OIG

Office *of the* Inspector General

SOCIAL SECURITY ADMINISTRATION

Audit Report

The Social Security Administration's Expansion of Health Information Technology

OIG Office *of the* Inspector General

SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: May 1, 2015   **Refer To:**

To: The Commissioner

From: Inspector General

Subject: The Social Security Administration's Expansion of Health Information Technology
(A-01-13-13027)

The attached final report presents the results of our audit. Our objective was to assess the Social
Security Administration's expansion of health information technology.

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

The Social Security Administration's Expansion of Health Information Technology
A-01-13-13027

Objective

To assess the Social Security Administration's (SSA) expansion of health information technology (health IT).

Background

SSA's Medical Evidence Gathering and Analysis Through Health IT (MEGAHIT) system automatically obtains electronic records from SSA's partners in minutes.

In our review of *Health Information Technology Provided by Beth Israel Deaconess Medical Center and MedVirginia* (A-01-11-11117), we determined that SSA's health IT pilots reduced the time it took to receive health records and make disability determinations. During that review, SSA had two health IT partners.

To conduct our current review, we identified 215,176 individuals whose electronic disability folders indicated SSA requested health IT records from July 2011 through May 2014. From this population, we randomly selected 275 cases for detailed analysis. We also requested feedback from five disability determination services (DDS) and met with SSA staff.

Findings

Despite challenges, SSA continued expanding health IT and partnered with 38 health care organizations, exchanged electronic records in 30 States and the District of Columbia, and identified ways of enhancing health IT case processing and data analytics. In addition, the DDSs reported they were generally satisfied with MEGAHIT; however, some suggested enhancements to the system. Some DDSs also reported MEGAHIT issues that the Agency did not know about, despite SSA previously soliciting DDS user feedback.

Finally, our review of 275 sample cases found (a) that MEGAHIT received electronic health records 19 days faster than traditional records and (b) SSA made disability decisions, on average, 21 days faster, in the 5 cases where only health IT records were requested.

Recommendations

1. Continue to solicit, on a regular basis, DDS user feedback in MEGAHIT enhancements.

2. Enhance procedures to maintain and update MEGAHIT partner data, such as addresses.

3. Enhance methods to improve the use of information received via Health IT.

4. Increase health IT partners—taking advantage of nation-wide Federal efforts led by Health and Human Services' Office of the National Coordinator for Health Information Technology.

SSA agreed with the recommendations.

TABLE OF CONTENTS

ABBREVIATIONS

ARRA	*American Recovery and Reinvestment Act of 2009*
C.F.R.	Code of Federal Regulations
DDS	Disability Determination Services
FY	Fiscal Year
Health IT	Health Information Technology
MEGAHIT	Medical Evidence Gathering and Analysis Through Health IT
ONC	Office of the National Coordinator
POMS	Program Operations Manual System
SSA	Social Security Administration
U.S.C.	United States Code

OBJECTIVE

Our objective was to assess the Social Security Administration's (SSA) expansion of health information technology (health IT).

BACKGROUND

Although applicants for Social Security disability benefits must provide health records to support their claims, SSA makes every reasonable effort to assist with obtaining health records, including contacting providers.[1] SSA uses health IT to electronically request and receive a disability applicant's health records.[2] Specifically, when a claim is transferred to the disability case processing site,[3] SSA's Medical Evidence Gathering and Analysis Through Health IT (MEGAHIT) system will automatically

- identify health IT partner(s);
- send a request to health IT partner(s) with the disability applicant's authorization to disclose information;[4]
- receive health records or other responses from the health IT partner;
- analyze health records for adjudicative information;
- format health records into an imaged document; and
- store health records in SSA's electronic disability folder.

MEGAHIT obtains health IT records from SSA's partners in minutes. In comparison, the traditional process of obtaining records by fax or regular mail can take weeks and be labor-intensive for the Agency and health care providers.

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[1] SSA provides Disability Insurance and Supplemental Security Income disability payments to eligible individuals under *Social Security Act* §§ 223 *et seq.* and 1611 *et seq.*, 42 U.S.C. §§ 423 and 1382. To make every reasonable effort to obtain health records, SSA will (1) make an initial request for records/evidence from the claimant's medical source, (2) make a follow-up request any time between 10 and 20 Calendar Days following the initial request if evidence has not been received, and (3) allow a minimum of 10 Calendar Days from the follow-up request for the medical sources to reply, unless SSA's experience with the medical source indicates that a longer period is advisable in a particular case. *See* 20 C.F.R. §§ 404.1512(d)(1) and 416.912(d)(1). *See also* SSA, POMS, DI 22505.001 B.4 (January 14, 2015).

