OFFICE OF
THE INSPECTOR GENERAL

SOCIAL SECURITY ADMINISTRATION

FULL MEDICAL CONTINUING DISABILITY REVIEWS

March 2010 A-07-09-29147

EVALUATION REPORT

Mission

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

Authority

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

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

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

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

Vision

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

SOCIAL SECURITY

MEMORANDUM

Date: March 30, 2010 Refer To:

To: The Commissioner

From: Inspector General

Subject: Full Medical Continuing Disability Reviews (A-07-09-29147)

OBJECTIVE

The objective of this evaluation was to determine the financial impact to the Disability Insurance (DI) and Supplemental Security Income (SSI) programs as a result of conducting fewer full medical continuing disability reviews (CDR).

BACKGROUND

The Social Security Administration (SSA) administers two programs that provide benefits based on disability: the DI and SSI programs. The DI program, established under Title II of the *Social Security Act* (Act), provides benefits to wage earners and their families if the wage earner becomes disabled. The Act also provides disability benefits for disabled adult children of wage earners who have died or retired and to certain disabled widows, widowers, and surviving divorced spouses of deceased wage earners.[1] Most payments under the DI program are funded from the DI Trust Fund.[2] The SSI program, established under Title XVI of the Act, provides benefits to financially needy individuals who are aged, blind, or disabled.[3] Payments under the SSI program are funded from the General Fund.

After an individual is determined to be disabled, SSA is required to conduct periodic CDRs to determine whether the individual continues to be disabled.[4] By regulation, review diaries are set based on the likelihood of medical improvement since SSA generally cannot find an individual's disability has terminated without finding medical improvement has occurred. Specifically, diaries are set for 6 to 18 months where

---

[1] The *Social Security Act* § 201 *et seq*., 42 U.S.C. § 401 *et seq*.

[2] Payments to disabled widow(ers) are funded from the Old-Age and Survivors Insurance (OASI) Trust Fund.

[3] The *Social Security Act* § 1601 *et seq*., 42 U.S.C. § 1381 *et seq*.

[4] 20 C.F.R. §§ 404.1589 and 416.989.

improvement is expected, up to 3 years where improvement is possible,[5] and 5 to 7 years where improvement is not expected (that is, permanent impairments).[6] Further, a full medical CDR should be conducted no later than 12 months after birth for a child whose low birth weight was a material contributor to the determination that the child was disabled under the SSI program.[7]

SSA employs a profiling system that uses data from SSA's records to determine the likelihood of medical improvement for disabled beneficiaries. SSA selects beneficiaries' records profiled as having a high likelihood of medical improvement for a full medical review by disability determination services (DDS). Beneficiaries profiled as having a medium or low likelihood of medical improvement are sent a mailer questionnaire.[8] If the completed mailer questionnaire indicates medical improvement, SSA will send the case to the DDS for a full medical review.

RESULTS OF REVIEW

According to SSA, resource limitations and increases in its core workloads prevented it from conducting full medical CDRs when they became due. As a result, SSA estimates a backlog of over 1.5 million full medical CDRs will exist at the end of Fiscal Year (FY) 2010.[9]

SSA has made, and will continue to make, benefit payments to individuals who would no longer be eligible if the backlog of 1.5 million full medical CDRs had been conducted when they became due.

- From Calendar Year (CY) 2005 through CY 2010, we estimate SSA will have made benefit payments of between $1.3 and $2.6 billion that could have potentially been avoided if the full medical CDRs in the backlog had been conducted when they became due (see Appendix C).[10]

---

[5] The Commissioner of Social Security can waive the requirement to conduct CDRs on non-permanent disabilities due every 3 years. 20 C.F.R. §§ 404.1590(g) and 416.990(g).

[6] 20 C.F.R. §§ 404.1590(d) and 416.990(d).

[7] 20 C.F.R. § 416.990(b)(11).

[8] SSA does not use the mailer questionnaire for CDRs of children receiving SSI or for SSI age 18 redeterminations. An SSI age 18 redetermination is conducted when a child receiving SSI is reevaluated using adult criteria upon reaching age 18.

[9] SSA defines a "backlog" as CDRs due and selectable that are not able to be released for processing or are in process, but resources are not sufficient to complete the cases timely.

[10] This does not include payments made under the Medicare and Medicaid programs, which have also been affected by the decrease in CDRs conducted.

- Although SSA plans to conduct an increased number of full medical CDRs in FY 2011, the 1.5-million full medical CDR backlog will most likely remain. Therefore, we estimate SSA will pay between $556 million and $1.1 billion during CY 2011 that could have potentially been avoided if the full medical CDRs in the backlog had been conducted when they became due (see Appendix C).

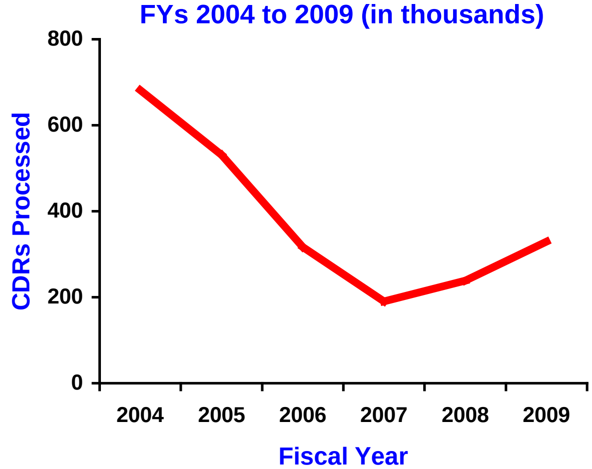
To avoid benefit payments to individuals who are no longer eligible, SSA will need sufficient resources to eliminate the full medical CDR backlog and conduct full medical CDRs that become due each year. However, SSA faces resource challenges in being able to perform its CDR workload while meeting the growing need to serve the public.

Recent Decrease in CDRs Conducted

At the end of FY 1996, there was a backlog of about 4.3 million CDRs. According to SSA, the backlog of CDRs occurred because of budget constraints on conducting CDRs. In response to this CDR backlog, Congress authorized about $4 billion to fund SSA's 7-year plan to eliminate the CDR backlog.[11] From FY 1996 through FY 2002, SSA conducted an estimated 9.4 million CDRs and became current with its CDR workload.

