



Applying a Case Management Approach to Disability Decision Making

Commonwealth Medicine, UMass Medical School, uses a clinically-focused customer relationship management strategy to deliver enhanced service and value to public retirement plans and their members

Quality decision-making for disability retirement benefits is crucial for allocating funds in the most effective and appropriate way, ensuring that retirement plan members receive the benefits for which they qualify while protecting the financial soundness of the plan. Through our on-site team of licensed clinicians and credentialed case reviewers, Commonwealth Medicine/UMass facilitates a thorough and fair decision-making process that places the member squarely at the center of the process, supported by the power of secure, cloud-based technology. Our systems have proven effective at maintaining operational continuity—even during a pandemic.

Protecting members and retirement plan finances

It would be easy to get lost in the numbers: There are approximately 6,000 public sector retirement systems in the United States. Collectively, these plans manage \$3.74 trillion in assets for 14.7 million active members, and 10.3 million retirees. Together they make almost \$283 billion in benefit distributions annually.¹

On the other side of the ledger, retirement benefits for 2016 generated approximately \$1.2 trillion in total economic output, supporting some 7.5 million jobs across the United States. Taxes paid on retirement benefits also added a total of \$202.6 billion to federal, state, and local government coffers.²

These numbers underscore the tremendous importance of the country's public retirement systems. And at the heart of all the numbers and the systems are the people—the individual plan members whose health and financial stability depend on the decisions made regarding their retirement benefits. Quality decision-making for disability benefits is a critical element of how these funds are responsibly managed and sustained for retirees and taxpayers. Clinical and vocational expertise is needed when making disability recommendations so that those members who qualify based on each system's specific criteria will receive the benefits to which they are entitled. At the same time, thorough evidenced-based clinical decision-

making helps protect the financial soundness of the retirement system by allocating benefit dollars most effectively and appropriately.

UMass's Commonwealth Medicine has two decades of experience helping states, local municipalities, and public retirement systems make high-quality, clinically accurate, and timely disability evaluations. Our team has performed hundreds of thousands of disability evaluations. Currently, we process more than 40,000 applications annually for public agencies in six states: Maine, Massachusetts, Missouri, New Hampshire, Tennessee, and Washington. This high volume of reviews sustained over more than 20 years provides us with tremendous experience and insight into the complex and sensitive work of disability evaluations.

At the heart of our approach are two vital coordinated elements, each one supporting the other and both placing objective clinical evidence about the member squarely at the center of the decision-making process. The first is our use of cloud-based customer relationship management (CRM) technology. CRM tools are commonly used in commercial marketing applications and, increasingly, in the realm of fund-raising for non-profit organizations. Our team applies CRM technology to create customized client portals that are security-hardened to be fully compliant with applicable federal and state laws, regulations, standards, and executive orders pertaining to confidential health care information. The customer portals enable the team to collect, store and instantly share members' health records and data; to track all communications through the review and decision-making process; and to share notes and reports with qualified individuals, including plan administrators and members.

Experienced, focused, collaborative

Second, is Commonwealth Medicine/UMass's extraordinarily deep team of experienced clinicians who employ a personalized approach to case management. Our team includes certified disability reviewers, Masters-prepared vocational rehabilitation specialists, registered nurses, and licensed physicians from a broad range of specialties (including cardiology, emergency medicine, hematology/oncology, internal medicine, neurology, nephrology, occupational medicine, orthopedics, psychiatry, and psychology). Expert reviews and opinions from other medical disciplines are also available, as needed, from within the University of Massachusetts Medical School system.

Unlike other companies who may rely on remote-located independent contractors, our roster of on-site physicians, psychologists, certified rehabilitation counselors, and other allied health professionals are Commonwealth Medicine/UMass employees who work side-by-side and are available for collaborative research and consultation on individual cases. In addition, the clinical team receives training on statutory requirements that are specific to each client.

Proactive case management: Creating a complete case file

The Commonwealth Medicine team conducts quality-tested medical record reviews of disability retirement applications to determine whether the disability prevents the member from his or her past work, and when required by the statute, determine whether the incapacity is due to a work-related accident. We also assess the claimant's ability to continue working in some modified capacity as appropriate. Based on detailed evaluations, our team submits a written report to retirement board administrators with an objective recommendation grounded in expert medical opinion, and consistent with applicable laws and regulations.

To review and evaluate medical records, we employ a disability recommendation model that includes comprehensive and carefully coordinated case management focused on developing a complete medical record to support decision-making. In effect, we put the member-applicant at the center of a whole integrated process that begins with establishing a positive relationship.

Immediately upon receiving a disability application, we call the applicant to provide introductions; inquire about their preferred form of communication; explain the Commonwealth Medicine/UMass role; answer questions about the disability recommendation process, and; provide contact information for further inquiries by the member. The phone call and the member's preferences are documented within the case management system to assure consistent, accurate, and personalized handling throughout the disability recommendations process.

Building a complete and up-to-date case file is critically important in making accurate and supportable disability evaluations. That is why, as early in the process as possible, our team collects all the necessary and appropriate medical records from the applicant and, when necessary, seeks out additional objective medical evidence (e.g., symptoms, signs, laboratory reports).

Working from a supportive and consultative posture, the Commonwealth Medicine/UMass case reviewer informs the member about what information is needed to complete the file and, if necessary, instructs them on how to use the secure portal and its available tools, such as the medical records release form. They also proactively reach out to employers and health care providers (such as hospitals, physicians and allied health professionals, medical and X-ray laboratories, veteran's facilities, and mental health clinics) to request the necessary information to complete the member's case file.

Where appropriate, a vocational expert on our team will evaluate an applicant's educational history, interests, aptitudes, skills, and current mental and/or physical functioning to determine their ability to return to work, possibly with accommodations, and/or identify other skills that could be used to do other work.

At every step of the way, relevant files, communication, and decisions are added to the secure member case file. Having a clinically-trained individual manage the development of a complete case file, who also is responsible for selecting the most appropriate medical and/or psychological specialist for disability consultations and recommendations, further sets our model apart from our competitors.

Empowering retirement plans to make fair and timely decisions

Reviewing applications for disability retirement benefits is a complex and time-sensitive process. It requires that experienced clinicians and reviewers with a vast understanding of disability statutes, a passion for the work they do, and a commitment to customer service and total objectivity. At the heart of it, all are individual plan members who rely on their retirement benefits. At the same time, retirement plans must make fair and responsible decisions to ensure those benefit dollars are allocated appropriately. To achieve this balance, Commonwealth Medicine/UMass leverages its 20+ years of disability review experience and secure cloud-based technology to empower its team to produce accurate and timely decisions that are fair to the member and financially responsible for the retirement system itself.

About Commonwealth Medicine/UMass

As the health care consulting and operations division of UMass Medical School, Commonwealth Medicine/UMass provides comprehensive and innovative health care and policy solutions on clinical, policy and financial challenges, and end-to-end support to develop and administer entire programs. With our help, government agencies, non-profits, and managed care organizations in more than 20 states and several countries are prepared to meet the challenges of delivering quality health care today—and tomorrow.

1. Source: PublicPlansData.org - [National Data](#)
2. Source: NASRA.org – [Economic Effects of Retirements](#)

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