. Reimbursement to the employers of ACERA elected Board members;
- B. Not to Exceed 25% of the cost of the salary (excluding overtime and any lump-sum sell back) and benefits of such members, however under no circumstance will the total paid to the employers exceed \$300,000 for the calendar year with an annual cost of living adjustment based upon the consumer price index. The \$300,000 is calculated based upon a pro rata share of each trustee's salary;

- C. The promulgation of guidelines to help illustrate how an elected Board member may reasonably spend at least ~~520 hours~~ 25% of their work time per year on ACERA business (See Appendix A);
- D. A process by which, at the end of the calendar year, each elected Board member will review Appendix A and certify in writing that he/she spent at least 520 hours that year on ACERA business;
- E. A proportional adjustment of the reimbursement if the elected Board member determines that he/she has spent less than ~~520 hours~~ 25% of their work time that year on ACERA business;
- F. Reimbursement of the elected Board member's employer in the appropriate amount at the end of the calendar year.

V. Policy Modifications

This document shall be reviewed by the Operations Committee annually during the budgetary process. The Committee shall make recommendations to the Board concerning any improvements or modifications it deems necessary.

VI. Policy History

- A. The Board adopted this policy on April 20, 2000.
- B. The Board reviewed and affirmed this policy, with no revisions, on May 16, 2024¹.

¹ The Board adopted the Policy on April 20, 2000. It was reviewed and affirmed with revisions November 9, 2006; February 18, 2010; November 21, 2013; and October 19, 2017. It was reviewed and affirmed without revisions December 15, 2011; November 8, 2012; December 18, 2014; December 17, 2015; November 17, 2016; January 19, 2017; December 15, 2022; August 17, 2023; and May 16, 2024.



~~Detailed Breakdown of Elected Trustee ACERA Activities~~ Estimated Number of Meetings for Elected ACERA Trustee Activities

Meetings – Preparation and Attendance:

The number of Board, Committee meetings, and Board activities listed below are estimates. Trustees are expected to prepare for, attend, and travel to and from meetings of the Board and Committees.

● <u>12</u> Board Meetings (2 hours each)	24 hours total
● <u>12-5</u> Operations Committee Meetings (1½ hours each)	18 hours total
● <u>12-8</u> Retirees Meetings (2 hours each)	24 hours total
● <u>12</u> Investment Committee Meetings (3 hours each)	36 hours total
● <u>3</u> Governance Committee Meetings (1½ hours each)	4.5 hours total
● <u>3-5</u> Audit Committee Meetings (1½ hours each)	4.5 hours total
— <u>4</u> Actuarial Committee Meetings (2 hours each)	8 hours total
● <u>3</u> Budget Committee Meeting (1½ hours each)	4.5 hours total
● <u>1</u> <u>Single Day</u> Board Offsite/Retreat (8 hours)	8 hours total
● <u>1</u> <u>Offsite</u> Joint BOS and ACERA Board Meeting (2 hours)	2 hours total

Meetings – Preparation Time:

12 Board Meetings (2 hours each)	24 hours total
12 Operations Committee Meetings (1½ hours each)	18 hours total
12 Retirees Meetings (2 hours each)	24 hours total

12 Investment Committee Meetings (2 hours each)	24 hours total
3 Governance Committee Meetings (1½ hours each)	4.5 hours total
3 Audit Committee Meetings (1½ hours each)	4.5 hours total
4 Actuarial Committee Meetings (2 hours each)	8 hours total
3 Budget Committee Meeting (1½ hours each)	4.5 hours total
1 Board Offsite/Retreat (6 hours)	6 hours total
1 Joint BOS/BOR Joint Meeting (2 hours)	2 hours total

Travel Time:

60 Board and Committee Meetings (1 hour travel to and from meeting)	60 hours total
Board Offsite and BOS/BOR Joint Meeting (1 hour travel to and from meeting)	2 hours total
Meetings Subtotal	315 hours