After the special CDR funding expired in FY 2002, the number of CDRs conducted decreased, particularly between FYs 2004 and 2008 with a decline of approximately 65 percent. In fact, the number of full medical CDRs conducted by SSA decreased from 681,000 in FY 2004 to 240,000 in FY 2008 (see Figure 1). According to SSA, budgetary constraints caused a shortfall between the number of CDRs due and the number conducted each year. Therefore, SSA estimates a backlog of 1.5 million full medical CDRs by the end of FY 2010.

Figure 1: Full Medical CDRs Conducted FYs 2004 to 2009 (in thousands)



[11] The *Contract with America Advancement Act of 1996* (Pub. L. No. 104-121 § 103).

We estimate SSA could potentially identify lifetime Federal benefit savings of almost $15.8 billion if it had the resources to conduct all 1.5 million full medical CDRs in FY 2010.[12] The Federal benefit savings includes

- SSA lifetime savings of $9.6 billion (DI and OASI Trust Funds and General Fund)
- Medicare lifetime savings of $3.2 billion (Medicare Trust Fund)
- Medicaid lifetime savings of $3.0 billion (General Fund)

Social Security Benefits Paid to Individuals with a CDR in the Backlog

From CY 2005 through CY 2010, we estimate SSA will have made benefit payments of between $1.3 and $2.6 billion that could have potentially been avoided if the full medical CDRs in the backlog had been conducted when they became due.[13] Because of their complexity, the calculations are presented in Appendix C.

In FY 2010, SSA plans to conduct 329,000 full medical CDRs.[14] Although this is an increase in the number of full medical CDRs conducted compared to the previous year, SSA estimates the backlog will increase by 26,000 full medical CDRs.[15] Therefore, even with SSA's plan to conduct 360,000 full medical CDRs in FY 2011, the 1.5 million full medical CDR backlog will most likely remain. Therefore, we estimate SSA will pay between $556 million and $1.1 billion during CY 2011 that could have potentially been avoided if the full medical CDRs in the backlog had been conducted when they became due (see Appendix C).

[12] SSA estimates each full medical CDR costs $1,000. Therefore, the 1.5 million full medical CDRs would cost $1.5 billion to conduct. In its FY 2006 CDR Report to Congress, SSA estimated the ratio of program savings to cost was roughly $10.50 to $1. As a result, we estimate Federal benefit savings of almost $15.8 billion ($1.5 billion times $10.50). The $10.50 ratio included savings of approximately $6.40 to the SSI, OASI, and DI programs; $2.10 to the Medicare program; and $2.00 to the Medicaid program. The ratio of program savings to cost increased to roughly $11.70 in FY 2007 and $12.30 in FY 2008 because of an increase in the number of SSI age 18 redeterminations, which have high cessation rates. Since SSI age 18 redeterminations are not included in the CDR backlog, we used the FY 2006 savings for our analysis. The CDR Report for FY 2009 has not been released.

[13] Our calculation is based on SSA's estimated cessation and benefit reduction rates. In each CDR Report to Congress, SSA estimates the number of CDRs that will result in a cessation after all appeals. SSA also estimates the reduction in benefit payments each year for a 10-year period for the CDRs that resulted in a cessation. Since SSA does not know what percent of CDRs in the backlog will result in a cessation, we based our analysis on a range of potential cessation rates: from 6 percent to 12 percent. For additional information on the selection of these cessation rates, see Appendix C, Page C-2.

[14] As of October 2009, SSA had released 25,338 full medical CDRs and 131,987 mailer CDRs for processing. Some of the CDR mailers will result in a full medical CDR.

[15] In FY 2009, SSA conducted 316,960 full medical CDRs and had a backlog of almost 1.5 million full medical CDRs at the end of the year.

SSA Resources for CDRs

To avoid benefit payments to individuals who are not entitled, SSA needs sufficient resources to conduct all CDRs when they become due. However, SSA faces resource challenges in being able to perform the CDRs that become due each year and, at the same time, meet the growing need to serve the public. This challenge is heightened given the need to eliminate the full medical CDR backlog.

Furthermore, SSA is challenged to have the DDS resources available to conduct full medical CDRs given the ever-increasing numbers of initial disability applications. In FY 2009 alone, SSA received almost 3 million applications for disability benefits, an increase of 15 percent over FY 2008. As a result, initial claims pending grew to about 770,000 at the end of FY 2009. SSA expects 350,000 more initial disability claims than first projected for FY 2010 and estimates that the pending level could reach over 1 million during FY 2010.

The increase in initial disability applications challenges SSA's ability to provide world-class service, creating workloads that exceed resources. These numbers also create challenges for SSA with respect to stewardship, forcing the dedication of resources to processing applications, rather than conducting full medical CDRs, or taking other steps to ensure program integrity.

However, it is important for SSA to continue striving to ensure that only those entitled to benefits are receiving them. To do so, SSA should continue working with Congress to secure the funds necessary to eliminate the existing full medical CDR backlog and conduct the CDRs that become due each year.

To help ensure SSA receives the funds necessary to conduct the CDRs that become due each year, we support a self-funding program integrity fund. In July 2009, we recommended that SSA continue pursuing the establishment of a self-funding program integrity fund, and SSA agreed to do so.[16] To ensure CDRs are conducted timely, we believe the mechanism to provide funding for CDRs should not depend on annual appropriations nor be subject to SSA's discretion for expending these funds. During the last several years, significant backlogs arose with costs in the billions because SSA chose not to conduct all full medical CDRs as they became due. A permanent, indefinite appropriation will ensure that needed funds are available and SSA cannot use those funds for other purposes.

A proposal for a self-funding program integrity fund formerly considered by SSA contained the following elements.

- Provide authority for SSA to expend a portion of actual collections of erroneous payments on activities to prevent, detect, and collect erroneous payments. Specifically, the proposal would establish permanent indefinite appropriations,

[16] We made this recommendation in our report on *Supplemental Security Income Redeterminations* (A-07-09-29146). Therefore, we do not repeat the recommendation in this report.

subject to Office of Management and Budget apportionment, to make available to SSA up to 25 percent of the actual overpayments collected during the base FY and make available to the Office of the Inspector General up to 2.5 percent of the same collected overpayments.

