OFFICE OF
THE INSPECTOR GENERAL

SOCIAL SECURITY ADMINISTRATION

**HEALTH INFORMATION TECHNOLOGY
PROVIDED BY BETH ISRAEL DEACONESS
MEDICAL CENTER AND MEDVIRGINIA**

October 2011   **A-01-11-11117**

AUDIT REPORT

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Mission

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❍ 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.
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SOCIAL SECURITY

MEMORANDUM

Date: October 13, 2011   Refer To:

To: The Commissioner

From: Inspector General

Subject: Health Information Technology Provided by Beth Israel Deaconess Medical Center and MedVirginia (A-01-11-11117)

OBJECTIVE

Our objective was to assess the Social Security Administration's (SSA) pilots to exchange health information technology (health IT) records with Beth Israel Deaconess Medical Center (BIDMC) in Massachusetts and MedVirginia in Virginia.

BACKGROUND

Applicants for Social Security disability benefits must provide medical evidence to support their claim for benefits.[1] SSA and the disability determination services (DDS) assist applicants with obtaining evidence, such as health records.[2] Annually, SSA requests more than 15 million health records from about 500,000 providers.[3] This makes SSA the nation's largest non-clinical user of health records.

In August 2008, SSA partnered with BIDMC to pilot the prototype application Medical Evidence Gathering and Analysis Through Health Information Technology (MEGAHIT) and develop standards for the patient-authorized release of health IT records. MEGAHIT allows SSA and BIDMC to exchange health IT records electronically. MEGAHIT

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[1] SSA provides Disability Insurance (DI) and Supplemental Security Income (SSI) payments to eligible disabled individuals under the *Social Security Act* §§ 201 *et seq*. and 1601 *et seq*., 42 U.S.C. §§ 401 *et seq*. and 1381 *et seq*.

[2] Once an individual files an application, an SSA field office determines whether the individual meets the non-disability criteria for benefits. The field office generally forwards the claim to the DDS in the State or other office with jurisdiction to determine whether the individual is disabled under SSA's criteria. The *Social Security Act* §§ 221 and 1633(a), 42 U.S.C. §§ 421 and 1383b(a). *See also* 20 C.F.R. §§ 404.1601 *et seq*. and 416.1001 *et seq*.

[3] *Social Security Act* § 223 (d)(5)(A) authorizes payment to any non-Federal medical provider, including physicians, for the "reasonable cost" of supplying health records that the Agency requests.

- identifies health care providers partnered with SSA;

- processes and documents health IT record requests and responses without SSA or provider staff involvement;

- formats health IT records into a readable document in an electronic folder; and

- analyzes health IT records to identify potentially significant medical evidence, such as conditions that meet SSA's Listing of Impairments. If the system identifies a condition that meets a Listing, it documents the electronic folder to alert the DDS.[4]

This process typically takes a few minutes to complete. In comparison, the traditional process of gathering health records by fax or regular mail can be labor-intensive for both SSA and providers and can take several weeks.

In February 2009, SSA partnered with MedVirginia—a coalition of not-for-profit hospitals and physicians—to expand the use of health IT to exchange records through the Nationwide Health Information Network (NwHIN). NwHIN is a secure computer network that connects patients, health care providers, and others involved in supporting health care. SSA is the first Federal agency to receive health records via the NwHIN, which MEGAHIT then processes.[5] (See Appendix B for SSA's health IT process and Appendix C for SSA's health IT pilot participants.)

To conduct our review, we

- gathered and evaluated information on SSA's health IT pilots with BIDMC and MedVirginia;

- met with SSA officials and staff;

- obtained a file of 8,776 individuals with a health IT indicator on their electronic disability folder as of March 10, 2011, and randomly selected 100 cases for detailed analysis; and

- obtained a file of 447 individuals with a health IT indicator established after May 7, 2011, and randomly selected 50 MedVirginia cases to determine whether all health IT record requests received a response.

(See Appendix D for additional information on our scope, methodology, and sample results.)

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[4] SSA's Listing of Impairments categorizes conditions for each major body system the Agency considers severe enough to prevent a claimant from working. If a condition meets or equals a Listing, the Agency will find the claimant disabled. A condition meets a Listing when it satisfies all the criteria of a specified listing. A condition equals a Listing when it is medically equal in severity and duration to the criteria of any listing. SSA, POMS, DI 22001.020 (April 1, 2011).

