National Association of State Retirement Administrators

Responses to survey regarding disability review

Forty systems in 26 different states responded to this survey; a listing of responding systems is at the end of these results. This survey was conducted in June 2024.

1. *Does your system use a medical board and/or independent medical examiner to review disability applications?*

   Yes - independent medical examiner: 14

   Yes - medical board: 8

   Yes - both: 5

   No: 2

   Other answers given:

   - Our vendor's physician supplies recommendations that are then reviewed by a physician that works for our organization.
   - Third party administrator who utilizes their medical board and contracts for IME's.
   - We use a Medical Review Service Provider. An IME is used when after review by the MRSP, the case does not meet all eligibility criteria.
   - We use an outside evaluator on public safety cases that we are considering denial of
   - Contracts with a third-party administrator who uses independent medical examiners (up to 3 per claim)
   - IMEs are used for physical/mental examinations and records reviews....as needed for each member/customer
   - Disability program administrator/insurer reviews applications. IMEs may be used in unusual cases or appeals.
   - A third-party administrator reviews medical applications. The TPA recommends and arranges IMEs on an as-needed basis with IMEs pre-approved by staff.
   - Primarily, we approve disability applicants who meet a service requirement and who the Social Security Administration has approved for disability benefits. When members do not meet the service requirement or are not approved by the SSA, our medical review board reviews their case.

2. *If yes, what is the role of the medical board or independent medical examiner (IME) in your system's disability application review process?*

   Medical board or IME reviews disability applications and makes recommendation to system board: 19

   Medical board or IME reviews disability applications and makes final disability determination: 6

   Other answers given:

   - Medical board or IME reviews disability applications and makes recommendation to system staff
   - Most decisions are made by staff, based on recommendations of Medical Advisor and IME review. Members may appeal denials to the system board.
   - Our medical board makes the recommendations to the system board. However, for cases in which the Medical Board requires additional review, these are referred to the IME. IME provides Medical Board with their findings and Medical Board then makes recommendations to the system board.
   - Our Plan Administrator makes the final decision (we don't have a retirement board). When an application is received, our retirement system assesses eligibility to apply (vesting, timely application, etc.), and then the case is turned over to our third-party employee supplemental disability provider to collect the medical evidence and make a recommendation. Then, the Plan Administrator from our retirement system reviews the recommendation and makes the final decision. Because our TPA also administers our employee supplemental disability, we do handle some cases internally without TPA review due to conflict of interest or in terminally ill cases.
   - Our vendor performs record reviews, IME/IPEs are used infrequently, our vendor supplies recommendations that are reviewed by one of our physicians who then make recommendations to our Board.
   - We have 3 doctors who meet monthly to review the disability applications and documentation to make the medical decisions on their disabilities. Our board subcommittee members attend as well to approve the resolution based on the doctors' decisions.
   - A Medical Review Service Provider reviews the medical, employment and other evidence submitted and provides the System with a report. If that report does not support all eligibility criteria, the applicant is provided with an opportunity to supplement their record and the MRSP reviews the case a second time. If after the second review, all eligibility criteria have not been met, the applicant is offered an IME prior to a decision being issued. The IME is scheduled by a 3rd party. Both the System and the applicant must agree to use the medical provider. The decision is issued by the System.
   - Disability program administrator/insurer makes all disability determinations (other than eligibility for the program, which is done in-house by benefits staff).
   - For approvals, the third-party administrator makes the disability determination. Any claim that the TPA recommends denying is reviewed by staff, and staff make the final determinations. When IMEs are conducted, the medical professionals indicate their opinion on whether or not the member is disabled.
   - IMEs which are used as needed, aid in our decision-making process by examining the member/customer and answering our questions, however they do not make final disability determinations.

