MEDICAL ADVISOR TO THE STATE OF MINNESOTA PUBLIC EMPLOYEES RETIREMENT ASSOCIATION

PRESENTED BY MANAGED MEDICAL REVIEW ORGANIZATION, INC.

September 17, 2026

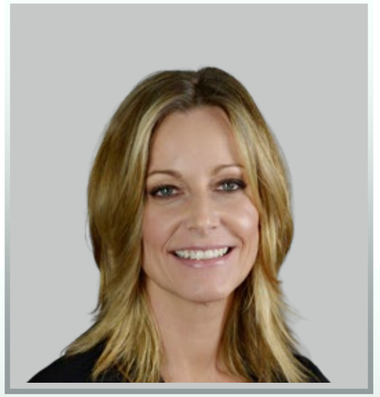
PRESENTERS

Doug Minke,
JD, MBA

VP, Corporate Development & General Counsel

Jen Mongeau
DHA, MBA, MSN, RN

VP, Clinical Programs



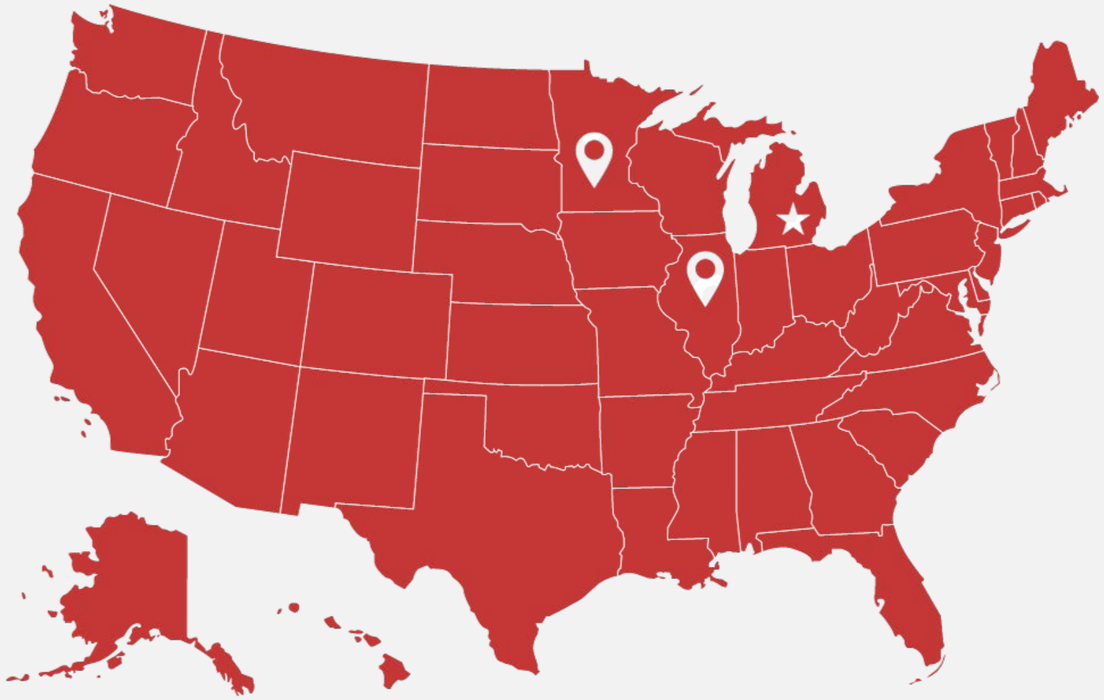
ABOUT
MMRO

MMRO is a national leader in providing Case Management and Disability Retirement Review Services to Public Retirement Systems.

We partner with state, county and municipal retirement systems nationwide to assist in:

- 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 Office
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PUBLIC RETIREMENT SYSTEM

Representative Clients

In addition to Minnesota PERA, MMRO is proud to serve as Medical Advisor to approximately **75 State, County, and Municipal Retirement System Clients** throughout the country.

URAC
ACCREDITATIONS

MMRO maintains accreditation as an Independent Review Organization, with certification remaining valid through April 1, 2029.