[5] The NwHIN was established in 2004 to improve the quality and efficiency of health care by enabling secure electronic health information exchange between health care organizations, such as pharmacies, government, laboratories, and health care providers. The Office of the National Coordinator in the Office of the Secretary for the Department of Health and Human Services facilitated the collaboration between the public and private sector to create the NwHIN.

RESULTS OF REVIEW

SSA's health IT pilots reduced the time it took the Agency to receive health records and make disability determinations.

SAMPLE RESULTS

Our review of 100 sample cases found SSA's health IT pilots reduced the time it took to receive health records. SSA's MEGAHIT system automatically requested health IT records from BIDMC and MedVirginia. As a result of these requests, SSA received health IT records for 78 percent of the sample cases in 1 day. For the remaining cases, SSA received a response indicating health IT records were not available for 16 percent of the cases, and SSA received no reply for 6 percent of the cases. Therefore, based on our sample, we estimated that from our population of 8,776 individuals,

- 6,845 cases received health IT records within 1 day,
- 1,404 cases did not have health IT records available, and
- 527 cases did not receive a reply to SSA's request for health IT records.

From our sample of 100 cases, we identified 45 where the Agency received both health IT and traditional records from BIDMC or MedVirginia. For these cases, SSA received health IT records faster than traditional records. Table 1 compares the average receipt time of health records in these 45 cases.

Table 1: Average Receipt Time for Health IT and Traditional Records from BIDMC and MedVirginia		
	Health IT Records	**Traditional Records**
Average Receipt Time	1 day	16 days

Health IT Records Not Available

In 16 of the 100 sample cases, the provider responded that health IT records were not available. For example, in one case, the system requested records from BIDMC using the claimant's first, middle, and last names. BIDMC responded that its patient files did not match the Agency's request because BIDMC's files included the patient's first and last, but not middle, name. Therefore, the Agency's request was not an exact match, and the system did not identify the health IT records. Subsequently, the Agency requested and received traditional records from BIDMC for this claimant.

According to SSA, the system provides a claimant's SSN, name (first, middle, last) aliases, date of birth, and gender for the provider to match; however, each provider determines how to implement automated matching criteria. Additionally, a traditional request for health records matching criteria may be different than the health IT system-to-system request for records.

SSA is planning to implement a new protocol that will allow providers to review health IT record requests manually. This will enable the provider to review the patient authorization before releasing records to SSA. Currently, the patient match occurs before any manual authorization. This new protocol could mitigate some State and provider policy restrictions.

No Reply Cases
In six cases, MEGAHIT received no reply for health IT record requests from MedVirginia. Because MEGAHIT should receive a response for all requests, we asked SSA why this occurred. The Agency responded that these requests resulted in health IT records that the system could not process. At that time, the system did not generate a response for this scenario. However, SSA stated that, as of May 7, 2011, a new systems release had addressed this issue. We reviewed a sample of cases and determined the issue had been resolved.

Health IT vs. Traditional Records
We also found that when the DDS made a disability determination using only health IT records, it made the determination in fewer days than when it used other traditional records (non-health IT). Specifically, in eight sample cases, the DDS made a determination using only health IT records.[6] In the remaining 92 cases, the DDS requested other traditional records.[7] Table 2 compares the average processing times for cases determined using only health IT records to cases determined using both health IT and traditional records.

Table 2: Average Processing Time for Cases Determined Using Health IT Records Only and Cases Determined Using Both Health IT and Traditional Records		
	Health IT Records Only	**Health IT and Traditional Records**
Number of Cases[8]	8	87
Average Processing Time	20 days	80 days
Range of Processing Time	1 to 83 days	1 to 232 days

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[6] We referred one case to SSA because the decisionmaker denied the claim without contacting other traditional record sources. According to the *Social Security Act* §§ 223 (d)(5)(B) and 1614 (a)(3)(H), 42 U.S.C. §§ 423 (d)(5)(b) and 1382(a)(3)(H), the Agency must consider all evidence available in the case record when deciding whether a claimant is disabled. SSA agreed that the decisionmaker should have requested all medical records before making a determination.

[7] The average number of traditional records received per case was 4, ranging from 1 to 12.

[8] Disability determinations were still pending for 5 of the 92 cases when we conducted our review. Therefore, the 80-day average shown in Table 1 is for the 87 cases in which SSA had made a determination.

