SOCIAL SECURITY

MEMORANDUM

Date: July 7, 2011 Refer To:

To: The Commissioner

From: Inspector General

Subject: The Effects of the Electronic Claims Analysis Tool (A-01-11-21193)

The attached final report presents the results of our review. Our objective was to determine the effects of the Social Security Administration's electronic claims analysis tool in States that use the single decision maker model and on decisions made by the Office of Disability Adjudication and Review.

If you wish to discuss the final report, please call me or have your staff contact Steven L. Schaeffer, Assistant Inspector General for Audit, at (410) 965-9700.

Patrick P. O'Carroll, Jr.

Attachment

QUICK RESPONSE EVALUATION

The Effects of the Electronic Claims Analysis Tool

A-01-11-21193

July 2011

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.

Background

OBJECTIVE

The objective of our review was to determine the effects of the Social Security Administration's (SSA) electronic claims analysis tool (eCAT) in States that use the single decision maker (SDM) model and on decisions made by the Office of Disability Adjudication and Review (ODAR).

BACKGROUND

ECAT is a Web-based application designed to document a disability adjudicator's analysis and ensure all relevant Agency policies are considered during the disability adjudication process.[1] (See Appendix B for SSA's process for evaluating disability.) ECAT produces a Disability Determination Explanation (DDE) that documents the detailed analysis and rationale for either allowing or denying a claim. SSA began implementing eCAT nationwide in 2009; and, as of May 2011, every site except the Texas Disability Determination Services (DDS) had eCAT.

Prototype States, as well as 10 other sites, use the SDM model.[2] SDM allows the disability examiner to make a disability determination without a mandatory medical consultant (MC) or psychological consultant[3] sign-off on many claims and gives the examiner authority to decide when to involve an MC in complex claims. SSA intended the SDM process to allow the adjudicating components to use examiner and MC resources more effectively and provide faster determinations.[4]

On January 5, 2011, we issued a report, *The Social Security Administration's Electronic Claims Analysis Tool*, which stated SSA's eCAT application was a useful tool in documenting the analysis of initial disability claims. However, we found the need for additional training as the tool was being rolled out nationwide.

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[1] SSA provides Disability Insurance (DI) benefits and Supplemental Security Income (SSI) disability payments to eligible 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).

[2] SSA, POMS, DI 12015.002 (effective January 31, 2011), DI 12015.003 (effective January 31, 2011), and DI 12015.100 (effective April 11, 2011). In 1999, SSA began piloting the SDM model in 10 Prototype States (Alabama, Alaska, California [Los Angeles North and West Branches], Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania). Since 1999, the Agency has selected nine more States and one U.S. territory to test the SDM model (Florida, Guam, Kansas, Kentucky, Maine, Nevada, North Carolina, Vermont, Washington, and West Virginia).

[3] MCs can be physicians, psychologists, psychiatrists, optometrists, podiatrists, or speech-language pathologists. 20 C.F.R. §§ 404.1616 and 416.1016. *See also* SSA, POMS, DI 24501.001 C (effective October 19, 2000).

[4] SSA's Office of Quality Performance (OQP) issued a report in March 2010, *Estimating the Effects of National Implementation of Single Decision Maker*.

On February 2, 2011, the Commissioner of Social Security requested that the Office of the Inspector General study the effects of eCAT in States that use the SDM model. (See Appendix C for a copy of the request.)

To perform this review, we requested data files of all disability determinations and hearing office decisions issued in Calendar Year (CY) 2010. From these files, we identified 88,691 individuals who received a disability determination from a DDS in CY 2010 and for whom the (1) disability folder was electronic; (2) determination was from an SDM without MC sign-off; and (3) claim filing date was at least 1 month after the DDS that made the determination began using eCAT.[5] We reviewed 500 sample cases from this population; Table 1 shows these cases by type of claim.

Table 1: SDM Sample Cases

Claim Type	Number
DI only	205
SSI only	103
Concurrent	192
TOTAL	**500**

Although the Commissioner requested that we review the combined effects of SDM and eCAT at the ODAR level, the 20 SDM sites did not finish implementing eCAT until May 2011—4 in CY 2009, 13 in CY 2010, and 3 in CY 2011. We identified a population of 6,745 SDM cases that could have used eCAT in the 4 sites that implemented eCAT in CY 2009. Of these, 468 had a hearing decision from ODAR in CY 2010. We reviewed the first 100 cases in Social Security number order from these 468 and found 21 cases that used eCAT were processed at the ODAR level in CY 2010 because of differences in the way each DDS implemented SDM and eCAT and the time it takes to process appeals.[6]

We also reviewed the first 5,000 cases in Social Security number order from the CY 2010 SDM population of 88,691 cases above and found 14 cases (0.3 percent) that used eCAT were processed at the ODAR level in CY 2010. Based on the analysis of DDS cases from CYs 2009 and 2010, we determined that the population would not be sufficient to determine the combined effects of SDM and eCAT on ODAR at the national level during CY 2010.

The Virginia and Connecticut DDSs, while not SDM sites, piloted eCAT and had fully implemented it by March 2008. Since other States did not begin using eCAT until 2009,

[5] We identified these cases by the MC sign-offs because SDMs were the only adjudicators allowed to process claims without MC sign-offs. We limited the timeframe for each State's population to 1 month after eCAT implementation so the adjudicators had the option to use eCAT during the period we reviewed. See Table D-1 in Appendix D for the date each SDM State implemented eCAT.

[6] SSA reported it took 426 days, on average, to process hearing appeals at ODAR in Fiscal Year 2010.

these two are the only States to have a significant number of cases with eCAT that were appealed and had a decision rendered by ODAR in 2010. Therefore, we identified 12,277 individuals who received a decision from ODAR in CY 2010 on a DDS determination from Virginia or Connecticut after April 1, 2008.[7] We reviewed 500 sample cases from this population; Table 2 shows these cases by type of claim.

Table 2: ODAR Sample Cases

Claim Type	Number
DI only	196
SSI only	104
Concurrent	200
TOTAL	**500**

We also contacted administrative law judges (ALJ) and attorney advisors who made decisions on the ODAR sampled claims to determine whether they found the documentation made using eCAT to be sufficient. (See Appendix D for our scope, methodology, and sample results.)

