
**OFFICE OF
THE INSPECTOR GENERAL**

SOCIAL SECURITY ADMINISTRATION

**RESOLVING ISSUES IDENTIFIED DURING THE
SOCIAL SECURITY ADMINISTRATION'S
QUALITY REVIEWS
OF DISABILITY DETERMINATIONS**

April 2012 A-01-11-1119

AUDIT REPORT



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- **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.**
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SOCIAL SECURITY

MEMORANDUM

Date: April 26, 2012

Refer To:

To: The Commissioner

From: Inspector General

Subject: Resolving Issues Identified During the Social Security Administration's Quality Reviews of Disability Determinations (A-01-11-11119)

OBJECTIVE

The objective of our review was to assess the Social Security Administration's (SSA) Request for Program Consultation (RPC) process used in quality reviews of disability determinations.

BACKGROUND

In Fiscal Year (FY) 2010, the State disability determination services (DDS) adjudicated over 4 million Disability Insurance and Supplemental Security Income claims for SSA.¹ During the same year, SSA's Office of Quality Performance (OQP) reviewed over 500,000 claims, as required by the *Social Security Act*.² Because the average expected lifetime benefit is about \$260,000 for an individual approved for Disability Insurance benefits in 2011, OQP plays an important role in preventing improper payments.³ If OQP finds a disability claim is deficient (incorrect or inconsistent with SSA policy), it returns the claim to the adjudicating office to change the determination or obtain additional evidence. SSA uses RPC to address disagreements between the Disability

¹ SSA provides Disability Insurance and Supplemental Security Income payments to eligible individuals. *Social Security Act* §§ 201 *et seq.* and 1601 *et seq.*, 42 U.S.C. §§ 401 *et seq.* and 1381 *et seq.* DDSs are State agencies that determine disability under SSA's criteria in each of the 50 States plus the District of Columbia and Puerto Rico. *Social Security Act* §§ 221 (a)(2) and 1633 (a), 42 U.S.C. §§ 421 (a)(2) and 1383b(a). See also 20 C.F.R. §§ 404.1603(a) and 416.1003(a). There are also SSA units that assist the DDSs with processing disability claims. These units are located in each of SSA's 10 regions plus 3 at SSA Headquarters—the Offices of Medical and Vocational Expertise, Disability Operations, and International Operations.

² *Social Security Act* §§ 221(c) and 1633(e), 42 U.S.C. §§ 421(c) and 1383b(e).

³ SSA's Actuary estimated the present discounted value of expected benefits for an average disabled worker award in 2011 was about \$130,000 from the Disability Insurance Trust Fund and \$130,000 from the Medicare Trust Fund.

Quality Branches (DQB) in the OQP regional sites and the adjudicating offices (that is, the DDSs and Federal units). (See Appendix B for more information on SSA's quality reviews of disability determinations and examples of deficiencies.)

Before the Agency created RPC, SSA handled disagreements through a rebuttal process in OQP. In this process, the adjudicating office was required to undertake any additional development OQP requested before submitting a rebuttal to the office that cited the deficiency. The adjudicating office could also appeal the rebuttal decision to OQP headquarters. However, this process was time-consuming, sometimes taking months to resolve disagreements. Additionally, OQP was not required to routinely send these cases to policy components to review, so there was no determination whether the outcomes complied with SSA policy nor was there any mechanism to identify policy trends.

RPC Objectives

In September 2006, SSA began using the RPC process in the Office of Disability Programs (ODP) to resolve disagreements with deficiencies cited by OQP.⁴ The ODP response to the RPC is SSA's official final resolution for all fully electronic case disagreement issues. SSA designed RPC to

- improve the accuracy and consistency of decisionmaking by disability adjudicators;
- identify issues that require program consultation, training, or retraining;
- identify case situations and issues in which disability program policy cannot be applied in an operationally realistic manner;
- identify and rescind deficiencies incorrectly cited by OQP;
- ensure a reliable and credible quality review system by providing an independent review of deficiencies by an impartial body; and
- protect claimants, beneficiaries, and SSA's disability programs from incorrect determinations.⁵

Under the RPC process, if the adjudicating office disagrees with any OQP-cited deficiency, it may submit an RPC to ODP for resolution. ODP review of the RPC is generally limited to the issues cited as deficiencies by OQP and contested in the RPC. ODP will not assign a new deficiency. The adjudicating office may request resolution of all related issues cited or commented on in the OQP error citation and discussion.

ODP assigns RPCs to an RPC team member (the reviewer) who reviews the case, researches any issues and references, and evaluates rationales from the adjudicating office and OQP. Review of the RPC includes reading all documents in the case file and preparing a summary of all the evidence and a list of central policy issues for staffing.

⁴ RPC began as a pilot in the Boston and Denver Regions in September 2006. SSA completed national rollout of the process in December 2007, with the first month of full implementation in January 2008.

⁵ SSA, POMS, DI 30007.100 A (effective November 3, 2010).

As necessary, other medical, vocational, or policy experts or specialists may be involved. The reviewer documents any discussions with medical or vocational experts in the ODP response to the RPC.

