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**OFFICE OF  
THE INSPECTOR GENERAL**

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**SOCIAL SECURITY ADMINISTRATION**

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**THE SOCIAL SECURITY  
ADMINISTRATION'S ELECTRONIC  
CLAIMS ANALYSIS TOOL**

**January 2011    A-01-10-11010**

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**EVALUATION  
REPORT**

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## Mission

By conducting independent and objective audits, evaluations and investigations, we inspire public confidence in the integrity and security of SSA's programs and operations and protect them against fraud, waste and abuse. We provide timely, useful and reliable information and advice to Administration officials, Congress and the public.

## Authority

The Inspector General Act created independent audit and investigative units, called the Office of Inspector General (OIG). The mission of the OIG, as spelled out in the Act, is to:

- Conduct and supervise independent and objective audits and investigations relating to agency programs and operations.
- Promote economy, effectiveness, and efficiency within the agency.
- Prevent and detect fraud, waste, and abuse in agency programs and operations.
- Review and make recommendations regarding existing and proposed legislation and regulations relating to agency programs and operations.
- Keep the agency head and the Congress fully and currently informed of problems in agency programs and operations.

To ensure objectivity, the IG Act empowers the IG with:

- Independence to determine what reviews to perform.
- Access to all information necessary for the reviews.
- Authority to publish findings and recommendations based on the reviews.

## Vision

We strive for continual improvement in SSA's programs, operations and management by proactively seeking new ways to prevent and deter fraud, waste and abuse. We commit to integrity and excellence by supporting an environment that provides a valuable public service while encouraging employee development and retention and fostering diversity and innovation.



# SOCIAL SECURITY

## MEMORANDUM

Date: January 5, 2011

Refer To:

To: The Commissioner

From: Inspector General

Subject: The Social Security Administration's Electronic Claims Analysis Tool (A-01-10-11010)

## OBJECTIVE

The objective of our review was to assess the Social Security Administration's (SSA) Electronic Claims Analysis Tool (eCAT) as it was being rolled out nationally to sites that make initial disability determinations.

## BACKGROUND

eCAT is a Web-based application designed to document the analysis made by a disability adjudicator and ensure all relevant Agency policies are considered during the disability adjudication process.<sup>1</sup> eCAT produces a Disability Determination Explanation (DDE) that documents the detailed analysis and rationale for either allowing or denying a claim.

SSA's vision was to create a tool that would

- provide a comprehensive claim determination/decision rationale at each respective adjudicative level;
- capture data for reuse and analysis at/between all levels of case adjudication;
- capture management information at each decisional step;
- integrate with quality initiatives;
- provide training efficiencies; and
- provide consistency and conformity in rationale format and documentation.

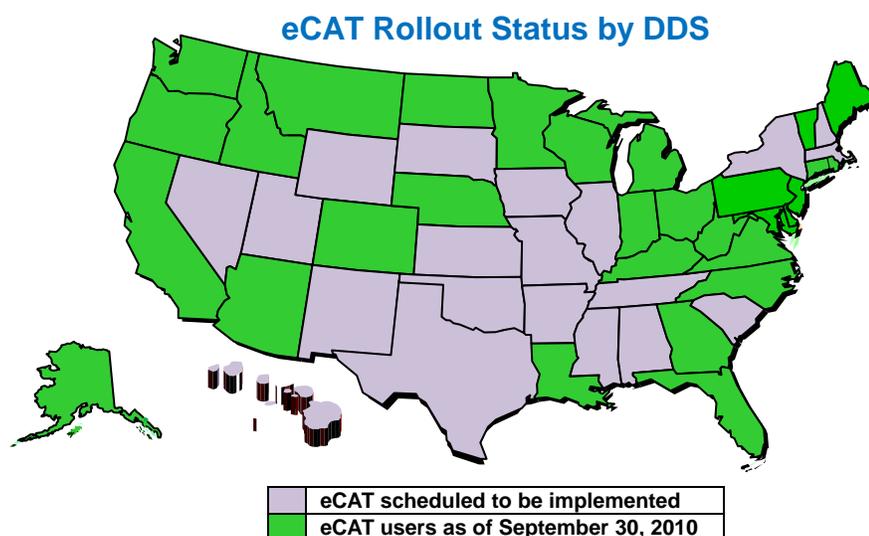
After a premature release of eCAT in July 2006, the application underwent significant revisions. In 2007, SSA began piloting the enhanced version at the Virginia Disability

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<sup>1</sup> SSA provides monthly benefits to disabled individuals under Titles II and XVI of the *Social Security Act* (see the *Social Security Act* §§ 223 and 1611, 42 U.S.C. §§ 423 and 1382). See Appendix B for further details on SSA's process for evaluating disability.