[2] Health IT allows for the secure exchange of information between health care entities, providers within their networks, and other participating organizations requesting health information.

[3] The SSA field office generally forwards the claim to the disability determination services (DDS) in the State or other office with jurisdiction to determine whether an applicant is disabled under SSA's criteria. *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.*

[4] MEGAHIT automatically requests records from health IT partners for initial level cases. However, SSA developed an interface for user-triggered requests for health IT records at all adjudicative levels.

Each year, SSA requests over 15 million health records (health IT and traditional) to assist in deciding disability claims.[5] According to SSA, in Fiscal Year (FY) 2014, MEGAHIT processed 193,277 requests and received 131,380 health IT records.[6]

The Office of the National Coordinator for Health Information Technology (ONC)—not SSA—is the principal Federal entity charged with the nation-wide coordination to implement and use the most advanced health IT and the electronic exchange of health information, see Appendix A for further details.[7]

In our October 2011 review, we determined that SSA's health IT pilots reduced the time it took to receive health records and make disability determinations.[8] During that review, SSA had two health IT partners—Beth Israel Deaconess Medical Center in Massachusetts and MedVirginia in Virginia. As of February 2015, SSA had reported 38 health IT partners, see Appendix B.[9]

To conduct our current review, we identified 215,176 individuals whose electronic disability folders indicated that MEGAHIT requested health IT records from July 2011 through May 2014. From this population, we randomly selected 275 cases for detailed analysis. We also requested MEGAHIT user feedback from five DDSs. Finally, we obtained health IT information by meeting with officials and staff from SSA's Offices of Applications and Supplemental Security Income Systems, Disability Determinations, Disability Programs, and Disability Systems. For more details on our scope and methodology, see Appendix C.

RESULTS OF REVIEW

Despite challenges, SSA continued expanding health IT and partnered with 38 health care organizations, exchanged electronic records in 30 States and the District of Columbia, and identified ways of enhancing health IT case processing and data analytics. In addition, the DDSs reported they were generally satisfied with MEGAHIT; however, some suggested enhancements to the system. Finally, our review of 275 sample cases found that (a) MEGAHIT received electronic health records 19 days faster than traditional records and (b) SSA made disability decisions, on average, 21 days faster in the 5 cases where only health IT records were requested.

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[5] *Social Security Act* § 223(d)(5)(A), 42 U.S.C. § 423(d)(5)(A), authorizes payment to any non-Federal medical service provider, including physicians, for the "reasonable cost" of supplying medical evidence that SSA requires and requests. SSA will consider all evidence in the claimant's case records when making any determination. *See* SSA, POMS, DI 22505.001 (January 14, 2015).

[6] According to SSA, of the 193,277 MEGAHIT requests, 62,925 were user-triggered.

[7] ONC is an organization within the Office of the Secretary for the Department of Health and Human Services.

[8] SSA OIG, *Health Information Technology Provided by Beth Israel Deaconess Medical Center and MedVirginia* (A-01-11-11117), p. 3, October 2011.
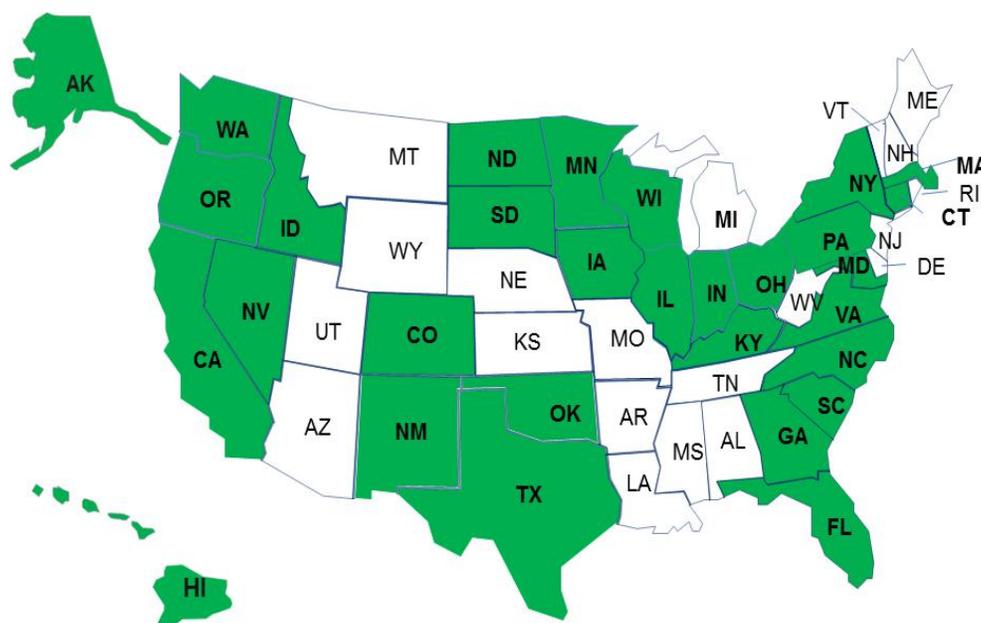
[9] In most cases, partners are health information exchanges and provide access to hundreds of health care providers' records.