SDMs began processing cases in 1999; however, most SDM sites began using eCAT in 2010, when the Agency began implementing the tool nationally. Additionally, since eCAT is still being rolled out to DDSs, relatively few claims processed with eCAT have been appealed and decided at the ODAR level. Therefore, the results of our review are a snapshot of the effects of eCAT in States that use the SDM model and on ODAR decisions.

[7] In the 500 sample ODAR cases, 466 (93 percent) received a decision from a hearing office in Virginia or Connecticut. The remaining 34 cases received decisions from offices in 11 different States, the District of Columbia, and ODAR headquarters.

Results of Review

Our early snapshot—including a review of sample cases and input from SSA and DDS employees—showed eCAT

- resulted in longer processing for SDM determinations at the DDS level but shorter processing times at the ODAR level (see Tables 4 and 6);[8]
- promoted the consistent application of policy, and, consequently, could result in allowance rates that are closer to the national average at both the initial and hearing levels (see Tables 4, 6, and 7 through 10);
- had a positive effect on disability examiner training, and reinforced process unification principles (see "Training"); and
- resulted in better documented determinations, and had a positive effect on ODAR work processes (see Tables 12 and 13).

CASE PROCESSING

SDM Sample Cases

The allowance rate for SDM cases has been higher than the national allowance average in the last few years, as shown in Table 3. In our 500 sample cases, summarized in Table 4, SDMs who used eCAT had allowance rates closer to the national average.[9]

Table 3: DDS Initial Allowance Rates in CYs 2008 Through 2010

CY	All Initial Claims		SDM Initial Claims[10]	
	Total Claims	Allowance Rate	Total Claims	Allowance Rate
2008	2,632,747	37.0%	353,025	43.1%
2009	2,876,297	37.3%	379,933	44.9%
2010	3,133,873	35.7%	398,968	42.8%

[8] We did not determine the level of experience—as examiners or with using eCAT—of the SDMs who made the determinations on the sample cases.

[9] The DDSs used eCAT in 73 percent of cases and did not use eCAT in 27 percent. We compared these cases and found the ones with eCAT and those without had similar characteristics. (See Appendix D.)

[10] We did not analyze any differences between cases processed by SDMs and all initial claims.

Table 4: SDM Sample Cases (CY 2010)[11]		
	With eCAT	Without eCAT
Allowance Rate	39.1%	50.0%
DDS Processing Time (allowances and denials)	81 days	72 days

ODAR Sample Cases

The sample ODAR cases where the DDS used eCAT were processed faster than those without eCAT, as shown in Table 6. Additionally, the allowance rate for the cases with eCAT was in line with the national average (Tables 5 and 6).[12]

Table 5: ODAR Allowance Rates in FYs 2008 Through 2010		
Year	Allowance Rate in Virginia and Connecticut	National Allowance Rate[13]
2008	67.8%	74.8%
2009	66.1%	74.0%
2010	66.0%	71.3%

Table 6: ODAR Sample Cases		
	With eCAT	Without eCAT
Allowance Rate	73.4%	65.1%
ODAR Processing Time (allowances and denials)	297 days	400 days

[11] For the 500 SDM sample cases, the allowance rate was 42 percent and the average DDS processing time was 78 days. In FY 2010, the national DDS average processing time was 91 days for DI claims and 94 days for SSI claims.

[12] In our sample of 500 ODAR cases, the DDSs used eCAT in 331 cases (66 percent) and did not use eCAT in 169 cases (34 percent).

[13] We calculated the ODAR allowance rate by dividing the number of claims allowed by the total claims allowed and denied (excluding dismissals). SSA includes dismissals when calculating and reporting ODAR allowance rates.

POLICY ISSUES

To determine whether eCAT promoted the consistent application of policy, we selected five policy issues related to the disability determination process[14] and reviewed the sample cases to determine whether these issues were relevant and addressed in the folder documentation.[15] We reviewed

- 4 policy issues in SDM sample cases and found 11 instances where policy issues were not addressed in cases without eCAT and
- 1 policy issue in the ODAR sample cases and found no difference between cases with eCAT and those without eCAT.

Consultative Examinations

When a DDS needs a consultative examination (CE) to get more information about a claimant's impairment(s) and level of functioning, generally, the examiner should ask the treating sources to perform the examination.[16] However, there are exceptions. For example, in cases where the doctor informed the DDS he/she did not want to perform CEs or the doctor did not respond to the request for evidence or answer whether he/she would be willing to perform a CE, if needed.

Table 7: SDM Sample Cases – CE Issues Addressed?

	With eCAT	Without eCAT
No	0	2
Yes	175	50
No CE obtained	191	82
TOTAL	**366**	**134**

[14] Three of the five policy issues we reviewed related to Social Security Rulings (SSR) 96-2p, 96-3p, 96-5p, 96-6p, and 96-7p. These are some of the SSRs known as the Process Unification Rulings. See Appendix E for more details on these rulings.

[15] In our review of the SDM and ODAR sample cases, we did not assess whether the final determination was correct, nor did we assess whether these policy issues were addressed correctly. We only determined whether these policy issues were relevant to the claim and addressed at all in the file. OQP conducts reviews of the accuracy of disability determinations. In October 2008, OQP completed a special study of eCAT and is planning another study.

[16] SSA, POMS, DI 22510.010 (effective September 9, 2004).

Symptoms and Credibility

The disability adjudicator or reviewing MC should review the claimant's alleged symptoms and determine whether there is a medically determinable impairment that could reasonably cause those symptoms.[17] If there is, the adjudicator or MC should then determine whether the claimant's statements about the limiting effects of the symptoms are credible.[18]

Table 8: SDM Sample Cases – Symptoms and Credibility Addressed?

	With eCAT	Without eCAT
No	0	6
Yes	281	92
Not Applicable[19]	85	36
TOTAL	**366**	**134**

Medical Source Opinions

If any medical source provides a medical opinion on the claimant's limitations, ability to function, or disability, the adjudicator or MC should state the weight given to that opinion in the determination.[20]

Table 9: SDM Sample Cases – Medical Source Opinion Addressed?

	With eCAT	Without eCAT
No	0	2
Yes – in file and addressed	129	47
No opinions in file	152	50
Not Applicable[18]	85	35
TOTAL	**366**	**134**

[17] SSR 96-3p. *See also*, SSA, POMS, DI 24505.003 (effective October 30, 2001).