Determination Services (DDS).<sup>2</sup> Over the next several years, DDS eCAT users and the Offices of Disability Programs (ODP), Applications and Supplemental Security Income Systems (OASSIS), Disability Determinations (ODD), and Quality Performance (OQP) worked to further develop and enhance eCAT. While SSA's original vision for eCAT was to include initial claims to final appeals, the early application releases focused on initial claims. In December 2009, SSA's Commissioner announced eCAT's national rollout to all DDSs and SSA Federal units that process initial disability claims.<sup>3</sup> In July 2010, eCAT 6 was released and included integration with the Office of Disability Adjudication and Review (ODAR).<sup>4</sup>

As of September 30, 2010, SSA had implemented eCAT in 37 sites.<sup>5</sup> The Agency continues eCAT's gradual rollout and expects completion in May 2011. During and after rollout, SSA provides training, guidance, and support to eCAT users. See map below.



To perform this review, we gathered and evaluated information on eCAT's design and nationwide implementation by meeting with SSA officials and staff from ODP, ODD, the Office of Disability Systems (ODS), ODAR, and OQP.

<sup>2</sup> DDSs process initial and reconsideration disability determinations for SSA and are located in each of the 50 States plus the District of Columbia and Puerto Rico.

<sup>3</sup> SSA has 15 Federal units—3 components at the Agency's Headquarters, 10 Disability Processing Branches or Units (1 in each region), 1 unit in Guam, and 1 unit in the Virgin Islands.

<sup>4</sup> ODAR processes hearings for claimants who disagree with the DDS' disability determination.

<sup>5</sup> DDSs in Alaska, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Montana, Nebraska, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Puerto Rico (not shown on map), Rhode Island, Vermont, Virginia, Washington, Washington D.C., West Virginia, and Wisconsin. eCAT was also implemented at one of the Headquarters components (the Office of Medical and Vocational Expertise) and the Disability Processing Branches in Philadelphia, Chicago, and San Francisco, and Guam.

We conducted site visits at the following DDSs: Hartford, Connecticut; New Castle, Delaware; Kalamazoo and Lansing, Michigan; Raleigh, North Carolina; and Fairfax, Virginia. We also visited the Federal Disability Processing Branch (DPB) in San Francisco, California. We chose to visit these sites based on their experience using eCAT, size, regional location, centralized/decentralized structure, computer systems, and volume of claims processed. During these visits, we interviewed administrators, supervisors, quality reviewers, information technology specialists, disability examiners, medical consultants, and eCAT trainers to obtain information regarding eCAT's installation, functionality, and maintenance. Additionally, we gathered information relating to SSA's responsiveness to user issues and suggestions. See Appendix C for more details on our scope and methodology.

## RESULTS OF REVIEW

Our review found that SSA's eCAT application is a useful tool in documenting the analysis of initial disability claims. Thus far, the national rollout has generally not disrupted the sites. However, we found the need for additional eCAT training at one site.

### eCAT BENEFITS

During our site visits, eCAT users commented that the application

- was a valuable training tool for newly hired examiners;
- produced comprehensive disability determinations and decision rationales;
- provided consistent uniform documentation for the disability determination;
- reinforced the disability determination process;
- streamlined the disability evaluation; and
- made it difficult to miss a step in the disability adjudication process.

For example, a training unit supervisor commented that because eCAT guides users through the disability adjudication process step by step, it is easier to train new examiners. Another user commented that eCAT clarified difficult aspects of the disability decision and ensured inexperienced examiners did not miss a step in the adjudication process.

In Fiscal Year 2010, DDSs processed more than 3 million initial disability claims<sup>6</sup> and hired over 2,000 disability examiners, while Federal units processed more than 65,000 initial disability claims and had a net gain of 170 disability examiners. Training new examiners to process these claims is one of the Agency's major responsibilities. As of September 30, 2010, 17.6 percent of all DDS disability examiners were designated as trainees. See Appendix D for a list of hires by State and Federal unit.

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<sup>6</sup> eCAT was used to process a subset of these claims in the 37 sites where implemented.

Some eCAT users pointed out how other Agency components benefited from eCAT. For example, users at one DDS reported feedback from ODAR and OQP that eCAT's documentation provided detailed explanations and made it easier to follow the adjudicator's reasoning. Furthermore, an SSA executive reported that ODAR found eCAT cases well-documented.

Additionally, users at the DPB and DDS noted that they benefited from eCAT links to policy sections, technical information, and other resources. Before eCAT, an adjudicator may have used several applications as resources. One user commented that by having resources readily available, they were able to follow SSA's procedures more effectively and stay current with the Agency's policies.

## **SSA AND DDS COLLABORATION**

We found that SSA ensured it took into account user needs by involving DDSs and other components in the design and implementation of eCAT. Additionally, SSA obtained feedback from users to incorporate in subsequent releases. Specifically, the Agency

- created an eCAT work team;<sup>7</sup>
- created an online meeting tool to communicate information to all eCAT users;
- held training sessions; and
- hosted an annual eCAT Summit for users to share ideas and suggest improvements.<sup>8</sup>

Furthermore, we found that eCAT users shared information with each other. For example, one site created an eCAT Website and shared it with other users. Other sites prepared best practice guides and shared them.