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

MMRO is also one of the first organizations in the nation to earn URAC's Artificial Intelligence in Health Care Accreditation.

This AI Accreditation provides a rigorous and trusted framework for the responsible use and development of AI tools in the medical evaluation setting.

PHYSICIAN REVIEWER/EXAMINER NETWORK

MMRO maintains an extensive network of ***over 325*** board certified and fully credentialed physicians for disability retirement claim review services ***in virtually all major specialties and sub-specialties***. 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*

PHYSICIAN 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)

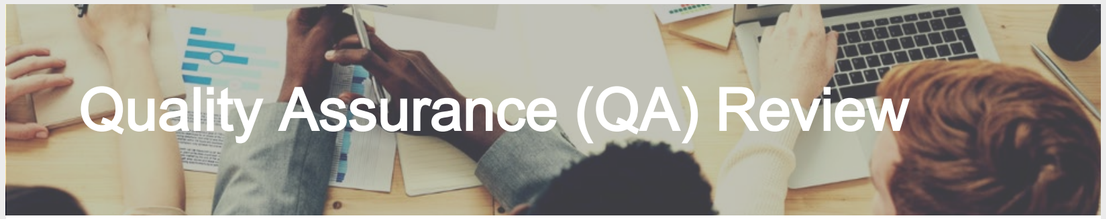
- *Professional experience to include five (5) years' full-time experience providing direct clinical care to patients*

- *No history of sanctions or disciplinary actions*

- *Specialty-matched based on clinical analysis of diagnosis under review*

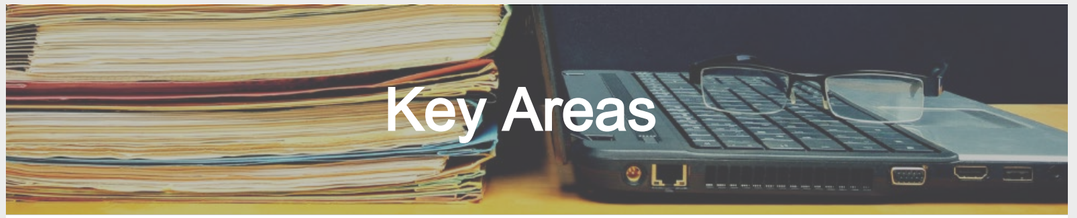
QUALITY ASSURANCE REVIEW

Quality Assurance (QA) Review is a key value-add process in the Disability Retirement Review