[18] SSR 96-7p. *See also*, SSA, POMS, DI 24515.066 (effective May 13, 1999).

[19] There are instances when these issues would not be relevant to a claim, such as when the claim is allowed based on meeting a listing or the claim is denied with no medical evidence in file.

[20] SSRs 96-2p and 96-5p. *See also*, SSA, POMS, DI 24515.004 and DI 24515.009 (effective February 14, 2001) and DI 24515.003 (effective June 13, 2001).

Multiple Non-Severe Impairments

If a claimant has multiple impairments and each impairment is determined not to be severe, the examiner or MC should determine whether the combined effects of all the impairments are severe or non-severe.[21]

Table 10: SDM Sample Cases – Multiple Non-Severe Impairments Addressed?		
	With eCAT	Without eCAT
No	0	1
Yes	13	0
Did not have multiple non-severe impairments	353	133
TOTAL	**366**	**134**

ODAR Address DDS MC Opinion

At the ODAR level, the decision-maker should consider the administrative findings of fact by DDS MCs in the hearing decision.[22] As shown in Table 11, most hearing decisions included a statement of how the ALJ or attorney advisor considered the MC opinion in the decision.[23]

Table 11: ODAR Sample Cases – Hearing Decision Notice Address DDS MC Opinion?[24]				
	With eCAT		Without eCAT	
Yes	291	95.1%	155	95.1%
No – Hearing Held	15	4.9%	8	4.9%
TOTAL	**306**	**100%**	**163**	**100%**

[21] SSA, POMS, DI 24505.005 (effective April 19, 2007).

[22] SSR 96-6p. *See also*, SSA, POMS, DI 24515.013 (effective February 14, 2001).

[23] Some ALJs may not have addressed MC opinions provided on the DDE because they were not familiar with the document. In some cases, the hearing decision stated there was no MC opinion in file when there was an MC assessment provided in the DDE. On April 25, 2011, ODAR issued an informational memorandum, "Placement of the Disability Determination Explanation (DDE) in the Certified Electronic Folder," which reminded all hearing office personnel, including ALJs, of the placement of the DDE and its contents.

[24] In the 500 sample cases, this policy issue was not applicable for 31 cases—28 oral (bench) decisions, which are not required to address this policy issue in the notice; 2 cases where the ALJ denied the claim because the individual was working, so there was no need to address the DDS MC opinion; and 1 case where the DDS denied the claim for failure to cooperate, so there was no MC opinion in the file.

TRAINING

For our January 2011 report, *The Social Security Administration's Electronic Claims Analysis Tool* (A-01-10-11010), we visited six DDS sites and one Federal Disability Processing Branch.[25] Every site reported that eCAT was useful for new hire training. For example, staff at these sites reported eCAT

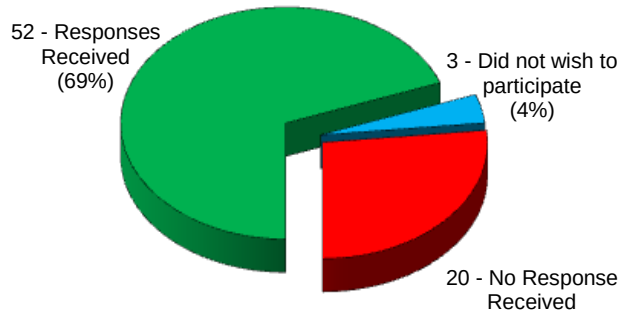
- is an invaluable tool for training new examiners, as it leads them to the next step in the disability decision process;
- keeps examiners in line with SSA policy;
- requires that examiners address every step in the sequential evaluation process;
- forces examiners to address medical source statements and credibility issues;
- ensures that examiners do not omit things from their review;
- is an excellent documentation tool, and reinforces policy issues;
- connects all the dots of the disability determination, and helps examiners see how all the pieces come together to make a decision;
- does not make a slow examiner better or faster, but helps them document better; and
- is just a tool. It does not guarantee that cases are done well—bad examiners are still bad examiners even if they use eCAT.

ECAT DOCUMENTATION AND EFFECTS OF ECAT ON ODAR CLAIMS

We asked 75 ALJs and attorney advisors the following questions, and 52 responded.[26]

1. Is the DDE an improvement in how cases are documented by the DDS?[27] (For example, does it highlight all the issues that need to be addressed in a case, does it shorten the time it takes you or your staff to review the DDS' documentation, etc.?)

Chart 1: ODAR Decision-maker Responses



[25] During our site visits, we found the need for additional training at one site. In February 2011, the eCAT Team, along with experts in medical and vocational policies from SSA Headquarters, provided onsite training on current policy issues and how to use eCAT properly.

[26] In our review of 500 sample ODAR cases, we identified 65 ALJs and 16 attorney advisors who issued these decisions. Of these 81 ODAR employees, 6 no longer worked for the Agency as of April 2011. Therefore, we only contacted the remaining 75 ODAR employees.

[27] ECAT prepares the DDE to document the detailed analysis and rationale for either allowing or denying a claim.

2. Do you find the documentation of determinations summarized on the DDE to be sufficient? Are you able to follow all the steps the DDS took to make its determination?
3. Do you have any other comments to share about your experience of claims that summarized the initial and/or reconsideration determination on a DDE?

As shown in Tables 12 and 13, the ALJs and attorney advisors generally believed the DDE was an improvement in how cases are documented at the DDS, and the documentation was sufficient to understand how the DDS made its determination.

Table 12: ODAR Responses – DDE an Improvement?

Opinion	Number	Portion
Yes	28	54%
No	11	21%
Partially Yes	8	15%
No Opinion	5	10%
TOTAL	**52**	**100%**

Table 13: ODAR Responses – Documentation Summarized on DDE Sufficient?

Opinion	Number	Portion
Yes	36	69%
Sometimes	7	13%
No	4	8%
No Opinion	5	10%
TOTAL	**52**	**100%**

The comments we received from ALJs and attorney advisors about the DDE included the following.

- In the majority of the cases, the DDS took the time to fully document its decision-making at all steps and adequately articulated a rationale. This allowed the judge to readily see what the DDS did to determine whether the evidence, as it existed at the time, supported the rationale.
- The DDE is a useful starting place for the hearing office, particularly if it is complete, precise, and in English rather than in code (as queries from SSA's systems often are).

