

Audit Report

Single Decisionmaker Model—
Authority to Make Certain Disability
Determinations Without a Medical
Consultant's Signature

A-01-12-11218 / August 2013

OIG Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: August 8, 2013 Refer To:

To: The Commissioner

From: Inspector General

Subject: Single Decisionmaker Model—Authority to Make Certain Disability Determinations Without a Medical Consultant’s Signature (A-01-12-11218)

The attached final report presents the results of our audit. Our objective was to gather information on the Social Security Administration’s Single Decisionmaker pilot for the Agency to use when it decides whether to expand or terminate the pilot.

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.



Patrick P. O’Carroll, Jr.

Attachment

Single Decisionmaker Model—Authority to Make Certain Disability Determinations Without a Medical Consultant’s Signature

A-01-12-11218



August 2013

Office of Audit Report Summary

Objective

To gather information on the Social Security Administration’s (SSA) Single Decisionmaker (SDM) pilot for the Agency to use when it decides whether to expand or terminate the pilot.

Background

SSA’s SDM model authorizes disability examiners to make certain initial determinations without requiring a medical or psychological consultant’s signature.

In 1999, SSA started the SDM pilot in 10 disability determination services (DDS) sites—referred to as SDM prototype. Later in 1999, SSA expanded the pilot to an additional 10 DDS sites—referred to as SDM II. Therefore, 20 DDSs participated in the SDM pilot. The remaining 34 DDSs and Federal units did not have SDM authority.

Our Findings

Our review of 3,900 sample cases from the SDM prototype, SDM II and Non-SDM sites showed initial claim processing times were shorter in SDM sites than in the Non-SDM sites.

The 20 pilot sites, as well as the National Association of Disability Examiners and the National Council of Disability Determination Directors, provided feedback on the SDM model. These entities noted improved public service, DDS case processing times, and employee morale.

We noted evidence of SDM-user positive feedback and decreased case processing times for initial disability claims with the use of SDM. However, based on SSA studies showing higher initial and overall (after all appeals) disability allowance rates with the use of SDM, the Office of the Chief Actuary (OCACT) estimated significant program benefit savings to the Trust and General Funds with the gradual termination of the SDM pilot. On July 25, 2013, SSA published a Federal Register notice announcing the extension of the SDM pilot through September 26, 2014. Over the coming year, SSA will be exploring how to proceed beyond September 2014.

Our Recommendation

We recommend that SSA use the information in this report, as well as any other information (such as OCACT’s estimates), to make and implement a decision regarding the future of SDM expeditiously.

SSA agreed with the recommendation.

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ABBREVIATIONS

AC	Appeals Council
ALJ	Administrative Law Judge
CE	Consultative Examination
C.F.R.	Code of Federal Regulations
CY	Calendar Year
DDS	Disability Determination Services
Fed. Reg.	Federal Register
FY	Fiscal Year
MC	Medical Consultant
NADE	National Association of Disability Examiners
NCDDD	National Council of Disability Determination Directors
OCACT	Office of the Chief Actuary
ODAR	Office of Disability Adjudication and Review
ODD	Office of Disability Determinations
ODP	Office of Disability Programs
OQP	Office of Quality Performance
PER	Preeffectuation Review
POMS	Program Operations Manual System
QA	Quality Assurance
SDM	Single Decisionmaker
SSA	Social Security Administration
U.S.C.	United States Code

OBJECTIVE

Our objective was to gather information on the Social Security Administration's (SSA) Single Decisionmaker (SDM) pilot for the Agency to use when it decides whether to expand or terminate the pilot.