## **IMPLEMENTATION AND LEARNING CURVE**

Based on our site visits, we generally found that the implementation of eCAT did not disrupt the DDSs; however, we found there was a learning curve as staff became proficient eCAT users. Newer examiners generally had little difficulty adjusting to eCAT. However, we found that experienced examiners had some difficulty adjusting to eCAT because they had to learn new technology and a different business process for documenting claims.

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<sup>7</sup> SSA's eCAT work team within ODP worked closely with ODD, OQP, ODS, OASSIS, and the DDSs to develop, implement, and roll out eCAT.

<sup>8</sup> In September 2010, SSA held the most recent eCAT Summit. The eCAT Summit provides users a forum to share ideas and make suggestions for future releases.

For example, one user explained that experienced examiners initially struggled because eCAT requires documenting every step in the adjudication process. Before eCAT, examiners were generally not in the habit of providing the level of detailed documentation that eCAT requires.

Additionally, eCAT was designed to assist the examiner in making the disability determination, given the unique facts of each claim. Since eCAT is directed by the data entered, an examiner needs to ensure he/she inputs the correct information for eCAT to work properly. For example, if an adjudicator inputs that a claimant is working, eCAT would guide him/her to a series of questions related to work. However, if an adjudicator inputs that a claimant is not working, eCAT would guide him/her to another path. One user stated that eCAT did not cause incorrect disability determinations—only human error did.

### **eCAT TRAINING AND USAGE**

One DDS implemented eCAT in its four offices in 2009, and SSA's eCAT team offered training to each of them. However, only one of the four offices received training from the eCAT team. Although SSA prepared and provided training material, the decision regarding how to train DDS staff was the responsibility of DDS management.<sup>9</sup> Offices that had not received training from the eCAT team reported difficulties using the application. Specifically, these offices reported that most adjudicators would make the disability determination without using eCAT and then go back and fill in eCAT to reflect their decision.

SSA designed eCAT to guide the adjudicator through the adjudication process—not to be filled in after adjudication. Therefore, the untrained users were not using eCAT as intended. Because these offices were not using eCAT as designed, the DDE did not always reflect the disability decision's entire rationale. Additionally, these offices believed that they spent more time adjudicating cases.<sup>10</sup>

We contacted SSA's regional office, which confirmed that some offices at this DDS had not received training from the eCAT team. ODP planned to work with the Regional office and DDS to provide additional training in early 2011.

At the DDSs we visited, most staff members were required to adjudicate disability claims using eCAT. Untrained staff in the eCAT sites and experienced examiners at

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<sup>9</sup> SSA funds 100 percent of necessary DDS costs and provides training materials, or in some instances conducts or specifies trainings, in support of the Agency's disability programs. However, SSA is not involved in the DDS's management decisions—such as the method of training employees—except as necessary and in accordance with regulations. SSA, POMS, DI 39563.200; see also 20 C.F.R. §§ 404.1603, 404.1622, 404.1626, 416.1003 and 416.1026.

<sup>10</sup> SSA's eCAT team reported that there had been no significant change in processing times at this DDS since eCAT's implementation.

one DDS were not required to use eCAT. Some users suggested all DDS employees adjudicate claims with eCAT because it was difficult to have two different business processes to adjudicate claims.

## **eCAT USER SUGGESTIONS FOR FUTURE RELEASES**

During our site visits, eCAT users made suggestions for improvements, such as adding more edits and alerts to ensure entry of consistent information and integrating the application more extensively with SSA's systems.

Users reported that some data input was repetitious and suggested having more edits or alerts to ensure entry of consistent information, prevent entry of conflicting information, and reduce clerical errors. For example, there should be an alert if a claimant is determined as working in one section of eCAT but as not working in another.

Users also reported that eCAT claims sometimes require unnecessary work to address technical issues. When users inform SSA of these issues, the Agency creates workarounds as temporary solutions while developing permanent solutions in subsequent releases. In the meantime, the Agency maintains a Webpage of all workarounds for adjudicators to reference.

We summarized all user feedback and provided it to ODP, which was either aware of or addressing most items. Any issues ODP was not previously aware of were discussed with users at the September 2010 eCAT Summit. In addition, the Agency rolled out IdeaCAT, an online tool that provides users the opportunity to suggest, and take part in selecting, future eCAT improvements. Based on importance and IdeaCAT feedback, the eCAT team will then focus resources on implementing improvements.

## **OQP STUDY OF eCAT**

In 2008, OQP evaluated the impact of eCAT on claims processing at one DDS. The study found no significant change in quality for claims processed using eCAT. OQP is conducting a new study of cases adjudicated with eCAT—as more sites have implemented the application.

