

Report Summary

Social Security Administration Office of the Inspector General

November 2010



Objective

To identify potential requirements for the Social Security Administration (SSA) to consider as it develops the new Disability Case Processing System (DCPS).

Background

Disability determinations under SSA's Disability Insurance and Supplemental Security Income programs are performed by disability determination services (DDS) in each State or other responsible jurisdiction. The DDS environment consists of 5 systems, customized to 54 DDS software sets that the Agency describes as rigid, outdated, and resource intensive. To address these issues, SSA plans to replace the five systems with a common case processing system. SSA plans to implement DCPS incrementally, starting with beta testing for a small number of users in the summer of 2011.

To view the full report, visit
http://www.ssa.gov/oig/ADO_BEPDF/A-44-10-20101.pdf

Identifying Requirements for the Disability Case Processing System Based on Findings from Prior Audits (A-44-10-20101)

Our Findings

During our review of prior audit reports, we found that some DDSs

- paid more for the medical evidence of record and consultative examinations (CE) than was allowed by SSA's policy,
- made improper or duplicate payments related to CEs,
- did not review the Department of Health and Human Service's sanctioned list to ensure the provider had not been excluded from participation in Federal programs annually,
- reported amounts on Forms SSA-4513 that did not always accurately reflect the actual amount of disbursements,
- did not comply with Federal regulations for cash drawdowns,
- did not submit cost allocation plans for approval in a timely manner, and
- had insufficient control over systems access.

In addition, in a prior audit, we found that some beneficiaries did not have valid disability diagnosis codes on their payment records.

Matters for Consideration

We believe DCPS should:

- Ensure all payments are consistent with the fee schedule.
- Detect and prevent duplicate and improper payments to medical consultants.
- Alert DDS personnel to review medical consultant's license and sanction status at least annually.
- Generate a Form SSA-4513 that would report disbursements, unliquidated obligations, and total obligations.
- Provide States with immediate access to costs incurred by the states.
- Allow each DDS to clearly define which accounts or transaction codes to use to calculate indirect costs.
- Adhere to the most current Information System Security Handbook.
- Include controls that prevent the systems from accepting invalid diagnosis codes.