

Pushing Your Social Security Claim through the System

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One of the myths about filing for Social Security Disability is that once filed, there is nothing you can do to follow the claim or help it get processed faster. Another false rumor.

After you have had your initial interview to apply for SSDI or SSI (Supplemental Security Income) or both, there is a lot you can do that will actually improve your chances of an approval, and, at the same time, getting that approval in the shortest amount of time. In addition to making sure your claim doesn't get lost or sidetracked, tracking your claim allows you to make sure that they receive every piece of information they need to approve your claim.

First, understand that the Social Security Administration is not "out to deny your claim." The people who decide whether or not you qualify for benefits would just as soon approve your claim as deny it. It's not their money; they're happy for you to get it. The problem the Social Security Administration is extremely short staffed so there is only a brief amount of time they can spend on each claim.

The people reviewing disability claims work in a huge bureaucracy. That bureaucracy, in its attempt to decide claims in the same manner in all offices, requires that specific information and documents must be in the file before a claim can be approved. A Claims Service Representative or a Claims Analyst's performance is measured by how quickly and thoroughly they can complete and close their claim files and how accurately they document the file.

They don't have the time to follow up and get everything they need or all the medical records they have requested. If they do not receive the medical records they need after a few requests and they don't have enough to approve the claim, it will simply be denied. You can prevent that by staying in touch with the people handling your claim. Generally, they will appreciate any help you can give them.

Your first step is to take all the necessary information and documents needed to the initial interview. You can obtain a list of what you will need at www.ssa.gov, at other websites, from Social Security literature, or from the telephone clerk who schedules your initial appointment.

It will definitely speed your claim if you obtain and submit all your medical records. These records don't have to go back years, but should go back to the start of your symptoms or at least twelve months before the requested date of disability. Some doctors may charge for the records, but will often waive the fee if they know it is for Social Security. Some states also prohibit charging for records when applying for public benefits.

Reviewing the medical records and determining disability is made by a state office of Disability Evaluations that contracts with Social Security. That state office examines all disability claims in your state and determines if you meet Social Security's definition of disability.

A Claims Analyst in that office will be assigned to your claim and will order the medical records from your doctors, send you and your doctors questionnaires to complete, decide whether you need to see a Social Security doctor, and, finally, decide whether or not you are eligible for benefits. You can provide invaluable help to the Analyst through the process since they are handling many claims at once.

If you don't submit medical records with your claim, they will send for them, but, because of their workload, they may only follow up once or twice, at least a month apart.

You need to help the Claims Analyst at your state office. Your representative at Social Security will be able to tell you the Analyst's name and phone number once your file is assigned. Ask at the initial interview how long it takes to get an Analyst assigned. Following the timeline recommended by the Social Security Representative, call the number and get the name and phone number of the Analyst assigned to your claim.

Call the Analyst. Introduce yourself. Usually the Analyst will need your name and Social Security number to locate your file. Ask her for the Case or File Number. This is an internal number that the Disability Evaluations Department assigns to each application. Using that number during future calls will help the Analyst find your file faster.

Let her know (the Analyst may be a "he" but most are women) that you are calling simply to offer your help in obtaining all the information needed to make a determination.

When talking to the Analyst (or the Social Security Representative), stay helpful and empathetic to her workload. While you want to make each contact as pleasant as possible, don't expect her to have the time to "visit" with you. Keep your contact brief and to the point.

A good way to avoid calling too often and becoming a "pest" is, at the end of each conversation, tell the Analyst, "I don't want to bother you but I want to stay on top of my claim. When would be a good time to check back with you? In a week?" That lets the Analyst stay "in control" of your contacts. She won't feel so intruded upon if you call back after an interval that she has already agreed to.

Also remember that your contacts are to help the Analyst perform her job. Trying to discuss your case or trying to persuade her to approve your claim is not only

no help but could hurt your chances. Your goal is to help the Analyst, not lobby for a favorable decision,

During the first phone call, ask her if she has had a chance to look at your file to see what additional medical records she will need. It is entirely possible that she has not. Ask her if she can let you know when she sends out requests for medical records. Otherwise, ask when you can call back to get the name of the doctors and the date the requests were sent.

Once you know which doctors she is sending requests to, you should contact each doctor's office, advise the office staff that the request is coming, and ask them to send the information as quickly as possible. If the staff is busy, you may even want to offer to come in and do the photocopying of the medical record for them.

Once you have the date that the records were sent to the Analyst, allow for mail time, then call the Analyst to make sure she got them. You may have to go back and forth between the various doctors and the Analyst several times. Do not be impatient, and don't blame either the Analyst or the office staff. Be patient and persistent. Just keep calling and asking and checking. In other words, do everything possible to see that the requested records get to the Analyst. If necessary, go to the doctor's office, photocopy the records yourself and send them registered to the Analyst.

If the Analyst sends you a questionnaire to complete, it is usually due back within ten days. However, if you call the Analyst, she will always allow you extra time to complete and submit it.

If the Analyst wants you to see a Social Security doctor, call her and ask if your own doctor can perform the examination. They will approve that most of the time provided your doctor agrees and is willing to accept Social Security's fee.

There are some things that an Analyst will not do, however, so it is better not to ask. They will not help you fill out the questionnaires they send. Those are for you and your advocate to do. Also, they are not allowed to tell you whether your claim has been approved or denied. As long as the Analyst wants more information, you know that there is not yet enough information in your file to approve your claim, but she is willing to approve it if she can obtain the documentation she needs.

As long as you are willing to continue to provide information, whether it is medical records, physician statements, additional diagnostic examinations, or statements from third party friends or family, most Analysts will keep your file open as long as they know you are working to provide additional evidence.

Once the Analyst states that all the necessary information is in, there is nothing more she can tell you. You need to direct further questions back to your local Social Security office. However, you may get a clue to the decision by what happens next. The Analyst sends out the denial letters, but acceptances must be sent from the Social Security Administration. So once all the information is in, if you don't receive a denial fairly quickly, that's a good sign.

Occasionally, a claim is sent to the Regional Headquarters for a "quality review," before being returned to the SSA office. The good news here is that most claims sent for quality review are approved claims.

One final note, some Analysts never answer their phones and rely on voicemail for client contact or only take calls at certain times. Don't let that deter you. Conduct your business by voicemail, just as if you are talking to her. Offer to help; ask for the doctors she is contacting; offer to follow up. It is the rare Analyst that won't take advantage of your offer. Your assistance makes it easier for her to do her job.