



# Maryland Disability Determination Services Medical Relations News

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## MYTHS AND FACTS ABOUT SOCIAL SECURITY

**MYTH** - I'm young and healthy and don't have to worry about disability

**FACT** - Disability is unpredictable. More than one in four 20-year-olds becomes disabled before reaching retirement age.

**MYTH** - Most Social Security beneficiaries are not really disabled.

**FACT** - The Social Security Disability Program provides benefits to disabled workers who can no longer work due to a disability. Because Social Security's eligibility requirements are so strict, our disability beneficiaries are among the most severely impaired people in the country.

**MYTH** - If you become disabled by a serious rare disease, you'll still have to wait a long time for disability benefits.

**FACT** - Through our Compassionate Allowances, Social Security provides benefits quickly to applicants whose medical conditions are so serious that their conditions obviously meet disability standards.

## Social Security and Johns Hopkins Medicine Collaboration

Social Security Administration announced a new collaboration to access medical records electronically from Johns Hopkins Medicine. Johns Hopkins is one of the leading health care systems in the United States and serves over 2.8 million outpatient visitors annually.

Johns Hopkins Medicine will transmit complete secure medical records for Social Security disability applicants. The records are received within minutes or hours compared to weeks through the traditional manual process.

Over the last several years, Social Security has entered into similar relationships with various health facilities. Social Security plans to continue expanding health IT partners with new high volume organizations, as well as additional medical facilities with existing partners.



## Tips and Reminders



- ⇒ When submitting your invoices via the ERE website, be sure the invoice is the first page of the document. Attach the invoice first and use the “Add Another File” option to attach the report.
- ⇒ The link below will take the user to the ERE log in page where they will select “Access Electronic Requests” to go to their Open Requests queue. From here, the user can access the documentation for all scheduled exams:  
<https://eme.ssa.gov>
- ⇒ Once the report or invoice have been submitted, the request letter can be found in the **Closed Requests Queue** for up to 120 days. To access this queue, log in to the website by using the following link: <https://eme.ssa.gov>. Select Access Electronic Requests. In the **Request Type box**, click on the drop down arrow and select **Closed Requests**. Click on **show**. If the DDS has received the request, you will see a status of Accepted. If the DDS has cancelled the exam, you will see a status of Cancelled. You can access the authorization by clicking on the claimant’s name.
- ⇒ **Do not use the website to notify the examiner if you need to cancel an exam.** Please call the examiner for cancellations. The website is for submitting the report and notification of a broken exam only.
- ⇒ Although the majority of our claims are electronic, we do have an occasional paper claim. You will receive your CE authorization packet, on a paper claim, in the mail. You will not receive any authorizations electronically, i.e. ERE or fax. Be sure to make note of the exam date and time in your schedule.
- ⇒ If you receive the authorization in the mail, you do not need to do anything different

when submitting the report. If you fax in your reports, you can fax it back. If you use the ERE website, you can still upload the report by using the **Send CE Report** option rather than the **Access Electronic Requests** option. For step by step instructions, email Cindi Cannon at [cindi.cannon@ssa.gov](mailto:cindi.cannon@ssa.gov)

- ⇒ Your ERE queue is your schedule. From the queue, click on the **Appt. Date** column to put the list in date order. Please remember to include in your schedule any appointment date and time from authorizations you may have received in the mail.
- ⇒ For any issues with the ERE website, contact Cindi Cannon at 410-308-4349 or [cindi.cannon@ssa.gov](mailto:cindi.cannon@ssa.gov).