Health IT Expansion and Improvement Efforts

As of February 2015, SSA reported health IT partners in 30 States and the District of Columbia, see Figure 1. In addition, SSA reported that

- 4 partners were expanding;
- 12 organizations were in various stages of becoming health IT partners;
- 68 organizations were in discussions to become health IT partners; and
- 10 health care system vendors were working with the Agency on interoperability.

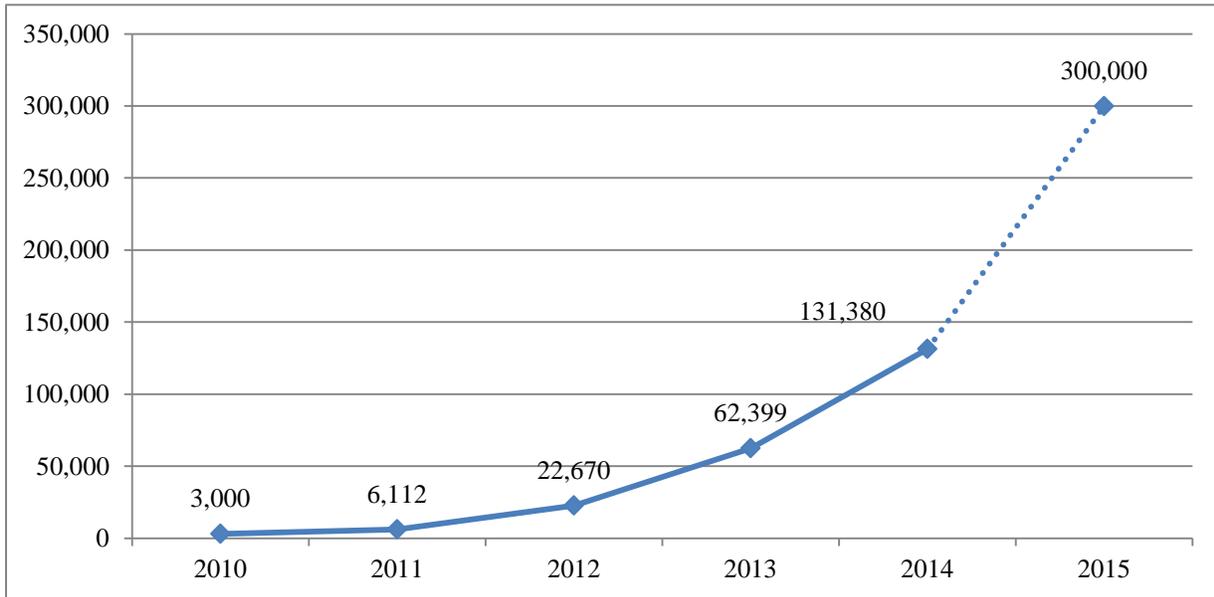**Figure 1: States with Health IT Partners as of February 2015 (in green)**

SSA emphasized that outreach efforts were vital and provided potential partners guidance and knowledge to integrate requirements and develop electronic records systems. In addition, these outreach efforts promoted the value of electronically exchanging records with SSA, including directing resources away from the labor- and time-intensive process of responding to SSA's requests; saving on printing, paper, and postage costs; and reducing health information management labor costs. SSA also reported that it was less expensive for health care organizations to build in SSA's needs from the beginning of system development, rather than later. SSA created a return-on-investment calculator to help health care organizations calculate the benefits of being a health IT partner.

