

Practical Class 9

Expert Evaluation of Temporary Incapacity for Work — Indicators and Analysis

Conspectus topics (38, 39)

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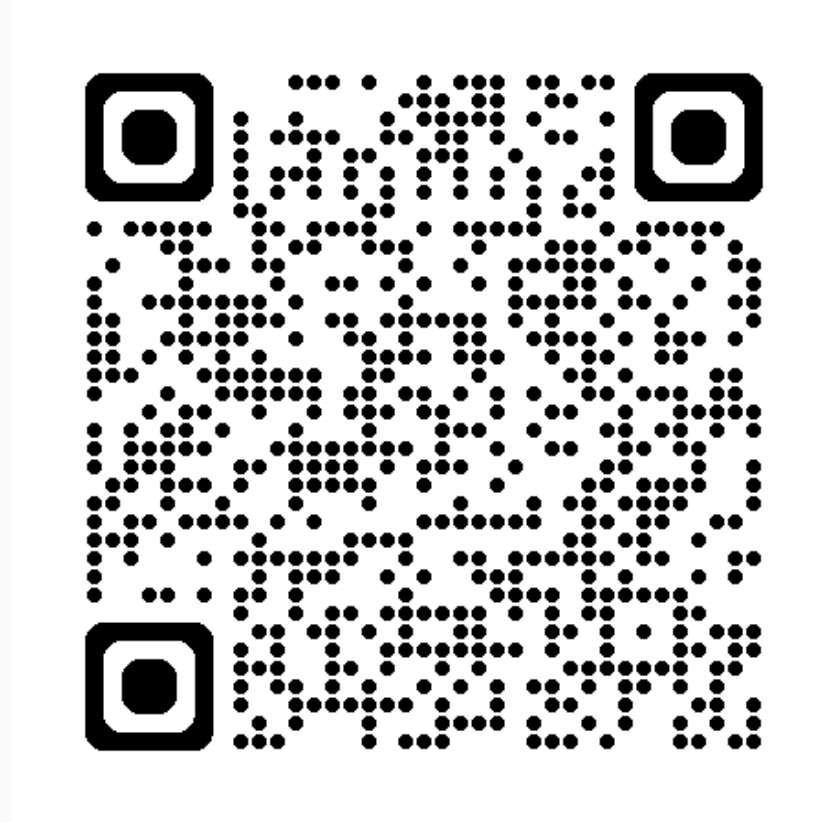
Academic Year 2025/2026

Department of “Social Medicine and Public Health”



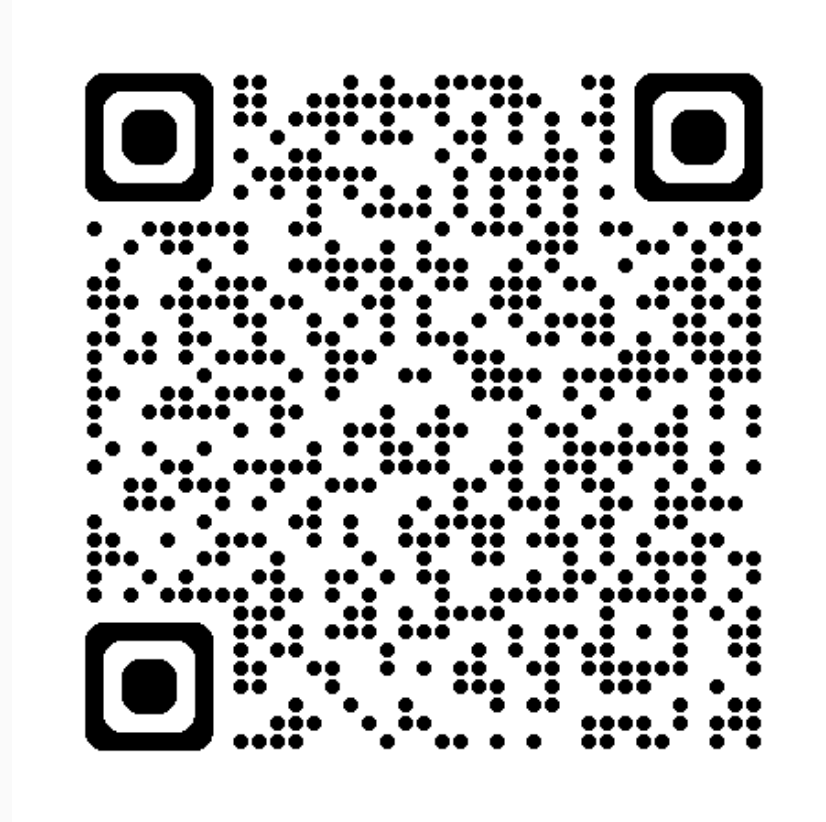
download the presentation from <https://tinyurl.com/social-med-class-09>