## **CONCLUSION**

SSA's eCAT application is generally a useful tool to document the analysis of initial disability claims and the Agency is working to improve it further. We will continue following eCAT's rollout to all levels of adjudication—field office, DDS, and ODAR.<sup>11</sup>

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<sup>11</sup> Field offices determine whether an individual meets the non-disability criteria for benefits, such as sufficient earnings and low income or resources. The San Francisco Regional Office is developing FOeCAT, which will document claims in field offices.

As the nationwide implementation proceeds, we encourage SSA to continue providing sufficient training resources and support to eCAT users. Additionally, eCAT training should specify that the application be used throughout the claims adjudication process.

## **AGENCY COMMENTS**

SSA appreciated the opportunity to review our report (see Appendix E).

A handwritten signature in black ink, appearing to read "Patrick P. O'Carroll, Jr.", with a stylized flourish at the end.

Patrick P. O'Carroll, Jr.

# Appendices

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APPENDIX A – Acronyms

APPENDIX B – The Social Security Administration's Processes for Evaluating Disability in Adults and Children

APPENDIX C – Scope and Methodology

APPENDIX D – Disability Examiner Hires in Fiscal Year 2010

APPENDIX E – Agency Comments

APPENDIX F – OIG Contacts and Staff Acknowledgments

### Acronyms

<i>Act</i>	<i>Social Security Act</i>
C.F.R.	Code of Federal Regulations
DDE	Disability Determination Explanation
DDS	Disability Determination Services
DPB	Disability Processing Branch
eCAT	Electronic Claims Analysis Tool
EST	Extended Service Team
FY	Fiscal Year
OASSIS	Office of Applications and Supplemental Security Income Systems
ODAR	Office of Disability Adjudication and Review
ODD	Office of Disability Determinations
ODP	Office of Disability Programs
ODS	Office of Disability Systems
OMVE	Office of Medical and Vocational Expertise
OQP	Office of Quality Performance
POMS	Program Operations Manual System
RFC	Residual Functional Capacity
SGA	Substantial Gainful Activity
SSA	Social Security Administration
SSI	Supplemental Security Income
U.S.C.	United States Code

# The Social Security Administration's Processes for Evaluating Disability in Adults and Children

Under the *Social Security Act (Act)*, an adult is considered to be disabled if he/she is unable to engage in substantial gainful activity (SGA)<sup>1</sup> by reason of a medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.<sup>2</sup>

The Social Security Administration (SSA) has a five-step sequential process for evaluating disability for adults, which generally follows the definition of disability in the *Act* (Chart B-1).<sup>3</sup> The steps are followed in order. If a decision about disability can be made at a step, the analysis stops and a decision is made. If a decision about disability cannot be made, the adjudicator proceeds to the next step.

At Step 1 in the process, SSA generally considers whether the claimant is performing SGA. If the claimant is performing SGA, SSA finds that he or she is not disabled, regardless of the severity of his or her impairments. If the claimant is not performing SGA, the claim is sent for a determination of disability at a later step of the process. When the claim is initially developed, the adjudicator generally requests all the evidence needed for consideration at Steps 2 through 5 of the sequential evaluation process. The adjudication process stops when a decision regarding disability can be made at any step.<sup>4</sup>

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<sup>1</sup> 20 C.F.R. §§ 404.1572 and 416.972: SGA means the performance of significant physical and/or mental activities in work for pay or profit, or in work of a type generally performed for pay or profit. As of 2010, "countable earnings" of employees indicate SGA and "countable income" of the self-employed is "substantial" if the amount averages more than \$1,000 per month for non-blind individuals or \$1,640 for blind individuals, SSA, POMS, DI 10501.015.

<sup>2</sup> The *Act* §§ 216(i)(1), 223(d)(1) and, 1614(a)(3), 42 U.S.C. §§ 416(i)(1), 423(d)(1) and 1382c(a)(3), see also 20 C.F.R. §§ 404.1505 and 416.905.

<sup>3</sup> 20 C.F.R. §§ 404.1520 and 416.920.

<sup>4</sup> 20 C.F.R. §§ 404.900 and 416.1400. If the claimant disagrees with the Agency's initial disability determination, he/she can file an appeal within 60 days from the date of notice of the determination. In most cases, there are three levels of administrative appeal: (1) reconsideration by the disability determination services, (2) hearing by an administrative law judge, and (3) request for review by the Appeals Council. If a claimant is still dissatisfied after exhausting administrative remedies, he or she can appeal for a review by a Federal court.

At Step 2, SSA determines whether the claimant's impairment—or combination of impairments—is severe.<sup>5</sup> If the claimant does not have a medically determinable impairment(s) that is severe, the claim is denied. If the claimant has a medically determinable severe impairment(s), the Agency goes to Step 3 and looks to the Listing of Impairments. If the severity of the impairment meets or medically equals a specific listing and meets the duration requirement, the individual is determined to be disabled.