- The DDS' documentation is very helpful in determining the issues of a particular case fairly quickly and what the case "hinges on." It also allows you to focus on which additional records might be helpful in arriving at an early favorable decision rather than using a blanket request for records.
- The eCAT tool has been quite effective. Judges are paying more attention to what the DDS has done because there is an articulated, rational basis. More weight is now being credited to the DDS' opinions because of this articulated rationale.
- The DDE is an improvement because all the information is in one place. The document itself is unwieldy and not easy to use or digest. Interestingly, it highlights errors or weaknesses in the analysis.
- If done correctly, it would save time. The quality of eCAT workups from the DDS employees differs according to who prepares them.
- The documentation provided in the DDE is not sufficient. I am able to follow the steps, as they are structured well. However, this cookie-cutter approach makes it too easy for the adjudicator to make quick answers without much comment.
- The rationale lacks the kind of credibility determination that is necessary at the ODAR level.
- It is difficult to determine whether the physical or mental assessments in the DDE were prepared by an MC or an SDM. At the ODAR level, the adjudicator is required to consider an assessment prepared by an MC as a medical opinion and address it in the decision. However, an assessment prepared by an SDM is not considered a medical opinion and cannot be given weight in the decision.

Conclusions

SDMs began processing cases in 1999; however, most SDM sites began using eCAT in 2010, when the Agency began implementing the tool nationally. Additionally, since eCAT is still being rolled out to DDSs, relatively few claims processed with eCAT have been appealed and decided at the ODAR level. Therefore, the results of our review are a snapshot of the effects of eCAT in States that used the SDM model and on ODAR decisions during CY 2010.

Our early snapshot—including a review of 500 sample SDM cases, 500 sample ODAR cases, and input from SSA and DDS employees—showed eCAT

- resulted in longer processing for SDM determinations at the DDS level but shorter processing times at the ODAR level;
- promoted the consistent application of policy, and consequently, could result in allowance rates that are closer to the national average at both the initial and hearing levels;
- had a positive effect on disability examiner training, and reinforced process unification principles; and
- resulted in better documented determinations, and had a positive effect on ODAR work processes.

During FY 2012, we plan to begin a review of the SDM pilot—including analyses of processing times, allowance rates, and effects on ODAR. We also plan to conduct an additional study of eCAT once time has elapsed for users in the DDSs and ODAR to integrate the tool fully into their business processes. For that review, we will be able to analyze the combined effects of SDM and eCAT at the ODAR level and determine whether these initiatives reduce State-specific, prototype-specific, or hearing office specific variations.

Appendices

Acronyms

AC	Appeals Council
ALJ	Administrative Law Judge
CE	Consultative Examination
C.F.R.	Code of Federal Regulations
CY	Calendar Year
DDE	Disability Determination Explanation
DDS	Disability Determination Service
DI	Disability Insurance
eCAT	Electronic Claims Analysis Tool
MC	Medical Consultant
ODAR	Office of Disability Adjudication and Review
OQP	Office of Quality Performance
POMS	Program Operations Manual System
RFC	Residual Functional Capacity
SDM	Single Decision Maker
SGA	Substantial Gainful Activity
SSA	Social Security Administration
SSI	Supplemental Security Income
SSR	Social Security Ruling
U.S.C.	United States Code

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

Under the *Social Security Act*, an adult is considered to be disabled if he/she is unable to engage in substantial gainful activity (SGA)[1] 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.[2]

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 *Social Security Act* (Chart B-1).[3] 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/she is not disabled, regardless of the severity of his/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.[4]

[1] 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 2011, "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 (effective October 15, 2009).

[2] The *Social Security 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.

[3] 20 C.F.R. §§ 404.1520 and 416.920.

[4] 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.[5] 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 Listings 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.

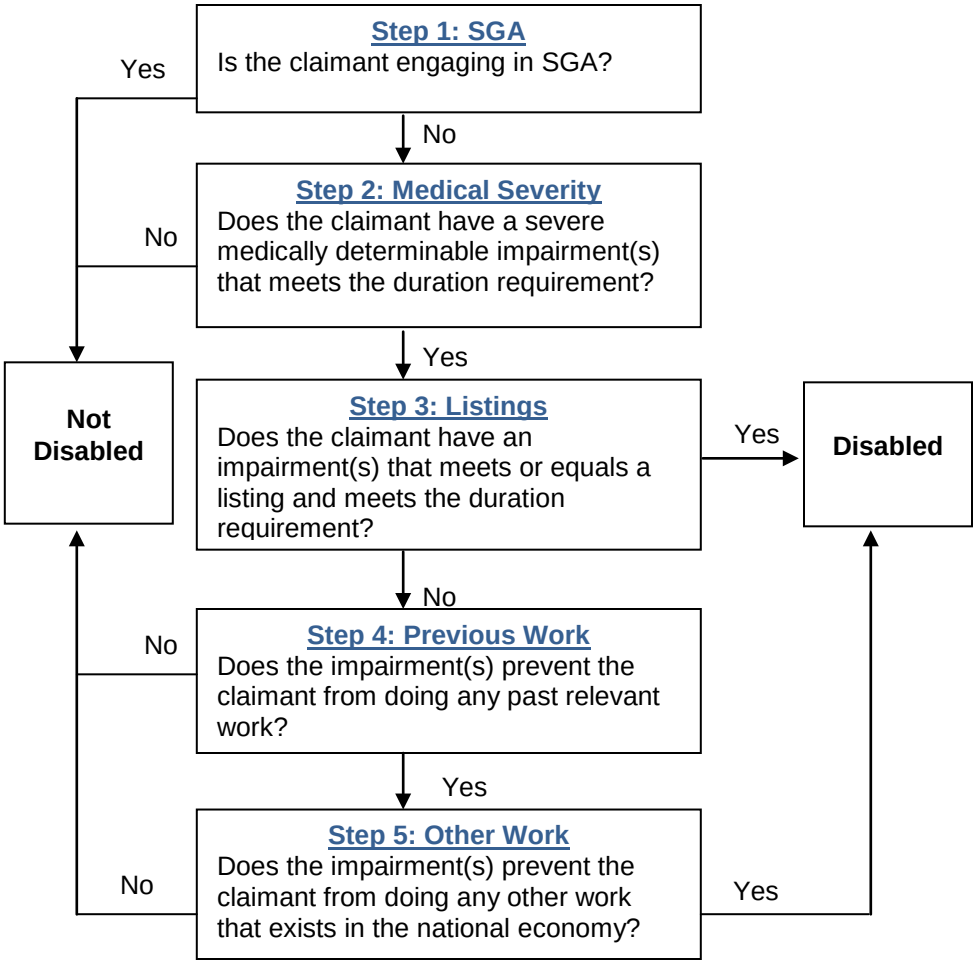
If the individual's impairment does not meet or medically equal a listing, the Agency goes to Step 4, and, if necessary, Step 5. At Step 4, the Agency determines whether the claimant can perform any past relevant work, considering his/her residual functional capacity (RFC)[6] and the physical and mental demands of the work he/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.[7]

[5] 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 (SSR) 85-28.