- Establish a revolving fund that would be financed from SSA's stewardship/program integrity activities' projected lifetime savings. That is, SSA would be permitted to deposit up to 50 percent of the estimated future lifetime program savings from processing such program integrity activities as (but not limited to) CDRs, SSI redeterminations, Cooperative Disability Investigation Units, and Special Office of the General Counsel prosecutions. The Commissioner would be authorized to fund initiatives that would yield at least a 150-percent return on investment in a 10-year time period. This proposal would link budgeting for cost-effective program integrity activities with their results.[17]

CONCLUSION AND RECOMMENDATION

SSA has made, and will continue to make, benefit payments to individuals who would potentially no longer be entitled if the backlog of 1.5 million full medical CDRs had been conducted when they became due. From CY 2005 through CY 2010, we estimate SSA will have made benefit payments of between $1.3 and $2.6 billion that could have potentially been avoided if the full medical CDRs in the backlog had been conducted when due. Further, although SSA plans to conduct an increased number of full medical CDRs in FY 2011, the 1.5 million full medical CDR backlog will most likely remain. Therefore, we estimate SSA will pay benefits of between $556 million and $1.1 billion during CY 2011 that could have potentially been avoided if the full medical CDRs in the backlog had been conducted when due.

The growing need to serve the public and the increase in initial disability applications challenges SSA's ability to provide world-class service delivery, creating workloads that exceed resources. These numbers also create challenges for SSA with respect to stewardship, forcing the dedication of resources to processing applications, rather than conducting full medical CDRs, or taking other steps to ensure program integrity. However, it is important for SSA to continue to strive to ensure that only those entitled to benefits are receiving them.

[17] SSA's FY 2010 President's Budget request included a significant increase in funding for program integrity activities as part of the President's initiative to make Government more effective and efficient. The enhanced funding in FY 2010 represents part of a multi-year Government-wide effort intended to allow SSA to focus more closely on workloads or processes that are most vulnerable to improper payments. In addition to the base request, SSA requested $485 million specifically for program integrity workloads, including CDRs and SSI non-medical redeterminations.

We recommend SSA continue to work with Congress to secure the funds necessary to eliminate the existing full medical CDR backlog and to conduct the CDRs that become due each year. To the extent that resources are not available to conduct the CDRs that become due each year, SSA should report the reasons and the associated impact on Federal benefit payments in its annual CDR Report to Congress.

AGENCY COMMENTS

SSA partially agreed with our recommendation. SSA disagreed with the portion of our recommendation that suggested it report in the annual CDR Report to Congress the reasons and associated impact on Federal benefit payments of not conducting all CDRs that become due each year. According to SSA, the amount of time it takes to prepare the annual CDR Report to Congress undermines the usefulness of reporting this information. See Appendix D for the full text of SSA's comments.

OIG RESPONSE

To be good stewards, SSA must ensure that it pays benefits only to those individuals who continue to be entitled. To accomplish full stewardship, SSA needs to conduct the full medical CDRs that become due each year so that benefits can be terminated for individuals who are no longer entitled. This level of stewardship is of utmost importance given the current and projected economic condition of the DI and OASI Trust Funds. For example, DI program costs have exceeded tax revenues since 2005 and exhaustion of the DI Trust Fund is projected for 2020.[18]

The Act also specifies that benefit payments shall be made only from the applicable Social Security Trust Fund.[19] Consequently, if the DI Trust Fund becomes insolvent, full Social Security disability benefits may not be paid on time. To help ensure the solvency of the DI Trust Fund, SSA should conduct full medical CDRs when they become due so that funds are not used to pay benefits to ineligible individuals.

Furthermore, in accordance with the President's commitment to transparency and open Government, we continue to believe SSA should fully disclose to Congress the reasons and associated impact on Federal benefit payments of not conducting all CDRs that become due each year. To ensure full transparency and accountability, SSA should report this information to Congress as timely as possible.

Patrick P. O'Carroll, Jr.

---

[18] The *2009 Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds*, May 12, 2009.

[19] The *Social Security Act* § 201(h), 42 U.S.C. § 401(h).

Appendices

Acronyms

Act	*Social Security Act*
CY	Calendar Year
C.F.R.	Code of Federal Regulations
CDR	Continuing Disability Review
DDS	Disability Determination Services
DI	Disability Insurance
FY	Fiscal Year
OASI	Old-Age and Survivors Insurance
Pub. L. No.	Public Law Number
SSA	Social Security Administration
SSI	Supplemental Security Income
U.S.C.	United States Code

Scope and Methodology

To complete the objectives of our review, we

- Reviewed applicable laws, regulations, and pertinent parts of the Program Operations Manual System related to continuing disability reviews (CDR).
- Reviewed the Social Security Administration's (SSA) annual CDR Reports to Congress and the Office of Quality Performance Website information to obtain
  - CDR cessation rates,
  - the savings-to-cost ratio of CDRs,
  - estimated benefit reductions related to CDR cessations, and
  - cost to perform a CDR.
- Interviewed personnel from SSA's Office of Quality Performance to obtain
  - the estimated CDR backlog each fiscal year,
  - the CDR selection process, and
  - an explanation of the growth in the backlog of CDRs.
- Calculated benefit payments related to the backlog of CDRs.

The entity reviewed was SSA's Office of Operations. Our work was conducted at the Office of Audit in Kansas City, Missouri, and SSA's Headquarters in Baltimore, Maryland, from March through November 2009. We determined that the data used in this report were sufficiently reliable given the review objective and their intended use. We conducted our review in accordance with the President's Council on Integrity and Efficiency's[1] *Quality Standards for Inspections.*

[1] In January 2009, the President's Council on Integrity and Efficiency was superseded by the Council of the Inspectors General on Integrity and Efficiency, *Inspector General Reform Act of 2008*, Pub. L. No. 110-409 § 7, 5 U.S.C. App. 3 § 11.