If the individual's impairment does not meet or medically equal a listing, the Agency goes to Step 4, and, if necessary, Step 5. At Step 4, the Agency determines whether the claimant can perform any past relevant work, considering his/her residual functional capacity (RFC)<sup>6</sup> and the physical and mental demands of the work he or she did. If the claimant can perform past relevant work, the claim is denied. If the claimant cannot perform past relevant work, SSA goes to Step 5 and determines whether the claimant can perform any other work that exists in the national economy, considering his/her RFC, age, education, and past work experience. If the claimant can perform any other work, then SSA finds him/her not disabled; if the claimant cannot perform any other work, SSA finds him/her disabled.<sup>7</sup>

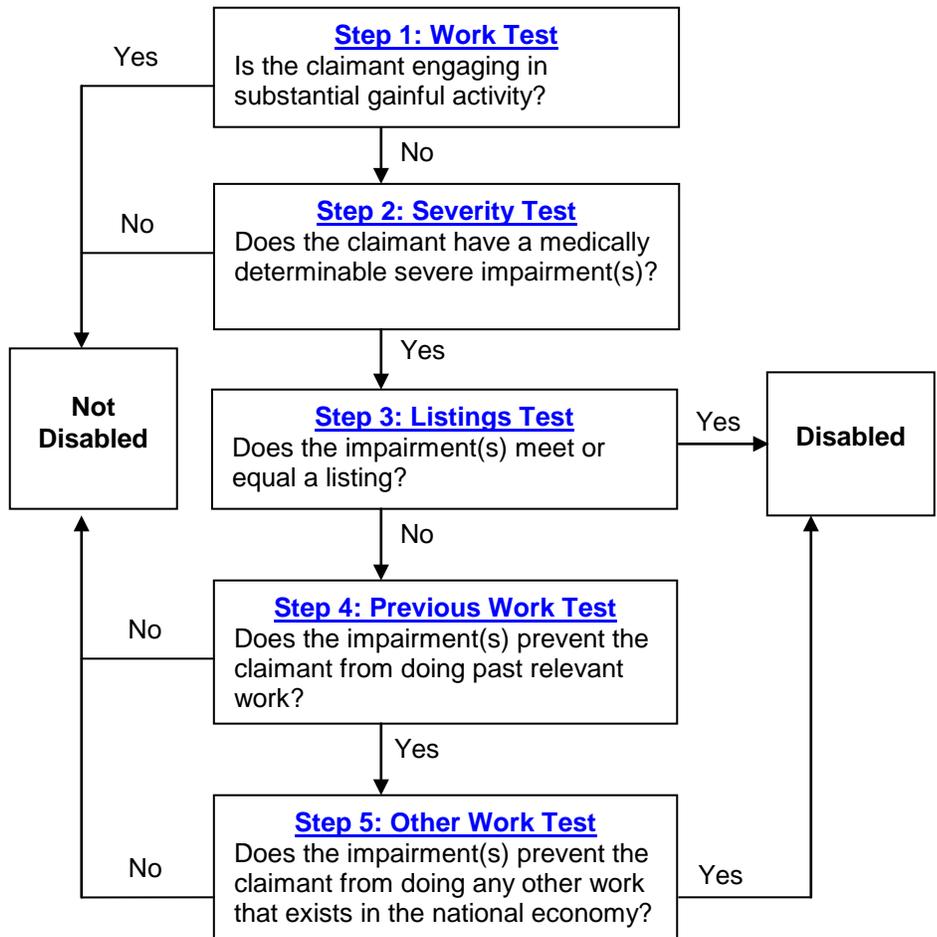
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<sup>5</sup> 20 C.F.R. §§ 404.1520(c), 404.1521, 416.920(c) and 416.921: "Severe" is a term of art in SSA's rules. An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. See Social Security Ruling 85-28 (October 1985).

<sup>6</sup> 20 C.F.R. §§ 404.1545 and 416.945: An individual's impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what he or she can do in a work setting. The residual functional capacity is the most the individual can still do despite these limitations. SSA assesses residual functional capacity based on all relevant evidence in the case record.