15-minutes reading assignment



<https://kostadinoff.github.io/learning.html>

Group tasks



<https://kostadinoff.github.io/tasks.html>

Outline

1. Overview
2. Temporary Incapacity for Work
3. Assessment Bodies — Powers and Limits
4. Administrative Rules and the Pregnancy Certificate
5. Indicators of Temporary Incapacity
6. Cash Compensation
7. Appeals
8. Permanently Reduced Work Capacity — Assessment
9. Social Protection for Persons with Disabilities

Overview

Definition and Governing Framework (38, 39)

The **medical assessment of work capacity** is an integral component of the diagnostic, therapeutic, and preventive activities of the physician. Its purpose is to determine the extent to which a person's health condition allows them to perform work-related activities.

- **Governing bodies:** Ministry of Health and Regional Health Inspectorates (RHI)
- **Legal basis:** Ordinance on Medical Expertise; Rules on the Structure and Operations of Medical Expertise Bodies

Scope of Medical Expertise (38, 39)

Medical expertise encompasses:

- Assessment of **temporary** incapacity for work
- Assessment of **permanently reduced** work capacity for individuals of working age
- Assessment of type and degree of disability for persons who have acquired pension rights (insurance + age) and remain in employment
- Determination of type and degree of disability for **children under 16**
- **Confirmation or rejection** of the occupational nature of diseases

Assessment Bodies (38, 39)

Level	Body
1	Attending physician / dental practitioner
2	Emergency Medical Assistance Centre (EMAC)
3	Medical Consultative Commission (MCC)
4	Territorial Expert Medical Commission (TEMC)
5	National Expert Medical Commission (NEMC)

Temporary Incapacity for Work

Definition and Certification (38)

- **Temporary incapacity for work** exists when an insured person is temporarily unable or prevented from working.
- The certifying document is the **sickness certificate**, which serves four functions:

Function	Meaning
Medical	Confirms health status and fitness for work
Protective	Legal entitlement to absence from work
Financial	Basis for cash compensation payment
Statistical	Source for morbidity surveillance

Grounds for Temporary Incapacity (38)

- General illness; accident; occupational disease
- Treatment abroad; sanatorium-resort treatment
- Urgent medical examination or investigation
- Quarantine; removal from work by health authority order
- Care for a sick or quarantined family member
- Urgent accompaniment of a sick family member for medical examination or treatment
- **Pregnancy and childbirth**
- Care for a healthy child under 12 returned from a childcare facility or school due to quarantine of that facility, class, or the child

Grounds for Temporary Incapacity (38)

A certificate is **still issued** — but marked “For investigation” — in cases of:

- Intentional self-harm to obtain leave or compensation
- Violation of the regimen prescribed by health authorities
- Temporary incapacity due to alcohol or narcotic substance use
- Incapacity due to hooliganism or other antisocial behaviour
- Incapacity due to non-compliance with safe work rules
- Failure to attend a scheduled follow-up examination without valid reason

Persons with chronic alcoholism or drug addiction admitted for treatment receive a certificate under the general procedure for the entire period of stay.

