

8 Important SSA Roles Explained

When an individual applies for Social Security Disability insurance (SSDI) benefits, the claim will be touched by several parties as key documentation is filed, evidence is collected, and decisions are issued. We've compiled a list of eight of the roles that will be closely involved in a claimant's application, as well as some who play pivotal roles in keeping the claims process consistent and fair for all SSDI applicants.

1 Social Security Claims Representative

Each SSDI application is assigned to a Claims Representative at the Social Security Administration (SSA). In addition to verifying that the application was filed properly and that all necessary documents have been received, the Claims Representative confirms that the applicant meets several basic eligibility requirements – including U.S. citizenship or legal residency and a minimum number of years working at a FICA-enrolled employer. Once this information has been verified, the Claims Representative sends the case to Disability Determination Services (DDS), where it will be assigned to a Disability Examiner to advance further in the claim evaluation process. If a claim is denied at the Initial application level and a Reconsideration appeal is filed, a new Claims Representative will be assigned to the appeal and will verify that it was filed properly before sending it to DDS to be assigned to a new Disability Examiner.

2 Disability Examiner

Once a claim is sent to a DDS office, it is assigned to a Disability Examiner who is tasked with gathering the evidence needed for a comprehensive claim evaluation. This includes requesting medical records from the treating sources listed on the Initial application and deciding whether any questionnaires are required to provide deeper insight into the impact of the disabling medical condition(s) on the claimant's daily life. If the examiner feels there are discrepancies or simply a lack of sufficient medical evidence on file, he or she can request that the claimant attend a no-cost medical examination, known as a Consultative Exam. This is an opportunity for the examiner to obtain specific information needed to either award or deny the claim. After a decision is issued, the claim is either returned to the Claims Representative or sent to a Payment Center for next steps.

3 Payment Center – Claims Authorizer & Benefit Authorizer

Once an SSDI claim is awarded, it is transferred to a payment center where the Claims Authorizer will process the award. A claimant's benefit amount will be calculated according to standard formulas that account for a claimant's work history and any other benefits received. As part of this process, payment center representatives may request additional information from a claimant who has received other benefits such as worker's compensation or state disability. Once these comprehensive calculations have been made, the Benefit Authorizer sends a Notice of Award to the claimant, as well as his or her representative, specifying how much money the claimant will receive each month and how much they will receive in retroactive benefits, if any. This letter will also indicate when the claimant will become eligible for Medicare.

4 Administrative Law Judge

If an SSDI appeal has been denied, the claim will move to the Hearing level to be presented in front of an Administrative Law Judge (ALJ). The federal government appoints ALJs to deliver impartial rulings based on the evidence presented at a hearing, along with documentation found within a claimant's case file. ALJs will review a claimant's medical records, earnings history, and any other evidence available; at a hearing, the ALJ will ask the claimant to describe any limitations or restrictions that may be experienced in daily life, as well as how the disabling medical condition(s) cited in the claim impact the claimant's ability to work or complete daily tasks like bathing, walking, or cooking. This opportunity to testify directly before the ALJ can be both exciting and nerve-wracking for many claimants, as it could significantly impact the outcome after months, or possibly years, of seeking SSDI benefits. Hearing level claims will only be awarded if the presiding ALJ determines the claimant's disabling medical condition(s) prevents them from returning to their previous job and from learning or adapting to new work, considering their age, education, and work history.

5 Vocational Expert

In addition to the ALJ presiding over a claimant's hearing, it is standard practice for a Vocational Expert to be present at all disability hearings. The Vocational Expert provides vital testimony to help the ALJ reach a final decision about whether to award or deny an SSDI claim. In their efforts to determine if the claimant may be able to do any type of work, the ALJ will present hypothetical employment scenarios to the Vocational Expert, who will respond by suggesting jobs that may be suitable for the claimant given his or her work history and the current economy. It is crucial to have a thorough earnings record and work history on file so that a claimant and his or her hearing attorney can anticipate and be prepared to address these questions.

6 Medical Expert

Medical Experts may also be present at a disability hearing, though their involvement is not guaranteed. The Medical Expert's role is to establish the extent of the claimant's impairment(s) and determine if a claimant's impairment(s) equate to one or more conditions on SSA's "Listing of Impairments," which describes impairments of each major bodily system that SSA considers severe enough to prevent someone from doing any gainful work activity. The list is quite extensive and includes a range of impairments such as respiratory failure, multiple sclerosis, diabetes mellitus, lung cancer, and loss of visual efficiency. In particularly complex cases where a condition is difficult to diagnose or the medical records on file are inconsistent or unclear, the Medical Expert can help identify a claimant's impairments and provide a professional opinion about the limitations a claimant may experience in daily life and work. This testimony can be integral to the ALJ's decision.

7 The Appeals Council

If an ALJ denies a claim, the claimant can file an appeal with the Appeals Council (AC) and submit a written statement detailing any mistakes or errors believed to be made by the ALJ. The AC will review the ALJ's ruling to determine if there are any errors of law, abuses of one's power, or actions, findings, and conclusions that are not supported by substantial evidence. If it is determined that the ALJ made significant mistakes, the AC can award the claim – a rare occurrence – or return it back to the ALJ with instructions on how to proceed. Next steps may vary depending on the unique circumstances of each claim and a new hearing may even be held. It is also possible for new evidence made available shortly after an ALJ denial – such as medical records from a recent appointment – to be submitted promptly by a representative as part of an AC appeal. The AC may also independently review favorable claim decisions to ensure that the ALJ who issued the favorable decision did so by following proper procedures.

8 Regional Commissioners Office

Claim volume and staffing resources vary significantly from one state or one local Social Security office to the next, meaning claimant experiences may vary significantly based on their location. The Regional Commissioners Office (RCO) oversees all local Social Security offices and payment centers nationwide, with the purpose of ensuring that each location is providing timely and accurate information to their constituents. The RCO may be contacted by claimants or representatives if there has been a severe lack of communication or action from a Social Security office; this typically comes after extensive efforts have been made to reach someone at SSA. Social Security provides a [public listing](#) of all Regional Communications Directors to ensure that problems can be properly reported and promptly addressed.

Have questions? We can help.

Call toll-free: (877) 261-1947

www.bbabsence.com

 **Brown & Brown**
INSURANCE*

ABSENCE SERVICES GROUP