BACKGROUND

In SSA's disability programs,¹ the SDM model authorizes disability examiners to make certain initial determinations without requiring a medical or psychological consultant's (MC) signature.² In addition, the SDM model allows disability examiners to decide when to involve MCs in complex claims. For some claims, such as mental impairment denials, policy requires an MC's signature.³ SSA intended for the SDM model to allow adjudicating components to use disability examiner and MC resources more effectively and provide faster determinations.⁴

In 1993, SSA proposed allowing disability examiners to make disability determinations without an MC's signature.⁵ In 1995, after receiving and addressing public comments on this proposal, the Agency finalized the rules for the SDM model.⁶ From 1996 to 1999, SSA tested the SDM model at select sites and determined the model to be effective.⁷ Therefore, the Agency started

¹ SSA provides Disability Insurance and Supplemental Security Income disability payments to eligible individuals under Titles II and XVI of the *Social Security Act*, see §§ 223 *et seq.* and 1611 *et seq.*, 42 U.S.C. §§ 423 *et seq.* and 1382 *et seq.* Disability determination services (DDS) make disability determinations for SSA. DDS staff obtains relevant medical evidence, evaluates the case, and determines whether the claimant is disabled under SSA's criteria. DDSs are in each of the 50 States plus the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. *Social Security Act* §§ 221(a)(2) and 1633(a), 42 U.S.C. §§ 421(a)(2) and 1383(b). See also, 20 C.F.R. §§ 404.1603 and 416.1003.

² 20 C.F.R. §§ 404.906(b)(2) and 416.1406(b)(2). See also SSA, POMS, DI 12015.100 B1 (April 11, 2011). MCs can be physicians, psychologists, optometrists, podiatrists, or speech-language pathologists. 20 C.F.R. §§ 404.1616 and 416.1016. See also SSA, POMS, DI 24501.001 B1 (October 24, 2011).

³ An MC's signature is required for all less than favorable determinations involving a mental impairment and all Title XVI childhood disability claims. SSA, POMS, DI 12015.100 (April 11, 2011).

⁴ SSA, Office of Quality Performance (OQP), *Estimating the Effects of National Implementation of Single Decision Maker*, March 2010.

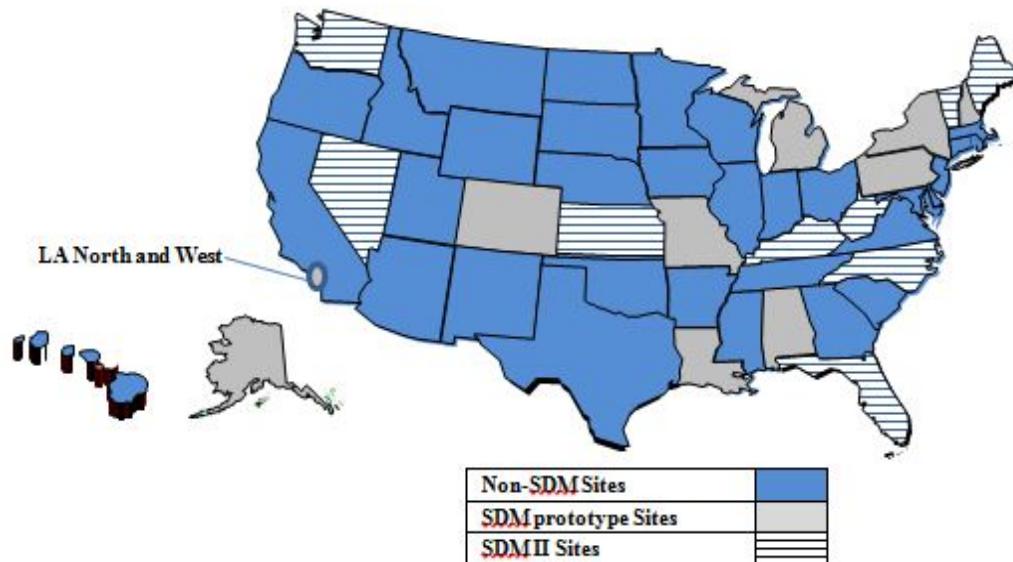
⁵ *Testing Modifications to the Disability Determination Procedures*, 58 Fed. Reg. 54,532 (October 22, 1993).

⁶ *Testing Modifications to the Disability Determination Procedures*, 60 Fed. Reg. 20,023 - 20,026 (April 24, 1995).

