



Maryland Disability Determination Services Medical Relations News

SUMMER 2018

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FOR THE RECORD

Is It Medicare or Medicaid?

So what is the difference between Medicare and Medicaid? Both insurance programs are government run by the Centers for Medicare and Medicaid Services and provide healthcare to the American people.

MEDICARE:

- Earned benefit program for Americans 65 or older or disabled
- Workers pay into Medicare throughout their working years
- You can sign up for Medicare Part A (hospital) and Medicare Part B (Medical) online through Social Security
- Medicare Part C (Medicare Advantage) and Part D (Prescription Drug) are available to purchase in the marketplace

MEDICAID:

- Each state runs its own Medicaid program under the guidance of the Medicare & Medicaid Services
- Each state has its own eligibility rules and decides which services to cover
- Medicaid does not require paying taxes while working to be eligible
- There are guidelines on income and resources to be eligible for Medicaid
- Medicaid provides coverage for older people, people with disabilities and some families with children

Compassionate Allowance Program

The Social Security Administration is committed to identify and fast-track diseases that are likely to be approved for disability benefits.

Compassionate Allowances (CAL) are a way to quickly identify diseases and medical conditions that by definition meet Social Security's standards for disability benefits. Some examples of these conditions are certain cancers, brain disorders and rare disorders that affect children. Identifying a claim as a CAL can help reduce the wait time for a disability determination. Social Security uses the same rules to evaluate CAL conditions when evaluating both Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) programs. See the link below for more information on the program.

<https://www.ssa.gov/compassionateallowances/>



Tips and Reminders

⇒ Once the bar coded invoice or report have been submitted via fax or the Electronic Records Express (ERE) website, the authorization is moved to the closed requests queue. If you need to submit additional information, you can do this by finding the authorization in the closed queue.

- * Log in to the website
- * Select "Access Electronic Requests"
- * On the Access Electronic Requests page, you will see a Request Type box (see below):

Request Type:
Open Requests [v]
Show

- * Click on the drop down arrow and select Closed Requests
- * Click on Show to go to the closed requests queue

⇒ To receive payment for a broken exam, you must notify us within 24-hours.

There are three options for notification:

1. Phone call to examiner
2. Fax bar coded invoice with **broken appointment line** completed
3. Notify via the ERE website

Remember to fax in the invoice

⇒ When using the ERE website for broken exam notification, use the "No contact with patient option" unless you want to add a comment. If adding a comment, use the "Other" option and fill in your comments in the "Comments" box. See below:

Add Reason
Reason for No Show Response:
☐ No contact with patient
☐ Patient cancelled appointment (provide reason if known)
☐ Patient showed up for appointment, but could not be evaluated (comments required)
☐ Other (comments required)
Comments:
(16,000 characters maximum)

Report Reminders



- If you are using a template to type your report, do not type over an existing report.
- Proofread your report before submitting to be sure all information pertains to the claimant you examined.
- If the claimant does not present a valid ID, do not send them away. Include a description of the claimant in the beginning of your report.



Interpreters and Disability Exams

When a claimant requires an interpreter for an exam, the Disability Determination Services (DDS) must provide services. We contact various interpretation companies to meet our claimant's needs. Once we know an interpreter will attend the Consultative Exam (CE), we send a notification letter to the provider's office so that office staff can be prepared to receive both the claimant and the interpreter. **If you receive notification that an interpreter is scheduled to attend the CE, do not start the exam until he/she arrives as the DDS is required by law to provide this service.**

Each company has their own internal process for paying interpreters. Before the interpreter leaves, he/she may ask staff to complete a verification of services form which confirms arrival time and services rendered. This allows their company to process payment. **Your office is not responsible for any payment.**

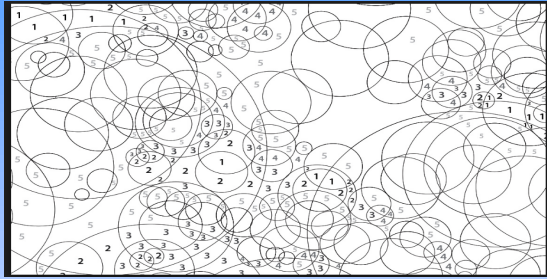
In general, the form will provide or ask the following questions:

- Interpreter's name
- Claimant's name
- Arrival time
- Departure time
- Comments
- Verification signature

We ask that you or your staff complete the form provided by the interpreter.

