



ICN 31170-23-169

SOCIAL SECURITY
Office of the Inspector General

MEMORANDUM

Date: June 18, 2001

Refer To:

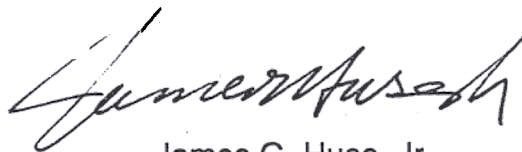
To: Larry G. Massanari
Acting Commissioner
of Social Security

From: Inspector General

Subject: Performance Measure Review: Reliability of the Data Used to Measure Disability Determination Services Decisional Accuracy (A-07-99-21007)

The attached final report presents the results of our audit. Our objective was to assess the reliability of the Social Security Administration's (SSA) performance data used to measure the accuracy of disability decisions made by State Disability Determination Services (DDS) during Fiscal Year 1999. The DDS Decisional Accuracy Rate was one of the performance indicators developed by SSA to meet the requirements of the Government Performance and Results Act of 1993.

Please comment within 60 days from the date of this memorandum on corrective action taken or planned on each recommendation. 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.



James G. Huse, Jr.

Attachment

OFFICE OF
THE INSPECTOR GENERAL

SOCIAL SECURITY ADMINISTRATION

PERFORMANCE MEASURE REVIEW:
RELIABILITY OF THE DATA USED TO
MEASURE DISABILITY DETERMINATION
SERVICES DECISIONAL ACCURACY

June 2001

A-07-99-21007

AUDIT REPORT



Mission

We improve SSA programs and operations and protect them against fraud, waste, and abuse by conducting independent and objective audits, evaluations, and investigations. We provide timely, useful, and reliable information and advice to Administration officials, the 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

By conducting independent and objective audits, investigations, and evaluations, we are agents of positive change striving for continuous improvement in the Social Security Administration's programs, operations, and management and in our own office.



SOCIAL SECURITY
Office of the Inspector General

MEMORANDUM

Date: JUN 18 2001
To: Larry G. Massanari
Acting Commissioner
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Subject: Performance Measure Review: Reliability of the Data Used to Measure Disability Determination Services Decisional Accuracy (A-07-99-21007)

The Government Performance and Results Act (GPRA) of 1993, Public Law 103-62, requires, in part, that the Social Security Administration (SSA) develop performance indicators that measure or assess the relevant outputs, service levels and outcomes of each program activity. GPRA also calls for a description of the means employed to verify and validate the measured values used to report on program performance.

The objective of this audit was to assess the reliability of SSA's data used to measure the following Fiscal Year (FY) 1999 GPRA performance indicator:

Disability Determination Services (DDS) Decisional Accuracy:

97% (goal)

96.7% (actual)

We reviewed the Office of Quality Assurance and Performance Assessment's (OQA) statistical methodology for calculating FY 1999 DDS Decisional Accuracy. Our recalculation of the FY 1999 DDS Decisional Accuracy determined that the methodology and data were reliable. However, OQA's methodology for calculating DDS Decisional Accuracy was not documented in the form of written procedures.

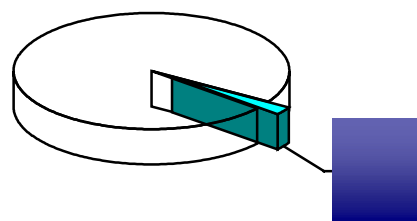
We did not determine the accuracy of the quality assurance (QA) reviews used by OQA to determine the DDS Decisional Accuracy Rate due to the technical nature of the QA review. Our audit was limited to reviewing OQA's methodology and data used for calculating the rate.

BACKGROUND

OQA performs a QA function under SSA's Deputy Commissioner for Finance, Assessment, and Management. QA reviews are conducted on a sample of cases closed by DDSs in the 50 States, the District of Columbia, and Puerto Rico.¹ Cases are randomly selected from each DDS' allowances and denials to measure the quality of initial DDS determinations. The results of the QA reviews are tabulated and used to calculate the DDS Decisional Accuracy Rate reported in SSA's Accountability Report. Appendix C provides an overview of OQA's process for determining the rate.