[6] 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 RFC is the most the individual can still do despite these limitations. SSA assesses RFC based on all relevant evidence in the case record.

[7] SSA has another sequential process for evaluating whether a disabled beneficiary's disability continues. 20 C.F.R. §§ 404.1594(f) and 416.994(b). 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 *Social Security 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 can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months.[8]

As shown in Chart B-2, SSA has a similar sequential process with three steps for evaluating disability in children under SSI.[9] 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.

[8] The *Social Security Act*, § 1614(a)(3)(C), 42 U.S.C. § 1382c(a)(3)(C). *See also* 20 C.F.R. § 416.906.

[9] 20 C.F.R. § 416.924.

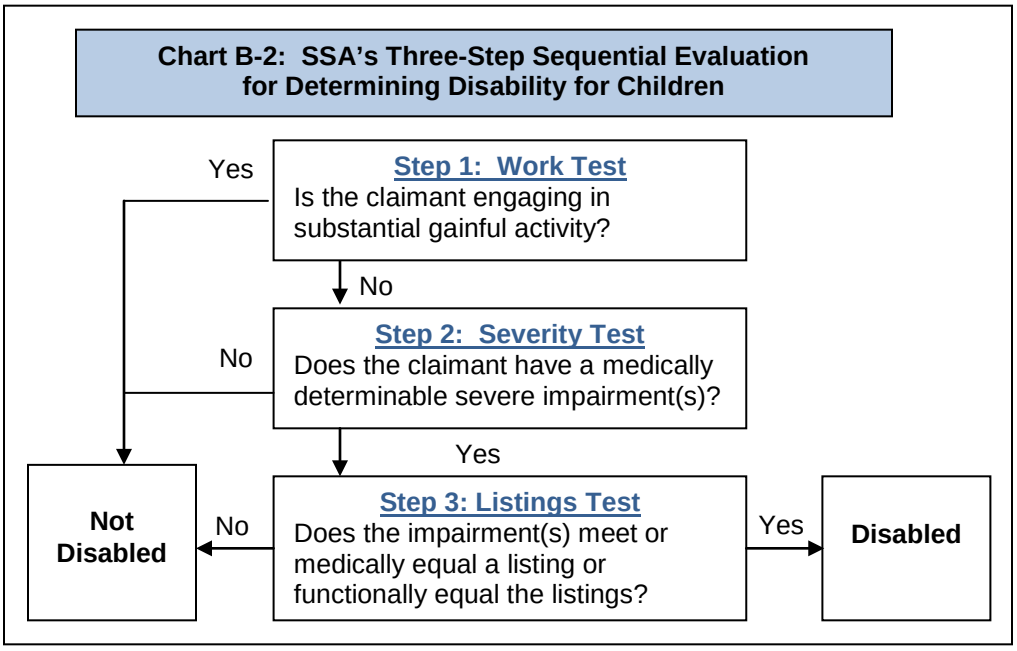


Chart B-2: SSA's Three-Step Sequential Evaluation for Determining Disability for Children
Step 1: Work Test
Is the claimant engaging in substantial gainful activity?
Yes
No
Step 2: Severity Test
Does the claimant have a medically determinable severe impairment(s)?
No
Yes
Step 3: Listings Test
Does the impairment(s) meet or medically equal a listing or functionally equal the listings?
No
Yes
Not Disabled
Disabled

Request for Review

1

SOCIAL SECURITY

The Commissioner

MEMORANDUM

Date: February 2, 2011

To: Patrick P. O'Carroll, Jr.

From: Michael J. Astrue

Subject: Request to Study the Effect of the Electronic Case Analysis Tool (eCat)

I am writing to request that your office study the effect of our new electronic case analysis tool (eCAT) in those States that are currently using the Single Decisionmaker Model (SDM). As you might know, eCAT is a web-based application that assists examiners in the State disability determination services (DDS) as they work through the sequential evaluation process to determine whether a claimant meets our disability requirements. eCAT helps examiners document, analyze, and provide medical determinations that are consistent with our regulations. We began implementing eCAT in 2009; by May, we will be using eCAT nationwide.

Prototype States, as well as ten other States, have implemented SDM. SDM allows the disability examiner to make a disability determination without a mandatory physician sign-off on many claims (except for determinations for children and those with mental impairments) and gives the examiner the authority to decide when to involve a medical consultant in complex claims. We intended the SDM process to allow the DDSs to use examiner and medical consultant resources more effectively and to provide faster determinations.

Now that we have gained experience with eCAT, there should be some indication of its effect on disability examiners' decision-making. Specifically, we would like to know whether eCAT used in conjunction with SDM:

- promotes consistency in the application of policy
- results in shorter processing times
- results in different outcomes; i.e., the breakdown of allowances versus denials
- has a positive impact on new hire training; i.e., whether early indications reflect a shorter learning curve, and whether new hires who use eCAT from the start perform more consistently
- prompts users to walk through the sequential evaluation process as intended
- reinforces process unification principles
- results in better documented determinations

- has a positive effect on downstream components and has ODAR found the documentation of determinations made in eCAT to be sufficient.

We hope that the results of your study will help us make decisions about how we can best use our limited resources to improve the disability process. If you have any questions, please do not hesitate to contact me. Your staff can contact Ron Raborg, Deputy Commissioner for Quality and Performance, at (410) 965-5200.

Thank you for your help with this important study.