## Fiscal Issues



- When signing and dating the invoice page, the date should reflect the date you are submitting the invoice, not the date of the consultative exam.
- Be sure you are submitting the correct invoice. There are times an exam is rescheduled after the first appointment was broken or cancelled. Be sure when submitting your report to submit the invoice with the correct date and time.
- Do not submit duplicate invoices.
- Signatures and dates on invoices must be legible.
- If an appointment is broken, the **Broken Appointment line** on the invoice must be checked and submitted within 24-hours of the exam.
- When psychological testing has been done, the invoice must indicate how many quarters were completed for the testing.
- New exam and testing fees are calculated every spring using the updated Medicare Fee Schedule. Our rates are calculated at 109% of the Medicare fee. New fee letters are mailed out by April 1st each year. Our legacy system is set up to include the new fees on all invoices that are **generated** on April 1st. Therefore, if you have already received an authorization to see one of our claimants, you will be paid the fee that is printed on the invoice which could be more or less than the new fee.



## Scheduling... All in a day's work

Customer Service is our specialty. We are here to assist YOU! Our goal is to follow the State of Maryland Customer Service Pledge. If you need assistance with scheduling, feel free to call Carol Harsel, the MRO Supervisor, at 410-308-4337.

Our unit scheduled over 52,000 evaluations last year covering every corner of our great state of Maryland from Cumberland to Salisbury, Elkton to Waldorf and all areas in between!

### How can you help???

- Please notify us as soon as possible of upcoming vacations, relocations, or changes in schedules as this creates an additional workload.
- If you are not a “block” doctor, consider becoming one. Provide us with blocked out appointment times in your schedule.
- Avoid calling the scheduler for a list of upcoming appointments. Use the ERE queue (if an ERE provider) or your own scheduling system for documenting scheduled exams.
- If you need to **cancel** an exam, please call the claimant and the examiner. All **rescheduling** must be done by the examiner. If the claimant calls your office to reschedule, please refer them to the examiner and do NOT reschedule with the claimant on your own.
- Try to avoid cancelling clinics at the last minute whenever possible due to the huge workload this entails.
- Remember to renew your license timely.
- As the CE Provider, it is your responsibility to notify the MRO of any issues with your licensure and ensure you are using the current edition of all testing instruments.
- Submit reports within two weeks of the exam.
- Provide details on how the claimant acts

outside the exam room whenever possible (ex., how did they walk).

- Notify us within 24-hours of a broken exam allowing us to promptly take another action on the claim.

As the CE report is a very important piece in our case adjudication process, we truly appreciate the hard work our providers do to provide us with a timely and detailed report. This allows us to provide a fair and accurate determination for the citizens of Maryland we serve.

### Broken Appointments



Often times we hear from our providers regarding the number of our claimants who do not show up for their exam. Outlined below is our protocol for each exam we schedule:

- The claimant is mailed a letter with the details of the appointment - date/time/ location
- Ten days from the appointment, we mail a “reminder letter” to the claimant and third party (if there is one) which is a one page summary with the appointment details
- One or two days prior to the appointment, the claimant receives a reminder call from a person in our office
- In certain situations, the examiner may also place a reminder call to the claimant

We are aware of the impact broken appointments have on our providers who have provided time in their schedules to see our claimants. For this reason, we provide multiple appointment reminders as outlined above and offer a fee for a broken appointment if the provider does not receive 24-hours notice.

Some providers on our panel, or one of their staff members, will do their own reminder calls the day before the exam.



## Cooperative Disability Investigations (CDI) Program

The Maryland DDS has had an established CDI unit for 3 years. With the creation of this unit, the number of fraud referrals has increased from our examiners, doctors, field office representatives and the general public. Once again, we are asking our CE providers to be on the look out for potential fraud and know how to act in accordance with claimants flagged as a potential fraud investigation.

Please be on the look out for a notification for “fraud or similar fault”. This will be noted in the examiner comments section of the CE authorization. If the investigation is complete, you may see a Report of Investigation (ROI) which will include claimant observations. We ask that the CE provider evaluate objectively and do not develop a bias. However, we ask that our provider be more aware of the claimant’s actions.

For example:

- Did the claimant give good effort?
- Do the claimant’s alleged and portrayed symptoms match the allegations?
- How did the claimant present himself/herself?
- Did the claimant bring an assistive device that showed usual wear and tear or did it appear the device was brought only for the evaluation?