In early 2015, a health IT not-for-profit organization was planning a high-level case study to show current-partner benefits of operating with SSA. According to SSA, this study should provide data about health IT benefits from automating requests, responses, and payments as well as decreasing costs of sending health records. The not-for-profit organization expects to issue a draft report later in 2015.

In 2015, SSA projects that the number of health records received via MEGAHIT will be 300,000, see Figure 2.[10]

Figure 2: SSA's Health IT Records Received in FYs 2010 Through 2014 and Projected in FY 2015

Federal Partnerships

SSA collaborated with other Federal agencies to expand and improve health IT. For example, SSA collaborated with ONC Federal Advisory Committees and the Federal Health Architecture work efforts described below.

- ONC Health IT Policy Committee - Interoperability and Health Information Exchange Workgroup, which provides input and recommendations on health IT policy issues and opportunities to facilitate the sharing of health information electronically, among providers, patients/caregivers, and other entities in support of care management, coordination, and improvements in health.

- ONC Health IT Policy Committee - Privacy and Security Workgroup, which provides input and recommendations on health IT policy issues and opportunities to ensure electronic health information is protected and shared consistent with consumer needs and expectations.

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[10] As of November 2014, SSA projected annual health IT costs of about $5 million that included SSA and contractor work years, outreach efforts, and MEGAHIT enhancements. SSA estimates it will break even with health IT investments in FY 2019; however, the Agency's cost-benefit estimate is conservative. In February 2015, SSA informed us it was working on an updated cost-benefit analysis for Health IT.

- Federal Health Architecture's Governing and Managing Boards, which bring agencies together to collaborate on health IT related issues. These efforts include the following.

    o CONNECT, a software solution developed by agencies that supports health information exchange and health-related missions.

    o Health Directory Workgroup provides a community for Federal agencies to investigate current efforts and potential solutions for creating scalable and sustainable electronic directories of clinician information.

    o Patient Consent & Authorization Workgroup provides a community for Federal agencies to investigate policy and technology for addressing how to handle patient choices in sharing of their information.

Improvement Efforts

SSA identified ways of enhancing health IT case processing and data analytics; however, these enhancements require additional funding that is unavailable. Examples follow.

- Leveraging Natural Language Processing to extract clinical concepts, such as diagnoses, procedures, and problems from narrative text in medical records. MEGAHIT could use the extracted clinical concepts to match business rules based on SSA's Listing of Impairments and identify key clinical information to support a disability claim.[11] SSA also planned to use these extracts for fraud detection and research analysis.

- Searching and manipulating health IT records' structured and unstructured data. For example, disability examiners could search records for key information or arrange records by date to see a condition's progression. In addition, records could be manipulated to identify duplicate information and improve review.

- Monitoring health records for updates that might impact the disability decision process. For example, if an applicant has an encounter, procedure, or other clinic event between the time a claim is received and a hearing is scheduled, SSA could automatically receive an updated health IT record instead of requesting updated health records just before a hearing. According to SSA, receiving status updates during this waiting period could provide information for on-the-record decisions at the hearing level.

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[11] 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 medically equals a Listing, the Agency will find the claimant disabled. A condition meets a Listing when a claimant has a medically determinable physical or mental impairment that is listed in SSA policy, satisfies all the criteria in a specified Listing, and meets the duration requirement. An impairment medically equals a Listing when the findings of a claimant's impairment is at least equal in severity and duration to the criteria of any listed impairment. SSA, POMS, DI 22001.020 (April 1, 2011) and DI 34000.000 (May 3, 2013). In FY 2014, MEGAHIT generated 9,679 extract documents.

Challenges to Expanding Health IT

Challenges to expand health IT include funding and health care organizations implementing electronic record systems.

- Funding for additional partners' health IT record systems. Initially, the *American Recovery and Reinvestment Act of 2009* (ARRA) paid about $1 million per contract for health care organizations to implement electronic record systems.[12] Without the ARRA funds, providers often need to invest substantial funds to implement systems capable of exchanging records with SSA. Therefore, cost factors can sometimes deter organizations from partnering with SSA.

  For example, one partner stopped exchanging records with SSA because of systems integration costs to the organization. According to SSA, with such market factors as connection and vendor costs, other organizations may also choose to stop exchanging records with the Agency.

- Compatibility and interoperability of health record systems to exchange and use health information once received. According to the ONC, it will take time for all health IT systems to be fully interoperable. However, the Department of Health and Human Services is seeking opportunities to accelerate and promote the development of interoperability across health care organizations.