In FY 1999, DDSs closed 2,001,386 initial disability cases. QA reviews were completed on 42,313 cases, of which 18,501 were allowances and 23,812 were denials. The QA reviews included 13,847 Disability Insurance (DI),² 17,537 Supplemental Security Income (SSI),³ and 10,929 concurrent cases.⁴

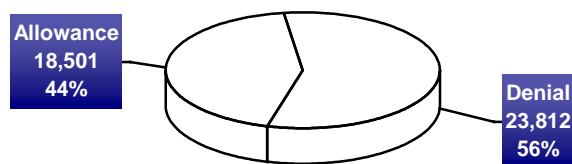
Cases Selected for Quality Assurance Review



Sample Selection Process

OQA uses an automated process, referred to as the Automated Sample Selection Process (ASSP), to select the sample cases for QA review. The ASSP chooses the cases from the National Disability Determination Services System (NDDSS) population of cases for which the DDS has issued a medical determination. Disability cases are recorded in NDDSS for internal management information and case control.

Cases Selected for Quality Assurance Review by Decision



¹ Approximately 11,887 cases closed by Federal employees are not included in the QA review process for purposes of calculating the DDS Decisional Accuracy Rate. This includes cases from Guam, Northern Mariana Islands, American Samoa, the Virgin Islands, and the Federal DDS in Baltimore.

² The DI program provides disability benefits to disabled wage earners and their families.

³ The SSI program provides income to financially needy individuals who are aged, blind, and/or disabled.

⁴ When a claimant files a claim under both the DI and SSI programs, the cases are considered concurrent.

OQA's general sampling methodology is designed to select 70 allowances and 70 denials every 3 months from each DDS⁵ and produce, at the 95 percent confidence level, the accuracy rate estimate.

QA Review Process

The SSA regional Disability Quality Branches (DQB) review sample cases prior to the claimant being notified of the DDS decision. The DQB's review duplicates the DDS decision process to the fullest extent possible by evaluating the sufficiency of medical evidence in the file, impairment severity, medical improvement, duration, residual functional capacity, onset and ending dates, and diary action.⁶

When DQB finds that a disability determination is deficient, the case is returned to the DDS. If the DDS agrees with the DQB, the DDS will take the action requested: i.e., obtain the requested documentation and/or correct the documentation. The case is then returned to the DQB for completion of the review and input of the final results. If the corrective action resulted in a changed decision, the case will be counted as an error in calculating the Decisional Accuracy Rate. However, if the DDS disagrees with a decisional deficiency, the DDS will work with the DQB to resolve the difference. If the DDS provides sufficient evidence to convince the DQB that the original disability decision was accurate, the DQB will rescind the deficiency and will not count the case as an error in calculating the Decisional Accuracy Rate.

During FY 1999, of the 42,313 cases selected for QA review, 1,416 were counted as errors in calculating the DDS Decisional Accuracy Rate. Appendix D provides detailed rates for each region and state.

RESULTS OF REVIEW

We reviewed OQA's statistical methodology for calculating the FY 1999 DDS Decisional Accuracy. Based on our recalculation of the FY 1999 DDS Decisional Accuracy Rate, we determined that the methodology and data were reliable. (Appendix B details the scope and methodology used in conducting our review.) However, OQA did not document the methodology for calculating DDS Decisional Accuracy in the form of written procedures.

⁵ Larger samples are drawn for the New York and California DDSs because of the volume of cases processed and the large number of decentralized offices. In addition, during the period of our audit, if a DDS's accuracy in either or both allowances and denials was 91 percent or lower in any 3-month period, the sample for the deficient group was increased to 196 cases for a minimum of 3 months, or until improvement occurred.

⁶ According to Program Operations Manual System GN 04440.115, medical review issues include, but are not limited to, the items enumerated.

OQA'S METHODOLOGY WAS NOT DOCUMENTED

OQA has not formally documented its methodology for calculating DDS Decisional Accuracy. GPRA requires that agencies "*describe the means to be used to verify and validate measured values.*" Furthermore, the Office of Management and Budget Circular Number A-123, *Management Accountability and Control*, requires that "*...documentation for transactions, management controls, and other significant events must be clear and readily available for examination.*"

CONCLUSION AND RECOMMENDATION

We found that, based on our tests, the data used to calculate the FY 1999 DDS Decisional Accuracy performance measure was reliable. However, we recommend that SSA develop a comprehensive set of policies and procedures to document all phases of OQA's methodology for calculating DDS Decisional Accuracy.