The RPC review determines whether the adjudicating office and the OQP field site followed appropriate policy and/or procedures for the disputed issues. The RPC team also determines whether the development, documentation, decisionmaking, and case explanations related to the area(s) of disagreement were reasonable based on applicable policies and procedures when considering the specific facts of the case. RPC accomplishes this by staffing each case to resolve case-specific policy and procedural questions as expeditiously as possible.

RPC Case Staffing

Staffing begins with a presentation of the disagreements and case facts, including all medical evidence and any other evidence in the file, by an RPC team member who has reviewed the case in detail. ODP designed the staffing presentation to permit anyone attending to quickly grasp the key evidence and policy and procedural issues of the case without personally making an extensive review of the case. Representatives from ODP, OQP, and the Office of Disability Determinations (ODD) work with the RPC team, and other components may participate by sending representatives to the staffing.

The RPC staffing process should not readjudicate the claim. After review of all available evidence, the team asks the following questions to determine whether the adjudicating office and the OQP field site followed policy and procedures.

1. Does policy support the DDS (adjudicating office) determination to allow/deny?

If yes, RPC supports the adjudicating office.

If no, then:

2. Does policy support the OQP decisional/documentation deficiency?

If yes, RPC supports OQP.

If no, then:

3. What is the correct policy resolution?

Although consensus by all participants is the ultimate goal, the RPC team makes the final determination as to error citation and case actions. If the RPC team cannot reach consensus, the RPC team supervisor makes the final determination.

After the RPC team resolves all case issues, ODP prepares the RPC Resolution, which addresses all issues identified in the RPC referral, including corrective action(s) the adjudicating office must take. It affirms or rescinds any OQP-cited deficiency questioned by the adjudicating office. Additionally, the RPC Resolution comments on any other related issue(s) and addresses any issue(s) to be directed to appropriate policy, training, or other staff for further review or action.

ODP inputs all information about the case and the outcome into the RPC database and notifies the appropriate components of the RPC resolution by email.

Methodology for OIG Review

For this review, we obtained information regarding the RPC process and its effect on SSA's disability programs by

- reviewing claims that went through the RPC process in FY 2010;⁶
- interviewing RPC staffing participants, including ODP, OQP, and ODD; and
- contacting the DDSs, Federal units that make disability determinations, the Centers for Disability in each regional office, and the regional OQP sites.

(See Appendix D for additional information on our scope and methodology.)

RESULTS OF REVIEW

The RPC process has improved the way SSA resolves disagreements with deficiencies cited by OQP and provided opportunities to improve policy. However, based on feedback from stakeholders, SSA should enhance the process.

BENEFITS OF RPC

Some examples of how the RPC process has improved the way SSA resolves disagreements with deficiencies cited by OQP include the following.

- **Decreased Time** - The RPC process decreased the time it takes to resolve disagreements with deficiencies. The former rebuttal process sometimes took a long time to resolve. From FYs 2008 through 2011, adjudicating offices spent an average 12 days preparing a case for RPC, and RPC issued its decision in an average 7 days.⁷
- **Third-Party Resolutions** - an impartial third party in ODP, rather than between the adjudicating office that made the determination and the OQP office that cited the

⁶ Our review of FY 2010 RPC cases found two instances where RPC agreed with the allowance determination but instructed the DDS to change the date disability began. However, these cases were not returned to the DDS to make the changes. In one case, disability was established as of September 2009 but should have begun in December 2007. Because of our review, SSA corrected this case in September 2011 and issued \$11,069 in retroactive benefits. In another case, disability was established as of May 2007 but should have been several months later. As of April 2012, SSA was still reviewing this case. SSA policy is to pay a claim that has been allowed but has an onset deficiency being appealed by the adjudicating office. Once the correct onset is established, the claim should be returned to the adjudicating office for correction, but this does not always happen. SSA informed us that because of our review, it found and corrected five cases and established procedures to make sure these cases are returned for correction.

⁷ RPC's goal until 2011 was to complete cases within 14 calendar days. SSA suspended this goal in May 2011 because of resource shortages and increasing workloads.

deficiency resolves disagreements. Additionally, the resolution should be policy-compliant because ODP oversees SSA's disability policies.