- Availability and volume of health records. Some organizations may have limited electronic health records that are not comparable to the paper records SSA might receive traditionally. Health IT records' availability is important because SSA targets partners with robust electronic records. A high-volume provider has greater potential to significantly reduce disability case processing time and increase the return on investment.

DDS Feedback

We obtained user feedback on MEGAHIT from the California, Indiana, Oregon, Virginia, and Washington DDSs, which represented a majority of our health IT sample cases. Generally, the DDSs were satisfied with MEGAHIT; however, some DDSs suggested enhancements to the system. Some DDSs also reported MEGAHIT issues that the Agency did not know about, despite SSA previously soliciting DDS user feedback. DDS feedback included the following.

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[12] In February 2009, the President signed into law the *American Recovery and Reinvestment Act of 2009* (ARRA), Pub. L. No. 111-5, 123 Stat. 115 (2009). ARRA provided SSA $500 million to process disability and retirement workloads, including information technology acquisitions and research in support of such activities. Pub. L. No. 111-5, 123 Stat. 115, 185. The ARRA provided that up to $40 million may be used by SSA for health IT research and activities to facilitate the adoption of electronic medical records in disability claims. Pub. L No. 111-5, 123 Stat. 115, 186. The Agency used over $17 million of these funds to form health IT partnerships.

- One was unaware of user-triggered health IT record requests.[13]

- Suggestions of improved formatting for health IT records. For example, health IT record formatting to emphasize dates of treatment and omit retracted or repetitive information.

- Indication that some user-triggered requests were unsuccessful and traditional requests were mailed to the wrong address because of conflicting health IT partner addresses between the DDS and SSA.

In response to this feedback, SSA obtained specific information related to improved health IT record formatting and content. In addition, the Agency planned to expand communications with the DDSs and obtain regular feedback for enhancements to future MEGAHIT releases.

Sample Results

Our review of 275 sample cases found that SSA made disability decisions, on average, 21 days faster when only health IT records were requested. MEGAHIT received health records 19 days faster than traditional faxed or mailed records and appeared to be functioning as SSA intended.

Health IT Requests and Responses

For our 275 sample cases, MEGAHIT requested—upon case transfer—280 health IT records[14] and, in response, received 182 (65 percent) electronic records and 99 (35 percent) documents indicating that health IT records were unavailable.[15] MEGAHIT received responses within 1 day. In comparison, SSA received traditional health record responses in, on average, 19 days.[16]

In 64 cases, SSA obtained both health IT and traditional records from a partner. According to SSA, there can be content differences between traditional and health IT records because of sensitive or historical information. Therefore, the Agency will sometimes obtain traditional and health IT records from the same partner. In addition, the DDSs reported requesting traditional records from health IT partners to obtain additional treatment information after health IT records were received; sensitive information that could not be released electronically; handwritten notes; or records that were under an alternative claimant name.

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[13] MEGAHIT automatically requests records from health IT partners for only initial-level cases. However, SSA developed an interface for user-triggered health IT requests at all adjudicative levels.

[14] In five cases, MEGAHIT requested health IT records from two different partners.

[15] In one case, MEGAHIT received two responses: a health IT record and a document that some records were not available electronically. In another case, MEGAHIT was unable to upload the health IT record because of a system error; however, the health IT record was on file. SSA monitors MEGAHIT for these rare instances.

[16] In two cases, SSA requested traditional records and received no response.

For the 99 cases for which electronic records were not available, MEGAHIT received documentation of why electronic records were not available, see Table 1.[17]

Table 1: Why Health IT Records Were Unavailable

Why Health IT Records Were Unavailable	Number of Responses
No Patient or Social Security Number Match	66
No Electronic Records	23
Timed Out[18]	10
Total	**99**

SSA provides a claimant's name, date of birth, Social Security number, address, and gender to the health IT partner when requesting electronic records. However, the partner decides how to use these data to identify the claimant in its system.[19] To avoid disclosing to SSA a health record for the wrong individual, partners typically provide electronic records for only exact data-request matches.

Case Processing Time

For the five cases where only health IT records were requested, SSA made a disability decision in, on average, 68 days. For our 275 sample cases, SSA made a disability decision in, on average, 89 days. See Table 2 for case processing time details.

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[17] For the 99 cases for which electronic records were unavailable, SSA received traditional records for 61.

[18] If, after 5 hours, a health IT request has no response, MEGAHIT will generate a timed out response.