Scope, Methodology, and Sample Results

To achieve our objective, we:

- Reviewed applicable sections of the *Social Security Act* and Social Security Administration's (SSA) regulations, rules, policies, and procedures.

- Reviewed our January 5, 2011 report, *The Social Security Administration's Electronic Claims Analysis Tool* (A-01-10-11010). For that review, we met with Agency officials and staff from the Offices of Disability Programs, Disability Determinations, Disability Systems, Adjudication and Review (ODAR), and Quality Performance. We also conducted site visits at six disability determination services (DDS) sites and one Federal Disability Processing Branch.

- Identified 88,691 individuals for whom (1) an initial disability determination was received in Calendar Year (CY) 2010; (2) the disability folder was an electronic folder; (3) the determination was from a single decision-maker (SDM) without medical consultant (MC) signoff; and (4) the claim filing date was at least 1 month after the DDS that made the determination began using the Electronic Claims Analysis Tool (eCAT).

- Randomly sampled 500 cases from the 88,691 SDM cases. For each case, we calculated the number of days it took for the DDS determination and used the results to determine the average DDS processing time. We also analyzed four policy issues for each sample case: (1) consultative examination issues—documenting whether a treating source would perform an examination if needed, (2) addressing symptoms and credibility, (3) addressing medical source opinions, and (4) addressing multiple non-severe impairments.

- Upon review, replaced 24 sample cases: 16 were not SDM cases (even though there was no MC code in SSA's systems); 6 involved technical issues that did not require a full determination of disability; 1 did not have an initial determination in CY 2010 (but did have a reconsideration); and 1 did not have all the documentation needed for our review in the electronic folder.

- Identified 6,745 claimants for whom (1) an initial disability determination was received in CY 2009; (2) the disability folder was an electronic folder; (3) the determination was from an SDM without MC signoff; and (4) the claim filing date was at least 1 month after the DDS that made the determination began using eCAT. Of these 6,745 cases, 468 had a hearing decision from ODAR in CY 2010. Of the 468 cases, we reviewed the first 100 cases in Social Security number order and

found only 21 cases that used eCAT during CY 2009 were processed at the ODAR level in CY 2010 because of the time it takes to process appeals.[1]

- Reviewed the first 5,000 cases from the SDM population in Social Security number order. For each case, we reviewed SSA's systems and electronic disability folders to determine whether ODAR processed the claim in CY 2010, and if so, whether the DDS determination was by a SDM who used eCAT. We found only 14 of the 5,000 cases (0.3 percent) met these criteria. Based on this analysis, we determined that the population would not be sufficient to determine the combined effect of SDM and eCAT on ODAR at the national level during CY 2010.

- Identified 12,277 individuals who received a decision from a hearing office between January 1 and December 31, 2010 on ODAR cases that were appeals of Connecticut or Virginia DDS claims in CYs 2008 through 2010. Virginia and Connecticut were the first two States to use eCAT and fully implemented it by March 2008. Therefore, these two States have cases that were appealed and had a decision rendered by ODAR.

- Randomly sampled 500 cases from the 12,277 ODAR cases. For each case, we calculated the number of days ODAR took to make the decision and used the results to determine the average ODAR processing time. We also reviewed the decision notice for each case to determine whether it addressed the DDS medical opinion.

- Upon review, replaced 71 sample cases: 66 were dismissals, 3 had a DDS determination before eCAT implementation, and 2 did not have all the documentation needed for our review in the electronic folder.

- Contacted the administrative law judges and attorney advisors who issued decisions on the sample cases and obtained feedback on eCAT and its effect on ODAR claims.

We performed our review between February and April 2011 in Boston, Massachusetts. We tested the data obtained for our review and determined them to be sufficiently reliable to meet our objective. We conducted our review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

[1] SSA reports that it took 426 days, on average, to process hearing appeals at ODAR in Fiscal Year 2010. Therefore, based on the eCAT implementation dates, sufficient time had not elapsed for a significant number of SDM cases with eCAT to be processed by ODAR for our review.

SAMPLE RESULTS

Table D-1 shows the SDM sites, the eCAT implementation date for each site, and the number of cases in the population and our sample.

Table D-1: SDM Cases Population and Sample by State

State	eCAT Production Date	Cases in Population	Cases in Sample
Alabama	April 11, 2011	0	0
Alaska	April 5, 2010	943	6
California[2]	June 14, 2010	914	9
Colorado	January 1, 2009	9,802	50
Florida	August 23, 2010	6,142	27
Guam	August 30, 2010	21	0
Kansas	October 25, 2010	20	0
Kentucky	May 3, 2010	14,782	88
Louisiana	September 1, 2009	16,438	83
Maine	September 27, 2010	48	0
Michigan	October 1, 2009	25,411	148
Missouri	November 1, 2010	80	1
Nevada	April 11, 2011	0	0
New Hampshire	May 2, 2011	0	0
New York	November 30, 2010	0	0
North Carolina	August 1, 2009	10,941	73
Pennsylvania	August 30, 2010	1,010	3
Vermont	September 13, 2010	19	0
Washington	June 28, 2010	2,068	12
West Virginia	September 7, 2010	52	0
TOTAL		**88,691**	**500**

[2] California implemented SDM only in the Los Angeles North and Los Angeles West offices.

Table D-2: SDM Sample Cases - Determinations							
Claim Type	DDS Used eCAT			DDS Did Not Use eCAT			TOTAL
	Allow	Deny	Total	Allow	Deny	Total	
DI only	74	73	147	34	24	58	205
SSI only	28	50	78	13	12	25	103
Concurrent	41	100	141	20	31	51	192
TOTAL	**143**	**223**	**366**	**67**	**67**	**134**	**500**
	(39.1%)	**(60.9%)**	**(100%)**	**(50.0%)**	**(50.0%)**	**(100%)**	
Overall DDS Processing Time	**81 days**			**72 days**			

Table D-3: ODAR Cases by Hearing Office Location	
State	Cases in Sample
Virginia	305
Connecticut	161
District of Columbia	13
Delaware	4
New York	3
ODAR Headquarters	3
North Carolina	2
West Virginia	2
Florida	1
Hawaii	1
Kansas	1
Maryland	1
Maine	1
New Hampshire	1
Tennessee	1
TOTAL	**500**

Table D-4: ODAR Sample Cases - Decisions							
Claim Type	DDS Used eCAT			DDS Did Not Use eCAT			TOTAL
	Allow	Deny	Total	Allow	Deny	Total	
DI only	115	20	135	45	16	61	196
SSI only	40	25	65	22	17	39	104
Concurrent	88	43	131	43	26	69	200
TOTAL	**243**	**88**	**331**	**110**	**59**	**169**	**500**
	(73.4%)	**(26.6%)**	**(100%)**	**(65.1%)**	**(34.9%)**	**(100%)**	
Overall ODAR Processing Time	**297 days**			**400 days**			

In our sample of 500 cases, the SDM made disability determinations without consulting an MC on 75 percent of initial claims. In the remaining cases, the SDM consulted with an MC but processed the claim without an overall MC signature. Table D-5 shows these by cases processed with eCAT and those without eCAT.