Conferences and Miscellaneous Training/Activities

- SACRS – 2 Conferences held per year

Attendance (3½ days at 8 hours per whole day)	56 hours total
Travel (½-day to and from each conference)	16 hours total

- Out of Town Seminars/Education and Training – 2 per year

Attendance (3 days at 8 hours per day)	48 hours total
Travel (½-day to and from each conference)	16 hours total

Luncheons

Attendance (10 hours)	10 hours total
Travel (4 hours)	4 hours total

Constituent Representation — Liaison Activities

1½ hours per week ————— 78 hours total

Miscellaneous Activities

2 hours per month ————— 24 hours total

————— SACRS, Seminars, Luncheons, Liaison Activities Subtotal — 252
hours

————— Total for all Activities — 567
hours



Estimated Number of Meetings for Elected ACERA Trustee Activities

Meetings – Preparation and Attendance:

The number of Board, Committee meetings, and Board activities listed below are estimates. Trustees are expected to prepare for, attend, and travel to and from meetings of the Board and Committees.

- 12 Board Meetings
- 5 Operations Committee Meetings
- 8 Retirees Meetings
- 12 Investment Committee Meetings
- 3 Governance Committee Meetings
- 5 Audit Committee Meetings
- 4 Actuarial Committee Meetings
- 1 Single Day Board Offsite/Retreat
- 1 Offsite Joint BOS and ACERA Board Meeting (2 hours)

Conferences and Miscellaneous Training/Activities


- SACRS – 2 Conferences held per year
- Out of Town Seminars/Education and Training



MEMORANDUM TO THE BOARD OF RETIREMENT

DATE: June 18, 2025

TO: Members of the Board of Retirement

FROM: Sandra Dueñas-Cuevas, Benefits Manager 

SUBJECT: **Managed Medical Review Organization (MMRO) Update**

The attached information highlights the disability applications processed by Managed Medical Review Organization (MMRO).

Attachment:
Performance Data



Status Report on Managed Medical Review Organization (MMRO)

Board Meeting
June 18, 2025

Sandra Dueñas-Cuevas– Benefits Manager



MMRO Performance

- Standard Cases

Duration of time to review, exhibit, conduct member outreach before disability packet is distributed to applicant and employer for comment review period	Average 33 days
Duration of time from completion of comment period to production and receipt of medical recommendation report	Average 41 days

- Duration periods were calculated based on cases completed from July 1, 2024 to present.
- Total days decreased from a total of 91 to 74 days when compared to the report previously provided to the Operations Committee in June 2024.
- Cases included in average numbers did not need an Independent Medical Examination (IME), Peer Review, or submit additional records after the initial file was deemed complete

MMRO Performance (continued)

Completed Cases	53
Cases in Progress	27
New Accepted Cases (Pending Assignment to MMRO)	9
Cases Requiring Annual Exam	8

Non-Standard Cases

Type of Cases	Number
Cases in need of IME, IPE or Peer Review ➤ These cases will take longer to process due to scheduling of examinations, receipt of report, review time of parties and final completion of medical recommendations	18
Employer Filed Applications ➤ These cases may take longer to process due to additional information required to make a determination.	2
Contested Cases ➤ The recommendation for these cases are being contested by the employer or the applicant and anticipated to be scheduled for hearing	4

Year Over Year Performance

	MMRO 2020 – 2021 Averages	MMRO 2021 – 2022 Averages	MMRO 2022 – 2023 Averages	MMRO 2023 – 2024 Averages	MMRO 2024 – 2025 Averages
Phase 1 Exhibiting	59	63	69	43	33
Phase 2 Medical Advisor Report	27	39	51	48	41
<i>Total Days</i>	86	102	120	91	74



MEDICAL ADVISOR TO THE ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

PRESENTED BY MANAGED MEDICAL REVIEW ORGANIZATION, INC.