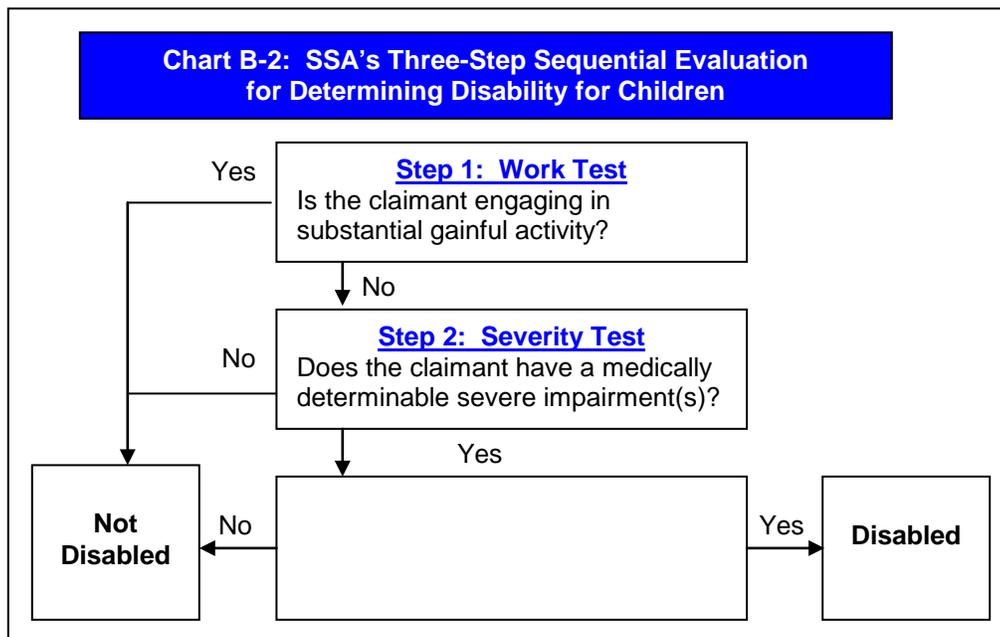
<sup>7</sup> SSA has another sequential process for evaluating whether a disabled beneficiary's disability continues. 20 C.F.R. §§ 404.1594 and 416.994. This process generally requires a showing of medical improvement related to the ability to work, but also includes steps like the ones in the initial sequential evaluation process.

**Chart B-1: SSA's Five-Step Sequential Evaluation for Determining Disability for Adults**



Under the *Act*, an individual under age 18 is considered disabled for the purposes of Supplemental Security Income (SSI) if he or she has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.<sup>8</sup>

As shown in Chart B-2, SSA has a similar sequential process with three steps for evaluating disability in children under SSI.<sup>9</sup> Steps 1 and 2 are the same as for adults, with “severe” defined in terms of age-appropriate childhood functioning instead of basic work-related activities. At Step 3, SSA determines whether the impairment(s) meets or medically equals a listing or functionally equals the listings.



<sup>8</sup> The *Act*, § 1614(a)(3)(C), 42 U.S.C. § 1382c(a)(3)(C). See also 20 C.F.R. § 416.906.

<sup>9</sup> 20 C.F.R. § 416.924.

# Scope and Methodology

To accomplish our objective, we:

- Reviewed the applicable sections of the *Social Security Act* and the Social Security Administration's (SSA) regulations, policies, and procedures.
- Researched published SSA Electronic Claims Analysis Tool (eCAT) reports and studies.
- Reviewed eCAT procedures and controls.
- Gathered and evaluated information on eCAT's design and nationwide implementation by meeting with SSA officials and staff from the Offices of Disability Programs, Disability Determinations, Disability Systems, Disability Adjudication and Review, and Quality Performance.
- Conducted site visits at the following Disability Determination Services: Hartford, Connecticut; New Castle, Delaware; Kalamazoo and Lansing, Michigan; Raleigh, North Carolina; and Fairfax, Virginia. We also visited the Federal Disability Processing Branch in San Francisco, California. We chose to visit these sites based on their experience using eCAT, size, regional location, centralized/decentralized structure, computer systems, and volume of claims processed. During these visits, we interviewed administrators, supervisors, quality reviewers, information technology specialists, disability examiners, medical consultants, and eCAT trainers to obtain information regarding eCAT's installation, functionality, and maintenance. Additionally, we gathered information relating to SSA's responsiveness to user issues and suggestions.

We conducted our review between May and October 2010 in Boston, Massachusetts. The principal entities audited were the Offices of Disability Programs under the Deputy Commissioner for Retirement and Disability Policy, Disability Determinations under the Deputy Commissioner for Operations, and Disability Systems under the Deputy Commissioner for Systems. We conducted our review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspections*.

## Disability Examiner Hires in Fiscal Year 2010

Disability determination services (DDS) are State-run agencies that make disability determinations for the Social Security Administration (SSA). At most DDSs, a disability examiner—using SSA’s regulations, policies, and procedures—obtains the relevant medical evidence and then, working with a medical consultant, evaluates the case and determines whether the claimant is disabled under the *Social Security Act*.<sup>1</sup>

Specifically, the DDS

- makes timely and accurate disability determinations;
- complies with regulations, rulings, and other written guidelines, including standards established by SSA, and other provisions of Federal law and regulations that apply to the State in performing the disability determination function;
- provides management information needed to carry out the disability determination function;
- provides organizational structure, facilities, qualified personnel, medical consultant services, and a quality assurance function;
- furnishes timely reports and records;
- submits reports of expenditures as required;
- cooperates with audits;
- ensures that all applicants for, and recipients of, disability benefits are treated equally and courteously;
- maintains property and equipment used for disability program purposes;
- safeguards records created in making disability determinations;
- takes part in research and demonstration projects;
- maintains liaison with the medical profession and organizations that may facilitate performing the disability determination function;
- assists SSA in any other way the Agency determines may promote the objectives of effective and uniform administration; and
- establishes cooperative working relationships with other agencies concerned with servicing the disabled.