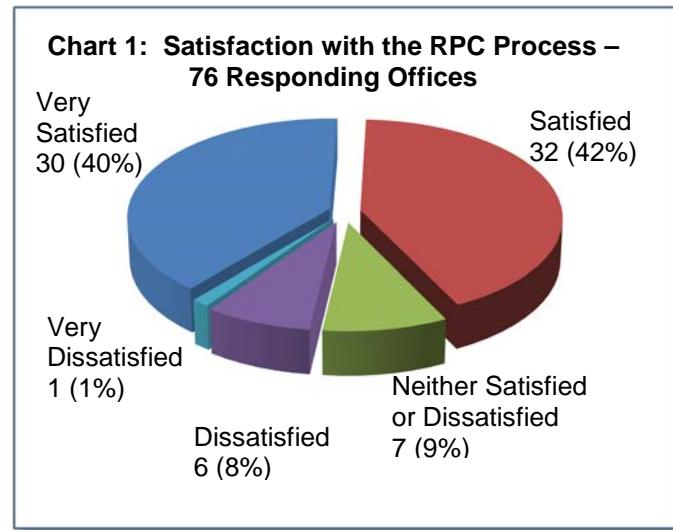
- **National Data** - The data from RPC cases give SSA the opportunity to improve the consistent application of policy nationwide by highlighting and addressing regional inconsistencies. When RPC staff identifies a policy issue raised in a number of RPC cases, they may refer the issue to the policy component, ask for clarification, or collaborate with the policy component to develop solutions to address the issue(s). RPC has used this approach to refer policy concerns related to onset, prisoner issues, failure to cooperate, and drug and alcohol addiction.
- **Trend Analysis and Policy Improvement** - RPC staff conducts trend analysis to study data from the RPC database that highlight the policies most often cited in RPC cases. RPC reviewers then analyze those cases and the existing policy to gain insight into which aspects of the policy cause the most confusion for adjudicators. Working with the policy component, RPC staff helped develop solutions to address these issues, including policy revisions and training resources.⁸
- **Database** - Any SSA component can access the RPC database and use the search function to gather data and review cases involving a specific area, such as a body system or certain policy issue. That analysis can provide support for proposed regulatory policy changes.
- **Training** - State DDSs, regional OQP sites, and regional Centers for Disability use the management information in the RPC database to identify national, regional, or State trends. Training directors search the RPC database for cases that can serve as real world examples for training of both new and experienced staff. ODP has also used RPC cases for training purposes. For example, many of the On-line Disability Training cases produced by ODP and the Office of Learning are former RPC cases that highlight a specific body system or impairment. SSA has used certain RPC cases to train users on the electronic Claims Analysis Tool and incorporated them into the Disability Examiner Basic Training Package produced by the Office of Learning.

⁸ For an example of how SSA has used RPC data to address regional inconsistencies, in January 2012, ODP announced a series of regional Medical Consultant and Psychological Consultant Policy Dialogues to discuss disability policy consistency among the regions. ODP used data from RPC and the Policy Feedback System, as well as feedback from OQP reviews, to identify trends over time as opportunities to increase consistency.

RESPONSES TO QUESTIONS ABOUT RPC

There were 61 adjudicating offices—including 52 State DDSs and 9 Federal Units—subject to OQP review.⁹ These offices used the RPC process to resolve disagreements with deficiencies. We asked questions about the RPC process to these 61 adjudicating offices, along with the 10 Centers for Disability in SSA Regional Offices and the 11 regional OQP sites—82 offices in total.

We received responses from 76 offices and shared the responses with SSA after removing all information that would identify any specific office. Although most offices were satisfied or very satisfied with RPC (82 percent, as shown in Chart 1), many also thought SSA could improve the process.



Adjudicating Offices' Use of RPC

All adjudicating offices reported using the RPC process to resolve disagreements with OQP-cited deficiencies, and several offices reported using the process to ask for policy clarifications. Management and quality reviewers in the adjudicating office generally decide whether to use RPC for a particular case, but many offices also involve disability examiners in the process.

Adjudicating Offices' Use of Informal Rebuttals

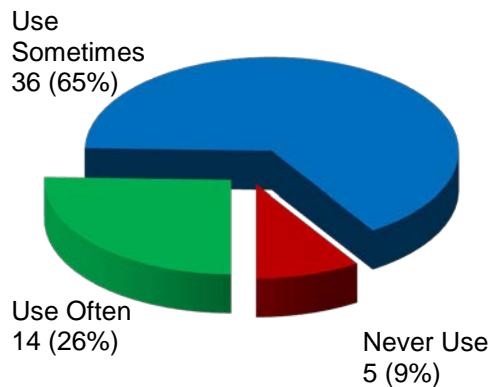
Before submitting a case to RPC, the adjudicating component may use the informal rebuttal process to clarify issues and try to resolve disagreements directly with the OQP regional site. For example, one office stated this was useful in cases where OQP made an obvious mistake, such as missing a piece of evidence or the deficiency was clearly not policy-compliant.

⁹ The Federal Units in Boston and Seattle work through State DDS processing systems, and OQP reviews their determinations as part of the State DDS samples. The Office of International Operations is not subject to OQP review, and the Denver Federal Unit is not yet subject to OQP review.

As shown in Chart 2, most adjudicating offices used the informal rebuttal process. Additionally, 16 offices (29 percent) believed the process works well, but 12 offices (22 percent) believed the individual OQP offices were inconsistent in responding to informal rebuttals and some appeared to be more open to early resolutions. Some adjudicating offices sent disagreements directly to RPC without considering informal rebuttals. For example, some offices reported the following.