If a claimant is not under investigation, but the CE provider suspects the claimant is not being truthful with his or her statements or exaggerating limitations, the provider can do one of four things:

- **Call the Disability Fraud Hotline at 1-800-269-0271**

- **Alert the DDS Examiner**
- **Contact John Quattrociocchi, DDS CDI Analyst, at 410-308-4441**
- **Contact the Medical Relations Office at 410-308-4335**

## CE Monitoring

When a new doctor joins our panel, we provide a face-to-face orientation and follow up with regular communication to ensure that the CE provider is off to a good start. For the first several months, the DDS monitors the new provider very closely. This entails checking timeliness and reading every report submitted to ensure a quality CE report. Once the initial period is over, the DDS continues to monitor every provider as mandated by the Social Security Administration.



To that end, the DDS reviews a minimum of 5% of all CE reports. On a daily basis, various staff members at our agency review your reports to ensure that each contains all of the information relevant to the examination and to the tests that were authorized. The review includes checking for accuracy as well.

In-house Medical and Psychological Consultants, Operations’ Supervisors and the Medical Relations Office staff check reports for completeness, timeliness and internal consistency. Our staff provides feedback about the physical exam, testing, prognosis and conclusions as well as many other factors.

In addition to in-house monitoring, our agency sends surveys to claimants for feedback about their experience during the evaluation. The claimant can comment on several factors to include: cleanliness of and accessibility to the office, timeliness of the appointment, courtesy of the doctor and staff as well as overall satisfaction with the experience. We gain useful information from the returned surveys and often receive compliments about YOU, our providers. As always, we are committed to providing the best customer service to our citizens.

# Autism Spectrum Disorder

It is essential all Psych CE providers use the DSM-5 and have become familiar with the changes in the **criteria for Autism**. For the purposes of SSA, the in-house Psych Consultants are most interested in the individual's history and **your direct behavioral observations** that are consistent with the new criteria for ASD. The in-house Psych consultants need to know the impact of these signs/symptoms on the individual's academic, vocational, social and personal functioning. The history and MSE are crucial components of the evaluation. In the history, we are looking for any psychiatric hospitalizations, outpatient treatment, h/o Special Ed. classes or Therapeutic Day School programs. It is also important to get collateral information regarding ASD symptoms, since individuals with ASD often fail to recognize the impact of their symptoms on others.

During your MSE, please describe the claimant's appearance, ability to relate, their affect, quality of their voice, pattern of speech and ability to communicate. Note any repetitive behaviors, restricted interests and stimming behaviors while in session and how these behaviors could impact the individual's ability to obtain and sustain work. These behaviors can increase dramatically by even mild changes/stressors in their environment, and can easily escalate to verbal and/or physical aggression. We are relying on your observations during the MSE to establish whether an individual meets the criteria for ASD, and how the severity of their particular symptoms/signs will affect them when seeking/sustaining employment. Several well-known questionnaires are available and can be reviewed prior to seeing claimants to create a more informative MSE including the Gilliam and ASRS. In addition, Cardiff University has a free downloadable questionnaire that may be useful in adapting your own MSE to assess ASD<sup>4</sup> (see link below).

## Highlights of ASD DSM-5 Criteria

A. **Persistent deficits in social communication and social interaction across multiple contexts and observed by history or currently**<sup>1</sup>.

B. **Restricted, repetitive patterns of behavior, interests or activities**<sup>1</sup>. At least **2** items must be met to fulfill criteria

1. **Stereotyped or repetitive motor movements, use of objects, or speech patterns that are Non-Functional**<sup>123</sup>.

Examples typically seen in ASD include hand/arm flapping, echolalia, scripted speech from TV commercials/movies, cartoon voice, monotone speech, self-talk, intellectualized speech, complex body movements, finger flicking, lining up toys or other items, rocking and twirling. NIH reports that self-injurious behavior such as head-banging, teeth grinding and biting can be considered repetitive behaviors (see NIH Autism Fact Sheet).

2. **Insistence on sameness, ritualized patterns of verbal/nonverbal behavior and/or rigid compliance to routine**<sup>123</sup>.