Benefit Payments to Individuals with a Full Medical Continuing Disability Review in the Backlog

From Calendar Year (CY) 2005 through CY 2010, we estimate the Social Security Administration (SSA) will have made benefit payments of between $1.3 and $2.6 billion that could have been avoided if the 1.5 million full medical continuing disability reviews (CDR) in the backlog had been conducted when they became due.[1] Further, if the number of full medical CDRs SSA plans to conduct in Fiscal Year (FY) 2011 remains consistent with FY 2010, the 1.5-million full medical CDR backlog will remain and most likely increase. Therefore, we estimate SSA will pay benefits from $556 million to $1.1 billion during CY 2011 that could have been avoided if the full medical CDRs in the backlog had been conducted when they became due.

Our estimates are based on the following methodology.

1. SSA provided a file with almost 2.6 million CDRs due for FY 2010. This file included both full medical and mailer CDRs.[3] Using information contained in this file, we identified the original due dates for these CDRs. Based on the original due dates, we identified the percentage of the 2.6 million CDRs due each year since CY 2005 (see Table C-1).

Table C-1
FY 2010 CDRs Due by Original Due Date

CDR Due Date	Number of CDRs	Percent of Total
2005[2]	250,322	10%
2006	242,309	9%
2007	387,015	15%
2008	579,124	23%
2009	590,741	23%
2010	508,172	20%
Total	**2,557,683**	**100%**

[1] SSA defines a "backlog" as CDRs due and selectable that are not able to be released for processing.

[2] These 250,322 CDRs had an original due date as early as 1968. Because of the small percentage of CDRs due each year from 1968 through 2005, we grouped these CDRs together for our analysis. This is a conservative approach to achieve the objective of our review.

[3] The 2.6 million CDRs had a due date of FY 2010 or earlier. This excludes CDRs that will not be selected for processing due to various "screen out" reasons, even though they have a due date of FY 2010 or earlier. Examples of "screen out" reasons include the beneficiary was not in current payment status, a CDR was in process, or the claimant reached retirement age. However, cases screened out in FY 2010 may be subject to the same screen out criteria in subsequent years.

2. Of the 2.6 million CDRs due in FY 2010, SSA estimates 1.5 million full medical CDRs will not be conducted in FY 2010.[4] Since this is an estimate, SSA could not identify the specific 1.5 million full medical CDRs and their associated due dates. Therefore, we applied the annual percentages identified in Table C-1 to the 1.5 million full medical CDRs to estimate their original due dates.[5] For example, Table C-1 shows that 10 percent of the 2.6 million full medical and mailer CDRs were originally due in 2005. Hence, we applied 10 percent to the 1.5 million full medical CDRs to estimate 146,806 full medical CDRs had a CY 2005 due date (see Table C-2).

Table C-2
CDR Backlog by Estimated Due Date

CDR Due Date	Estimated Number of Full Medical CDRs	Percent of Total
2005	146,806	10%
2006	142,107	9%
2007	226,972	15%
2008	339,638	23%
2009	346,451	23%
2010	298,027	20%
Total	**1,500,001**	**100%**

3. We estimated the numbers of full medical CDRs that would have ultimately resulted in a cessation if the CDRs were conducted in the year they became due. Historically, SSA estimated 12 percent of all CDRs conducted would ultimately result in a cessation of disability benefits, according to information obtained from SSA's annual CDR Reports to Congress.[6] However, SSA typically conducts CDRs with the highest cessation rates first. Specifically, SSA typically conducts Title II adult and Title XVI child CDRs before Title XVI adult CDRs. Therefore, the backlog of CDRs may consist mainly of Title XVI adult cases, which have a historical cessation

[4] The remaining 1.1 million CDRs consist of mailer or full medical CDRs that will be conducted during FY 2010 or will not be conducted due to various screen out reasons. See Footnote 3 for examples of screen out reasons.

[5] SSA releases CDRs for processing based on a profile model that prioritizes CDRs based on a variety of factors. Since CDR due date is only one of many factors that determines a CDR's priority, we cannot assume that the oldest CDRs will be released first.

[6] Information from the FY 2005 and FY 2006 CDR Reports to Congress revealed a 12-percent cessation rate each year. For example, in FY 2005, SSA conducted 463,115 full medical CDRs, of which SSA estimated 57,000 (12 percent) would ultimately result in a cessation after considering all appeals. The cessation rate increased to 22 percent in FY 2007 and 18 percent in FY 2008 due to an increase in the number of SSI age 18 redeterminations, which have high cessation rates. Since SSI age 18 redeterminations are not included in the CDR backlog, we used the historic cessation rate of 12 percent for our analysis. The CDR Report for FY 2009 has not been released.

rate of 6 percent.[7] Therefore, we estimated the number of full medical CDRs from Table C-2 that would ultimately result in a cessation based on a 6-percent and a 12-percent cessation rate. For example, we applied 12 percent to the 146,806 CDRs we estimated were originally due in CY 2005 and determined that 17,617 CDRs would have ultimately resulted in a cessation if the CDRs had been conducted in CY 2005 (see Table C-3).

Table C-3
Estimated Cessations if CDRs Were Conducted When Due
Assuming 6- and 12-Percent Cessation Rates

CDR Due Date	Estimated Number of Full Medical CDRs[8]	Estimated Cessations Assuming a 6-Percent Cessation Rate	Estimated Cessations Assuming a 12-Percent Cessation Rate
2005	146,806	8,808	17,617
2006	142,107	8,526	17,053
2007	226,972	13,618	27,237
2008	339,638	20,378	40,757
2009	346,451	20,787	41,574
2010	298,027	17,882	35,763

4. Using cessation data and benefit payment reduction estimates from SSA's CDR Reports to Congress, we calculated the benefit payments made to individuals whose CDRs would have resulted in a cessation of benefits if the CDRs had been conducted when they originally became due. We combined the estimated annual benefit payments for CYs 2005 through 2010 to arrive at the $1.3 to $2.6 billion in payments that could have potentially been avoided if the 1.5 million CDRs had been conducted in the years they became due (see Tables C-4 and C-5).