AGENCY COMMENTS

In response to our draft report, SSA disagreed with our recommendation that it document OQA's methodology for calculating DDS Decisional Accuracy in writing. SSA stated that the definition of net accuracy and a description of the methodology used to calculate DDS Decisional Accuracy are documented in its monthly Net Accuracy Report. See Appendix F for SSA's comments on our draft report.

OFFICE OF THE INSPECTOR GENERAL'S RESPONSE

We agree that the monthly Net Accuracy Report provides a definition of net accuracy and a general definition of the methodology used to calculate DDS Decisional Accuracy. However, SSA does not have a comprehensive set of policies and procedures documenting all phases of its methodology for calculating DDS Decisional Accuracy. For example, procedures on developing the sampling intervals used to select the proper number of allowance and denial cases from each DDS are not documented in writing. To clarify our meaning of "methodology," we are modifying our recommendation to read: "*SSA develop a comprehensive set of policies and procedures to document all phases of OQA's methodology for calculating DDS Decisional Accuracy.*"

OTHER MATTERS

SSA does not have a method to assess the overall accuracy of payment outlays for disability-based benefits, taking into account both medical and non-medical factors of eligibility. In conducting our audit, we identified a distinct difference in the accuracy of disability decisions as determined by OQA at the initial and appeals levels. We also found that disability decisions to claimants were delayed an average of 75 days because of problems in resolving results of the QA review. Therefore, some claimants did not receive benefit payments timely. See Appendix E for the results of these analyses.



James G. Huse, Jr.

Appendices

APPENDIX A – Acronyms

APPENDIX B – Scope and Methodology

APPENDIX C – Process for Determining DDS Decisional Accuracy

APPENDIX D – FY 1999 DDS Accuracy Rate by Region and State

APPENDIX E – Other Matters

APPENDIX F – Agency Comments

APPENDIX G – OIG Contacts and Staff Acknowledgments

Appendix A

| ACRONYMS | |
|-----------------|---|
| ASSP | Automated Sample Selection Process |
| DDS | Disability Determination Services |
| DICARS | Disability Case Adjudication and Review System |
| DQB | Disability Quality Branch |
| FY | Fiscal Year |
| GPRA | Government Performance and Results Act |
| NDDSS | National Disability Determination Services System |
| OHA | Office of Hearings and Appeals |
| OQA | Office of Quality Assurance and Performance Assessment |
| QA | Quality Assurance |
| SSA | Social Security Administration |

Scope and Methodology

The objective of this review was to assess the reliability of the Social Security Administration's (SSA) performance data used to measure the accuracy of initial disability decisions during Fiscal Year (FY) 1999.

To test the accuracy and reliability of SSA's performance data we:

- obtained the sampling methodology used by Office of Quality Assurance and Performance Assessment (OQA);
- determined whether the sampling methodology was sufficient to provide for a statistically valid Disability Determination Services (DDS) Decisional Accuracy Rate;
- determined whether OQA's methodology used to calculate the rate was valid;
- obtained the programming for the Automated Sample Selection Process (ASSP) and determined whether the ASSP allowed all initial cases closed by DDS to be subject to selection for a QA review;
- obtained from OQA: (1) the data file containing information on 42,313 cases selected for a QA review in FY 1999, and (2) the 10 regional Disability Case Adjudication and Review System (DICARS) files containing the results of the 42,313 QA reviews;
- compared the information in the OQA data file to the 10 regional DICARS files and determined whether data from the 10 regional DICARS files was accurately uploaded to the OQA data file;
- compared the information in the OQA data file to our analysis of the National Disability Determination Services System (NDDSS) and determined whether: (1) each case selected for review from the NDDSS was actually reviewed, and (2) cases where the original DDS decision was different than the Disability Quality Branch (DQB) decision were counted as errors; and
- recalculated the DDS Decisional Accuracy Rate based on our analysis of the data files.