Typical signs are ritualized greeting and limited food and clothing preferences and preference to wear same clothes daily. Agitation, anxiety and/or aggression are common when these patterns are interrupted.

3. **Highly restricted, fixated interests that are abnormal in intensity or focus**<sup>123</sup>.

These interests take an inordinate amount of the ASD's time as well as family and friends. Typical fixated interests/intense preoccupations seen in this population include dinosaurs, reptiles, Anime, trains and toys and specific parts of items like wheels. Interests in the adult ASD population often involve animals, science, science fiction, Youtube videos, unusual collections and music. Anger/agitation and severe anxiety are frequently observed when an item is moved or lost. ASDs can obsess internally on their interests which impacts attention/concentration.

4. **Hyper or hypo reactivity to sensory input or interests in sensory stimuli**<sup>123</sup>.

ASDs are often described as being indifferent to temperature and/or pain, or flipping light switches on/off repeatedly and continually touching, smelling or tasting items. For the purposes of SSA, we are most interested in the individual's history and behavioral observations that may be consistent with the AB criteria for ASD, and the impact of these on the individual's academic, vocational, social and personal functioning. The history and MSE are crucial components of the evaluation. In the history, we are looking for any psychiatric hospitalizations, outpatient treatment, Special Ed classes or Therapeutic Day School programs. It is also important to get collateral information regarding ASD symptoms, since individuals with ASD often fail to recognize the impact of their symptoms on others.

1. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition*. Washington DC: Author.
2. NIH (2017). *Autism Spectrum Disorder Fact Sheet*. Retrieved from [www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Autism-Spectrum-Disorder-Fact-Sheet](http://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Autism-Spectrum-Disorder-Fact-Sheet)
3. Interactive Autism Network (IAN) (10/20/2008). *Stimming: Repetitive, stereotyped and sometimes self-injurious behaviors*. Retrieved from [www.iancommunity.org](http://www.iancommunity.org)
4. Cardiff University (2017). *The Adult Repetitive Behavior Questionnaire=2 (RBQ-2A)*. Retrieved from <http://sites.cardiff.ac.uk/rbq2a/download>



## CE Provider Recruitment Needs

We are actively recruiting the following:

Speech/Language Pathologists - Spanish speaking

Psychologists - Spanish speaking or providers that have tests of nonverbal intelligence, such as Leiter, UNIT and WNV

Cardiologists - Western Maryland

Neurologists - Prince Georges County

If you have any colleagues who may be interested, please have them send an email to: [carol.harsel@ssa.gov](mailto:carol.harsel@ssa.gov)

## Maryland DDS Recruitment

As part of the disability adjudication process, the Maryland DDS employs Physicians and Psychologists. This is a professional position responsible for providing consultative medical services and a review of medical records in accordance with regulations of the Social Security Administration.

At the present time, there are no available positions. When positions become available, they will be posted on the Maryland State Government website. Please check this website periodically to inquire about current openings at: [www.maryland.gov](http://www.maryland.gov)

For additional information, contact the Division of Rehabilitation Services (DORS) Personnel Office at 410-554-9391.

NOTE: it is a conflict of interest to perform CE's for the Maryland DDS **and** work in house as a consultant.



The State of Maryland pledges to provide constituents, businesses, customers, and stakeholders with services in the following manner:

- **Friendly and Courteous:** We will be helpful and supportive and have a positive attitude and passion for what we do.
- **Timely and Responsive:** We will be proactive, take initiative, and anticipate your needs.
- **Accurate and Consistent:** We will always aim for 100% accuracy, and be consistent in how we interpret and implement state policies and procedures.
- **Accessible and Convenient:** We will continue to simplify and improve access to information and resources.



It is important to experience what your customers experience and listen to their ideas for improvement.

We want to hear from you! How can we make the process better?

Feel free to email E. Caroline Mason at: [elizabeth.c.mason@ssa.gov](mailto:elizabeth.c.mason@ssa.gov)