⁷ *Testing Modifications to the Disability Determination Procedures; Test Sites for Single Decisionmaker Model*, 61 Fed. Reg. 19,969 (May 3, 1996). *Testing Modifications to the Disability Determination Procedures; Disability Determination Services Full Process Model with Rational Summary*, 63 Fed. Reg. 58,444 (October 30, 1998).

the SDM pilot at 10 DDS sites—referred to in this report as SDM prototype.⁸ Later in 1999, SSA expanded the pilot to an additional 10 DDS sites—referred to as SDM II.⁹ Therefore, 20 DDSs participated in the SDM pilot. See Figure 1.

Figure 1: SDM Pilot Sites



*Not shown on the map are Puerto Rico and the U.S. Virgin Islands (Non-SDM sites), and Guam (SDM II site).

⁸ The 10 SDM prototype sites include DDSs in Alabama, Alaska, California (Los Angeles North and West), Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania. SSA, POMS, DI 12015.100 (April 11, 2011). In California, SDM authority was generally only available for certain field office cases. If a claimant disagrees with the initial disability determination, he/she can file an appeal within 60 days of the date of determination notification. Generally, there were three levels of administrative appeal: reconsideration by the DDS, a hearing by an administrative law judge (ALJ), and a review by the Appeals Council (AC). However, in SDM prototype sites, a hearing is the first step in the claimant appeal's process. After completing the administrative review process, dissatisfied claimants may appeal to the Federal Courts. *See Appendix A* for SSA's appeals process details.

⁹ The 10 SDM II sites include DDSs in Florida, Guam, Kansas, Kentucky, Maine, Nevada, North Carolina, Vermont, Washington, and West Virginia. SSA, POMS, DI 12015.100 (April 11, 2011). If a claimant disagrees with the initial disability determination, he/she can file an appeal within 60 days from the date of determination notification. In SDM II sites, the reconsideration step is the first step in the claimant's appeals process.

For over 10 years, SSA extended the SDM pilot several times.¹⁰ The Agency collected limited management information to assess the pilot's effectiveness, such as tracking SDM authority usage rates based on the DDS' coding of disability determination forms. Also, in March 2010, OQP reported the SDM pilot resulted in a small increase in initial allowance rates and a small decrease in DDS processing time.¹¹ As of August 2012, when we began our review, SSA had not decided to discontinue or expand the SDM pilot to the remaining 34 DDSs or Federal units.¹²

To conduct our review, we identified two groups of initial disability claims adjudicated in Calendar Year (CY) 2011:

1. 297,662 claimants whose primary diagnosis was a back disorder and who did not have a mental impairment as a secondary diagnosis. We selected this impairment because it was the most frequent disability diagnosis in the CY 2011 file of initial claims.
2. 29,586 claimants with genito-urinary as the primary body system affected without a mental impairment as a secondary diagnosis. We selected these claims based on SSA staff input to supplement our back disorder claims sample.¹³

From each group of initial claimants, we identified 3 populations (SDM prototype, SDM II, and Non-SDM sites) and randomly sampled 1,100 back disorder and 200 genito-urinary cases from each population to review.¹⁴ Therefore, we reviewed 3,900 cases. See Table 1.

Since our review was limited to back disorder and genito-urinary sample cases, the results do not represent all disability claims or all SDM cases.

¹⁰ *Modifications to the Disability Determination Procedures; Extension of Disability Claims Process Redesign Prototype and Test of Single Decisionmaker Model*, 66 Fed. Reg. 67,347 - 67,348 (December 28, 2001).

Modifications to the Disability Determination Procedures; Extension of Testing of Some Disability Redesign Features, 67 Fed. Reg. 42,594 - 42,595 (June 24, 2002); 67 Fed. Reg. 75,895 (December 10, 2002); 68 Fed. Reg. 38,737 - 38,738 (June 30, 2003); 68 Fed. Reg. 68,963 (December 10, 2003); 70 Fed. Reg. 56,204 - 56,205 (September 26, 2005); 71 Fed. Reg. 45,890 - 45,891 (August 10, 2006); 74 Fed. Reg. 48,797 (September 24, 2009); 77 Fed. Reg. 35,464 (June 13, 2012); and 78 Fed. Reg. 45,010 - 45,011 (July 25, 2013).