Quality Assurance (QA) Review

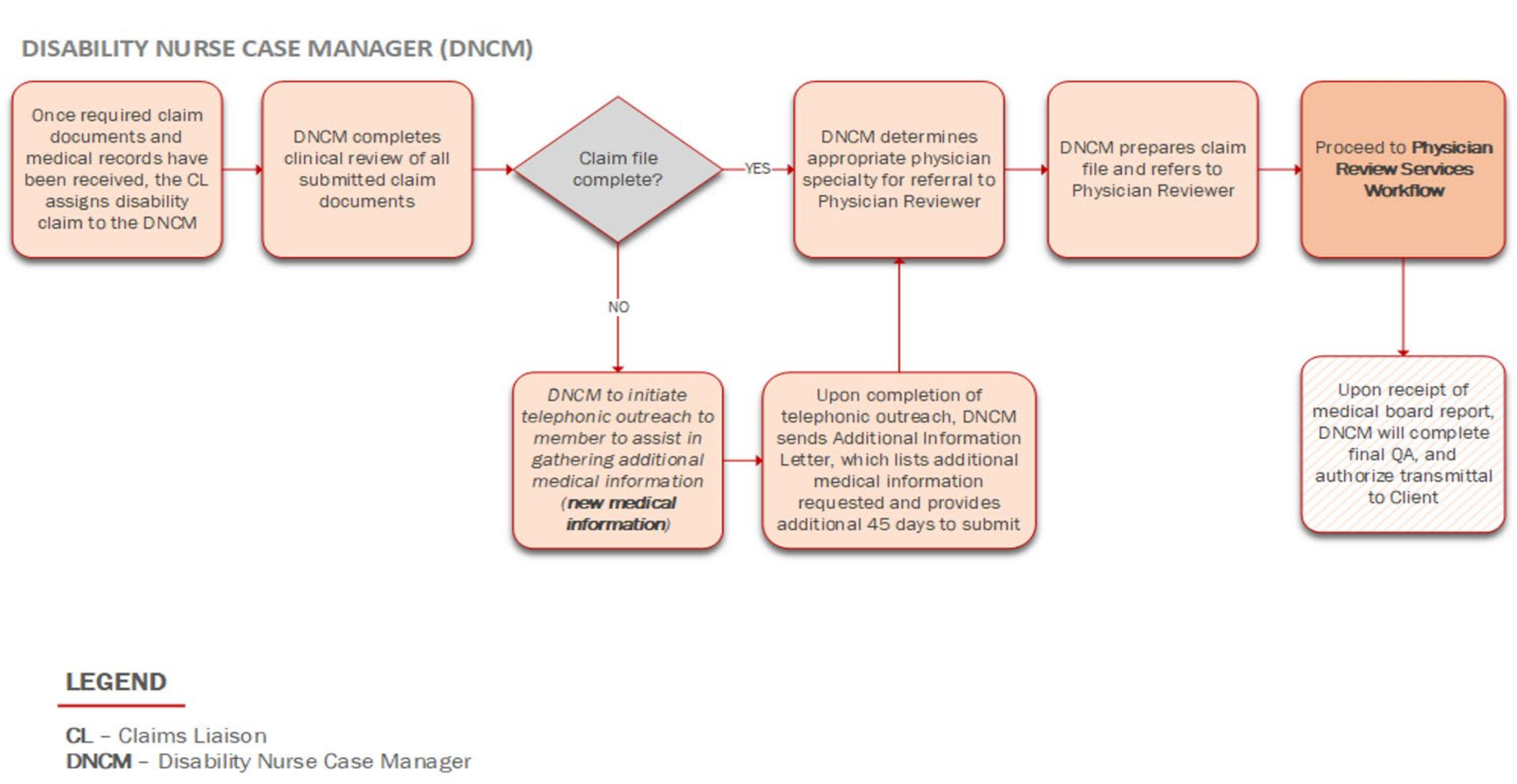
- Physician Reviewer Reports are clinically reviewed by a Disability Nurse Case Manager
- Minimum of five (5) years' experience in Disability Claim Review
- Clinically managed by MMRO's Quality Improvement Committee



