

# The Social Security Administration's Completion of Program Integrity Workloads

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Office of Audit Report Summary

### Objective

To review the Social Security Administration's (SSA) progress in completing program integrity work despite congressional appropriations that were generally lower than the Agency requested during the annual budget process.

### Background

The independent certified public accounting firm that audited SSA's Fiscal Year (FY) 2013 financial statements shared its concerns with us regarding the impact reduced funding had on stewardship activities. Specifically, these concerns pertained to how reduced funding had

1. reduced SSA's ability to complete critical workloads,
2. increased the continuing disability review (CDR) backlog,
3. decreased Supplemental Security Income (SSI) redeterminations, and
4. resulted in field offices reducing the hours they were open to the public.

We completed other audits that address the concerns regarding field office performance, service, and completion of workloads. This review focused on medical CDRs and non-medical redeterminations—SSA's predominant program integrity tools.

### Our Findings

SSA's budget appropriations increased each year from FYs 2002 through 2010 but decreased from FYs 2011 through 2013. Further, SSA's funding levels were lower than it requested almost every year since FY 2002. In addition, SSA did not receive any dedicated funding for program integrity work during FYs 2003 through 2008. During that period, SSA's program integrity workloads decreased. Since FY 2009, when SSA began receiving dedicated program integrity funding, the Agency had generally begun increasing its program integrity workloads. In FY 2014, SSA received approximately \$1.2 billion in dedicated program integrity funding to perform 510,000 full medical CDRs and more than 2.4 million non-medical redeterminations.

Despite improvements, SSA was performing less program integrity work than it had in the past. For example, SSA performed about half the number of full medical CDRs in FY 2013 than it did in FY 2002. Further, SSA had performed non-medical redeterminations for nearly 30 percent of SSI recipients since FY 2010, but this amount was still less than the 36 percent it performed in FY 2003. Therefore, SSA missed opportunities for potential savings.

Since it was performing less program integrity work, SSA had developed a backlog of full medical CDRs since FY 2002. We estimated SSA might only be able to temporarily reduce the full medical CDR backlog based on the Agency's plans for program integrity workloads under different funding scenarios.

### Our Recommendation

We recommend SSA prioritize resources toward medical CDR and non-medical redetermination workloads to ensure only eligible individuals continue receiving benefits and are receiving the correct payment amounts.

SSA agreed with our recommendation.