For example, a Virginia man applied for disability benefits in February 2010 because of esophageal cancer. The DDS received health IT records and determined he was eligible for disability benefits in 1 day. This claimant received his first disability benefit payment 29 days after he filed. Conversely, a Virginia woman applied for disability benefits in September 2009 because of a visual impairment. The DDS received health IT and traditional records. It took the DDS 98 days to determine she was disabled, and she received her first disability benefit payment in January 2010—114 days after filing.[9]

HEALTH IT RECORDS AND SSA'S MEDICAL LISTINGS

SSA designed MEGAHIT to analyze health IT records and identify conditions that meet or equal SSA's Listing of Impairments. If the system identifies a condition that meets or equals a Listing, it automatically alerts the DDS. According to SSA, about 10 percent of all disability claims meet or equal SSA's Listing of Impairments.

In our sample of 100 cases, we found 1 case where MEGAHIT analyzed the health IT record and identified a condition meeting SSA's Listing of Impairments. The system alerted the DDS, and the following day, the DDS confirmed that the condition met one of SSA's Listing of Impairments and allowed the claim.

AGENCY FUTURE HEALTH IT GOALS

Over time, SSA expects health IT to improve case processing time and overall productivity while decreasing the cost per case. Additionally, the Agency anticipates continuing to use health IT to improve the disability process and reduce time spent exchanging records with health care providers.

As of April 2011, the average payment rate nationwide for traditional records was $15. As an incentive for providers to exchange records electronically, SSA decided to pay the $15 nationwide average rate for health IT records even though they are easier to compile and send.

As the number of health IT providers increases, the Agency expects the $15 payment rate to decrease. SSA's goal is to reduce the rate gradually, potentially to $1 by Fiscal Year 2017. Therefore, in January 2010, SSA announced it would periodically review and update the payment rate.[10]

SSA's Health IT Fiscal Leadership and Workflow workgroup monitors the health IT record payment rate and makes any necessary adjustments. This workgroup is also

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[9] Our September 2009 report, *Impact of the Social Security Administration's Claims Process on Disability Beneficiaries* (A-01-09-29084), stated that most participants believed their wait for benefits had an impact on at least one aspect of their lives, such as their finances, access to medical care, or relationships.

[10] *Rate of Payment for Medical Records Received Through Health IT Necessary to Make a Disability Determination*, 75 Fed. Reg. 1446 (January 11, 2010).

responsible for identifying health IT fiscal responsibilities and processes, including organizational roles and responsibilities, workload efforts, and short- and long-term needs.

For example, if SSA received all records through health IT and modified the payment rate from $15 to $5, the Agency could potentially save $150 million.[11] See Table 3 for annual costs of health records at various rates.

Table 3: Costs for Health IT Records at Various Payment Rates	
Payment for Health IT Record	Annual Costs of Health IT Records Based on 15 Million Requests[12]
$15	$225,000,000
$10	$150,000,000
$5	$75,000,000
$1	$15,000,000

The Congressional Budget Office estimates that approximately 90 percent of doctors and 70 percent of hospitals will use health IT records by 2019.[13] As of April 2011, the Agency had not established a timeline for receiving all records through health IT because progress is dependent on industry development.

SSA has developed a plan for the expansion, enhancement, and management of health IT. For example, the Agency plans to expand the use of health IT to its Office of Disability Adjudication and Review, and to contract with other providers who maintain a large volume of health IT records. As of June 2011, the Agency had awarded 12 health IT contracts and planned to begin exchanging data with these providers by the end of the calendar year.[14] (See Appendix E for SSA's health IT contracts.)

Additionally, SSA is working on a joint health IT initiative with the Departments of Veterans Affairs and Defense to exchange records through NwHIN. This initiative should provide SSA access to the health records of military service personnel and veterans who file for benefits.

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[11] To calculate potential savings, we multiplied 15 million health records requested annually by the $15 average payment rate for traditional records, totaling $225 million. We also calculated the potential $5 rate totaling $75 million. We then subtracted $75 million from $225 million to calculate potential savings.

[12] Annually, the Agency requests for more than 15 million health records from about 500,000 providers to help make decisions on over 3 million disability claims.

[13] *Making Health Care Work for American Families: Designing a High Performing Healthcare System*: *Hearing Before S. Committee on Health, Committee on Energy and Commerce*, 111th Congress (March 10, 2009) (statement of Douglas W. Elmendorf, Director of Congressional Budget Office).