JUNE 18, 2025



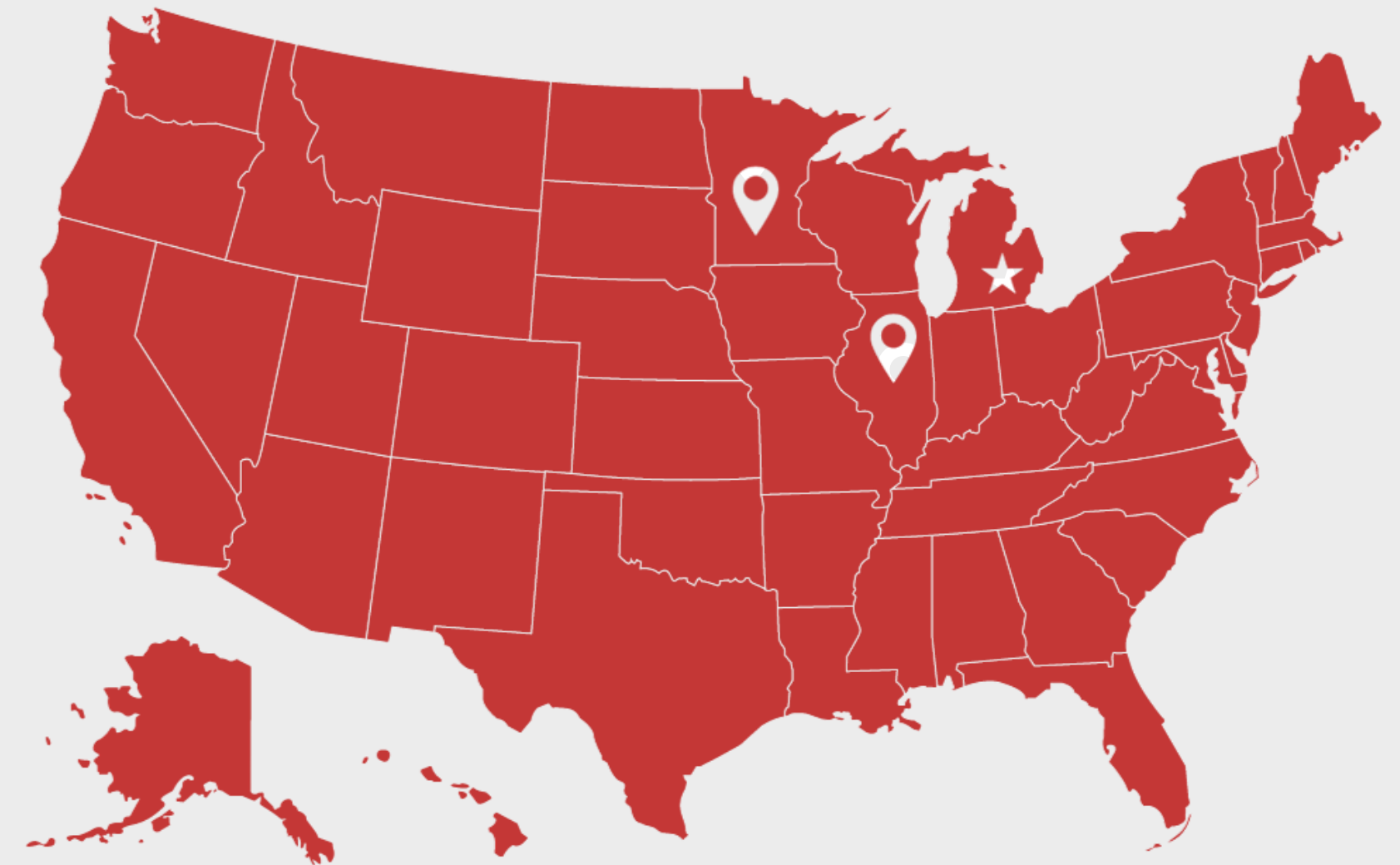
ABOUT MMRO

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)*



Managed Medical Review Organization, Inc.

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.



Managed Medical Review Organization, Inc.

QUESTIONS?

THANK YOU!