[19] During our prior audit—*Health Information Technology Provided by Beth Israel Deaconess Medical Center and MedVirginia* (A-01-11-11117), p. 4, October 2011—SSA informed us of its plan to implement a new protocol allowing providers to manually review health IT record requests. This would enable the provider to review the patient authorization before releasing records. As of November 2014, this feature was available; however, none of SSA's health IT partners had chosen to use it.

Table 2: Sample Case Processing Time

	Number of Cases	Average Processing Time	Median Processing Time	Minimum Number of Days	Maximum Number of Days
Health IT Records[20]	5	68	45	5	155
Traditional or Other Records Requested[21]	93	89	83	11	336
Health IT Records with Traditional or Other Records Requested	177	90	80	20	409
Overall	**275**	**89**	**80**	**5**	**409**

In addition, SSA reported that, in FY 2014, the Agency typically decided cases with health IT records in 47 days; with health IT and other records in 83 days; and without health IT records in 89 days.[22]

According to SSA, health IT is not just about reducing the case processing time; it is about having a significant impact on the claimant's life. Timely decisions mean faster access to benefits and health care coverage. More importantly, it means less time spent waiting for a decision and worrying about the unknown.

SSA's Medical Listings

SSA designed MEGAHIT to analyze health IT record structured data, identify conditions that meet or equal SSA's Listing of Impairments, and alert the DDS. In our sample of 275 cases, we found 20 cases where MEGAHIT identified a condition meeting SSA's Listing of Impairments and generated a health IT extract document to notify the disability examiner to review the claim for the specific condition.

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[20] Cases decided with only health IT records included (a) backlogged cases and (b) a stroke allegation that, because of possible improvements, generally has a 3-month waiting period before a disability determination can be made. SSA, POMS, DI 34001.030 F (December 14, 2004).

[21] Other records included medical information such as consultative exams. If a claimant's medical source cannot or will not give SSA sufficient medical evidence to determine whether an individual is disabled, the Agency may ask the claimant to have physical or mental examinations or tests. SSA generally pays for these examinations. *See* 20 C.F.R. §§ 404.1517 and 416.917.

[22] SSA reported processing 2,723,712 cases: 2,628,420 (96.5 percent) with traditional or other records; 84,779 (3.1 percent) with health IT, traditional, or other records; and 10,513 (0.4 percent) with only health IT records.

CONCLUSIONS

Despite challenges, SSA continued expanding health IT and partnered with 38 health care organizations, exchanged electronic records in 30 States and the District of Columbia, and identified ways of enhancing health IT case processing and data analytics. In addition, the DDSs reported being generally satisfied with MEGAHIT; however, some suggested enhancements to the system. Finally, our review of 275 sample cases found that (a) MEGAHIT received electronic health records 19 days faster than traditional records, and (b) SSA made disability decisions, on average, 21 days faster in the 5 cases where only health IT records were requested.

RECOMMENDATIONS

We recommend SSA:

1. Continue to solicit, on a regular basis, DDS user feedback in MEGAHIT enhancements.

2. Enhance procedures to maintain and update MEGAHIT partner data, such as addresses.

3. Enhance methods to improve the use of information received via Health IT.

4. Increase health IT partners—taking advantage of nation-wide Federal efforts led by Health and Human Services' Office of the National Coordinator for Health Information Technology.

AGENCY COMMENTS

SSA agreed with the recommendations; see Appendix D.

APPENDICES

Appendix A – HEALTH INFORMATION TECHNOLOGY

The Office of the National Coordinator for Health Information Technology (ONC) is at the forefront of the nation's health information technology (health IT) efforts and is a resource to the entire health system to support the adoption of health IT and promotion of nation-wide health information exchange to improve health care.[1]

In addition, ONC's Office of Interoperability and Standards oversees certification programs for health IT. According to ONC, this is a critical aspect of the national health IT agenda and will provide assurance to health care organization purchasers that an electronic records system or other relevant technology, offers the necessary technological capability, functionality, and security.

Why Electronic Health Records

According to the ONC, electronic health records allow health care providers to better manage care through the secure use and sharing of health information. Most health care providers still use paper charts for their patients' health records. New Government programs are helping health care providers nation-wide switch to electronic health records.

The ONC also reported that with the help of electronic health records, health care providers will have the following.

- Accurate and complete information about patients' health. That way, they can give patients the best possible care, whether during a routine visit or a medical emergency.

- The ability to better coordinate the care they give patients and their families. This is especially important if a patient has a serious medical condition.

- A way to securely share information with patients electronically. This means patients can more fully take part in decisions about their health and the health of their families.