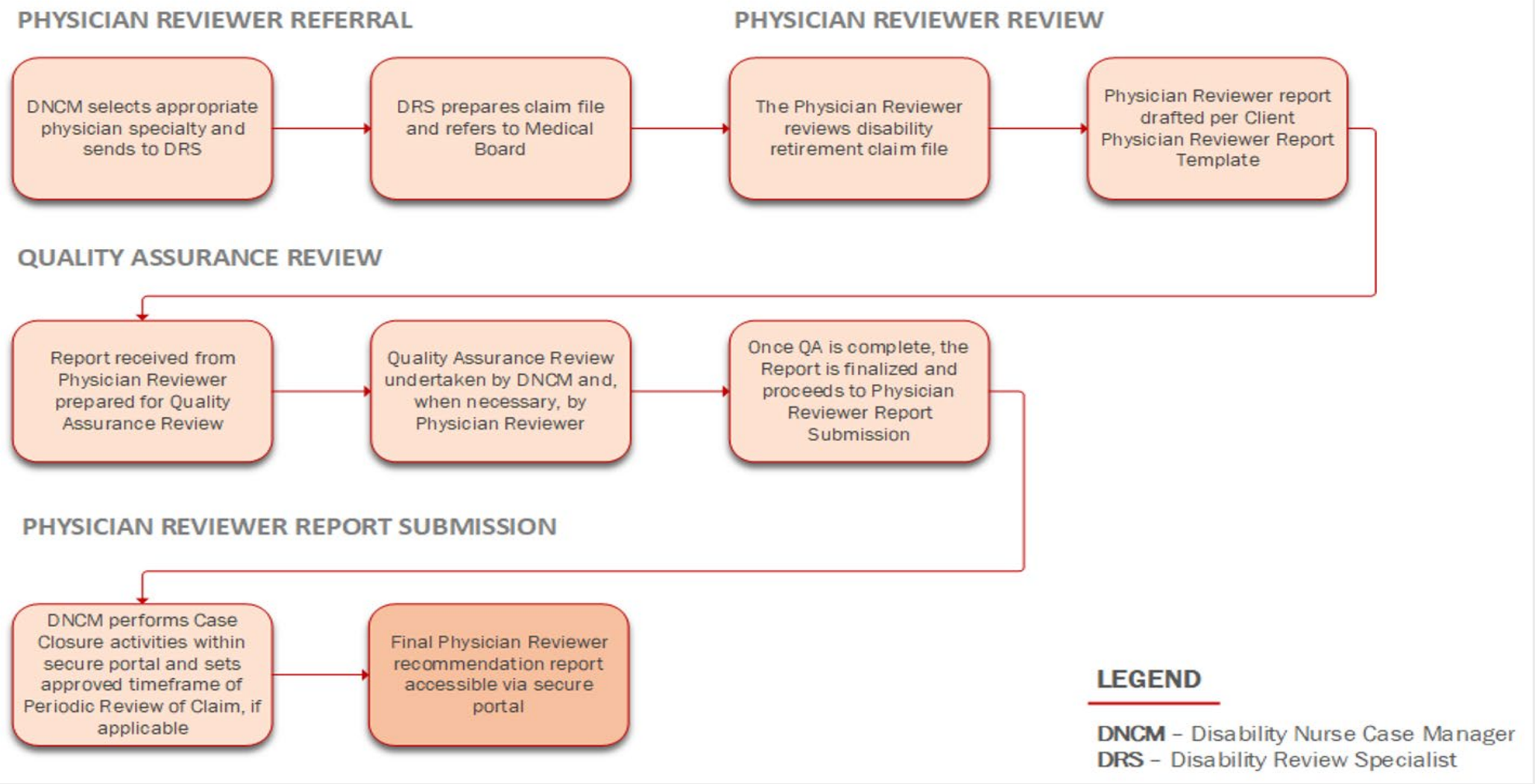
Key Areas

- Compliance (disability standards, program requirements)
- Thoroughness of Report and Responses
- Clarity of Report and Rationale
- Timeliness of Report
- Clinical Correlation and Sound Medical Reasoning