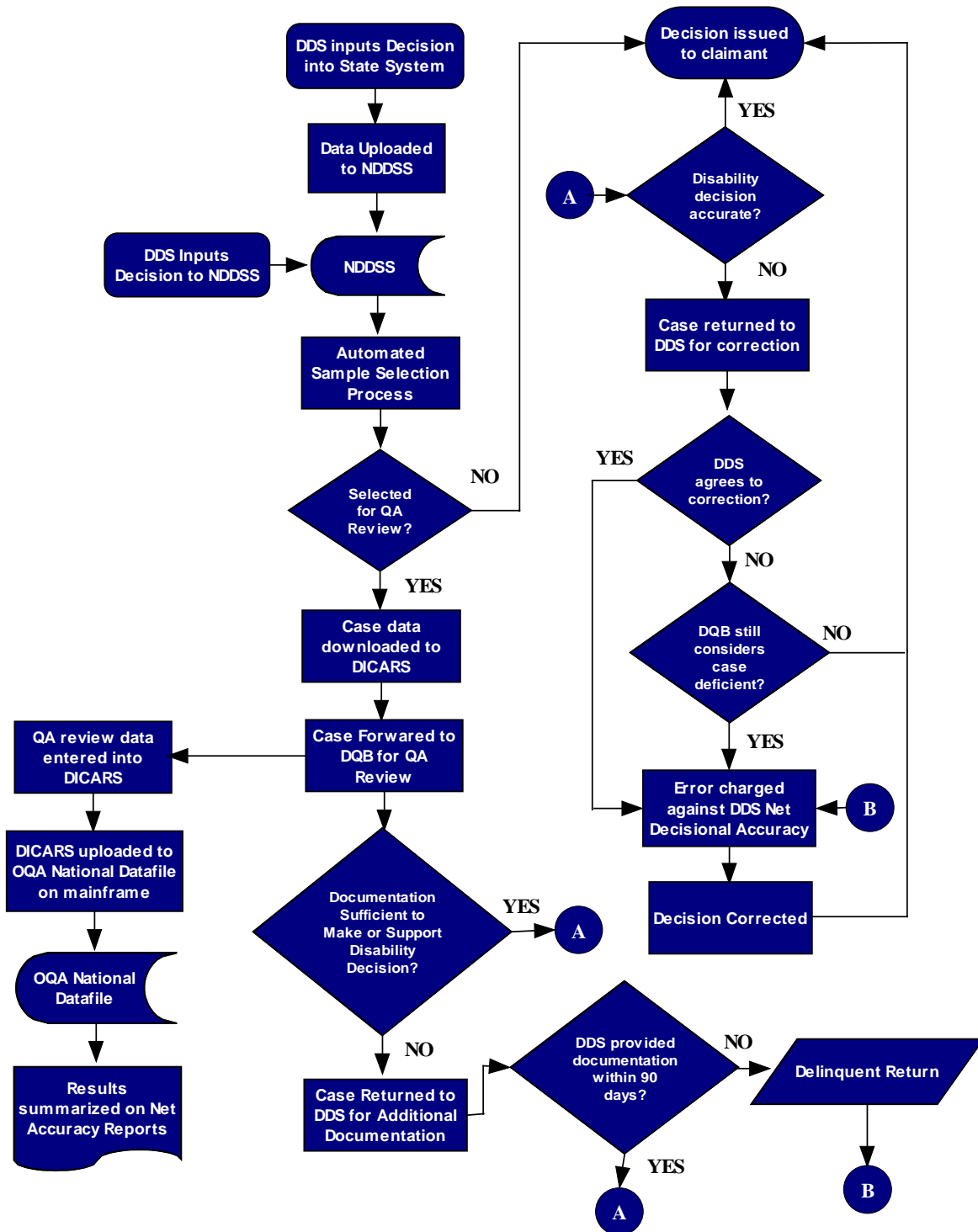
In conducting this audit we also:

- reviewed SSA's Accountability Report for FY 1999, SSA's Annual Performance Plan for FYs 1999, 2000 and 2001 to determine the baseline data, definition, and data source for the performance indicator;
- reviewed the Government Performance and Results Act, other laws and regulations, and Office of Management and Budget circulars;
- interviewed OQA policy and program staff regarding the methodologies and procedures used to produce performance data for the DDS Decisional Accuracy Rate;
- interviewed OQA analysts to gain an understanding of the QA review process, the composition of OQA's data base, the statistical methods used, and other relevant matters; and
- interviewed Office of Systems Design and Development staff to gain an understanding of the ASSP process.