[14] In February 2009, the President signed the *American Recovery and Reinvestment Act of 2009*, Pub. L. No. 111-5, § 703, 123 Stat. 115, 185 (2009), into law providing SSA $500 million to process additional workloads resulting from the economic downturn. The Agency budgeted $24 million of these funds to form health IT partnerships.

CONCLUSION

We found SSA's health IT pilots reduced the time it took the Agency to receive health records and make disability determinations. This ties directly to SSA's performance measure to minimize the average processing time for initial disability claims.[15]

As steward of its disability programs, SSA plans to expand the use of health IT to streamline the disability process and maximize the advantages of electronic records. We plan to monitor the Agency's efforts and will conduct another review of health IT in the future.

AGENCY COMMENTS

SSA agreed with the report's findings and conclusions. See Appendix F.

Patrick P. O'Carroll, Jr.

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[15] SSA, *FY 2010 Performance and Accountability Report*, Performance Measure 2.1c, page 15.

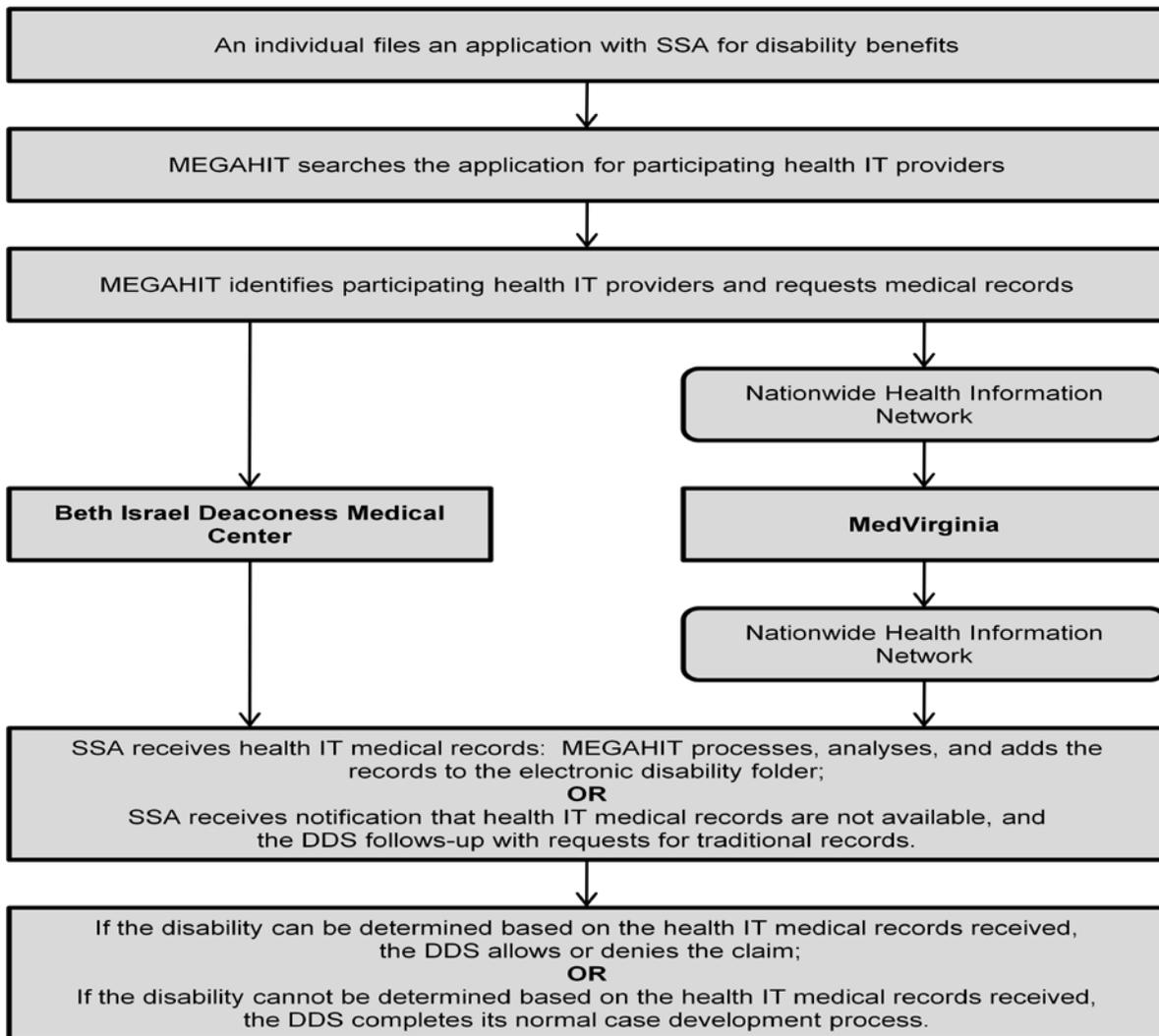# *Appendices*

Acronyms

BIDMC	Beth Israel Deaconess Medical Center
C.F.R.	Code of Federal Regulations
DDS	Disability Determination Services
DI	Disability Insurance
Fed. Reg.	Federal Register
Health IT	Health Information and Technology
MEGAHIT	Medical Evidence Gathering and Analysis Through Health Information Technology
NwHIN	Nationwide Health Information Network
Pub. L. No.	Public Law Number
POMS	Program Operations Manual System
SSA	Social Security Administration
SSI	Supplemental Security Income
U.S.C.	United States Code

The Social Security Administration's Health Information Technology Process

In August 2008, the Social Security Administration (SSA) partnered with Beth Israel Deaconess Medical Center in Massachusetts to pilot the prototype process Medical Evidence Gathering and Analysis Through Health Information Technology (MEGAHIT). In February 2009, SSA partnered with MedVirginia in Virginia—a coalition of not-for-profit hospitals and physicians—to expand health information technology (health IT) and use the Nationwide Health Information Network. See chart B-1 for SSA's health IT process.

Chart B-1: Flow of SSA's Health IT Process

The Social Security Administration's Health Information Technology Pilot Participants