- “Each OQP branch tends to employ different techniques in responses to informal rebuttals. A more unified approach to the informal process would be beneficial to the DDS and would potentially encourage DDS to use this process more frequently. Since the rollout of the national review process, we have found some OQP components to be less receptive to the informal review process than others. Some offices will gladly discuss the error and provide additional rationale on error citation. Others tend to delay response and then only provide a final decision and not additional clarification. This current process does not promote the DDS/OQP partnership and often jeopardizes the DDS’ ability to utilize the RPC process within the designated timeframes.”
- “We contact the DQB to try to resolve the deficiency informally if it appears that a case fact was overlooked or if the rebuttal issue is fairly simple. We have experienced mixed success with this approach, but usually resolve our concerns with DQB (for better or worse) without involving RPC at all on these cases. Sometimes the deficiency is removed and other times it stands, but we usually do not feel a need to RPC after discussions with the DQB.”
- “Our one concern with this informal process is that it seems each DQB office has a different process in how they want these informal questions handled. It would be helpful if there was one way for each DQB office.”
- “We have contacted DQBs with varying success. Some have been cordial and responsive while others have been slow in responding and dismissive. Ideally, whether they agree or not, the tone is important as is a prompt response.”
- “We have mixed feedback in this area as some branches have had success with informally contacting DQB while others have been advised by DQB to submit an RPC.”

Chart 2: Use of Informal Rebuttals – 55 Responding Adjudicating Offices



Recommendation 1: *We recommend SSA reduce any inconsistencies between OQP regional sites when receiving or responding to informal rebuttals.*

RPC Database

The RPC database contains information on all RPC cases. It is available to all SSA and DDS components. As shown in Chart 3, most of 76 responding offices reported using the RPC database, and 56 offices (74 percent) used it for training and research purposes. One office reported its internal quality reviewers used it as a reference guide when conducting internal quality reviews.

However, 39 offices (51 percent) thought the database would be more helpful if the search capabilities were improved. An office suggested adding drop down boxes or free form search capabilities for key words or phrases and having someone review all the RPC responses for consistency.¹⁰ This responder also thought there were some inconsistencies in RPC decisions—some minor but some that clearly contradicted each other.

RPC Effect on Policy Clarification

Many offices thought the RPC had helped clarify policy issues, as shown in Chart 4. For example, one office said the process had clarified issues on a national level that may have been interpreted differently at the regional level, and another office stated that OQP reviews had become more consistent because of the RPC process.

However, several offices thought RPC had mixed success or no effect on policy clarification. Several offices reported the RPC resolutions did not always appear to be consistent, some thought the RPC responses sometimes made policy issues more confusing, and others thought the responses were too case-specific to be useful for clarifying policy.

Chart 3: Use of RPC Database – 76 Responding Offices

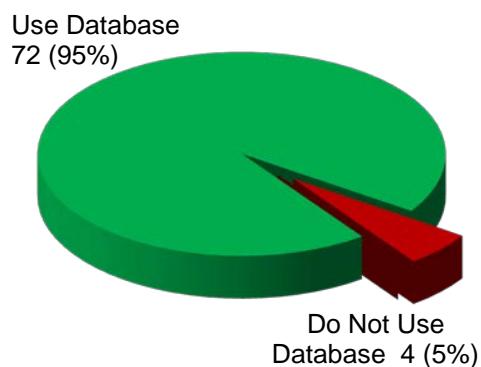
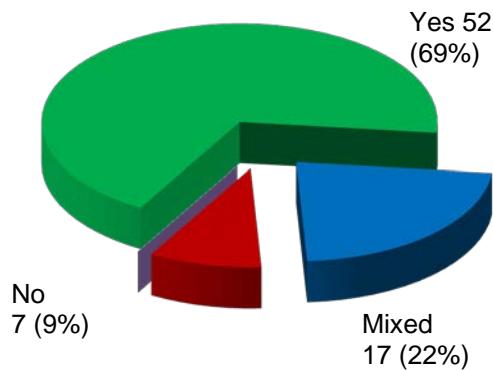


Chart 4: RPC Helped Clarify Policy Issues? – 76 Responding Offices



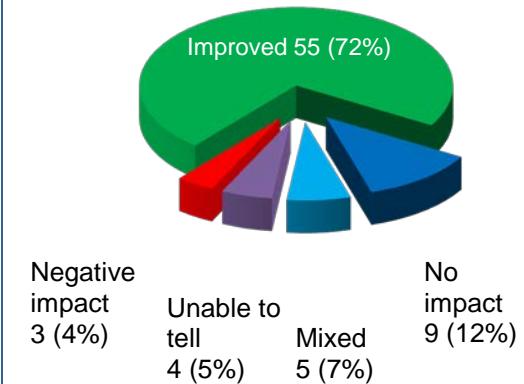
¹⁰ In December 2011, SSA informed us the RPC database has drop down boxes under the "Search Data" page, which allows users to search on a variety of body systems, policy issues, dates, office locations, and other factors. For example, a user can search to find all RPC cases submitted by a specific DDS in FY 2011 that involved the musculoskeletal system and the policy issue of "credibility" (there were 4 such cases). Further, the RPC tool offers a free form search capability for key words or phrases under the "Text Search" option.

RPC Effect on Overall Quality

Although many offices thought the RPC had improved overall quality, there were also many differing opinions, as shown in Chart 5. For example, several offices said RPC had helped decrease regional differences in how and when OQP offices cited deficiencies, and other offices thought the process had helped clarify policies at the national level, which, in turn, had a positive effect on quality. A few offices said that OQP offices were more judicious in citing deficiencies and ensuring deficiencies were more articulate and well-supported. Many responders said RPC had no impact on quality, but they were generally referring to their own office's quality reports.