¹¹ SSA OQP, *Estimating the Effects of National Implementation of Single Decision Maker*, March 2010.

¹² SSA's Federal units assist DDSs with processing initial disability claims and include the Offices of Central Operations, International Operations, and Medical and Vocational Expertise, as well as 10 Federal disability units.

¹³ SSA categorizes impairments into body systems. SSA, POMS, DI 26510.015 F (March 4, 2013). For example, the genito-urinary body system includes impairments such as chronic renal failure, disorders of the urinary tract, and disorders of the male or female organs. SSA, POMS, DI 28085.125 C (July 26, 2012).

¹⁴ Non-SDM sites consist of the remaining 34 DDSs not participating in the pilot and SSA's Federal units.

Table 1: Populations and Samples

Case Primary Impairment	Population Type	Population	Sample
BACK DISORDER	SDM Prototype Sites	73,638	1,100
	SDM II Sites	51,670	1,100
	Non-SDM Sites	172,354	1,100
	Sub-total	297,662	3,300
GENITO-URINARY	SDM Prototype Sites	7,091	200
	SDM II Sites	5,147	200
	Non-SDM Sites	17,348	200
	Sub-total	29,586	600
TOTAL		327,248	3,900

For each sample case, we calculated the DDS processing times and gathered information on the case such as MC involvement, consultative examinations (CE) purchased, and appeals to the reconsideration and hearing levels.¹⁵

In addition, we contacted SSA's OQP and its Offices of the Actuary (OCACT); Disability Determinations; Disability Programs; Program Development and Research; Research, Evaluation and Statistics; Disability Adjudication and Review (ODAR), as well as DDS administrators to discuss the SDM pilot. We also obtained information from the National Association of Disability Examiners (NADE) and National Council of Disability Determination Directors (NCDDD).¹⁶ (See Appendix B for our scope, methodology, and sample results.)

RESULTS OF REVIEW

We gathered SDM pilot information to assist SSA in deciding whether to expand or terminate the pilot. We shared the preliminary results of our review with the Agency on October 17, 2012 and January 16, 2013.

¹⁵ We did not control for case attributes such as secondary impairment, age, years of education, regulation basis, program Title (II or XVI), medical evidence, consultative examinations purchased, processing site, or SDM authority usage by site.

¹⁶ NADE's mission is to advance the art and science of disability evaluation. NADE's membership includes employees of State DDSs as well as personnel from across SSA, attorneys, claimant advocates, and physicians. NCDDD's mission is to provide service to persons with disabilities; promote the interests of the state operated DDSs; and represent DDS Directors, their management teams, and staffs.

SDM users provided positive feedback, and our analysis showed decreased processing times for initial disability claims; however, OCACT's preliminary estimate showed significant savings to the Trust Fund and General Fund if SSA gradually terminated the SDM pilot.¹⁷ On July 25, 2013, SSA published a Federal Register notice announcing the extension of the SDM pilot through September 26, 2014. Over the coming year, SSA will be exploring how to proceed beyond September 2014.¹⁸

Sample Case Results: DDS Processing Times

SDM Cases Processed Sooner

We found that SDM sites processed cases sooner than Non-SDM sites (see Figure 2). Specifically, we found that SDM sites processed

- back disorder cases, on average, 26 days sooner than Non-SDM sites;¹⁹
- genito-urinary cases, on average, 11 days sooner than Non-SDM sites;²⁰
- back disorder cases without an MC signature, on average, 38 days sooner than Non-SDM site cases with an MC signature; and
- genito-urinary cases without an MC signature, on average, 22 days sooner than Non-SDM site cases with an MC signature.

Since our review was limited to back disorder and genito-urinary sample cases, the results do not represent all disability claims or all SDM cases.