   Although SSA plans to conduct an increased number of full medical CDRs in FY 2011, the 1.5 million full medical CDR backlog will most likely remain. Therefore, we estimate SSA will pay between $556 million and $1.1 billion during CY 2011 to individuals who would potentially no longer be eligible if the full medical CDRs in the backlog had been conducted when due (see Tables C-4 and C-5).[9]

---

[7] Information from FY 2005 through FY 2007 CDR Reports to Congress revealed a 6-percent cessation rate for Title XVI adults each year. For example, in FY 2005, SSA conducted 110,072 full medical CDRs on Title XVI adults, of which SSA estimated 6,300 (6 percent) would ultimately result in a cessation after considering all appeals. In FY 2008, the cessation rate for Title XVI adults decreased to 5 percent. The CDR Report for FY 2009 has not been released.

[8] See Table C-2.

[9] Since SSA re-profiles cases each year, some of the cases due for a CDR in FY 2010 may never undergo a full medical CDR if circumstances change in future years.

Table C- 4 Benefit Payments to Individuals with a Full Medical CDR in the Backlog Assuming a 6-Percent Cessation Rate[10] CYs 2005 – 2011							
	Benefit Payments Made By CY						
CDR Due Date	2005	2006	2007	2008	2009	2010	2011
2005[11] See Table C-6	$16,999,440	$55,631,328	$57,947,832	$55,631,328	$50,989,512	$46,356,504	$44,040,000
2006 See Table C-7		$22,628,004	$55,964,664	$61,924,338	$57,158,304	$51,207,156	$48,819,876
2007 See Table C-8			$11,343,794	$77,540,892	$88,898,304	$81,326,696	$79,433,794
2008 See Table C-9				$42,936,446	$126,608,514	$138,570,400	$131,519,612
2009 See Table C-10					$43,798,209	$129,149,631	$141,351,600
2010 See Table C-11						$37,677,374	$111,100,866
Annual Benefit Payments	**$16,999,440**	**$78,259,332**	**$125,256,290**	**$238,033,004**	**$367,452,843**	**$484,287,761**	**$556,265,748**
CYs 2005 – 2010 Benefit Payments	**$1,310,288,670**						

Table C- 5 Benefit Payments to Individuals with a Full Medical CDR in the Backlog Assuming a 12-Percent Cessation Rate[11] CYs 2005 – 2011							
	Benefit Payments Made By CY						
CDR Due Date	2005	2006	2007	2008	2009	2010	2011
2005[12] See Table C-6	$34,000,810	$111,268,972	$115,902,243	$111,268,972	$101,984,813	$92,718,271	$88,085,000
2006 See Table C-7		$45,258,662	$111,935,892	$123,855,939	$114,323,312	$102,420,318	$97,645,478
2007 See Table C-8			$22,688,421	$155,087,478	$177,803,136	$162,659,364	$158,873,421
2008 See Table C-9				$85,874,999	$253,223,241	$277,147,600	$263,045,678
2009 See Table C-10					$87,596,418	$258,299,262	$282,703,200
2010 See Table C-11						$75,352,641	$222195,519
Annual Benefit Payments	**$34,000,810**	**$156,527,634**	**$250,526,556**	**$476,087,388**	**$734,930,920**	**$968,597,456**	**$1,112,548,296**
CYs 2005 – 2010 Benefit Payments	**$2,620,670,764**						

Table C-6
Benefit Payments Made During CYs 2005 – 2011 That Could Have Been Avoided By Conducting CDRs That Became Due In CY 2005

---

[10] Calculations in Tables C-4 and C-5 are based on data from SSA's CDR Reports to Congress. Figures for CDRs due from CY 2009 through CY 2010 are based on the FY 2008 CDR Report to Congress since the FY 2009 report has not been released.

[11] Under this analysis, full medical CDRs due in CY 2005 or earlier would have been conducted in CY 2005.

	6-Percent Cessation Rate	12-Percent Cessation Rate
Benefit Payments Made During CY 2005		
Reported Cessations: Estimated number of CDRs that ultimately resulted in a cessation of benefit payments in FY 2005 as reported in the FY 2005 CDR Report to Congress.	57,000	57,000
FY 2005 Reported SSA Benefit Reductions: Benefit payments not made in FY 2005 as a result of the CDR cessations as reported in the FY 2005 CDR Report to Congress.[12]	$110,000,000	$110,000,000
Benefit Reduction per Cessation: Average benefit payments not made per ceased case in FY 2005 (calculated as FY 2005 SSA Benefit Reductions divided by Reported Cessations).[13]	$1,930	$1,930
Estimated Cessations: Number of CDRs we estimate would have resulted in a cessation if the CDRs due in CY 2005 were conducted in CY 2005 (shown in Table C-3).	8,808	17,617
Benefit Payments in CY 2005: Benefit payments that would not have been made to individuals in CY 2005 if CDRs due in CY 2005 were conducted (calculated as Benefit Reduction per Cessation times Estimated Cessations).	**$16,999,440**	**$34,000,810**
Benefit Payments Made During CY 2006		
Reported Cessations	57,000	57,000
FY 2006 Reported SSA Benefit Reductions	$360,000,000	$360,000,000
Benefit Reductions per Cessation	$6,316	$6,316
Estimated Cessations	8,808	17,617
Benefit Payments in CY 2006	**$55,631,328**	**$111,268,972**
Benefit Payments Made During CY 2007		
Reported Cessations	57,000	57,000
FY 2007 Reported SSA Benefit Reductions	$375,000,000	$375,000,000
Benefit Reductions per Cessation	$6,579	$6,579
Estimated Cessations	8,808	17,617
Benefit Payments in CY 2007	**$57,947,832**	**$115,902,243**
Benefit Payments Made During CY 2008		
Reported Cessations	57,000	57,000
FY 2008 Reported SSA Benefit Reductions	$360,000,000	$360,000,000
Benefit Reductions per Cessation	$6,316	$6,316
Estimated Cessations	8,808	17,617
Benefit Payments in CY 2008	**$55,631,328**	**$111,268,972**
Benefit Payments Made During CY 2009		
Reported Cessations	57,000	57,000
FY 2009 Reported SSA Benefit Reductions	$330,000,000	$330,000,000
Benefit Reductions per Cessation	$5,789	$5,789
Estimated Cessations	8,808	17,617
Benefit Payments in CY 2009	**$50,989,512**	**$101,984,813**

[12] The CDR Reports to Congress also provide estimated benefit reductions for the Medicare and Medicaid programs, which we did not include in this analysis.