However, several offices said the RPC process had damaged overall quality by establishing "unofficial" policy guidance that was not always consistent with official SSA policy; highlighting regional differences in processing but not effectively working toward consistency; and raising reported accuracy rates by rescinding deficiencies on cases that did not comply with SSA policy.

Chart 5: RPC's Effect on Overall Quality – 76 Responding Offices



RPC User Likes and Dislikes

We asked all offices what they liked and disliked about the RPC process. Tables 1 and 2 show the most frequent responses from the 76 offices that answered our questions.

Table 1: What do you like about RPC?

	Number	Portion
Disagreements resolved by an impartial third party	45	59%
Quick response/turnaround	40	53%
More consistency in national policy	28	37%
Nationwide database of RPC outcomes	19	25%
Improvement over the former rebuttal process	14	18%
Having a completely electronic process	14	18%
RPC responses and write-ups	7	9%
Having the outcomes decided by a team	7	9%
Gives DDSs the chance to interact with SSA	3	4%

Table 2: What do you not like about RPC?	Number	Portion
Rescinding errors when OQP cited wrong type of deficiency	14	18%
Process when RPC does not reach consensus	11	15%
Not all participants read case before staffing	10	13%
No checks or balances on RPC	9	12%
RPC tends to conduct “de novo” reviews (or re-adjudicate the claim from scratch)	8	11%
Medical or policy experts not regular part of staffing	8	11%
Recent increase in RPC response time	7	9%
Having to complete referral forms	6	8%
Inadequate RPC staff	5	7%
Inconsistencies between regional OQP sites	4	5%
The expedited process	4	5%

As shown in Table 2, 14 offices—including adjudicating offices, regional OQP sites, and regional Centers for Disability—did not like RPC’s objective to rescind errors when OQP cited the wrong type of deficiency. We asked SSA’s Office of the General Counsel whether this process was consistent with the regulations that define DDS performance accuracy.¹¹

The Office of the General Counsel found the RPC process and its objectives were distinct from the Agency’s quality review functions of DDS performance accuracy. The RPC resolution provides clarification and ensures policy compliance by subsequent adjudicators and reviewers. Thus, issues or problems found during the RPC dispute resolution process do not count against a DDS’ performance accuracy because the (1) error was not identified during OQP’s review of the sample cases and (2) outcome of the dispute resolution process relevant here is a non-appealable final decision of the Commissioner on the dispute, not a case review.¹²

Suggestions to Improve RPC

We asked all offices for suggestions to improve the RPC process. Table 3 shows the most frequent responses from the 76 offices that answered our questions.

¹¹ 20 C.F.R. §§ 404.1640 through 1645 and 416.1040 through 1045.

¹² POMS, DI 30007.100B (effective November 3, 2010).

Table 3: Suggestions to Improve RPC	Number	Portion
Better communications in RPC decisions and write-ups	17	22%
Publish national data and trends	10	13%
Establish an appeal process for RPC decisions	9	12%
All participants should read case before staffing	7	9%
Allow participation by phone or video	6	8%
Rescind deficiency if RPC cannot reach consensus	6	8%
Identify if medical or policy expert was involved	5	7%
Encourage informal rebuttals with regional OQP sites	3	4%
Address only issue being appealed (not the entire case)	3	4%
Allow RPC for more situations	2	3%

Recommendation 2: *We recommend SSA analyze and consider enhancements to the RPC process based on feedback from the RPC stakeholders.*

RPC STAFF LEVELS

Several adjudicating offices, OQP regional offices, and Centers for Disability expressed concerns with RPC staffing and its effect on workloads, such as longer processing times. ODP also expressed concerns with increasing workloads and the inability to replace or hire additional staff. Therefore, RPC staff spends most of its time reviewing individual cases rather than working on RPC's other objectives, such as identifying trends and needs for policy clarification and training.

Recommendation 3: *We recommend SSA consider appropriate staff levels for RPC to carry out its objectives.*

RPC BUSINESS PROCESS REVIEW

We met with some, but not all, ODD and OQP representatives to RPC. Some representatives expressed concerns with how the team staffs cases and votes on the outcomes.

SSA informed us it formed an RPC Business Process Review workgroup in January 2012 to address these concerns as well as the other issues identified during our review and the recommendations in our report. The workgroup, composed of representatives from ODP, OQP, and ODD, will make recommendations to Agency management for any changes necessary in the RPC business process.

CONCLUSIONS AND RECOMMENDATIONS

The RPC process has improved the way SSA resolves disagreements with deficiencies cited by OQP. However, based on feedback from stakeholders, SSA should enhance the process. We summarized our conclusions and recommendations below.