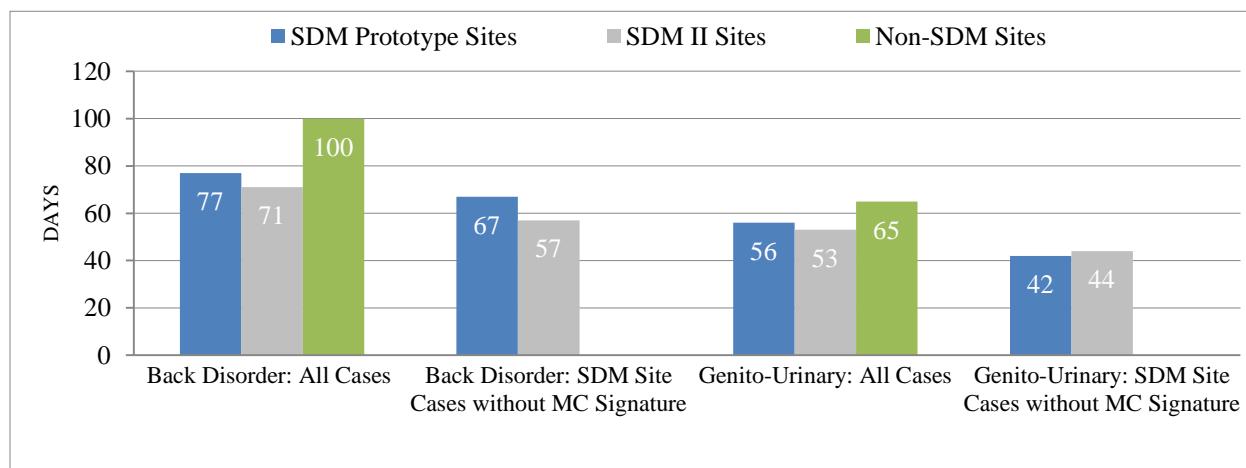
¹⁷ OCACT estimates and analyzes potential changes to SSA's programs, such as discontinuing the SDM pilot. In addition, OCACT conducts studies of program financing, performs actuarial and demographic research on program issues, and projects future workloads. SSA pays benefits to disabled workers and their families from the Disability Insurance Trust Fund. SSA issues disability payments to eligible Supplemental Security Income recipients from the General Fund.

¹⁸ *Modifications to the Disability Determination Procedures; Extension of Testing of Some Disability Redesign Features*, 78 Fed. Reg. 45,010 - 45,011 (July 25, 2013).

¹⁹ Using inferential statistical techniques and assuming the average overall processing time of the DDS back disorder case population was normally distributed, we are 90-percent confident the average overall processing time would be between 73 and 81 days at SDM prototype sites; 66 and 76 days at SDM II sites; and 94 and 105 days at Non-SDM sites.

²⁰ Using inferential statistical techniques and assuming the average overall processing time of the DDS genito-urinary case population was normally distributed, we are 90-percent confident the average overall processing time would be between 52 and 60 days at SDM prototype sites; 48 and 58 days at SDM II sites; and 60 and 69 days at Non-SDM sites.

Figure 2: Initial Claims Average Processing Times (Days) from DDS Receipt to Determination Date



SDM sites also reported reduced processing times because disability examiners reviewed simple cases without involving MCs. For example, one pilot site reported that, in Fiscal Year (FY) 2012, processing times for claims adjudicated with SDM authority averaged 56 days, while processing time for claims adjudicated without SDM authority averaged 76 days.²¹ Furthermore, another pilot site reported that, when comparing experienced disability examiners, disability examiners with SDM authority processed cases 35 days faster than disability examiners without SDM authority.

Sample Case Results: Allowance Rates

In our back disorder sample cases, initial allowance rates were highest in the SDM prototype sites, as were the allowance rates through the hearing level. In our genito-urinary sample cases, initial allowance rates were highest in the Non-SDM Sites, as were the allowance rates through the hearing level. See Table 2 and Table 3.

²¹ In SDM sites, disability examiners process cases (a) with SDM authority and not requiring an MC signature or (b) without SDM authority and requiring an MC signature. For some claims, such as mental impairment denials, policy requires an MC signature.