We reviewed those internal controls related to our audit objective. Our review did not include a test of NDDSS to verify the completeness and accuracy of the data base file provided by SSA. In addition, we did not determine the accuracy of the QA review used by OQA to determine the DDS Decisional Accuracy Rate due to the technical nature of the QA review. Our audit was limited to OQA's methodology and data used for calculating the rate.

We performed our audit at the OQA office in Woodlawn, Maryland and the DQB in Kansas City, Missouri between October 1999 and February 2001. The entity audited was OQA within the Office of the Deputy Commissioner for Finance, Assessment and Management. We conducted our audit in accordance with generally accepted government auditing standards.

Process for Determining Disability Determination Services (DDS) Decisional Accuracy¹



¹ See Appendix A for an explanation of the acronyms used in the above flowchart.

Appendix D

FY 1999 Disability Determination Services (DDS) Decisional Accuracy by Region and State

| DDS Decisional Accuracy By Region | | | |
|--|------------------|---------------|----------------|
| Region | Allowance | Denial | Overall |
| Boston | 97.8% | 96.7% | 97.2% |
| New York | 97.9% | 95.6% | 96.5% |
| Philadelphia | 98.3% | 96.7% | 97.3% |
| Atlanta | 98.1% | 95.9% | 96.6% |
| Chicago | 98.3% | 95.3% | 96.4% |
| Dallas | 98.7% | 96.8% | 97.3% |
| Kansas City | 97.9% | 96.0% | 96.7% |
| Denver | 96.2% | 97.4% | 97.0% |
| San Francisco | 97.8% | 94.6% | 96.0% |
| Seattle | 97.0% | 94.6% | 95.6% |

| DDS Decisional Accuracy By State | | | |
|---|------------------|---------------|----------------|
| State | Allowance | Denial | Overall |
| Alabama | 98.3% | 93.4% | 94.8% |
| Alaska | 95.7% | 96.6% | 96.2% |
| Arizona | 97.9% | 94.8% | 96.2% |
| Arkansas | 98.3% | 98.7% | 98.6% |
| California | 97.8% | 94.6% | 96.0% |
| Colorado | 96.2% | 98.0% | 97.4% |
| Connecticut | 98.0% | 94.8% | 96.2% |
| Delaware | 98.4% | 95.6% | 96.9% |
| District of Columbia | 99.4% | 97.1% | 98.2% |
| Florida | 98.6% | 97.6% | 98.0% |
| Georgia | 96.4% | 94.7% | 95.3% |
| Hawaii | 96.7% | 93.6% | 95.2% |
| Idaho | 98.4% | 96.3% | 97.2% |
| Illinois | 99.0% | 94.5% | 96.2% |

DDS Decisional Accuracy By State

| State | Allowance | Denial | Overall |
|----------------|-----------|--------|---------|
| Indiana | 98.3% | 96.6% | 97.2% |
| Iowa | 97.7% | 96.8% | 97.2% |
| Kansas | 98.3% | 97.2% | 97.6% |
| Kentucky | 97.5% | 97.7% | 97.6% |
| Louisiana | 96.3% | 97.3% | 97.0% |
| Maine | 98.7% | 97.0% | 97.7% |
| Maryland | 98.7% | 96.8% | 97.5% |
| Massachusetts | 97.0% | 97.3% | 97.1% |
| Michigan | 97.6% | 93.4% | 94.9% |
| Minnesota | 98.4% | 96.8% | 97.6% |
| Mississippi | 98.3% | 94.7% | 95.8% |
| Missouri | 98.0% | 95.2% | 96.1% |
| Montana | 95.8% | 96.0% | 96.0% |
| Nebraska | 97.1% | 96.5% | 96.7% |
| Nevada | 98.7% | 95.1% | 97.0% |
| New Hampshire | 100.0% | 98.0% | 99.1% |
| New Jersey | 97.4% | 94.6% | 95.9% |
| New Mexico | 97.7% | 96.3% | 96.8% |
| New York | 98.0% | 95.8% | 96.6% |
| North Carolina | 97.7% | 96.2% | 96.8% |
| North Dakota | 97.7% | 94.5% | 95.7% |
| Ohio | 97.6% | 96.3% | 96.8% |
| Oklahoma | 99.0% | 98.3% | 98.6% |
| Oregon | 99.0% | 94.1% | 96.2% |
| Pennsylvania | 98.0% | 97.0% | 97.4% |
| Puerto Rico | 99.7% | 96.0% | 97.3% |
| Rhode Island | 99.0% | 96.5% | 97.8% |
| South Carolina | 98.9% | 95.4% | 96.7% |
| South Dakota | 94.3% | 97.1% | 96.0% |
| Tennessee | 98.7% | 95.2% | 96.4% |
| Texas | 99.7% | 95.9% | 97.0% |
| Utah | 97.1% | 98.4% | 97.9% |
| Vermont | 99.0% | 98.3% | 98.6% |
| Virginia | 99.4% | 96.3% | 97.5% |
| Washington | 95.7% | 94.3% | 94.9% |
| West Virginia | 95.9% | 96.2% | 96.1% |
| Wisconsin | 99.3% | 96.9% | 97.8% |
| Wyoming | 95.9% | 96.7% | 96.5% |