The Social Security Administration partnered with Beth Israel Deaconess Medical Center in August 2008 and MedVirginia in February 2009 to pilot the exchange of patient-authorized health information technology (health IT) records. Table C-1 shows pilot participants by provider.

Table C-1: Health IT Pilot Participants by Provider	
Beth Israel Deaconess Medical Center Participants	**Location**
Beth Israel Deaconess Healthcare	Chelsea, Massachusetts
Beth Israel Deaconess Medical Center	Boston, Massachusetts
Beth Israel Deaconess Cancer Care	Waltham, Massachusetts
Beth Israel Deaconess Hospital	Needham, Massachusetts
Beth Israel Deaconess Medical Care Center	Lexington, Massachusetts
Bowdoin Street Community Health Center	Boston, Massachusetts
MedVirginia Participants	**Location**
Bon Secours Cancer Center at Reynolds Richmond Radiation Oncology Center	Richmond, Virginia
Bon Secours Cancer Institute at St. Francis	Midlothian, Virginia
Bon Secours Imaging Center Reynolds Crossing	Richmond, Virginia
Bon Secours OccuHealth Alliance	Chester, Virginia
Bon Secours OccuHealth Alliance	Richmond, Virginia
Bon Secours Sleep Disorders Center	Midlothian, Virginia
Bon Secours Sleep Lab at Memorial Regional Medical Center	Mechanicsville, Virginia
Bon Secours Sleep Lab	Richmond, Virginia
Bremo Road Outpatient Infusion Center	Richmond, Virginia
Hanover Medical Park Outpatient Infusion Center	Mechanicsville, Virginia
Imaging at Belvidere	Richmond, Virginia
Laburnum Diagnostic Imaging Center	Richmond, Virginia
Memorial Regional Medical Center	Mechanicsville, Virginia
Richmond Community Hospital	Richmond, Virginia
Sheltering Arms Physical Rehabilitation Hospital Memorial Regional Campus	Mechanicsville, Virginia
Sheltering Arms Physical Rehabilitation Hospital St. Francis Campus	Midlothian, Virginia
St. Francis Imaging Center	Richmond, Virginia
St. Francis Medical Center	Midlothian, Virginia
St. Mary's Hospital	Richmond, Virginia

Scope, Methodology, and Sample Results

To accomplish our audit objective, we:

- Reviewed applicable sections of the *Social Security Act* and the Social Security Administration's (SSA) regulations, policies, and procedures as well as other applicable Federal laws and regulations.

- Reviewed Office of the Inspector General report, *Funding of Health Information Technology Under the American Recovery and Reinvestment Act of 2009 (*A-01-09-29155), July 2009.

- Gathered and evaluated information on SSA's health information technology (health IT) pilots with Beth Israel Deaconess Medical Center and MedVirginia.

- Met with SSA officials and staff from the Offices of Vision and Strategy, Disability Programs, and Disability Determinations.