If you have any questions, contact Joyce Lee of the Medical Relations Office at 410-308-4338.

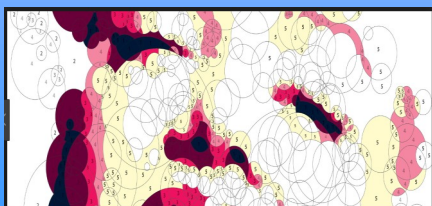
“The Whole Picture” Case Development



Have you heard of the newest craze... coloring for adults? This has become an enjoyable pastime activity that is soothing and calming. “Quirkles” are coloring books like the “old fashioned” paint by number. The original design appears as a page of blank concentric with overlapping circles of various shapes and sizes. It is not obvious what the finished picture may be, as the illustration above shows. However, as the color is filled in on the page, the actual picture begins to develop and becomes clearer. Although sometimes the pictures emerge earlier in the process of coloring, others take a lot more time to see what the final product will be.

This is the perfect analogy for case development here at the Disability Determination Services (DDS). Every claim represents a unique person with a unique set of medical, psychological, vocational and socio-economic issues. Every claim arrives at the DDS with varying amounts of past medical and psychological evidence. We follow Social Security Administration guidelines and procedures during case development. DDS employees verify work history and request additional medical documentation from treating sources to ascertain if there is indeed a severe mental or physical impairment and to what extent it may be disabling. As the claims’ examiner continues to develop the case, a picture (of sorts) begins to take shape.

(See below for developing, but still incomplete picture)



Although there are cases that are cut and dry leading to a quick determination, many of our cases need additional evidence. As a Consultative Examination (CE) provider, you play an important role in this process. We analyze the case based on medical evidence in file and may speak to a claimant or a third party on the phone, but no one at the DDS actually “sees” or evaluates the claimants in person. That is why your role is so valuable to our adjudicative process. When we need an exam to fill in the picture because we don’t have enough medical evidence or when there are incongruities or missing information, we turn to YOU! Your exams help us “fill in” the picture.

Internal consistency within the report is crucial. Any inconsistencies within the body of the report can lead to confusion on our end. Further problems arise when the report indicates that the claimant is functioning at a completely different level than the current medical evidence in file already indicates. To that end, it is critical to review any records sent along with the CE order. Pertinent medical or mental health records, such as discharge reports, psychotherapy notes or an MRI report, are sent for your review before the exam. It is our expectation that these records will be reviewed and taken into consideration when evaluating the claimant and writing your report. If you do not receive records with the order, please call the disability examiner to see if any are available. If you cannot reach the examiner, you can reach out to the Medical Relations Office, so we can facilitate this process. There are times records are not available or may have been received after the CE order was sent out.

We are thankful for the vital role you play in the disability determination process!

What is the “whole picture” of the quirkle??? See the last page for the result.



Cooperative Disability Investigations Program

The Maryland Disability Determination Services (DDS) has been fighting disability fraud since the inception of the Cooperative Disability Investigation (CDI) unit in 2014. The mission of the unit is to gather evidence to investigate possible fraud before benefits are paid out or to cease payments to beneficiaries already in pay status. As of April of this fiscal year, the CDI unit has been responsible for a combined Social Security Administration (SSA) and Non-SSA savings total of \$2,376,313. By the end of the fiscal year, in October, the number of savings will continue to increase.

The CDI unit consists of the combined skills of the Office of the Inspector General, SSA, State DDS and State or local law enforcement personnel. To date, the Maryland CDI unit has successfully investigated 20 fraudulent claims. The unit continues to receive numerous fraud referrals from our examiners, doctors, field office representatives, and the general public.

You, as the CE provider, are on the front lines and have a better chance of observing and reporting possible fraud.

How will you know if a claimant is being investigated for potential fraud?