[13] The Benefit Reduction per Cessation amount may vary based on the types of CDRs conducted. For example, cessations of Title XVI adults typically have lower average benefit reductions than Title II adults and Title XVI children. Therefore, if the backlog of CDRs consists mainly of Title XVI adult cases, the Benefit Reduction per Cessation would be lower than we estimated. However, we do not know the Benefit Reduction per Cessation amount that is representative of the CDR backlog. Therefore, we chose to calculate the amount based on SSA's reported estimates of benefit payments not made as a result of all CDR cessations.

Table C-6 Benefit Payments Made During CYs 2005 – 2011 That Could Have Been Avoided By Conducting CDRs That Became Due In CY 2005		
	6-Percent Cessation Rate	12-Percent Cessation Rate
Benefit Payments That Will Be Made During CY 2010		
Reported Cessations	57,000	57,000
FY 2010 Reported SSA Benefit Reductions	$300,000,000	$300,000,000
Benefit Reductions per Cessation	$5,263	$5,263
Estimated Cessations	8,808	17,617
Benefit Payments in CY 2010	**$46,356,504**	**$92,718,271**
Benefit Payments That Will Be Made During CY 2011		
Reported Cessations	57,000	57,000
FY 2011 Reported SSA Benefit Reductions	$285,000,000	$285,000,000
Benefit Reductions per Cessation	$5,000	$5,000
Estimated Cessations	8,808	17,617
Benefit Payments in CY 2011	**$44,040,000**	**$88,085,000**

Table C-7
Benefit Payments Made During CYs 2006 – 2011 That Could Have Been Avoided By Conducting CDRs That Became Due In CY 2006

	6-Percent Cessation Rate	12-Percent Cessation Rate
Benefit Payments Made During CY 2006		
Reported Cessations: Estimated number of CDRs that ultimately resulted in a cessation of benefit payments in FY 2006 as reported in the FY 2006 CDR Report to Congress.	35,800	35,800
FY 2006 Reported SSA Benefit Reductions: Benefit payments not made in FY 2006 as a result of the CDR cessations as reported in the FY 2006 CDR Report to Congress.	$95,000,000	$95,000,000
Benefit Reduction per Cessation: Average benefit payments not made per ceasd case in FY 2006 (calculated as FY 2006 SSA Benefit Reductions divided by Reported Cessations).	$2,654	$2,654
Estimated Cessations: Number of CDRs we estimate would have resulted in a cessation if the CDRs due in CY 2006 were conducted in CY 2006 (as shown in Table C-3).	8,526	17,053
Benefit Payments in CY 2006: Benefit payments that would not have been made to individuals in CY 2006 if CDRs due in CY 2006 were conducted (calculated as Benefit Reduction per Cessation times Estimated Cessations).	**$22,628,004**	**$45,258,662**
Benefit Payments Made During CY 2007		
Reported Cessations	35,800	35,800
FY 2007 Reported SSA Benefit Reductions	$235,000,000	$235,000,000
Benefit Reductions per Cessation	$6,564	$6,564
Estimated Cessations	8,526	17,053
Benefit Payments in CY 2007	**$55,964,664**	**$111,935,892**
Benefit Payments Made During CY 2008		
Reported Cessations	35,800	35,800
FY 2008 Reported SSA Benefit Reductions	$260,000,000	$260,000,000
Benefit Reductions per Cessation	$7,263	$7,263
Estimated Cessations	8,526	17,053
Benefit Payments in CY 2008	**$61,924,338**	**$123,855,939**
Benefit Payments Made During CY 2009		
Reported Cessations	35,800	35,800
FY 2009 Reported SSA Benefit Reductions	$240,000,000	$240,000,000
Benefit Reductions per Cessation	$6,704	$6,704
Estimated Cessations	8,526	17,053
Benefit Payments in CY 2009	**$57,158,304**	**$114,323,312**
Benefit Payments That Will Be Made During CY 2010		
Reported Cessations	35,800	35,800
FY 2010 Reported SSA Benefit Reductions	$215,000,000	$215,000,000
Benefit Reductions per Cessation	$6,006	$6,006
Estimated Cessations	8,526	17,053
Benefit Payments in CY 2010	**$51,207,156**	**$102,420,318**
Benefit Payments That Will Be Made During CY 2011		
Reported Cessations	35,800	35,800
FY 2011 Reported SSA Benefit Reductions	$205,000,000	$205,000,000
Benefit Reductions per Cessation	$5,726	$5,726
Estimated Cessations	8,526	17,053
Benefit Payments in CY 2011	**$48,819,876**	**$97,645,478**

Table C-8 Benefit Payments Made During CY s 2007 – 2011 That Could Have Been Avoided By Conducting CDRs That Became Due In CY 2007		
	6-Percent Cessation Rate	12-Percent Cessation Rate
Benefit Payments Made During CY 2007		
Reported Cessations: Estimated number of CDRs that ultimately resulted in a cessation of benefit payments in FY 2007 as reported in the FY 2007 CDR Report to Congress.	36,000	36,000
FY 2007 Reported SSA Benefit Reductions: Benefit payments not made in FY 2007 as a result of the CDR cessations as reported in the FY 2007 CDR Report to Congress.	$30,000,000	$30,000,000
Benefit Reduction per Cessation: Average benefit payments not made per ceased case in FY 2007 (calculated as FY 2007 SSA Benefit Reductions divided by Reported Cessations).	$ 833	$ 833
Estimated Cessations: Number of CDRs we estimate would have resulted in a cessation if the CDRs due in CY 2007 were conducted in CY 2007 (shown in Table C-3).	13,618	27,237
Benefit Payments in CY 2007: Benefit payments that would not have been made to individuals in CY 2007 if CDRs due in CY 2007 were conducted (calculated as Benefit Reduction per Cessation times Estimated Cessations).	**$11,343,794**	**$22,688,421**
Benefit Payments Made During CY 2008		
Reported Cessations	36,000	36,000
FY 2008 Reported SSA Benefit Reductions	$205,000,000	$205,000,000
Benefit Reductions per Cessation	$5,694	$5,694
Estimated Cessations	13,618	27,237
Benefit Payments in CY 2008	**$77,540,892**	**$155,087,478**
Benefit Payments Made During CY 2009		
Reported Cessations	36,000	36,000
FY 2009 Reported SSA Benefit Reductions	$235,000,000	$235,000,000
Benefit Reductions per Cessation	$6,528	$6,528
Estimated Cessations	13,618	27,237
Benefit Payments in CY 2009	**$88,898,304**	**$177,803,136**
Benefit Payments That Will Be Made During CY 2010		
Reported Cessations	36,000	36,000
FY 2010 Reported SSA Benefit Reductions	$215,000,000	$215,000,000
Benefit Reductions per Cessation	$5,972	$5,972
Estimated Cessations	13,618	27,237
Benefit Payments in CY 2010	**$81,326,696**	**$162,659,364**
Benefit Payments That Will Be Made During CY 2011		
Reported Cessations	36,000	36,000
FY 2011 Reported SSA Benefit Reductions	$210,000,000	$210,000,000
Benefit Reductions per Cessation	$5,833	$5,833
Estimated Cessations	13,618	27,237
Benefit Payments in CY 2011	**$79,433,794**	**$158,873,421**