- Information to help diagnose patients' health problems sooner, reduce medical errors, and provide safer care at lower costs.

- Expand an individual's access to affordable care.

- Make the nation's health care system more efficient.

- Build a healthier future for the nation.

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[1] The ONC is an organization within the Office of the Secretary for the Department of Health and Human Services. The position of National Coordinator was created in 2004 by Executive Order 13335 (April 27, 2004), Fed. Reg. Vol. 69, No. 84 (April 30, 2004); and legislatively mandated in section 3001 of the *Health Information Technology for Economic and Clinical Health Act of 2009*, Pub. L. No 111-5, 123 Stat. 230 (2009).

Appendix B – THE SOCIAL SECURITY ADMINISTRATION'S HEALTH INFORMATION TECHNOLOGY PARTNERS

As of February 2015, the Social Security Administration (SSA) had reported 38 health information technology (health IT) partners, see Table B–1.

Table B–1: SSA's Health IT Partners by Production Date

Health IT Partner	State(s)	Production
1. Beth Israel Deaconess Medical Center	Massachusetts	08/2008
2. MedVirginia	Virginia	02/2009
3. New Mexico Health Information Collaborative	New Mexico	03/2011
4. Douglas County Independent Physicians Association	Oregon	05/2011
5. Oregon Community Health Information Network	Alaska, California, Indiana, Massachusetts, North Carolina, Ohio, Oregon, Washington, and Wisconsin	05/2011
6. Marshfield Clinic	Wisconsin	08/2011
7. Inland Northwest Health Services	Idaho and Washington	08/2011
8. Community Health Information Collaborative	Minnesota	09/2011
9. Wright State	Ohio and Oregon	11/2011
10. Indiana Health Information Exchange	Indiana	05/2012
11. Kaiser Permanente	California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington D.C.	07/2012
12. MultiCare	Washington	11/2012
13. Children's Medical Center—Dallas	Texas	09/2012
14. Lancaster General Health	Pennsylvania	09/2012
15. Hawaii Pacific Health	Hawaii	12/2012
16. University of California—Davis Health	California	02/2013
17. Geisinger Health System	Pennsylvania	08/2013
18. Medical University of South Carolina	South Carolina	11/2013
19. Guthrie Health	New York and Pennsylvania	02/2014
20. Yale—New Haven Hospital	Connecticut	03/2014
21. Gundersen Health	Iowa, Minnesota, and Wisconsin	04/2014
22. Carle Foundation	Illinois	04/2014
23. Metro Health	Ohio	04/2014
24. Cleveland Clinic	Florida, Ohio, and Nevada	07/2014
25. Salem Health	Oregon	07/2014

Health IT Partner	State(s)	Production
26. Texas Health Resources	Texas	08/2014
27. Group Health Cooperative	Washington	08/2014
28. Sanford Health	Iowa, Minnesota, North Dakota, Oklahoma, Oregon, and South Dakota	09/2014
29. Presbyterian Health Services	New Mexico	10/2014
30. University of Iowa	Iowa	10/2014
31. Carilion Clinic	Virginia	10/2014
32. Sentara Health	North Carolina and Virginia	11/2014
33. MemorialCare Health System	California	12/2014
34. University of Wisconsin Health	Wisconsin	12/2014
35. Martin Health	Florida	12/2014
36. Legacy Health System	Oregon and Washington	12/2014
37. Mercy Health	Kentucky, Ohio, and Pennsylvania	01/2015
38. Essentia Health	Minnesota, North Dakota, and Wisconsin	02/2015

Appendix C – SCOPE AND METHODOLOGY

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 prior Office of the Inspector General reports.

- Met with SSA officials and staff from the Offices of Applications and Supplemental Security Income Systems, Disability Determinations, Disability Programs, and Disability Systems.

- Obtained a file of 215,176 individuals whose electronic disability folder indicated that SSA requested health IT records from July 2011 through May 2014. From this population, we randomly selected 275 cases for detailed analysis.

- Replaced 50 sample cases that had expedited processing (such as Quick Disability Determination and Compassionate Allowance cases)[1] or were not disability determinations at the initial or reconsideration levels.

- Reviewed SSA's electronic disability folder for the 275 cases:

  - Determined whether SSA received health record(s) or other response document in reply to health information technology (health IT) requests.

    - For health IT records, we identified the health IT partner.

    - For other response documents, we categorized responses and documented whether SSA followed up with a traditional request for health IT partner records.