1. Some adjudicating offices are referring disagreements to RPC that could be resolved at the regional level because they believe OQP offices are inconsistent in responding to informal rebuttals. (See details on pages 6 and 7.) Therefore, we recommend SSA reduce any inconsistencies between OQP regional sites when receiving or responding to informal rebuttals.
2. Adjudicating offices, OQP regional sites, and the Centers for Disability in the Regional Offices provided several suggestions for improving the RPC process. (See details on pages 8 through 11.) Therefore, we recommend SSA analyze and consider enhancements to the RPC process based on feedback from the RPC stakeholders.
3. Several offices expressed concerns with RPC staffing and its effect on workloads, such as longer processing times. (See details on page 11.) Therefore, we recommend SSA consider appropriate staff levels for RPC to carry out its objectives.

AGENCY COMMENTS

SSA agreed with the recommendations. See Appendix E for the Agency's comments.



Patrick P. O'Carroll, Jr.

Appendices

APPENDIX A – Acronyms

APPENDIX B – The Social Security Administration’s Quality Reviews of Disability Determinations

APPENDIX C – Request for Program Consultation Data

APPENDIX D – Scope and Methodology

APPENDIX E – Agency Comments

APPENDIX F – OIG Contacts and Staff Acknowledgments

Appendix A

Acronyms

C.F.R.	Code of Federal Regulations
CDR	Continuing Disability Review
DDS	Disability Determination Services
DPB	Disability Processing Branch
DPU	Disability Processing Unit
DQB	Disability Quality Branch
FY	Fiscal Year
ODD	Office of Disability Determinations
ODP	Office of Disability Programs
OQP	Office of Quality Performance
PER	Pre-effectuation Review
POMS	Program Operations Manual System
Pub. L. No.	Public Law
QA	Quality Assurance
RPC	Request for Program Consultation
SSA	Social Security Administration
U.S.C.	United States Code

The Social Security Administration's Quality Reviews of Disability Determinations

The Social Security Administration (SSA) provides Disability Insurance and Supplemental Security Income payments to eligible individuals.¹ The disability determination services (DDS) are State agencies that determine whether individuals are disabled under SSA's criteria.² SSA's Office of Quality Performance (OQP) reviews samples of all disability claims, as required by the *Social Security Act*.³ Below are two examples of cases that were subject to quality review.

- In September 2009, a DDS found a 54-year-old man disabled because of a shoulder injury. The adjudicator determined that his impairment prevented him from returning to his former work in construction as well as any other type of work in the national economy. In October 2009, OQP returned the case to the DDS and cited a decisional deficiency. The quality reviewer instructed the DDS to change the determination to a denial because the claimant could perform a wide range of work and was not disabled.
- In another example, one DDS denied a claim for a 3-year-old boy with a speech delay in October 2009. OQP returned the case to the DDS and cited a documentation deficiency because there was a possible mental impairment that was not developed.

Table B-1 gives details about the types of OQP reviews, including the Pre-effectuation (PER) and Quality Assurance (QA) reviews.

¹ Title II—or Old-age, Survivors and Disability Insurance—benefits replace some of the earnings lost due to the retirement, disability, or death of a worker. Title XVI—or Supplemental Security Income—payments provide a minimum level of income to financially needy individuals who are aged, blind, or disabled. *Social Security Act* §§ 201 *et seq.* and 1601 *et seq.*, 42 U.S.C. §§ 401 *et seq.* and 1381 *et seq.*

² The DDSs are State agencies that determine disability under SSA's criteria in each of the 50 States plus the District of Columbia and Puerto Rico. *Social Security Act* §§ 221 (a)(2) and 1633 (a), 42 U.S.C. §§ 421 (a)(2) and 1383b(a). See also 20 C.F.R. §§ 404.1603(a) and 416.1003(a). There are also SSA Federal units that assist the DDSs with processing disability claims, located in each of SSA's 10 regions plus 3 offices at SSA Headquarters—the Offices of Disability Operations, Medical and Vocational Expertise, and International Operations.

³ *Social Security Act* §§ 221(c) and 1633(e), 42 U.S.C. §§ 421(c) and 1383b(e).

Table B-1: Types of Disability Quality Reviews

Name of Review	Number of Reviews	Authority for Review	Reporting	Counts for Performance Accuracy?
PER Title II and Concurrent	50 percent of allowances; cases selected by a predictive model.	Pub. L. No. 96-265, enacted in 1980. The <i>Social Security Act</i> § 221(c) requires that SSA review at least 50 percent of favorable Title II and concurrent Title II-XVI initial and reconsideration DDS determinations.	Monthly; fiscal year to date.	No
PER Title XVI Adult	50 percent of allowances; cases selected by a predictive model.	Pub. L. No.109-171, enacted on February 8, 2006. The <i>Social Security Act</i> § 1633(e)(1) requires a review of at least 50 percent of favorable Title XVI adult initial and reconsideration DDS determinations.	Monthly; fiscal year to date.	No
QA Review of Initial Disability Determinations	70 allowances and 70 denials per calendar quarter per State. These volumes ensure statistically valid findings for all DDSs, irrespective of size.	20 C.F.R. §§ 404.1640 through 1670. The results of this review are used to measure state agency performance accuracy.	Performance Accuracy based on calendar quarters per 20 C.F.R. § 404.1645; Rolling 3-month reports published monthly.	Yes
QA Review of Reconsideration Disability Determinations	20 allowances and 20 denials per calendar quarter per State.	This review is discretionary.	Monthly, rolling 12-month basis.	No
QA Review Continuing Disability Review (CDR) Determinations	70 continuances and 70 cessations per calendar quarter per State.	Pub. L. No.96-265 requires the review of a sufficient number of favorable CDR determinations to assure a high level of accuracy.	Monthly, rolling 6-month basis.	No
Targeted Denial Review	Approximately 50,000 cases per year.	This review is discretionary.	Monthly; fiscal year to date.	No