Table C-9 Benefit Payments Made During CY s 2008 – 2011 That Could Have Been Avoided By Conducting CDRs That Became Due In CY 2008		
	6-Percent Cessation Rate	12-Percent Cessation Rate
Benefit Payments Made During CY 2008		
Reported Cessations: Estimated number of CDRs that ultimately resulted in a cessation of benefit payments in FY 2008 as reported in the FY 2008 CDR Report to Congress.	37,499	37,499
FY 2008 Reported SSA Benefit Reductions: Benefit payments not made in FY 2008 as a result of the CDR cessations as reported in the FY 2008 CDR Report to Congress.	$79,000,000	$79,000,000
Benefit Reduction per Cessation: Average benefit payments not made per ceased case during the first year of cessation in FY 2008 (calculated as FY 2008 SSA Benefit Reductions divided by Reported Cessations).	$2,107	$2,107
Estimated Cessations: Number of CDRs we estimate would have resulted in a cessation if the CDRs due in CY 2008 were conducted in CY 2008 (shown in Table C-3).	20,378	40,757
Benefit Payments in CY 2008: Benefit payments that would not have been made to individuals in CY 2008 if CDRs due in CY 2008 were conducted (calculated as Benefit Reduction per Cessation times Estimated Cessations).	**$42,936,446**	**$85,874,999**
Benefit Payments Made During CY 2009		
Reported Cessations	37,499	37,499
FY 2009 Reported SSA Benefit Reductions	$233,000,000	$233,000,000
Benefit Reduction per Cessation	$6,213	$6,213
Estimated Cessations	20,378	40,757
Benefit Payments in CY 2009	**$126,608,514**	**$253,223,241**
Benefit Payments That Will Be Made During CY 2010		
Reported Cessations	37,499	37,499
FY 2010 Reported SSA Benefit Reductions	$255,000,000	$255,000,000
Benefit Reduction per Cessation	$6,800	$6,800
Estimated Cessations	20,378	40,757
Benefit Payments in CY 2010	**$138,570,400**	**$277,147,600**
Benefit Payments That Will Be Made During CY 2011		
Reported Cessations	37,499	37,499
FY 2011 Reported SSA Benefit Reductions	$242,000,000	$242,000,000
Benefit Reductions per Cessation	$6,454	$6,454
Estimated Cessations	20,378	40,757
Benefit Payments in CY 2011	**$131,519,612**	**$263,045,678**

Table C-10
Benefit Payments Made During CY s 2009 – 2011 That Could Have Been Avoided By Conducting CDRs That Became Due In CY 2009[14]

	6-Percent Cessation Rate	12-Percent Cessation Rate
Benefit Payments Made During CY 2009		
Benefit Reduction per Cessation: Average benefit payments not made per ceased case during the first year of cessation in FY 2008 (calculated in Table C-9).	$2,107	$2,107
Estimated Cessations: Number of CDRs we estimate would have resulted in a cessation if the CDRs due in CY 2009 were conducted in CY 2009 (shown in Table C-3).	20,787	41,574
Benefit Payments in CY 2009: Benefit payments that would not have been made to individuals in CY 2009 if CDRs due in CY 2009 were conducted (calculated as Benefit Reduction per Cessation times Estimated Cessations).	**$43,798,209**	**$87,596,418**
Benefit Payments That Will Be Made During CY 2010		
Benefit Reduction per Cessation	$6,213	$6,213
Estimated Cessations	20,787	41,574
Benefit Payments in CY 2010	**$129,149,631**	**$258,299,262**
Benefit Payments That Will Be Made During CY 2011		
Benefit Reductions per Cessation	$6,800	$6,800
Estimated Cessations	20,787	41,574
Benefit Payments in CY 2011	**$141,351,600**	**$282,703,200**

[14] The FY 2009 CDR Report to Congress has not been released. Therefore, for the analysis based on CDRs due in CY 2009, we used the Benefit Reduction per Cessation calculations from FY 2008 (see Table C-9). For example, for cases ceased in FY 2008, the Benefit Reduction per Cessation was $2,107 for the first year cases were ceased. Therefore, for cases ceased in CY 2009, we used the $2,107 Benefit Reduction per Cessation rate for the first year. For the second year cases were ceased, we used the $6,213 Benefit Reduction per Cessation rate.

Table C-11 Benefit Payments Made During CY s 2010 – 2011 That Could Be Avoided By Conducting CDRs That Became Due In CY 2010[15]		
	6-Percent Cessation Rate	12-Percent Cessation Rate
Benefit Payments That Will Be Made During CY 2010		
Benefit Reduction per Cessation: Average benefit payments not made per ceased case during the first year of cessation in FY 2008 (calculated in Table C-9).	$2,107	$2,107
Estimated Cessations: Number of CDRs we estimate would have resulted in a cessation if the CDRs due in CY 2010 were conducted in CY 2010 (shown in Table C-3).	17,882	35,763
Benefit Payments in CY 2010: Benefit payments that would be made to individuals in CY 2010 if CDRs due in CY 2010 were conducted (calculated as Benefit Reduction per Cessation times Estimated Cessations).	**$37,677,374**	**$75,352,641**
Benefit Payments That Will Be Made During CY 2011		
Benefit Reductions per Cessation	$6,213	$6,213
Estimated Cessations	17,882	35,763
Benefit Payments in CY 2011	**$111,100,866**	**$222,195,519**

[15] SSA is in the process of conducting FY 2010 CDRs and the FY 2009 CDR Report to Congress has not been released. Therefore, for the analysis based on CDRs due in CY 2010, we used the Benefit Reduction per Cessation calculations from FY 2008 (see Table C-9). For example, for cases ceased in FY 2008, the Benefit Reduction per Cessation was $2,107 for the first year cases were ceased. Therefore, for cases ceased in CY 2010, we used the $2,107 Benefit Reduction per Cessation rate for the first year. For the second year cases would be ceased, we used the $6,213 Benefit Reduction per Cessation rate.