Certificate Is Not Issued (38, 39)

- Persons not insured under the Social Security Code
- When the person is found fit for work at examination
- Blood donation (unless incapacity results from the donation)
- Care for a chronically ill person (unless a new illness causes an objectively confirmed exacerbation or terminal stage)
- Care for a person with permanently reduced work capacity requiring assistance (exception: children under 16 with determined disability)
- Illness for which TEMC/NEMC has determined $\geq 50\%$ permanently reduced work capacity — unless objective evidence of exacerbation exists or the intervention relates to treatment of a chronic condition

Assessment Bodies — Powers and Limits

Attending Physician / EMC (38)

Emergency Medical Centre (EMC):

- Issues sickness certificates for home treatment for up to **3 calendar days**

Attending physician / dental practitioner (outpatient care):

- Issues certificates independently for up to **14 consecutive days** for one or more illnesses, but **no more than 40 days with interruptions** in a calendar year
- Arranges work adjustments with a sickness certificate for up to **1 month**
- Refers to MCC when temporary incapacity exceeds 14 days or totals >40 days in a calendar year
- Refers to TEMC when permanent loss of work capacity is suspected

Medical Consultative Commission (MCC) (38)

Composition: at least 2 physicians with recognised specialties; one is the chairperson — composition determined annually by 15 January by the RHI Director.

Established at:

- Outpatient facilities: group practice clinics for specialised care (≥ 3 specialists), medical centres, medico-dental centres, diagnostic-consultative centres (DCC)
 - **General MCC:** internist, neurologist, surgeon (orthopedist)
 - **Specialised MCCs:** neurological, surgical, ophthalmic, etc.
- Inpatient facilities: general hospital MCC and specialised MCCs by department/clinic (minimum 2 members)

MCC — Powers (38)

- Extends temporary incapacity **beyond 14 days**, issuing one certificate per extension of up to **30 days**, total **no more than 180 calendar days**
- Issues a single certificate covering hospital treatment days **plus up to 30 days** of home treatment at discharge
- Arranges **work adjustments for up to 2 years**, but no more than 6 months at a time; re-examination every 6 months
- After 2 years without recovery: refers to **TEMC** for permanent disability assessment
- Refers to TEMC when permanent loss of work capacity is suspected

Territorial Expert Medical Commission (TEMC) (38, 39)

Established: by order of the RHI Director; structural units of state/municipal inpatient facilities, mental health centres, skin and venereal disease centres, and comprehensive oncology centres.

Composition: Physicians with recognised specialties and ≥ 5 years of medical experience; recommended specialties include internal medicine, orthopedics, surgery, neurology, oncology, psychiatry, pulmonology, ophthalmology, pediatrics.

Sessions: Regular; quorum of ≥ 3 members including the chair; decisions by simple majority; signed by all present.

TEMC physicians undergo **mandatory annual training** conducted by NEMC.

TEMC — Powers in Temporary Incapacity (38, 39)

- Reviews submitted medical documentation; clinical examination and additional investigations only if necessary
- **Does not issue sickness certificates** — makes expert decisions to extend temporary incapacity
- A single TEMC decision covers up to **2 months**; the MCC then formalises the extension with **two 30-day certificates**
- TEMC may authorise extensions up to **3 times × 2 months** within one calendar year (maximum 6 months via TEMC)
- After this: return to work, **or** TEMC determines the percentage of permanently reduced work capacity

From 2024 TEMC decisions are prepared electronically, all cases are distributed electronically across commissions based on workload.

National Expert Medical Commission (NEMC) (38, 39)

- Legal entity (health establishment) funded by the state budget under the Ministry of Health
- **Highest authority** for medical work capacity assessment
- Performs diagnostic, expert, preventive, and supervisory-methodological functions
- Rules on **appealed TEMC decisions**; may:
 - ▶ Confirm the TEMC decision
 - ▶ Revoke it and issue a new decision
 - ▶ Revoke it fully or partially and return for re-certification with instructions to address errors
- Appeals against NEMC decisions: to an **administrative court**

Administrative Rules and the Pregnancy Certificate

Key Administrative Rules (38)

- Certificate issued **on the day** temporary incapacity is established; cannot be backdated except for ≤ 2 days in cases of severe acute/exacerbated chronic illness where objective documentation confirms inability to attend earlier
- Insured person must submit the certificate or **notify the employer within 2 working days** of its issuance
- Multiple employers: **multiple copies** of the certificate issued

Key Administrative Rules (38)

- Non-working days and other legally established leave **do not interrupt** temporary incapacity
- The insured **cannot return to work** before leave expires without authorisation from the issuing physician or MCC
- Certificates are issued for **calendar days**; first certificate: “Primary”; subsequent ones: “Continuation”

Treatment Regimen in the Sickness Certificate (38)