Table 2: Disability Determinations and Appeals - Back Disorder Cases²²

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites
Number of Sample Cases	1,100	1,100	1,100
Initial Allowances	369	276	340
Initial Allowance Rate	34%	25%	31%
Initial Denials	731	824	760
Initial DenialsAppealed to Reconsideration	N/A	501	446
Percentage of Initial DenialsAppealed to Reconsideration	N/A	61%	59%
Reconsideration Allowances ²³	N/A	40	53
Reconsideration Allowance Rate	N/A	8%	12%
Reconsideration Denials	N/A	461	393
Initial DenialsAppealed Directly to Hearing (SDM Prototype)	438	N/A	N/A
Reconsideration DenialsAppealed to Hearing	N/A	394	341
Percentage of Reconsideration DenialsAppealed to Hearing	N/A	85%	87%
Hearings Pending as of July 2013	20	43	45
Hearing Allowances	261	198	189
Hearing Allowance Rate	62%	56%	64%
Hearing Denials ²⁴	157	153	107
Hearing DenialsAppealed to AC ²⁵	71	70	38
Percentage of Hearing DenialsAppealed to AC	45%	46%	36%
AC Reviews Pending as of July 2013	46	60	31
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	25	10	7
Overall Allowance Rate Through AC²⁶	61%	52%	57%

We did not test for the causes in the variations between allowance rates in the three populations. However, the allowance rate variations for our sample cases were similar to the allowance rate variations for all cases nationwide, including all impairments and all types of claims—SDM and Non-SDM. The initial allowance rates for all claims in CY 2011 was 35 percent in the SDM

²² We did not determine whether the difference in allowance rates through the AC level was due to SDM, the elimination of the reconsideration step in prototype sites, or some other factor.

²³ Prototype sites generally do not process reconsiderations but do process some, such as transfers from non-prototype sites. None of our SDM prototype sample cases had a reconsideration.

²⁴ Hearing and AC denials include dismissals and withdrawals.

²⁵ The AC also reviewed 25 hearing allowances including 6 SDM prototype, 9 SDM II, and 10 Non-SDM cases.

²⁶ The differences in the overall allowance rates among the three samples were statistically significant at the 0.05 level of significance. Statistical significance is an interpretation of statistical data that indicates that an occurrence was probably the result of a causative factor and not simply a chance result. A finding of not statistically significant indicates probable occurrence by chance.

Prototype sites, 28.8 percent in the SDM II sites, and 33.3 percent in the Non-SDM sites. See Table B-48 for the initial allowance rates for each DDS. Likewise, for claims filed in CY 2010, the Overall Allowance Rate was 52.1 percent for closed cases in prototype States, 46.5 percent in SDM II States, and 50 percent in Non-SDM States, although not all cases had final decisions when these data were reported.²⁷ See Table B-49 for more details.

Table 3: Disability Determinations and Appeals – Genito-Urinary Cases²²

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites
Number of Sample Cases	200	200	200
Initial Allowances	125	120	133
Initial Allowance Rate	63%	60%	67%
Initial Denials	75	80	67
Initial DenialsAppealed to Reconsideration	N/A	43	33
Percentage of Initial DenialsAppealed to Reconsideration	40%	54%	49%
Reconsideration Allowances	N/A	13	9
Reconsideration Allowance Rate	N/A	30%	27%
Reconsideration Denials	N/A	30	24
Initial DenialsAppealed Directly to Hearing (SDM Prototype)	30	N/A	N/A
Reconsideration DenialsAppealed to Hearing	N/A	22	20
Percentage of Reconsideration DenialsAppealed to Hearing	N/A	73%	83%
Hearings Pending as of July 2013	1	4	4
Hearing Allowances	17	10	8
Hearing Allowance Rate	59%	56%	50%
Hearing Denials	12	8	8
Hearing DenialsAppealed to AC ²⁸	2	4	4
Percentage of Hearing DenialsAppealed to AC	17%	50%	50%
AC Reviews Pending as of July 2013	1	4	4
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	1	0	0
Overall Allowance Rate through AC²⁹	72%	74%	78%

In our back disorder and genito-urinary sample cases, more claimants who were denied at the initial level appealed to the hearing level. See Table 4 and Table 5.

²⁷ SSA, ODP, Titles II and XVI Disability Research Files, July 2012.