Other Matters

Accuracy at the Initial Level and the Appeals Level

The Social Security Administration (SSA) has two Government Performance and Results Act performance indicators that report the accuracy of disability decisions. The first indicator, Disability Determination Services (DDS) Decisional Accuracy, reflects the percentage of correct initial determinations issued by State DDSs. The second indicator, Office of Hearings and Appeals¹ (OHA) Decisional Accuracy,² reflects the percentage of correct disability hearing decisions issued by OHA. The Office of Quality Assurance and Performance Assessment (OQA) performs both DDS and OHA decisional accuracy reviews.

Currently, SSA does not have a method to assess the overall accuracy of payment outlays for disability-based benefits taking into account DDS and OHA case decisions and other non-medical factors of eligibility. According to SSA, such a measurement system is being developed.

SSA's statistics show a distinct difference in the accuracy of disability decisions at the initial and appeals levels. For example, the DDS accuracy rate for denials was between 93.4 percent and 98.7 percent (see Appendix D). However, 451,716 denied disability cases deemed accurate at the initial level were appealed to OHA in Fiscal Year (FY) 1999.³ For 284,371 of these cases (63 percent), OHA amended the initial disability decision. According to SSA staff, there are many factors that result in different decisions at the appellate level and the initial level. These factors include, but are not limited to, presentation of additional medical evidence at the appeals level and worsened and/or new impairments.

SSA could realize significant program and administrative savings if it were able to increase the number of DDS denials upheld by OHA. For example, if the number of DDS denials upheld by OHA increased by 5 percent, annual Disability Insurance program savings would be approximately \$117 million and annual Supplemental Security Income program savings would be approximately \$69 million.⁴ Conversely, if

¹ OHA administers the hearings and appeals program and issues the final decision when individuals and organizations are dissatisfied with determinations affecting their rights to and amounts of benefits or their participation in programs under the Social Security Act.

² "Performance Measure Review: Reliability of the Data Used to Measure the Office of Hearings and Appeals Decisional Accuracy Rates" (A-12-00-10057), currently in process.

³ These statistics were obtained from SSA's Key Workload Indicators Report and were not validated during this audit. The 451,716 cases were both denials and partial allowances. These cases may not correlate to the 2,001,386 initial disability cases closed by DDSs in FY 1999.

⁴ The potential rates of improvement are not based on any known study, but are only used to show potential levels of savings if various levels of improved reversal rates were achieved.