The certificate specifies one of the following regimens:

Regimen	Scope
Hospital	Inpatient admission
Sanatorium-resort	Residential therapeutic facility
Home — bed rest	Continuous or for specific hours
Home — room-bound	Confined to the home
Home — ambulatory	Can move locally
Free	Within or beyond the locality

Sickness Certificate for Pregnancy and Maternity (38)

Leave of **135 calendar days** per child, distributed across 3 certificates:

Certificate	Duration	Issuing authority
1st	45 days before childbirth	Antenatal care physician
2nd	42 days from delivery	Physician who attended the birth
3rd	48 days (continuation)	Child's GP or mother's GP

- If the child dies, is given up for adoption, or placed in a state-funded facility **before 42 days** after birth: the 3rd certificate is not issued.
- During maternity leave, no other sickness certificate is issued; pathological pregnancy is certified under the general procedure for general illness.

Indicators of Temporary Incapacity

Primary Incapacity Indicators (38, 39)

$$\text{Frequency} = \frac{\text{Number of temporary incapacity cases (period)}}{\text{Number of insured persons}}$$

$$\text{Severity} = \frac{\text{Number of days of temporary incapacity}}{\text{Number of insured persons}}$$

$$\text{Average Duration} = \frac{\text{Number of days lost to temporary incapacity}}{\text{Number of temporary incapacity cases}}$$

Secondary Incapacity Indicators (38, 39)

$$\text{Health Index} = \frac{\text{Number of persons without any temporary incapacity}}{\text{Total number of workers}}$$

$$\text{Frequently Ill} = \frac{\text{Number of persons with } > 3 \text{ incapacity episodes}}{\text{Total number of workers}}$$

$$\text{Long-term Ill} = \frac{\text{Number of persons with incapacity } > 30 \text{ days}}{\text{Total number of workers}}$$

The health index and the frequently/long-term ill proportions are used for workplace health monitoring and occupational health planning.

Cash Compensation

Eligibility Conditions (38)

Cash compensation for temporary incapacity requires:

- The person is **insured for general illness and maternity** as of the onset of incapacity
- At least **6 months of insurance contributions** (exception: persons under 18; compensation for occupational accidents or diseases — no minimum contribution period)
- Leave is **authorised** — sickness certificate issued by a competent medical assessment body

Persons who intentionally harm their health, violate the prescribed regimen, or become incapacitated due to alcohol use, antisocial behaviour, or non-compliance with safety rules are **not entitled** to cash compensation.

Compensation Rates (38)

Basis	Rate
Days 1–2: paid by employer (general illness)	70% of average daily gross salary
From day 3 onwards: general illness	80%
Occupational accident or occupational disease	90%

Base: **average daily gross salary** for the preceding calendar month.

Appeals



Appeals Procedure (38)

Entitled to appeal: the **employer**, the **National Social Security Institute (NSSI)**, and the **patient**.

Decision appealed	Deadline	Appeal body
Attending physician	14 days of receipt	MCC
MCC or EMAC	14 days of receipt	TEMC
TEMC	Statutory period	NEMC
NEMC	Statutory period	Administrative court

Permanently Reduced Work Capacity — Assessment

Assessment Content (39)

The expert evaluation determines:

- **Degree** of permanently reduced work capacity (%)
- **Need for assistance** and its duration
- **Duration** of disability and the expiry date
- **Date of disability onset**
- **Contraindicated working conditions**
- Capacity to continue in the current job; need for work adjustment
- **Nature of illness** — occupational or general

Disability Groups (39)

Group	% Reduction	Characteristics
No restriction	up to 50%	Work capacity essentially preserved
Group III	50–70%	Moderate permanent reduction
Group II	71–90%	Substantial permanent reduction
Group I	91–100%	Complete or near-complete loss; assistance may be required

Multiple Disabilities — Calculation Method (39)

When multiple disabilities are present, the **combined percentage** is determined as follows:

1. The **highest percentage** for the most severe (leading) disability is taken as the base.
2. **20% of the sum** of the percentages of all accompanying disabilities is added.
3. If the combined result reaches or exceeds 100%, accompanying disabilities are not added further.