Table D-5: SDM Sample Cases—Use of Medical Consultants			
	SDM Consulted with MC	SDM Did not Consult with MC	All Cases
With eCAT	103 (28%)	263 (72%)	366
Without eCAT	24 (18%)	110 (82%)	134
TOTAL	**127 (25%)**	**373 (75%)**	**500**

As shown in Table D-6, 20 sample cases were identified for expedited processing, such as Quick Disability Determinations, Compassionate Allowances, Terminal Illness Cases, or Military Service Casualty Cases.

Table D-6: SDM Sample Cases Identified for Expedited Processing				
	Allow	Deny	All Cases	DDS Time
With eCAT	14	1	15	38 days
Without eCAT	5	0	5	16 days
TOTAL	**19**	**1**	**20**	

Tables D-7 through D-10 show several characteristics were similar for the SDM sample claims processed with eCAT and those without eCAT.

Table D-7: SDM Sample Cases – Claimant Age at Determination			
	Average	Range	Median
With eCAT	47	18 to 70	49
Without eCAT	48	18 to 69	51

Table D-8: SDM Sample Cases by Type of Determination		
Characteristics	With eCAT	Without eCAT
Allowed – Medical and Vocational Factors	76 (21%)	40 (30%)
Allowed – Met or Equaled a Listing	67 (18%)	26 (19%)
Denied – Medical and Vocational Factors	152 (42%)	44 (33%)
Denied – Not Severe	31 (9%)	8 (6%)
Denied – Not expected to last 12 months	18 (5%)	5 (4%)
Denied – Insufficient evidence	12 (3%)	6 (4%)
Denied – Failure to Cooperate	8 (2%)	4 (3%)
Denied – Did not pursue claim	1 (0%)	1 (1%)
Denied – Did not follow prescribed treatment	1 (0%)	0 (0%)
TOTAL	**366 (100%)**	**134 (100%)**

Table D-9: SDM Sample Cases by Primary Diagnosis Code					
Primary Diagnosis Code	eCAT		Non eCAT		All Sample Cases
	Allow	Deny	Allow	Deny	
Disorder of Back	23	52	12	18	105
Osteoarthritis and Allied Disorders	17	18	6	4	45
Diabetes Mellitus	3	12	3	1	19
Affective Disorders	3	7	4	3	17
Other and Unspecified Arthropathies	1	12	0	4	17
Chronic Ischemic Heart Disease	2	5	3	2	12
Essential Hypertension	1	7	1	2	11
Chronic Renal Failure	8	0	2	1	11
Late Effects of Cerebrovascular Disease	4	2	4	1	11
Chronic Pulmonary Insufficiency	5	2	1	2	10
All Others	76	106	30	30	242
TOTAL	**143**	**223**	**66**	**68**	**500**

Table D-10: SDM Sample Cases - Disorders of Back		
Characteristics	With eCAT	Without eCAT
Average Age at Determination	49	49
Age Range	22 to 63	24 to 63
Median Age	50	51
Allow – Medical and Vocational Factors	23 (31%)	12 (40%)
Denied – Medical and Vocational Factors	43 (58%)	14 (47%)
Denied – Not Severe	4 (5%)	1 (3%)
Denied – Not expected to last 12 months	3 (4%)	1 (3%)
Denied – Insufficient evidence	1 (1%)	2 (7%)
Denied – Failure to Cooperate	1 (1%)	0 (0%)
TOTAL	**75 (100%)**	**30 (100%)**

As shown in Tables D-11 through D-13, a lower percentage of cases with eCAT had a hearing than cases without eCAT, most cases had additional evidence received after the DDS determination, and the most common diagnosis was disorders of back.

Table D-11: ODAR Sample Cases – Type of Hearing Decision				
	With eCAT		Without eCAT	
ALJ – Hearing Held	246	74.3%	150	88.8%
ALJ – On the Record or Bench Decision	60	18.1%	16	9.5%
Attorney Advisor	25	7.6%	3	1.7%
TOTAL	**331**	**(100%)**	**169**	**(100%)**

Table D-12: ODAR Sample Cases – Additional Evidence Received After DDS Determination		
	With eCAT	Without eCAT
Additional Evidence Since DDS – ODAR Allowed	224 (68%)	103 (61%)
Additional Evidence Since DDS – ODAR Denied	76 (23%)	53 (31%)
No Additional Evidence Since DDS – ODAR Allowed	19 (6%)	7 (4%)
No Additional Evidence Since DDS – ODAR Denied	12 (3%)	6 (4%)
TOTAL	**331 (100%)**	**169 (100%)**

Table D-13: ODAR Sample Cases by Primary Diagnosis Code					
Primary Diagnosis Code	eCAT		Non eCAT		All Sample Cases
	Allow	Deny	Allow	Deny	
Disorder of Back	65	28	40	21	154
Affective Disorders	34	9	15	7	65
Osteoarthritis and Allied Disorders	11	7	6	3	27
Diabetes Mellitus	8	2	5	2	17
Disorders of Muscle, Ligament and Fascia	6	4	4	1	15
Other and Unspecified Arthropathies	7	1	4	2	14
Attention Deficit Disorder	4	3	4	2	13
Fracture of Lower Limb	6	3	2	1	12
Chronic Ischemic Heart Disease	6	2	1	0	9
Cardiomyopathies	7	1	0	0	8
All Others	89	28	29	20	166
TOTAL	**243**	**88**	**110**	**59**	**500**

Process Unification

SUMMARY OF THE SOCIAL SECURITY RULINGS (OR PROCESS UNIFICATION RULINGS)[1]

Process unification is an initiative with the objective of fostering similar results on similar cases at all stages of the administrative review process by consistently applying laws, regulations, and rulings. Process unification activities include training, developing a single presentation of policy, and enhancing documentation and explanations at the disability determination services (DDS) level.