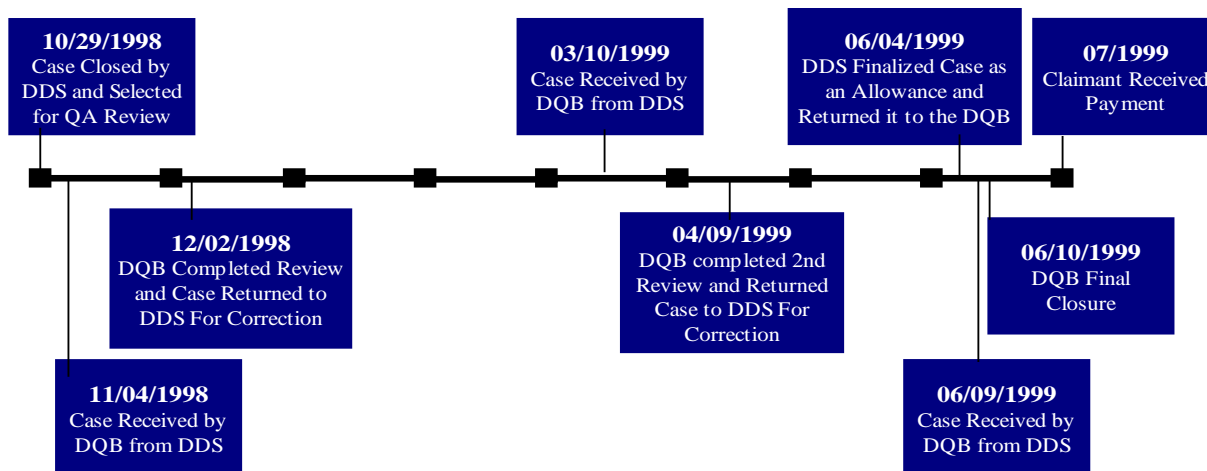
10 percent of the denials that are overturned by OHA were considered allowances at the DDS level, SSA could save approximately \$19.9 million in administrative costs.

Delay in Benefit Payments

We found that some claimants are not receiving disability payments timely. In FY 1999, OQA returned 2,369 cases to the DDSs because the quality assurance (QA) review determined that the disability decision was not accurate or documentation was not sufficient to determine if the disability decision was accurate. We found that resolution time on returned cases averaged 75 days.⁵ The following chart provides the number of days that returned cases were outstanding.

| Days Outstanding | Number of Cases | Percent |
|------------------|-----------------|------------|
| 0 – 30 | 462 | 20 |
| 31 – 60 | 548 | 23 |
| 61 – 90 | 556 | 23 |
| Over 90 | 803 | 34 |
| Total | 2,369 | 100 |

Case Illustration The DDS closed a case as a denial on October 29, 1998, at which time it was selected for QA review. Upon reviewing the case, the Disability Quality Branch (DQB) returned it to the DDS for a decision correction on December 2, 1998. However, the case decision was not finalized as an allowance until June 4, 1999. Therefore, the claimant did not receive payment until July 1999, or 9 months after the case was selected for QA review. In this case, the claimant did not receive his benefit payments timely.



The DQB attributes delays in the DDS' resolving returned cases to the: (1) case being routed to the field office rather than the DQB, (2) need to obtain additional medical evidence, (3) internal medical reviews being conducted, or (4) claimants being uncooperative.

⁵ This includes time: (1) to mail the case between the DQB and DDS, (2) for the DDS to conclude on the case, and (3) for the DQB to conclude on the case. Due to complexities in resolving a case, it may be sent between the DQB and the DDS more than once.

Agency Comments



SOCIAL SECURITY

MEMORANDUM

Date: May 29, 2001

Refer To: SIJ-3

To: James G. Huse, Jr.
Inspector General

From: Larry G. Massanari
Acting Commissioner of Social Security

Subject: Office of the Inspector General Draft Report, "Performance Measure Review: Reliability of the Data Used to Measure Disability Determination Services (DDS) Decisional Accuracy" (A-07-99-21007) — INFORMATION

Thank you for the opportunity to review and comment on the subject report. We appreciate OIG's efforts in conducting this review and OIG's acknowledgement of the Agency's reliability for determining the Disability Determination Services decisional accuracy. Our comments are attached.

Staff questions may be directed to Janet Carbonara on extension 53568.

Attachment:
SSA Response

COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL (OIG) DRAFT REPORT, "PERFORMANCE MEASURE REVIEW: RELIABILITY OF THE DATA USED TO MEASURE DISABILITY DETERMINATION SERVICES DECISIONAL ACCURACY" (A-07-99-21007)

We appreciate OIG's efforts in conducting this review and the opportunity to comment on the draft report. Our comments on the recommendation are provided below. Additionally, we recommend that the "Other Matters" section of this report be deleted. The issues covered in this section were discussed at the exit conference held on April 9, 2001. As indicated during the conference, we consider these issues beyond the scope of the subject audit.

Following are our comments on the recommendation.

Recommendation

OIG recommends that SSA document the Office of Quality Assurance and Performance Assessment's (OQA) methodology for calculating Disability Determination Service (DDS) Decisional Accuracy in writing.