- Obtained a file of 8,776 individuals with a health IT indicator on SSA's electronic disability folder as of March 10, 2011. From this population, we selected a random sample of 100 cases for detailed analysis.[1] For each case, we:

  - ✓ Reviewed SSA's electronic disability folder.

  - ✓ Determined whether health record(s) or other response was received as a result of the health IT request.

  - ✓ Documented and quantified whether the Agency requested other traditional record(s), either from health IT partner providers or from other providers.

  - ✓ Calculated the number of days it took the disability determination services to make the medical determination after the claims application date.

- Obtained a file of 423 individuals with a health IT indicator established on their SSA electronic disability folder after April 15, 2011. From this population, we selected a random sample of 50 MedVirginia cases and determined not all health IT record requests received a response. We discussed our findings with SSA, which stated the issue had been addressed by a May 7, 2011 system release.

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[1] In one of our sampled cases, the individual withdrew her claim for benefits. Therefore, we randomly selected another case from our population as a replacement.

- Obtained a file of 447 individuals with a health IT indicator established on their SSA electronic disability folder after May 7, 2011. From this population, we selected a random sample of 50 MedVirginia cases to determine whether all health IT record requests received a response.

We performed our review between March and July 2011 in Boston, Massachusetts. We tested the data obtained in our audit and determined them to be sufficiently reliable for meet our objective. The entity audited was SSA's Office of Vision and Strategy under the Office of Systems. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

SAMPLE RESULTS, ESTIMATES, AND PROJECTIONS

Table D-1: Population and Sample Size	
Population Size	8,776
Sample Size	100

Table D-2: Cases that Received Health IT Records	Number of Cases
Sample Results	78
Point Estimate	6,845
Projection Lower Limit	6,156
Projection Upper Limit	7,422

Note: All projections are at the 90-percent confidence level.

Table D-3: Cases that Received Response that Health IT Records Were Unavailable	Number of Cases
Sample Results	16
Point Estimate	1,404
Projection Lower Limit	907
Projection Upper Limit	2,039

Note: All projections are at the 90-percent confidence level.

Table D-4: Cases that Received No Reply	Number of Cases
Sample Results	6
Point Estimate	527
Projection Lower Limit	234
Projection Upper Limit	1,006

Note: All projections are at the 90-percent confidence level.

American Recovery and Reinvestment Act of 2009 Funding for Health Information Technology

In February 2010, the Social Security Administration (SSA) awarded $13.3 million in *American Recovery and Reinvestment Act of 2009* funding to 12 health care providers and networks across the country to exchange health information technology (health IT) records.[1] See Table E-1.

Table E-1: Health Care Providers Awarded *American Recovery and Reinvestment Act of 2009* Funding for Health Information Technology as of June 2011	
Facility	**Location**
Community Health Information Collaborative	Minnesota
Douglas County Individual Practice Association	Oregon
EHR Doctors, Inc.	Texas
HealthBridge	Indiana Ohio
Lovelace Clinic Foundation/New Mexico Health Information Collaboration	New Mexico
Marshfield Clinic Research Foundation	Wisconsin
Central Virginia Health Network/MedVirginia	Virginia
Oregon Community Health Information Network	California Oregon Washington
Regenstrief Institute, Inc.	Indiana
Science Applications International Corporation	Washington Idaho
Southeastern Michigan Health Association	Michigan
Center for Health Communities, Wright State University, Healthlink	Ohio Oregon

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[1] In February 2009, the President signed the *American Recovery and Reinvestment Act of 2009*, Pub. L. No. 111-5, § 703, 123 Stat. 115, 185 (2009), into law, which provided SSA $500 million to process additional workloads resulting from the economic downturn. The Agency budgeted $24 million of these funds to form health IT partnerships. As of June 2011, our office was conducting a review of *American Recovery and Reinvestment Act of 2009* funding that SSA awarded to health care providers to exchange health IT records.

Agency Comments

SOCIAL SECURITY

MEMORANDUM

Date: September 7, 2011   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 Draft Report, "Health Information Technology Provided by Beth
           Israel Deaconess Medical Center and MedVirgina" (A-01-11-11117)--INFORMATION

           Thank you for the opportunity to review the draft report. We agree with the report's
           findings/conclusions and have no additional comments.

           Please let me know if we can be of further assistance. You may direct staff inquiries to
           Frances Cord, at (410) 966-5787.

OIG Contacts and Staff Acknowledgments

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Acknowledgments

In addition to those named above:

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Patrick Kennedy, IT Project Manager

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