Agency Comments

SOCIAL SECURITY

MEMORANDUM

Date: March 22, 2010 Refer To: S1J-3

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

From: James A. Winn /s/
Executive Counselor
to the Commissioner

Subject: Office of the Inspector General (OIG) Draft Report, "Full Medical Continuing Disability Reviews" (A-07-09-29147)--INFORMATION

Thank you for the opportunity to review and comment on the draft report. We appreciate OIG's efforts in conducting this review. We have attached our response to the report findings and recommendation.

Please let me know if we can be of further assistance. Please direct staff inquiries to Candace Skurnik, Director, Audit Management and Liaison Staff, at (410) 965-4636.

Attachment

COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL (OIG) DRAFT REPORT, "FULL MEDICAL CONTINUING DISABILITY REVIEWS" (A-07-09-29147)

We recognize the tremendous stewardship challenge we face in addressing the increasing number of initial disability claims and the forecasted growth of initial claims pending. We do agree it is beneficial for us to process more continuing disability reviews (CDR) and that significant program savings would occur if we were able to process all CDRs in the backlog. We appreciate your recognition of the significant barriers in processing all of the full medical CDRs that are due or overdue. We will continue to work aggressively to secure a steady stream of dedicated funding to process all the CDRs that are coming due and to work down the backlog over time. However, we recognize that even with the receipt of additional funding, the processing of CDRs cannot come at the expense of other critical workloads. We received significant funding in our fiscal year (FY) 2010 budget to increase hiring in the disability determination services (DDS) to address the increase in initial disability claims. Our intent is to reduce the claims pending to pre-recession levels over the next few years, and once we achieve that, more resources will be available to address the integrity workloads.

Recommendation

We recommend SSA work with Congress to secure the funds necessary to eliminate the existing full medical CDR backlog and to conduct the CDRs that become due each year. To the extent resources are not available to conduct the CDRs that become due each year, SSA should report the reasons and the associated impact on Federal benefit payments in its annual report to Congress.

Comment

We partially agree. We believe this recommendation should be amended to state **we continue to work** with Congress to secure funds for full medical CDRs, as we have in fact worked diligently with our oversight and appropriations committees to address the existing full medical CDR backlog and to secure additional funds up to this point.

We disagree with the second part of this recommendation. Processing more full medical CDRs is not a simple resource issue that can be isolated in a report separate from the rest of our annual budget request. To process more full medical CDRs, we must have sufficient resources to increase our overall capacity to do more program integrity reviews while handling the growing initial claims workloads. Moreover, the amount of time it takes to prepare the annual report to Congress undermines the usefulness of including this type of information in the annual report. Almost a full fiscal year elapses before the information needed to complete the current report is available. By that point, we are well on our way to developing our budget and workload projections for the fiscal year that will occur three years out. For example, the FY 2008 annual report was issued in December 2009 while we were developing our FY 2011 budget.

Furthermore, we already exceed all the statutory requirements set by Congress for the annual report, as we continue to report the estimated administrative costs, savings, and cost effectiveness of conducting CDRs.

OIG Contacts and Staff Acknowledgments

OIG Contacts

Mark Bailey, Director, Kansas City Audit Division

Tonya Eickman, Audit Manager

Acknowledgments

In addition to those named above:

Kenneth Bennett, IT Specialist

Brennan Kraje, Statistician

For additional copies of this report, please visit our web site at www.ssa.gov/oig or contact the Office of the Inspector General's Public Affairs Specialist at (410) 965-3218. Refer to Common Identification Number A-07-09-29147.

DISTRIBUTION SCHEDULE

Commissioner of Social Security

Office of Management and Budget, Income Maintenance Branch

Chairman and Ranking Member, Committee on Ways and Means

Chief of Staff, Committee on Ways and Means

Chairman and Ranking Minority Member, Subcommittee on Social Security

Majority and Minority Staff Director, Subcommittee on Social Security

Chairman and Ranking Minority Member, Committee on the Budget, House of Representatives

Chairman and Ranking Minority Member, Committee on Oversight and Government Reform

Chairman and Ranking Minority Member, Committee on Appropriations, House of Representatives

Chairman and Ranking Minority, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, House of Representatives

Chairman and Ranking Minority Member, Committee on Appropriations, U.S. Senate

Chairman and Ranking Minority Member, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, U.S. Senate

Chairman and Ranking Minority Member, Committee on Finance

Chairman and Ranking Minority Member, Subcommittee on Social Security Pensions and Family Policy

Chairman and Ranking Minority Member, Senate Special Committee on Aging

Social Security Advisory Board

Overview of the Office of the Inspector General

The Office of the Inspector General (OIG) is comprised of an Office of Audit (OA), Office of Investigations (OI), Office of the Counsel to the Inspector General (OCIG), Office of External Relations (OER), and Office of Technology and Resource Management (OTRM). To ensure compliance with policies and procedures, internal controls, and professional standards, the OIG also has a comprehensive Professional Responsibility and Quality Assurance program.

Office of Audit

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

Office of Investigations

OI conducts investigations related to fraud, waste, abuse, and mismanagement in SSA programs and operations. This includes wrongdoing by applicants, beneficiaries, contractors, third parties, or SSA employees performing their official duties. This office serves as liaison to the Department of Justice on all matters relating to the investigation of SSA programs and personnel. OI also conducts joint investigations with other Federal, State, and local law enforcement agencies.

Office of the Counsel to the Inspector General

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

Office of External Relations

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

Office of Technology and Resource Management

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