3. *How are medical documents provided to both medical board doctors and IME doctors for review?*

   Paper copy: 13

   Secure online portal: 28

   Other answers given:

   - Encrypted email
   - CD
   - Secure online portal through a contracted third-party administrator
   - Discs are provided by IMEs in some situations

4. *How does your system recruit for both medical board doctors and IME doctors?*

   Personal references from current doctors: 7

   Placement service: 4

   Direct advertising: 1

   Other:

   - ACERA contracts with Managed Medical Review Organization (MMRO), an organization which maintains a multi-specialty physician review network.
   - CalPERS has IME vendors that assist in recruiting IME doctors. CalPERS attends conferences held by one of our IME vendors to assist with the recruitment effort.
   - Contract with the insurance vendor for short term and long-term disability programs.
   - Disability program administrator/insurer is selected by an RFP process. IMEs, when used, are selected by the disability program administrator.
   - For medical board members ERS uses a Request for Proposal (RFP). For IME doctors, ERS medical board does the RFPs.
   - Our administrative rules require use of the medical board at the University of Iowa Hospitals and Clinics. The board is run through the occupational medicine department and all physicians are employed by the University.
   - Our system has a contract agreement with the Social Security Administration, Disability Determination Services (DDS), who makes the disability determinations pursuant to the Social Security Act and in accordance with the Retirement Acts and thus staffs the IMEs.
   - For the IMEs - we try to find a specialist/doctor(s) in the area where the applicant lives when possible.
   - The Medical Review Service Provider was secured through a RFP process. They are responsible for maintaining staffing and appropriate credentialing. IMEs are selected through the assistance of a placement service. Prior to an IME being scheduled, both the System and the applicant have to agree to using the provider. On occasion, the System has secured its own medical provider when the placement service was unsuccessful in finding a physician.
   - Recommendations from other systems (2)
   - Request for Proposal through Minnesota Management and Budget. Essentially a posting for vendor services.
   - State University with hospital
   - The medical panel process is handled by a separate agency. As a result, the retirement system does not recruit the medical board doctors.
   - The TPA uses a network of vendors who meet established criteria and have been approved by their compliance team.

- The vendor we hired has their own network of physicians that perform record reviews and IME/IPEs when needed. The physicians that work for our organization were recruited through a combination of personal references and an RFP.
- We asked around in state government for suggestions. Our current board members have really been assets to our process. They are very knowledgeable and thorough in their review and generally are consistent in their opinions.
- We do get references from current or former medical board members, but we go through a formal solicitation process called Request for Qualification (RFQ). The interested candidates must complete and submit their qualifications during the response timeframe. We then review the qualified respondents before making a selection.
- We have a contracted vendor for disability review services. The vendor is responsible for this.
- We partner with our third-party administrator who handles our employee supplemental disability benefits. We use their case managers, IME physicians, etc. We meet monthly with them to manage the relationship, manage the operational aspects, and handle escalations.
- We use physicians from the Arkansas Disability Determination for Social Security Administration for our medical board.
- PEBA's long term disability insurance administrator has access to a nationwide network of physicians. Five of these physicians are trained to serve as members of the medical board; three of the five physicians review each Police Officers' Retirement System disability claim.

5. *What is the average amount of time from receipt of disability claim to the resolution of the claim? (including those awarded disability and those denied)*

   Less than 90 days: 9

   Between 90 and 180 days: 21

   More than 180 days: 3

   Other:

   - Our statute provides for a 5-month waiting period until eligible.
   - Six months
   - Cases typically take 6-12 months based on our plan terms.
   - It depends on the complexity of the case and how busy the medical board is. We are not the only pension system in Iowa required to use the board
   - 231 days
   - 180 days for ordinary disability cases. 14 months for service-connected disability cases (SCD).