Comment

The methodology for calculating DDS decisional accuracy already exists in writing. Specifically, the definition of net accuracy and a description of the methodology used to calculate DDS decisional accuracy can be found in the first two pages of the monthly Net Accuracy Report. This report is available on SSA's Official Intranet Website at <http://eis.ba.ssa.gov/oqa/disability/>.

Technical Comments

Other Matters (Page 4 and Appendix E)

OIG noted "distinct difference" in the accuracy of initial decisions as determined by OQA at the initial and appeals levels. At the exit conference, it was pointed out that there are many reasons for different outcomes, such as worsening of the impairment, a new impairment or new/additional documentation.

OIG notes that some claimants, due to the process of review, are not receiving their payments timely. We strongly disagree with this statement. Determinations selected for review are not final until the OQA review is complete, and therefore, should not be considered as delayed by the review. The proposed decision is subject to correction and potential reversal.

Appendix E

Page E-1, 4th paragraph – Based on the information provided explaining the different accuracy rates, one would conclude that the only way to reduce the number of cases changed by OHA would be to allow benefits at an earlier stage (by more development of the record, etc.). Such action would reduce administrative costs but not program costs. Since the audit report indicates there is no study that suggests any mechanism for reducing the number of DDS denials that are later changed by OHA, we suggest deleting the speculation about program savings if fewer decisions were changed.

OIG Contacts and Staff Acknowledgments

OIG Contacts

Rona Rustigian, Acting Director, Disability Program Audit Division (617) 565-1819

Mark Bailey, Deputy Director, (816) 936-5591

Acknowledgements

In addition to those named above:

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Richard Reed, Auditor

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| Ranking Minority Member, Subcommittee on Social Security and Family Policy | 1 |
| Chairman, Senate Special Committee on Aging | 1 |
| Ranking Minority Member, Senate Special Committee on Aging | 1 |
| Vice Chairman, Subcommittee on Government Management Information and Technology | 1 |
| President, National Council of Social Security Management Associations, Incorporated | 1 |
| Treasurer, National Council of Social Security Management Associations, Incorporated | 1 |
| Social Security Advisory Board | 1 |
| AFGE General Committee | 9 |
| President, Federal Managers Association | 1 |
| Regional Public Affairs Officer | 1 |
| Total | 97 |

Overview of the Office of the Inspector General

Office of Audit

The Office of Audit (OA) conducts comprehensive financial and performance audits of the Social Security Administration's (SSA) programs and makes recommendations to ensure that program objectives are achieved effectively and efficiently. Financial audits, required by the Chief Financial Officers Act of 1990, assess whether SSA's financial statements fairly present the Agency's financial position, results of operations, and cash flow. Performance audits review the economy, efficiency, and effectiveness of SSA's programs. OA also conducts short-term management and program evaluations focused on issues of concern to SSA, Congress, and the general public. Evaluations often focus on identifying and recommending ways to prevent and minimize program fraud and inefficiency.

Office of Executive Operations

The Office of Executive Operations (OEO) supports the Office of the Inspector General (OIG) by providing information resource management; systems security; and the coordination of budget, procurement, telecommunications, facilities and equipment, and human resources. In addition, this office is the focal point for the OIG's strategic planning function and the development and implementation of performance measures required by the Government Performance and Results Act. OEO is also responsible for performing internal reviews to ensure that OIG offices nationwide hold themselves to the same rigorous standards that we expect from the Agency, as well as conducting employee investigations within OIG. Finally, OEO administers OIG's public affairs, media, and interagency activities and also communicates OIG's planned and current activities and their results to the Commissioner and Congress.

Office of Investigations

The Office of Investigations (OI) conducts and coordinates investigative activity related to fraud, waste, abuse, and mismanagement of SSA programs and operations. This includes wrongdoing by applicants, beneficiaries, contractors, physicians, interpreters, representative payees, third parties, and by SSA employees in the performance of their duties. OI also conducts joint investigations with other Federal, State, and local law enforcement agencies.

Counsel to the Inspector General

The Counsel to the Inspector General provides legal advice and counsel to the Inspector General on various matters, including: 1) statutes, regulations, legislation, and policy directives governing the administration of SSA's programs; 2) investigative procedures and techniques; and 3) legal implications and conclusions to be drawn from audit and investigative material produced by the OIG. The Counsel's office also administers the civil monetary penalty program.