Request for Program Consultation Data

In September 2006, the Social Security Administration (SSA) began using the Request for Program Consultation (RPC) process in the Office of Disability Programs (ODP) to resolve disagreements with deficiencies cited by the Office of Quality Performance (OQP). As shown in Table C-1, in Fiscal Years (FY) 2008 through 2011, State disability determination services (DDS), Federal Disability Processing Branches (DPB), and Disability Processing Units (DPU) referred over 4,000 cases for RPC review.¹

Table C-1: RPC Cases by Outcomes – FYs 2008 through 2011									
Category	FY 2008		FY 2009		FY 2010		FY 2011		Total
ODP Rescinds Deficiency	193	24%	188	19%	171	16%	262	21%	814 20%
ODP Rescinds Deficiency – Additional Issues Raised	137	17%	49	5%	35	3%	92	7%	313 8%
ODP Affirms OQP – DDS Disagrees with Error	323	40%	449	46%	512	48%	525	43%	1,809 44%
ODP Affirms OQP – DDS Concedes OQP Error – Additional Issues Raised	29	4%	23	3%	27	2%	24	2%	103 3%
No Deficiency Cited	6	1%	10	1%	7	1%	3	1%	26 1%
OQP rescinded before RPC Staffing	23	3%	30	3%	36	3%	53	4%	142 3%
Excluded from RPC process	13	2%	18	2%	16	2%	24	2%	71 2%
ODP Rescinds – Wrong Deficiency Cited	71	9%	208	21%	267	25%	242	20%	788 19%
Total	795	100%	975	100%	1,071	100%	1,225	100%	4,066 100%

¹ The DDSs are State agencies that determine disability under SSA's criteria in each of the 50 States plus the District of Columbia and Puerto Rico. There are also SSA Federal units that assist the DDSs with processing disability claims, located in each of SSA's 10 regions plus 3 offices at SSA Headquarters—the Offices of Disability Operations, Medical and Vocational Expertise, and International Operations.

Table C-2 shows the RPC cases in FYs 2008 through 2011 by DDS and Federal Units.

DDS/DPB/DPU	FY 2008	FY 2009	FY 2010	FY 2011	Total
Alabama	21	13	9	13	56
Alaska	1	0	4	4	9
Arizona	24	11	23	11	69
Arkansas	9	12	13	10	44
California	34	25	34	59	152
Colorado	25	39	29	40	133
Connecticut	5	11	14	29	59
Delaware	7	8	8	21	44
District of Columbia	9	2	2	5	18
Florida	20	21	32	23	96
Georgia	12	38	46	27	123
Hawaii	14	16	11	19	60
Idaho	11	6	5	7	29
Illinois	18	32	31	30	111
Indiana	17	9	20	29	75
Iowa	12	14	12	18	56
Kansas	11	23	26	22	82
Kentucky	6	27	24	29	86
Louisiana	9	21	31	32	93
Maine	1	7	5	11	24
Maryland	20	29	15	31	95
Massachusetts	119	79	69	69	336
Michigan	23	77	82	61	243
Minnesota	9	3	7	14	33
Mississippi	23	13	12	9	57
Missouri	20	33	32	34	119
Montana	4	2	1	1	8
Nebraska	16	18	11	11	56
Nevada	17	16	22	21	76
New Hampshire	2	30	4	8	44
New Jersey	10	5	16	40	71
New Mexico	3	16	17	13	49
New York	14	26	40	57	137
North Carolina	16	9	11	4	40

**Table C-2: RPC Cases by Adjudicating Office
FYs 2008 Through 2011**

DDS/DPB/DPU	FY 2008	FY 2009	FY 2010	FY 2011	Total
North Dakota	2	3	0	1	6
Ohio	15	27	38	52	132
Oklahoma	8	20	26	33	87
Oregon	6	5	4	8	23
Pennsylvania	28	28	27	41	124
Puerto Rico	6	4	13	6	29
Rhode Island	7	6	3	1	17
South Carolina	16	9	14	17	56
South Dakota	1	9	12	9	31
Tennessee	6	19	20	22	67
Texas	37	36	72	68	213
Utah	8	9	7	9	33
Vermont	8	17	12	4	41
Virginia	39	40	29	30	138
Washington	31	30	32	42	135
West Virginia	2	5	4	7	18
Wisconsin	13	17	22	29	81
Wyoming	0	0	1	0	1
North Eastern Payment Service Center (PSC) DPB, New York	0	0	1	1	2
Mid-Atlantic PSC DPB, Philadelphia	0	0	13	16	29
Office of Disability Operations, Baltimore	0	0	0	0	0
Great Lakes PSC DPB, Chicago	0	0	1	0	1
Mid-America PSC DPB, Kansas City	0	0	0	1	1
South Eastern PSC DPB, Birmingham	0	0	2	8	10
Western PSC DPB, San Francisco	0	0	0	3	3
Dallas DPU	0	0	0	2	2
OMVE	0	0	0	3	3
Total	795	975	1,071	1,225	4,066

Table C-3 shows the RPC cases in FYs 2008 through 2011 by the body system and the original determination of the adjudicating office.