- ⇒ A note may be in the comments section of the CE authorization indicating possible fraud/pending investigation
- ⇒ A report of investigation from an earlier investigation may be attached as medical evidence

How do you handle a claim flagged as a potential fraud case?

- ⇒ Evaluate the claim objectively
- ⇒ Do not develop a bias or provide personal opinions

Although we do not want our CE providers to develop a bias or provide personal opinions on whether the claimant is being fraudulent, we do want our providers to be more aware of the claimant's actions.

- ⇒ Did the claimant truly give good effort?
- ⇒ Do the claimant's alleged and portrayed symptoms match the allegations?
- ⇒ How did the claimant present himself/herself during the evaluation?
- ⇒ Did the claimant bring a cane or other assistive device? If so, did it show usual wear and tear? Is the device medically necessary?
- ⇒ Are there signs of malingering?

The CE provides a valuable opportunity for our investigator to conduct surveillance. The investigator may call a day or two before the exam to introduce himself and let the doctor know of his presence in and around the office. Our investigator tries to observe the claimant as he/she enters the evaluation and will try to follow the claimant afterwards. We ask our providers to assist if possible by documenting any observations in the waiting room and the claimant's mannerisms before and after the exam.

If you suspect the claimant is not being truthful with their statements or exaggerating symptoms or limitations, you should report these findings. The four options for reporting are:

- ⇒ **Alert the disability examiner**
- ⇒ **Call the Disability Fraud Hotline at 1-800-269-0274**
- ⇒ **Contact John Quattrociocchi, DDS CDI Analyst, at 410-308-4441**
- ⇒ **Contact the Medical Relations Office at 410-308-4335**



How We Use Speech Language Evaluations in the Adjudication Process

For our young children

The more descriptive information you can provide, the better able we are to determine the child's actual level of communicative competence. This is particularly true when the child presents as shy or reticent or perhaps behavior interferes with focus and compliance.

Regarding Speech: When we assess the severity of a speech impairment in the young child, we focus on the quality and quantity of the child's repertoire. Statements regarding the child's intelligibility when speaking are certainly needed. However, your observations of the types of sound produced (and not produced) are of equal value. Willingness and ability to imitate speech and non-speech movements often proves crucial as well.

Regarding Language: While we rely heavily on your formal language test findings, we place equal value on your descriptive information about the child's development. Your clinical observations of the child's language as well as caregiver report of these same skills are equally important. We have found that the broad-based language assessments for this age group level often do not provide us with rich information about both the child's verbal as well as nonverbal communication strategies. Our most common language tests do not specify the number of words a child uses or the length of utterance. Because of the strong correlation between language and symbolic play, your observations of this aspect of development is crucial as well. All of this information is important as we try to determine whether a child has met critical communication milestones.

For our older children

Regarding Speech: Intelligibility ratings in percentages are crucial to our being able to determine severity of limitation. Depending on the child's age, we weigh information about familiar and unfamiliar listeners in known and unknown contexts differently. The more of these contexts that you can comment on, the more helpful in our analysis of the impairment.

Whether you need to document your findings through the use of a formal articulation test is a decision to be made by you. Some examiners chose to identify phonological processes and/or the conversational level. Others prefer testing at the word level. As long as you are able to describe articulation errors based on their analysis of speech at the child's speech patterns, the approach taken is your choice.

Regarding Language: As you know, we are able to assess speech and language separately with greater confidence in children 3 years and above. When evaluating language, we need evidence related to the child's linguistic ability as well as pragmatic competency. In children from 3 to about 8 years, we use the child's standardized test scores to help us understand how well the child is "learning language." After this time, and certainly as the child gets older, we find that the language test scores tell us more about how well the child is able to "use language to learn." We evaluate these two periods of language development, "learning language" and "using language to learn," differently and rely heavily on your descriptions of the child's pragmatic skills, both in conversation discourse as well as narrative discourse.