²⁸ The AC also reviewed 3 hearing allowances including 1 SDM prototype, 1 SDM II, and 1 Non-SDM case.

²⁹ The differences in the overall allowance rates among the three samples were not statistically significant at the 0.05 level of significance.

Table 4: Appeals to the Hearing Level - Back Disorder Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites
Number of Sample Cases	1,100	1,100	1,100
Initial Denials	731	824	760
Initial DenialsAppealed to Reconsideration	N/A	501	446
Reconsideration Denials	N/A	461	393
DenialsAppealed to Hearing	438	394	341
Percentage of Initial DenialsAppealed to Hearing	60%	48%	45%

Table 5: Appeals to the Hearing Level – Genito-Urinary Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites
Number of Sample Cases	200	200	200
Initial Denials	75	80	67
Initial DenialsAppealed to Reconsideration	N/A	43	33
Reconsideration Denials	N/A	30	24
DenialsAppealed to Hearing	30	22	20
Percentage of Initial DenialsAppealed to Hearing	40%	28%	30%

For additional case processing details, see Appendix B.

- Table B–2 to Table B–14 for DDS processing times.
- Table B–15 to Table B–22 for DDS disability determinations and appeals.
- Table B–23 to Table B–26 for the number of CEs ordered on initial claims.
- Table B–27 and Table B–32 for last evidence received dates.
- Table B–33 and Table B–34 for age of claimants at the time of initial determination.
- Table B–35 and Table B–36 for initial claims determination reasons.
- Table B–37 to Table B–46 for results by Title.
- Table B–47 for sample cases by site.

SDM Sites' Quality

In March 2010, OQP found that SDM appeared to have no statistically significant impact on either DDS decisional accuracy or overall case deficiency—suggesting that the small increase in initial allowance rates due to SDM reflected correct and appropriate adjudicative decisions.³⁰

As shown in Table 6, in FY 2011, the Quality Assurance (QA) Net Accuracy rates for the SDM sites ranged from 95.4 percent to 99.2 percent—with most at 97 percent or higher, compared to the 97.6-percent national accuracy rate, ranging from 95.2 percent to 99.2 percent.³¹ Also in FY 2011, the Preeffectuation Review (PER) return rates for the SDM sites ranged from 1.4 percent to 3.9 percent, compared to the national PER return rate of 2.7 percent, ranging from 1.4 percent to 6.5 percent.³² See Table B–50 for OQP data for all DDSs and Federal units.

We tracked the results of OQP reviews for our randomly selected sample cases. However, since most OQP reviews were for the PER, which was a non-random sample of allowances, the results did not provide reliable data for decision-making purposes. Therefore, we did not include that information in this report.

Table 6: SDM Site FY 2011 Quality Performance Data

Site	QA Net Accuracy Rates	PER Return Rates
SDM Prototype Sites		
Alabama	98.1%	1.9%
Alaska	97.1%	3.3%
California (Los Angeles North and West) ³³	97.2%	2.8%
Colorado	97.8%	2.0%
Louisiana	97.4%	3.9%
Michigan	98.2%	2.1%
Missouri	98.3%	2.9%
New Hampshire	98.3%	2.7%
New York	96.3%	3.9%
Pennsylvania	97.4%	2.2%
SDM II Sites		

³⁰ SSA OQP, *Estimating the Effects of National Implementation of Single Decision Maker*, March 2010.

³¹ OQP performs a QA review on 70 initial allowances and 70 initial denials per State per calendar quarter. See the Social Security Act § 221(c)(3)(A), § 42 U.S.C. 421(c)(3)(A). This sample ensures statistically valid findings for all DDSs irrespective of size.

³² By statute, OQP reviews half of all allowances for PER, which are selected by a predictive model.

³³ These figures are from all DDS offices in California, including SDM and Non-SDM sites.