  - Documented and quantified whether SSA requested other traditional record(s).

  - Calculated the number of days it took SSA to make the disability determination after the claim's application date.

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[1] Quick Disability Determinations are based on a predictive model that identifies claims in which there is a high probability the claimant is disabled and the claimant's allegations can be easily and quickly verified so the claim can be processed quickly by the DDS. The Compassionate Allowance process identifies claims electronically involving diseases and other medical conditions that are so severe that they clearly meet SSA's definition of disability. Like Quick Disability Determinations, this process uses a predictive model, but it is simpler—selecting claims based solely on the claimant's allegation of having a disease or other medical condition in the Agency's list of Compassionate Allowance conditions.

● Obtained feedback about health IT records from the California, Indiana, Oregon, Virginia, and Washington disability determination services, which represented a majority of our sampled cases.

We conducted our audit between August 2014 and February 2015 in Boston, Massachusetts. We tested the data obtained for our audit and determined them to be sufficiently reliable to meet our objective. The entity audited was SSA's Office of Applications and Supplemental Security Income Systems under the Office of the Deputy Commissioner for 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 that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix D – Agency Comments

SOCIAL SECURITY

MEMORANDUM

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

From: Frank Cristaudo /s/
         Executive Counselor to the Commissioner

Subject: Office of the Inspector General Draft Report, "Social Security Administration's Expansion of
         Health Information Technology" (A-01-13-13027) - INFORMATION

         Thank you for the opportunity to review the draft report. Please see our attached comments.

         Please let me know if we can be of further assistance. You may direct staff inquiries to
         Gary S. Hatcher at (410) 965-0680.

         Attachment

COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL (OIG) DRAFT REPORT, "SOCIAL SECURITY ADMINISTRATION'S EXPANSION OF HEALTH INFORMATION TECHNOLOGY" (A-01-13-13027)

General Comments

We are committed to using health information technology (IT) to obtain medical records faster and more accurately to enable better customer service by making more timely determinations. We received numerous examples of Disability Determination Services' (DDS) ability to make fully favorable determinations on the claim within 1 day. This report highlights areas for potential enhancements. We look forward to continue to expand the health IT initiative and build on our successes.

Recommendation 1

Continue to solicit, on a regular basis, disability determination services' user feedback in Medical Evidence Gathering and Analysis Through Health Information Technology (MEGAHIT) enhancements.

Response

We agree. We will continue to work closely with our regional offices to solicit DDS user feedback regarding MEGAHIT enhancements. We are working on our Communications Plan that will include a more formal feedback mechanism using SharePoint that will allow DDS users to submit MEGAHIT enhancements via the appropriate regional office health IT coordinator. We anticipate this will provide increased visibility for submitted MEGAHIT enhancement requests and encourage collaboration among regional offices and DDSs. In addition, we may include DDS examiners in future MEGAHIT enhancement workgroup sessions to obtain even more direct user feedback.

Recommendation 2

Enhance procedures to maintain and update MEGAHIT partner data, such as addresses.

Response

We agree. We currently hold monthly meetings with our partners once they move into production to allow for partner updates as needed. We will include in our Communications Plan, scheduled for release by October 2015, the requirement to maintain and update MEGAHIT partner data, including addresses.

Recommendation 3

Enhance methods to improve the use of information received via Health Information Technology.

Response

We agree. We continue to monitor industry developments in the availability and usefulness of new health IT such as Natural Language Processing (NLP), viewers, and search capabilities that could cost effectively meet our business needs. Over the next few years, as funding becomes available, we plan to identify ways to enhance health IT case processing and data analytics.

Recommendation 4

Increase health information technology partners—taking advantage of nation-wide Federal efforts led by Health and Human Services' Office of the National Coordinator for Health Information Technology.

Response

We agree. We have agency performance goals to increase the percentage of cases decided that contain health IT. We do coordinate with the Health and Human Services' Office of the National Coordinator for Health Information Technology. Additionally, on a regular basis we already collaborate with the Veterans Administration and the Department of Defense on outreach to potential new health IT partners. We also participate in public/private workgroups for the following organizations: (1) Office of the National Coordinator Policy Committee; (2) Federal Health Architecture Board; (3) HealtheWay; (4) eHealth Exchange, and (5) Carequality Workgroup. Our partnership in these organizations helps to ensure that our business needs are considered and incorporated into national policies and standards and to help provide contacts with healthcare organization to partner with us.

Appendix E – MAJOR CONTRIBUTORS

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