



## SOCIAL SECURITY

Office of Operations

October 7, 2008

Alan L. Cowles, M.D., Ph.D.  
1121 Stoneridge Drive  
Lawrence KS 66049-4772

Dear Dr. Cowles:

The Commissioner requested that I respond to your letter dated August 24, 2008, in which you expressed concerns regarding what you characterize as the destruction and alteration of consultant opinions, opinions created under duress, and "doctor shopping." Social Security is committed to ensuring the effective management of records within our custody and obtaining accurate medical advice from our consultants so that we make timely and accurate disability determinations.

We have a robust records management program from the point of the initial records creation to final disposition that includes audit trails built into the electronic disability process. The audit trail includes monitoring any alteration, removal or destruction of documents from the electronic folder. Paper claims are also subject to review by disability examiners, medical consultants, DDS management, internal DDS Quality Assurance and the Disability Quality Branch. We are confident that incidents in which documents are destroyed or altered without the consultant's knowledge and consent occur rarely, if at all, in the DDS community. Any such action is inconsistent with our policy and certainly is not condoned.

Regarding your concern related to "doctor shopping," this is not a practice that is part of the method of operation in the DDS adjudicatory process. Medical consultant case assignments are made based on a number of different techniques that are designed to fit the individual needs of each State DDS. For example, case assignments are made based on medical specialties, number of contracted hours for individual medical consultants, and production differences among consultants. The assignment of cases based on these considerations is related to sound business decisions and is not based on what you refer to as "doctor shopping."

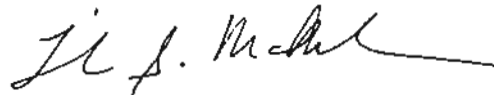
You also expressed concern that medical consultants are under pressure to allow or deny claims to influence State agency statistics or are asked to modify opinions to allow or deny claimants. We are committed to making the right decision the first time. For example, the medical listings are frequently updated to keep pace with advances in medical technology. Our program guidelines are also subject to policy interpretation, especially with the institution of the Request for Program Consultation (RPC) process. With constant feedback being provided to the DDSs on policy issues, some reviewers and evaluators could mistakenly believe that they are being

asked to change their case assessments or determinations to achieve a particular result, when, in fact, the need for the change is due to refinement of medical evaluation and policy.

We discussed your concerns with the Presidents of the National Association of Disability Examiners (NADE) and National Council of Disability Determination Directors (NCDDD). Both organizations stated that they were not aware of the issues described in your letter, nor would they condone the practices, if they existed.

Thank you for bringing these issues to our attention. I hope this response satisfies your concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "L. S. McMahon", with a long horizontal flourish extending to the right.

Linda S. McMahon  
Deputy Commissioner  
for Operations

cc:

Michael J. Astrue, Commissioner