PROCESS WORKFLOW – Clinical Case Management



PROCESS WORKFLOW – Physician Review Services



CLINICAL REVIEW

PSYCHIATRIC & PTSD Claims

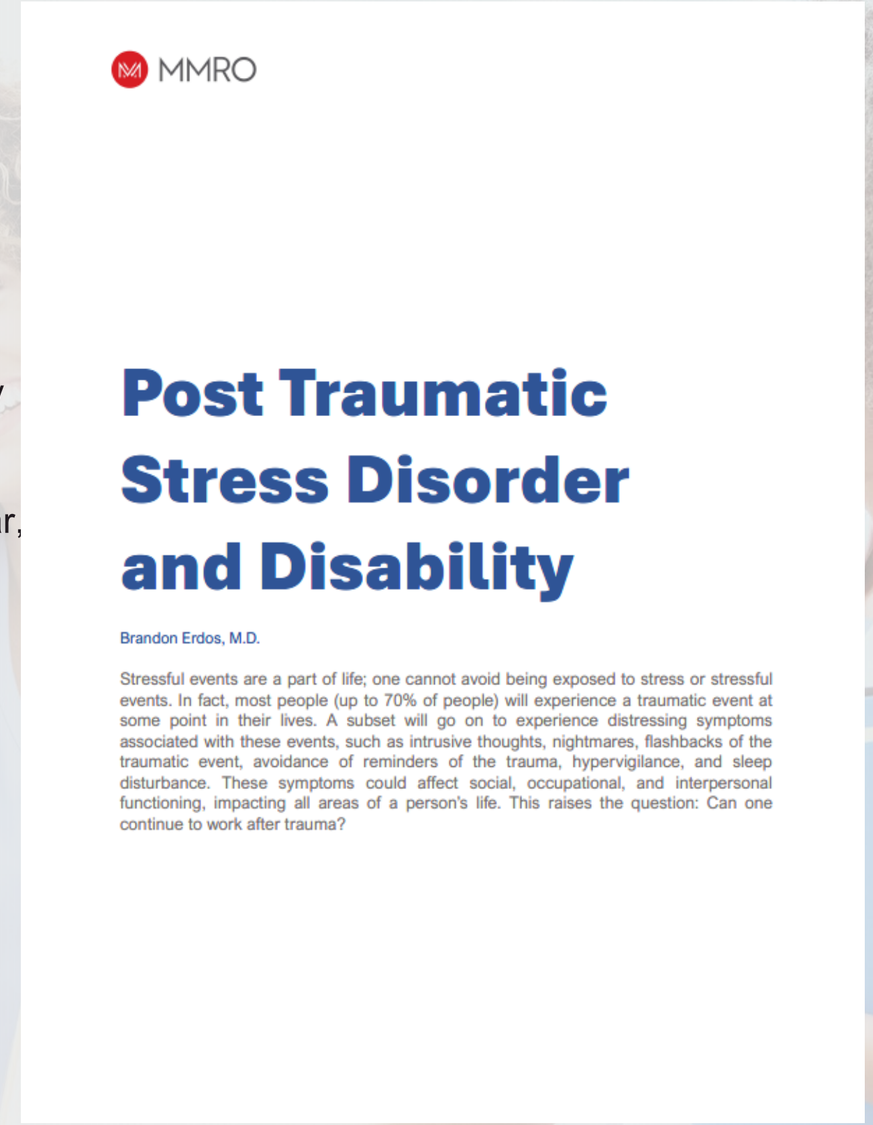
- MMRO's Medical Board review process ensures a rigorous clinical review by assigning Physician Reviewers to a claim who specialize in the condition(s) under review (*e.g.* a Psychiatric claim is reviewed by a board-certified Psychiatrist; a heart claim is reviewed by an Internal Medicine/Cardiologist, etc.)

- Psychiatric Claims (including PTSD) present a unique analysis, as often there are no clear, outward, physical manifestations of these conditions.

- A thorough analysis requires:

    - Confirmation to ensure proper diagnosis of condition(s) according to recognized diagnostic criteria (DSM-5-TR)
    - Review of contemporaneous treatment records, standardized psychological testing, and functional capacity findings, along with review of the sufficiency of the medical and psychiatric history taken by treating providers.
    - Review of psychological screening and diagnostic testing

- ***Psychiatric impairment in occupational functioning is often specific to certain occupations and the specific duties they require (e.g. safety-sensitive duties, carrying a firearm, ability to handle high-stress situations and make decision under duress, etc.).***



DETERMINING
PERMANENT INCAPACITY

Not every officer who experiences trauma develops PTSD, and functional impairment can exist even when PTSD is not the only or primary diagnosis. A diagnosis and a disability determination are related, but they are **not interchangeable**. Our physicians work through each of the following six factors before reaching a conclusion

CONCEPT	WHAT IT MEANS
Trauma Exposure	Documented event or occupational exposure
PTSD Diagnosis	Whether diagnostic criteria are met
Symptom Severity	Frequency, intensity, and persistence
Functional Impairment	Effect on work and daily activities
Causation	Relationship to qualifying employment
Disability Eligibility	Whether the system’s standard is satisfied

ASSESSING FUNCTIONAL IMPAIRMENT

A PTSD diagnosis does not automatically establish disability. Reviewers evaluate functional impairment across eight job-relevant domains, drawing on longitudinal records rather than a single exam, before reaching any conclusion.

Attendance Can the officer maintain a reliable schedule?	**Concentration** Can they sustain attention and process information accurately?	**Decision-Making** Can they decide appropriately under high-stress conditions?	**Emotional Regulation** Can they manage reactions professionally?
Safety Are there risks to the officer, coworkers, or the public?	**Trauma Triggers** Do work environments provoke significant symptoms?	**Consistency** Are limitations persistent, episodic, or situation-specific?	**Treatment Response** Has treatment improved functioning?