For our bilingual children

If the child is a monolingual speaker of a language other than English, the assessment should be:

- completed with an interpreter if you are not bilingual
- employ a test which is standardized on the child's primary language and cultural background; if a norm-referenced test is not available, do not substitute a test for an English speaking child

If the child is a dual language learner, the assessment should:

- be completed with an interpreter
- ideally, be completed in both languages using separate, appropriately normed tests
- on last resort, be completed in English; only after test ceiling are reached, missed items are re-administered by the interpreter in the primary language
- not include standard scores
- give some guidance on interpretation of the findings; for example, by delineating items passed/failed, identifying age bracket in which most test items were passed (if available), suggesting age equivalencies based on total raw score; offering descriptive range of severity of the problem based on all of the above including the informal use of artificially derived standard scores (which are not reported)

In either case, the assessment should provide:

- a spontaneous speech/language sample derived from conversations between the child and family members/ the interpreter; and translated by the interpreter
- a narrative sample, (for older children), translated by the interpreter; (for children 4-8 years, consider a story retell using pictures; for older children, describe experience or explain a game)
- intelligibility ratings provided by the interpreter based on his/her perceptions as well as examples of misarticulations; if available, compare findings to ASHA website descriptions of common substitutions, etc.
- intelligibility ratings from the parent
- a detailed parent interview related to the child's pragmatic language skills in the natural environment, adequacy of functional vocabulary, average length of utterances, and the ability to speak in paragraphs
- a developmental history describing early history and milestone acquisition, educational interventions, and LEP school services

and central nervous system
 cognitive emotions
 symptom sensory
 advanced stages
 depression
 mental disorder
 genetic origin
 primary origin
 advanced stages
 slowness
 details
 spiritual
 advanced
 meaning
 cause
 related
 level
 definition
 escape
 line
 step
 dopamine
 drugs
 inclusions
 clinical
 there
 mental's
 social
 degenerative
 disorder
 ity
 confirmation
 related
 disturbance
 cure
 movements
 violence
 problems
 phase
 symptoms
 anxiety disorders
 clinical
 cases
 therapeutic
 problems
 occurring
 diagnosis
 psychological
 personality
 clinical
 psychological
 personality

Important reminders when meeting the claimant:

- ### Review of attached medical evidence:

- ## Involving a third party:

- Please remember we value your judgment in these situations and will respect your expertise if you determine it best to end an interview due to any unforeseen circumstance. We value your continued commitment to our disability program.

Updated Testing: WRAT5

WISC-V Spanish

For our psychologists that administer the WISC-IV Spanish version, you must begin to use the WISC-V Spanish version by January 2019.



CE Provider Recruitment Needs

If you have any colleagues who may be interested in doing CE's for us, please have them send an email to: carol.harsel@ssa.gov

Currently we are looking for:

- * Neurologists in the Rockville area
- * Bilingual Psychologists
- * Bilingual Speech Pathologists

Maryland DDS Consultant Recruitment

As part of the disability adjudication process, the Maryland Disability Determination Services (DDS) employs Physicians, Psychiatrists 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 (SSA).

At the present time, there is a position available for a part-time Psychiatrist, a part-time child Psychiatrist, and a part-time Psychologist. These positions are posted on the Maryland State Government website. For more information, please use the link below:
<https://jobapscloud.com/MD/>

Filter Open Jobs

Location - enter Baltimore County
Department - enter MD State Department of Education

Search

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

Helpful Reminders

- ♦ If you need to cancel an exam, please call the examiner. Do not use the Electronic Records Express (ERE) website for cancellations.
- ♦ When emailing the Medical Relations or Scheduling Unit staff, do not include Social Security numbers or full names in order to protect PII (personally identifiable information).
- ♦ Do not agree to reschedule with claimants without notifying us as well. There may be an interpreter, fraud investigation or other factors that would not be amenable to a rescheduled exam.

Fiscal Reminders

- ♦ When signing the invoice, be sure to use the current date.
- ♦ Do not submit duplicate invoices.
- ♦ If you are not signed up for electronic funds transfer, consider doing so. It is easy to monitor your payments with direct deposit.



In all types of businesses, payments are processed once the service has been performed and an invoice has been submitted for payment. The same applies here in our office. Once you have performed the Consultative Examination (CE), we cannot process a payment without an invoice. Don't forget - **submit your invoice.**

The Complete Picture!