6. *Please share any other information you think is relevant to this subject.*

- We are finding that it is getting more difficult to obtain the medical records on those applying. We ask for their personal physicians to complete the paperwork and give their opinion of the condition of the patients they examine. We are at point where we often struggle to get that information.
- Our disability income is not "disability retirement". With the exception of Safety Duty Disability, our disability income from our pension reaches a maximum period (typically 65) at which time members will cross over to regular retirement. Similar to SSDI. Duty Disabled members also are not "retired", but, they also have no mandatory cutoff date. They can elect to retire at any time. And with the exception of Safety members, we make no distinction between work related or non-work related disabilities. The rules are the same for eligibility.
- We used to have a Medical Committee that reviewed the medical information and made recommendations to the Pension Administrator. However, this practice stopped when the STD/LTD program was implemented in 2006. Only the Police and County/Municipal plans are now eligible for a disability pension which is why this is now outsourced.
- This disability process is for special service members only. Regular class members only need to be approves for SS disability or railroad disability to be approved. Most of our special service members are required to meet with the medical board face to face however we are able to request a records review only under special circumstances. We have also used an independent physician in the past outside of the medical board to determine if a disabling medical condition was a pre-existing condition.
- Applicants are allowed 180 days from the date of the application to submit supporting employment and medical records for review. Depending on how long they take to respond can affect the average amount of time detailed in Question #5.
- Independent Medical Examiner only becomes involved if the board doctor cannot approve solely on medical records review.
- The retirement plans in Louisiana do share the names of physicians used for each specialty through our association.
- The System moved from use of a Medical Board to a Medical Review Service Provider a few years ago. One of the benefits to using the MRSP over a Medical Board is the separation between the System and the review process. Since the System isn't directly involved in hiring, credentialing, the selection of the particular reviewer for a case or communication with the reviewer, the concern of a biased assessment is alleviated. Using a MRSP has also provided greater access to a variety of Specialists for review of complicated cases.
- This process is very time consuming and has been hard to automate on any level. Our Board doctors like to see everything on paper for review so we have to maintain those records in order.
- We have found that utilizing a records review approach instead of relying on IME/IPEs has been beneficial.
- For a normal or early retirement, a member must file within 90 days of their termination date to receive retroactive retirement benefits. For a disability retirement, however, a member has two full school years (July 1 - June 30) from their last day of service or paid approved leave of absence, whichever is later, to receive retroactive benefits.
- SDRS has a review board that includes a medical doctor, an attorney, and a vocational rehab professional. The board uses a secure portal through SharePoint to access the medical records. SDRS has not had to recruit a doctor recently; in the past, the doctor leaving the board has recommended a new doctor to fill their position.
- We have a 3-person medical board with different specialties. We also contract separately with a psychiatric doctor to review special cases.

Responding Systems:

- Arkansas Public Employees' Retirement System
- Arkansas State Highway Employees' Retirement System
- Arkansas Teachers' Retirement System
- California Public Employees' Retirement System
- California State Teachers' Retirement System
- Alameda County Employees' Retirement Association
- Contra Costa County Employees' Retirement Association
- Orange County Employees' Retirement System
- University of California Retirement System
- Colorado Fire & Police Pension Association
- Colorado Public Employees' Retirement Association
- Delaware Public Employees' Retirement System
- Florida Retirement System
- Employees' Retirement System of the State of Hawaii
- Public Employee Retirement System of Idaho
- Illinois State Universities' Retirement System
- Iowa Municipal Fire & Police Retirement System
- Iowa Public Employees Retirement System
- Kansas Public Employees' Retirement System
- Kentucky Public Pensions Authority
- Louisiana State Employees Retirement System
- Louisiana Parochial Employees' Retirement System
- Maine Public Employees' Retirement System
- Massachusetts Teachers' Retirement System
- Michigan Office of Retirement Services
- Minnesota State Retirement System
- Minnesota Public Employees' Retirement System
- Missouri DOT & Patrol Employees Retirement System
- New Hampshire Retirement System
- New York State Teachers Retirement System
- North Dakota Public Employees' Retirement System
- Ohio Public Employees' Retirement System
- Ohio State Teachers' Retirement System
- Pennsylvania Public School Employees Retirement System
- South Carolina Public Employee Benefit Authority
- South Dakota Retirement System
- Employees' Retirement System of Texas
- Teacher Retirement System of Texas
- City of Austin Employees' Retirement System
- Washington State Department of Retirement Systems

For questions about this survey, contact research@nasra.org