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<sup>1</sup> Medical consultants refer to physicians, psychologists, psychiatrists, optometrists, podiatrists, and speech-language pathologists employed by the DDS. SSA, POMS, DI 24501.001.

In Fiscal Year (FY) 2010, DDSs processed more than 3 million initial disability claims and hired over 2,000 disability examiners. SSA also established Extended Service Teams (EST) in the Arkansas, Mississippi, Oklahoma, and Virginia DDSs. These specialized units, although housed in these four States, are dedicated to assisting other States in processing disability claims.

As of September 30, 2010, the DDSs and ESTs had 18,269 employees, including 9,175 disability examiners, and 17.6 percent of examiners was designated as trainees. Table D-1 lists the disability examiner additions and losses by DDS.<sup>2</sup>

Table D-1: FY 2010 DDS Staffing by Location						
DDS	Total Staff	Disability Examiners				
		Additions	Losses	Total	Trainees	Proportion of Trainees
Alabama	435	43	35	213	57	26.8%
Alaska	30	4	2	14	2	14.3%
Arizona	292	28	21	134	7	5.2%
Arkansas	310	29	27	176	31	17.6%
Arkansas EST	120	0	2	82	19	23.2%
California	1,611	132	49	796	146	18.3%
Colorado	146	19	18	61	12	19.7%
Connecticut	157	12	9	71	10	14.1%
Delaware	54	10	9	24	0	0.0%
District of Columbia	58	11	6	30	3	10.0%
Florida	1,212	182	133	639	91	14.2%
Georgia	645	93	47	325	67	20.6%
Hawaii	59	8	1	24	7	29.2%
Idaho	79	6	4	36	6	16.7%
Illinois	589	63	28	274	75	27.4%
Indiana	364	66	32	193	42	21.8%
Iowa	157	11	2	79	11	13.9%
Kansas	136	34	29	65	19	29.2%
Kentucky	462	43	37	255	42	16.5%
Louisiana	333	31	37	149	24	16.1%
Maine	80	8	7	37	2	5.4%
Maryland	281	40	19	136	19	14.0%
Massachusetts	374	53	13	189	25	13.2%
Michigan	684	86	18	329	79	24.0%
Minnesota	222	60	28	112	28	25.0%

<sup>2</sup> SSA, Office of Disability Programs, October 2010.

**Table D-1: FY 2010 DDS Staffing by Location**

DDS	Total Staff	Disability Examiners				
		Additions	Losses	Total	Trainees	Proportion of Trainees
Mississippi	298	78	24	159	53	33.3%
Mississippi EST	59	0	0	40	28	70.0%
Missouri	421	59	23	218	59	27.1%
Montana	57	4	2	22	0	0.0%
Nebraska	97	6	4	44	4	9.1%
Nevada	112	1	9	53	0	0.0%
New Hampshire	67	9	1	30	5	16.7%
New Jersey	363	23	10	204	44	21.6%
New Mexico	107	11	9	51	11	21.6%
New York	1,011	38	84	553	28	5.1%
North Carolina	686	117	36	348	75	21.6%
North Dakota	34	2	0	13	0	0.0%
Ohio	700	41	62	374	29	7.8%
Oklahoma	276	76	35	152	22	14.5%
Oklahoma EST	50	0	0	42	0	0.0%
Oregon	205	30	14	110	14	12.7%
Pennsylvania	776	131	65	330	49	14.8%
Puerto Rico	174	25	10	91	10	11.0%
Rhode Island	66	6	1	29	6	20.7%
South Carolina	452	53	28	203	43	21.2%
South Dakota	48	5	2	22	5	22.7%
Tennessee	600	54	49	274	74	27.0%
Texas	1,108	136	64	578	102	17.6%
Utah	98	14	5	45	14	31.1%
Vermont	49	7	3	17	6	35.3%
Virginia	420	89	41	203	21	10.3%
Virginia EST	95	0	1	59	7	11.9%
Washington	407	57	15	184	26	14.1%
West Virginia	254	45	18	119	25	21.0%
Wisconsin	263	32	25	159	31	19.5%
Wyoming	26	0	0	6	1	16.7%
<b>Total</b>	<b>18,269</b>	<b>2,221</b>	<b>1,253</b>	<b>9,175</b>	<b>1,616</b>	<b>17.6%</b>