Table C-3: RPC Cases by Body System FYs 2008 Through 2011				
Body System	Allowances/ Continuances	Denials/ Cessations	Total RPC Cases	Portion
Musculoskeletal System	803	416	1,219	(30%)
Special Senses	183	49	232	(5%)
Respiratory System	150	44	194	(4%)
Cardiovascular System	158	106	264	(6%)
Digestive System	56	25	81	(2%)
Genitourinary Impairments	17	4	21	(1%)
Hematological Disorders	9	3	12	(1%)
Skin Disorders	21	2	23	(1%)
Endocrine System	77	49	126	(3%)
Impairments that Affect Multiple Body Systems	7	1	8	(1%)
Neurological	185	100	285	(7%)
Mental Disorders	806	430	1,236	(30%)
Malignant Neoplastic Diseases	109	24	133	(3%)
Immune System	88	34	122	(3%)
Growth Impairment	6	5	11	(1%)
Special/Other	54	45	99	(2%)
Total	2,729	1,337	4,066	(100%)

Scope and Methodology

To accomplish our objective, we:

- Reviewed applicable sections of the *Social Security Act* and the Social Security Administration's (SSA) regulations, policies, and procedures as well as other applicable Federal regulations.
- Gathered and evaluated information on SSA's Request for Program Consultation (RPC) process by contacting officials and staff from the Offices of Disability Programs, Disability Determinations, and Quality Performance (OQP) as well as the Centers for Disability in each Regional Office.
- Reviewed claims that went through the RPC process in Fiscal Year (FY) 2010.
- Reviewed RPC statistics for cases completed in FYs 2008 through 2011.
- Developed questions to obtain information about SSA's RPC process. Then, we contacted 82 offices with these questions—the 52 disability determination services, 9 Federal units subject to OQP review, the 10 Centers for Disability in SSA's Regional Offices, and the 11 regional OQP sites.
- Analyzed and compiled responses to our questions on RPC.
- Omitted all identifying information from responses and provided them to SSA to use in improving the RPC process.
- Obtained a legal opinion from SSA's Office of the General Counsel on whether RPC's objective to identify and rescind deficiencies incorrectly cited by OQP was consistent with the regulations that define disability determination services' performance accuracy.¹

We performed our review between July 2011 and February 2012 in Boston, Massachusetts. The principal entity audited was SSA's Office of Disability Programs under the Office of the Deputy Commissioner for Retirement and Disability Policy. We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

¹ 20 C.F.R. §§ 404.1640 through 1645 and 416.1040 through 1045.

Appendix E

Agency Comments



SOCIAL SECURITY

MEMORANDUM

Date: April 4, 2012 Refer To: S1J-3

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

From: Dean S. Landis /s/
Deputy Chief of Staff

Subject: Office of the Inspector General Draft Report, "Resolving Issues Identified During the Social Security Administration's Quality Reviews Of Disability Determinations"(A-01-11-11119)—
INFORMATION

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

Please let me know if we can be of further assistance. You may direct staff inquiries to
Teresa Rojas at (410) 966-7284.

Attachment

**COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL DRAFT REPORT,
“RESOLVING ISSUES IDENTIFIED DURING THE SOCIAL SECURITY
ADMINISTRATION’S QUALITY REVIEWS OF DISABILITY DETERMINATIONS”
(A-01-11-1119)**

Recommendation 1

Reduce any inconsistencies between the Office of Quality Performance regional sites when receiving or responding to informal rebuttals.

Response

We agree.

Recommendation 2

Analyze and consider enhancements to the Request for Program Consultation (RPC) process based on feedback from the RPC stakeholders.

Response

We formed an RPC Business Process Review several months ago that will address this recommendation.

Recommendation 3

Consider appropriate staff levels for RPC to carry out its objectives.

Response

Due to budget restrictions, we are not able to replace staff who leave the agency. When sufficient funding becomes available, we will evaluate the staffing level of the RPC.

Appendix F

OIG Contacts and Staff Acknowledgments

OIG Contacts

Judith Oliveira, Director, Boston Audit Division

Phillip Hanvy, Audit Manager

David Mazzola, Audit Manager

Acknowledgments

In addition to those named above:

Katie Greenwood, Senior Auditor

Frank Salamone, Senior Auditor

For additional copies of this report, please visit our Website at <http://oig.ssa.gov/> or contact the Office of the Inspector General's Public Affairs Staff at (410) 965-4518. Refer to Common Identification Number A-01-11-1119.

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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.

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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.

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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.

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