Example: Leading disability 80% + accompanying 60%

$$80\% + 20\% \times 60\% = 80\% + 12\% = 92\%$$

Duration of Disability (39)

- Standard duration: **1 to 3 years**, depending on the nature and progression of the disability and potential for recovery
- **Lifelong** duration is set for definitive conditions with no possibility of full or partial recovery
- For persons who have acquired pension rights (insurance contributions + age): **lifelong duration** by default
- Re-assessment of lifelong decisions may occur at the person's request or at the request of medical assessment oversight bodies
- **Need for assistance** (for Group I) is determined separately; its duration may be the same as, or shorter than, the overall disability period, but not less than 6 months

TEMC Indicators (39)

$$\text{Frequency (\%)} = \frac{\text{Persons with an initial TEMC decision}}{\text{Total insured persons}} \times 1000$$

Structure of TEMC decisions:

$$\text{Group I proportion} = \frac{\text{Persons in Group I}}{\text{Total persons with TEMC decision}}$$

$$\text{Group II proportion} = \frac{\text{Persons in Group II}}{\text{Total persons with TEMC decision}}$$

$$\text{Group III proportion} = \frac{\text{Persons in Group III}}{\text{Total persons with TEMC decision}}$$

Social Protection for Persons with Disabilities

Disability Pensions — Work-Related (39)

Pension for general illness — requires insurance contributions at the date of disability onset:

Age at disability onset	Required contributions
Under 20 years; blind from birth	None
Under 25 years	1 year
Under 30 years	3 years
30 years and over	5 years

At least 1/3 of the required period must be **actual (not recognised) contributions**.

Pension for occupational accident or disease: granted without any minimum contribution requirement.

Disability Pensions — Non-Work-Related (39)

Financed from the state budget; no contribution history required:

- **Social pension for disability:** persons over 16 with >71% disability whose per-capita household income falls below the statutory threshold
- **Military disability pension:** persons who lost work capacity during military service
- **Civil disability pension:** persons injured while performing a civic duty or due to circumstances attributable to state bodies

Disability pensions are granted for the duration of the certified disability period. Pensions for persons who have reached general retirement age are granted for life.

Pension Amounts – Minimum Levels (2026) (39)

Minimum pension for insurance contributions and age (2026): **EUR 322.37/month**

Disability degree	% of minimum	Amount (EUR/month)
> 90%	115%	370.73
71%–90%	105%	338.49
50%–70.99%	85%	274.02

Maximum total pension(s): EUR 1 738.40/month (2026).

Pension amounts are updated annually using the Swiss rule (average of insurance income growth and CPI), applied from 1 July each year.

Pension Calculation Basis (39)

Disability pension due to general illness is calculated as:

$$P = D \times (Y_{\text{actual}} + Y_{\text{recognised}}) \times r$$

where D = individual insurable income base; Y = years of insurance contributions (actual + recognised up to statutory age); r = rate per year of contributions:

- Pensions granted from **25 December 2021 onwards**: $r = 1.35\%$ per year of contributions
- Recognised years (up to statutory retirement age) are multiplied by a coefficient: 0.9 (>90%), 0.7 (71–90%), or 0.5 (50–70.99%)

Social Assistance by Disability Group (2026) (39)

Benefit	>90%	71–90%	50–70%
Monthly transport supplement	✓	✓	✓
Annual BDZ round trip	✓	✓	X
Free motorway vignette	✓	✓	✓
Monthly cash supplement (EUR)	≥40.88 (25%)	24.53 (15%)	11.45 (7%)
Balneotherapy supplement (up to 80% poverty line)	✓	X	X
Targeted assistance — home adaptation	✓	X	X
Targeted assistance — vehicle purchase	✓	X	X

Poverty line 2025: EUR 163.91 (BGN 320/month). Cash supplement: 25% for >90% group; 15% for 71–90%; 7% for 50–70%.

Tax Relief (39)

- Persons with $\geq 50\%$ reduced work capacity: taxable income reduced by **EUR 4 049.08** (BGN 7 920) including the year of disability onset and the year of expiry of the decision.
- Parents/guardians of children with $\geq 50\%$ disability: taxable income reduced by an additional **EUR 6 135.00** (BGN 12 000) for raising the child.

These reliefs apply in the calendar year of disability onset and the calendar year the TEMC decision expires.

Thank you for your attention!