- **Social Security Ruling (SSR) 96-2p:** "*Giving Controlling Weight to Treating Source Medical Opinions.*" Policy on giving controlling weight to a treating physician's medical opinion about the nature and severity of an impairment when the opinion is not inconsistent with other substantial evidence in the claimant's file, and the opinion is well-supported by medically acceptable diagnostic techniques.

  Citations: Sections 205(a), 216(i), 223(d), 1614(a)(3), and 1631(d) of the *Social Security Act*, as amended; Regulations No. 4, sections 404.1502 and 404.1527, and Regulations No. 16, sections 416.902 and 416.927.

- **SSR 96-3p:** "*Considering Allegations of Pain and Other Symptoms in Determining Whether a Medically Determinable Impairment is Severe.*" Policy on considering a claimant's subjective symptoms in determining the severity of an impairment at Step 2 of the sequential evaluation process.

  Citations: Sections 216(i), 223(d), and 1614(a)(3) of the *Social Security Act*, as amended; Regulations No. 4, sections 404.1508, 404.1520(a) and (c), 404.1521, 404.1523, 404.1528, and 404.1529; and Regulations No. 16, sections 416.908, 416.920(a) and (c), 416.921, 416.923, 416.924(b) and (d), 416.924d, 416.928, and 416.929.

[1] SSA, POMS, DI 24515.004 (effective February 14, 2001); DI 24505.003 (effective October 30, 2001); DI 24515.065 (effective January 16, 1997); DI 24515.009 (effective February 14, 2001); DI 24515.013 (effective February 14, 2001); DI 24515.066 (effective May 13, 1999); DI 24510.006 (effective May 14, 2008); and DI 25015.020 (effective January 30, 2007).

- **SSR 96-4p:** "*Symptoms, Medically Determinable Physical and Mental Impairments, and Exertional and Nonexertional Limitations.*" Policy on determining a mental or physical impairment by medical signs and laboratory results and the type of limitations of function restricting work ability.

  Citations: Sections 216(i), 223(d), and 1614(a)(3) of the *Social Security Act*, as amended; Regulations No. 4, sections 404.1505, 404.1508, 404.1520, 404.1528(a), 404.1529, 404.1569a and subpart P, appendix 2; and Regulations No. 16, sections 416.905, 416.908, 416.920, 416.924, 416.928(a), 416.929, and 416.969a.

- **SSR 96-5p*:*** "*Medical Source Opinions on Issues Reserved to the Commissioner.*" Policy on such issues as whether an individual is disabled, whether an individual's impairment(s) meets, or is equivalent in severity to, the requirements of any impairment(s) in the Listings, what an individual's residual functional capacity (RFC) is, whether an individual's RFC prevents him or her from doing past relevant work, and how the vocational factors of age, education, and work experience apply.

  Citations: Sections 205(a) and (b)(1), 216(i), 221(a)(1) and (g), 223(d), 1614(a), 1631(c)(1) and (d)(1), and 1633 of the *Social Security Act*, as amended; Regulations No. 4, sections 404.1503, 404.1504, 404.1512, 404.1513, 404.1520, 404.1526, 404.1527, and 404.1546; Regulations No. 16, sections 416.903, 416.904, 416.912, 416.913, 416.920, 416.924, 416.924d, 416.926, 416.926a, 416.927, and 416.946.

- **SSR 96-6p:** "*Consideration of Administrative Findings of Fact by State Agency Medical and Psychological Consultants and Other Program Physicians and Psychologists at the Administrative Law Judge (ALJ) and Appeals Council (AC) Levels of Administrative Review; Medical Equivalence.*" Policy on using DDS-level medical and psychological findings at the ALJ and AC levels.

  Citations: Sections 216(i), 223(d) and 1614(a) of the *Social Security Act*, as amended; Regulations No. 4, sections 404.1502, 404.1512(b)(6), 404.1526, 404.1527, and 404.1546; and Regulations No. 16, sections 416.902, 416.912(b)(6), 416.926, 416.927, and 416.946.

- **SSR 96-7p:** "*Evaluation of Symptoms in Disability Claims: Assessing the Credibility of an Individual's Statements.*" Policy on evaluating a claimant's statements about pain and other symptoms, following the two-step process set forth in the regulations.

  Citations: Sections 216(i), 223(d), and 1614(a)(3) of the *Social Security Act*, as amended; Regulations No. 4, sections 404.1528(a), 404.1529, and 404.1569a; and Regulations No. 16, sections 416.928(a), 416.929, and 416.969a.

- **SSR 96-8p:** "*Assessing Residual Functional Capacity (RFC) in Initial Claims.*" Policy on assessing an individual's RFC and using the RFC assessment in Steps 4 and 5 in the sequential evaluation process.

  Citations: Sections 223(d) and 1614(a) of the *Social Security Act*, as amended; Regulations No. 4, subpart P, sections 404.1513, 404.1520, 404.1520a, 404.1545, 404.1546, 404.1560, 404.1561, 404.1569a, and appendix 2; and Regulations No. 16, subpart I, sections 416.913, 416.920, 416.920a, 416.945, 416.946, 416.960, 416.961, and 416.969a.

- **SSR 96-9p*:*** "*Determining Capability to Do Other Work—Implications of a RFC for Less Than a Full Range of Sedentary Work.*" Policy on the impact of an RFC assessment for less than a full range of sedentary work on an individual's ability to do other work.

  Citations: Sections 223(d) and 1614(a) of the *Social Security Act*, as amended; Regulations No. 4, sections 404.1513(c), 404.1520, 404.1520a, 404.1545, 404.1546, 404.1560, 404.1561, 404.1562, 404.1563 through 404.1567, 404.1569, 404.1569a; appendix 1 of subpart P, section 12.00; appendix 2 of subpart P, sections 200.00 and 201.00; Regulations No. 16, sections 416.913(c), 416.920, 416.920a, 416.945, 416.946, 416.960, 416.961, 416.962, 416.963 through 416.967, 416.969, and 416.969a.

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