Quality safeguards: Longitudinal records are reviewed, **not a single exam.** Every conclusion requires documented rationale tied to functional evidence—diagnosis alone is insufficient.

PROGRAM PERFORMANCE

TREATMENT PROGRAM RESULTS

MMRO tracks completion and eligibility outcomes for members enrolled in the ***Psychological Treatment Program*** created by Minn. Stat. sec. 353.032.

For member claims handled through MMRO as of July 2026:

- *91 members have completed the Treatment Program*
- *20% (15 members) were deemed ineligible to apply for disability benefits, as their mental health provider approved them to return to work*
- *80% (76 members) have been found eligible to apply for benefits, as their mental health provider found them unable to return to work after treatment*
- *Of the 76 members eligible to apply for benefits: 52 members completed 24 weeks of treatment, and 24 members completed 32 weeks of treatment (an additional 8 weeks granted)*

JURISDICTIONAL DISABILITY STANDARDS

Disability outcomes are highly dependent on: (i) the clinical conditions at issue; and (ii) the specific disability standard applicable to the claim. In turn, applicable disability standards can vary greatly on the issues of **Incapacity, Permanency** and **Service-Connection (Causation)**.

Incapacity	Permanency	Service-Connection
"Own Job" Standard: • **"…** a condition that is expected to prevent a member…from performing the normal duties of the position." (PERA Duty Disability Standard)	**12-Month Permanency Standard:** • **"…** a condition that is expected to prevent a member, for a period of not less than 12 months…" (PERA Duty Disability Standard)	**Proximate Causation:** "…the direct result of an injury incurred during, or a disease arising out of, the performance of inherently dangerous duties that are specific to the position…" (PERA Duty Disability Standard)
"Own Job" Standard (as can be accommodated): • "…the applicant is mentally or physically incapacitated to perform the job, or jobs of like duties…" K.R.S. 61.600(3)	**Reminder of (Working) Life Permanency Standard:** • "…That the member will likely remain so disabled permanently and continuously during the remainder of the member's life." I.C. Sec. 59-1302(12)	**Single-Duty Incident Causation:** • "…the natural and proximate result of an accident occurring at some definite time and place while in the actual performance of duty…" Milw. Co. Code of Ord. Sec. 4.3
"Any Job" Standard: • "…the inability to engage in any substantial gainful activity…" (PERA Coordinated Plan) • "…prevented from engaging in any occupation for remuneration or profit…" I.C. Sec. 59-1302(12)	**Exhaustion of Reasonable Treatment Perm. Standard:** • Permanency is determined upon a medical finding that reasonable medical treatment has been exhausted. *MERS Plan Document*	**Statutory Causation Presumption (Rebuttable):** • Statutory presumptions available for public service members based on conditions like Cancer, Heart Trouble, Low Back Impairment, PTSD, etc.

JURISDICTIONAL DISABILITY
STANDARDS

Some state retirement systems are considering a disability retirement program whereby, after the satisfaction of certain requirements and/or time on benefit, the standard of review for continued disability benefits shifts from the “Own Occupation” standard to any “Any Occupation” standard.

EXAMPLE: The Ohio Public Employees Retirement System “Rehabilitative Services Program”

- Following the initial approval for benefits under an “Own Occupation” standard of review, a member will remain on a leave of absence from their employer, and
    - Choose to participate in the Rehabilitative Services Program for a period of five (5) years
    - Be subject to a continuing medical treatment review for a period of three (3) years, at the end of which time, the member has the option to participate in the Rehabilitative Services Program for an additional two (2) year period
        - If the member elects not to participate in the Rehabilitative Services Program at the end of three (3) years, they become subject to the “Any Occupation” standard of review for continued disability benefits.
    - If elected by the member to participate in the Rehabilitative Services Program, the member will be assigned a clinical case manager who engages in regular planned case management calls wherein which the member is provided medical based information about how to manage and treat their disabling condition(s), as well as vocational resources and tools.
- Following the end of the Rehabilitative Services Program, five (5) years after approval for benefits, the member becomes subject to the “Any Occupation” standard of review for continued disability benefits.

QUESTIONS?

THANK YOU!