SSA has 15 Federal units—3 components at the Agency’s Headquarters, 10 Disability Processing Branches or Units (1 in each region), 1 unit in Guam, and 1 unit in the Virgin Islands. In FY 2010, Federal units processed more than 65,000 initial disability claims and had a net gain of 170 disability examiners. As of September 20, 2010, these units had 949 employees, including 635 disability examiners. Table D-2 shows the disability examiner additions and losses in Federal units.<sup>3</sup>

<b>Table D-2: FY 2010 Federal Unit Staffing by Location</b>			
<b>Unit Location</b>	<b>All Staff</b>	<b>Disability Examiners</b>	
		<b>Total</b>	<b>Net Additions</b>
Boston Region	20	7	3
New York Region	79	51	-3
Philadelphia Region	108	80	28
Atlanta Region	117	85	27
Chicago Region	113	87	27
Dallas Region	72	45	38
Kansas City Region	107	75	21
Denver Region	18	8	4
San Francisco Region	108	76	25
Seattle Region	23	7	5
Office of Central Operations (Headquarters)	64	64	-1
Office of Medical and Vocational Expertise (OMVE) (Headquarters) <sup>4</sup>	94	29	-8
Office of International Operations (Headquarters)	18	18	3
Guam <sup>5</sup>	6	2	1
Virgin Islands	1	1	0
<b>Total</b>	<b>949</b>	<b>635</b>	<b>170</b>

<sup>3</sup> SSA, Offices of Disability Programs, Public Service and Operations Support, Medical and Vocational Expertise, and New York and San Francisco Regional Commissioners, October 2010.

<sup>4</sup> OMVE—in addition to assisting SSA and State DDSs—assists the Agency in the analysis of its disability program to ensure the effective development, efficient implementation, and consistent application of national disability policies and procedures.

<sup>5</sup> Guam has one full time disability examiner, one examiner who also serves as the supervisor, and one reemployed annuitant who works half-time.

## Agency Comments



## SOCIAL SECURITY

### MEMORANDUM

**Date:** December 22, 2010 **Refer To:** S1J-3

**To:** Patrick P. O'Carroll, Jr.  
Inspector General

**From:** Dean S. Landis /s/  
Deputy Chief of Staff

**Subject:** Office of the Inspector General (OIG) Draft Report, "The Social Security Administration's Electronic Claims Analysis Tool" (A-01-10-11010)--INFORMATION

Thank you for the opportunity to review the draft report. Attached is our response to the report.

Please let me know if we can be of further assistance. You may direct staff inquiries to Rebecca Tothoro, Acting Director, Audit Management and Liaison Staff, at (410) 966-6975.

Attachment

[SSA only provided technical comments, which were incorporated in the report where appropriate.]

## OIG Contacts and Staff Acknowledgments

### *OIG Contacts*

Judith Oliveira, Director, Boston Audit Division

Phillip Hanvy, Audit Manager

### *Acknowledgments*

In addition to those named above:

David Mazzola, Audit Manager

Toni Paquette, Program Analyst

Katie Toli, Auditor

For additional copies of this report, please visit our Website at [www.socialsecurity.gov/oig](http://www.socialsecurity.gov/oig) or contact the Office of the Inspector General's Public Affairs Staff Assistant at (410) 965-4518. Refer to Common Identification Number A-01-10-11010.

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## **Overview of the Office of the Inspector General**

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OA conducts financial and performance audits of the Social Security Administration's (SSA) programs and operations and makes recommendations to ensure program objectives are achieved effectively and efficiently. Financial audits assess whether SSA's financial statements fairly present SSA's financial position, results of operations, and cash flow. Performance audits review the economy, efficiency, and effectiveness of SSA's programs and operations. OA also conducts short-term management reviews and program evaluations on issues of concern to SSA, Congress, and the general public.

### **Office of Investigations**

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OCIG provides independent legal advice and counsel to the IG on various matters, including statutes, regulations, legislation, and policy directives. OCIG also advises the IG on investigative procedures and techniques, as well as on legal implications and conclusions to be drawn from audit and investigative material. Also, OCIG administers the Civil Monetary Penalty program.

### **Office of External Relations**

OER manages OIG's external and public affairs programs, and serves as the principal advisor on news releases and in providing information to the various news reporting services. OER develops OIG's media and public information policies, directs OIG's external and public affairs programs, and serves as the primary contact for those seeking information about OIG. OER prepares OIG publications, speeches, and presentations to internal and external organizations, and responds to Congressional correspondence.

### **Office of Technology and Resource Management**

OTRM supports OIG by providing information management and systems security. OTRM also coordinates OIG's budget, procurement, telecommunications, facilities, and human resources. In addition, OTRM is the focal point for OIG's strategic planning function, and the development and monitoring of performance measures. In addition, OTRM receives and assigns for action allegations of criminal and administrative violations of Social Security laws, identifies fugitives receiving benefit payments from SSA, and provides technological assistance to investigations.