Site	QA Net Accuracy Rates	PER Return Rates
Florida	97.9%	3.6%
Kansas	98.4%	1.5%
Kentucky	97.9%	2.6%
Maine	95.4%	3.1%
Nevada	96.9%	2.7%
North Carolina	97.6%	1.9%
Vermont	99.2%	1.4%
Washington	97.9%	2.3%
West Virginia	96.7%	3.5%

SDM User Feedback

SDM Sites Reported Offices Maintained Quality and Accuracy

The 20 pilot sites, as well as NADE and NCDDD, provided feedback on the SDM model. See Appendix C. These entities noted improved service to the public, DDS case processing times, and employee morale as well as decreased administrative costs to process disability cases since MCs were not involved in all claims. SDM sites also reported their offices

maintained disability determination quality and accuracy.

NADE reported that disability examiners with SDM authority maintained exceptional quality, were recognized for outstanding processing time, and experienced a higher sense of professionalism and increased morale. NADE and NCDDD also reported that the SDM model allowed the DDSs to make faster determinations with good quality, lower administrative costs, and better use of MC resources.

Program Savings

OCACT's preliminary estimates showed SSA would achieve significant program savings if it discontinued the SDM pilot. Specifically, OCACT's preliminary estimate was based on SSA gradually eliminating the pilot over a 3-year period, which would result in billions of dollars in SSA program savings from 2015 to 2023—roughly \$3 billion in total Old-Age, Survivors and Disability Insurance savings and \$700 million in Supplemental Security Income savings.

According to OQP's March 2010 report, expanding the SDM model in its present form nationwide would increase overall disability allowance rates by 0.61 percent.³⁴ Additionally, the

³⁴ SSA OQP, *Estimating the Effects of National Implementation of Single Decision Maker*, March 2010.

results of our sample case reviews showed the overall allowance rates through the AC level may be higher in SDM prototype sites. Because of the size of the Disability Insurance program, even a modest change in disability allowance rates significantly affects program costs.

Next Steps

On July 25, 2013, SSA published a Federal Register notice announcing the extension of the SDM pilot through September 26, 2014. Over the coming year, SSA will be exploring how to proceed beyond September 2014.

CONCLUSION

We gathered SDM pilot information to assist SSA in deciding whether to expand or terminate the pilot. We shared the preliminary results of our review with the Agency on October 17, 2012 and January 16, 2013.

We noted evidence of SDM-user positive feedback and decreased case processing times for initial disability claims with the use of SDM. However, based on SSA studies showing higher initial and overall (after all appeals) disability allowance rates with the use of SDM, OCACT estimated significant savings to the Trust and General Funds with the gradual termination of the SDM pilot. SSA extended the SDM pilot through September 26, 2014 and will explore how to proceed beyond that timeframe.

RECOMMENDATION

We recommend that SSA use the information in this report, as well as any other information (such as OCACT's estimates) to make and implement a decision regarding the future of SDM expeditiously.

AGENCY COMMENTS

SSA agreed with the recommendation; see Appendix D.

APPENDICES

Appendix A – THE SOCIAL SECURITY ADMINISTRATION’S APPEALS PROCESS FOR DISABILITY CLAIMS

The Social Security Administration (SSA) provides Disability Insurance and Supplemental Security Income disability benefits to eligible individuals under Titles II and XVI of the *Social Security Act*.¹ To receive either benefit, an individual must first file an application with SSA. An SSA field office representative then determines whether the individual meets the non-medical criteria for benefits² and, if so, generally forwards the claim to a State disability determination services (DDS) for a disability determination.

At the DDS, a disability examiner, using SSA’s regulations, policies, and procedures, obtains the relevant medical evidence, evaluates the case, and determines whether the claimant is disabled under the *Social Security Act*.³ The disability examiner generally works with a medical consultant (MC), physician, and/or psychologist, to make the disability determination. At DDSs participating in the single decisionmaker (SDM) pilot,⁴ a disability examiner with SDM authority can generally make the disability determination without an MC’s signature.⁵

If a claimant disagrees with the initial disability determination, he/she can file an appeal within 60 days of the date of determination notification. Generally, there are three levels of administrative appeal: reconsideration by the DDS, a hearing by an administrative law judge (ALJ), and a review by the Appeals Council (AC). However, in SDM prototype sites, a hearing is the first step in the claimant appeal’s process.⁶ After completing the administrative review process, dissatisfied claimants may appeal to the Federal Courts.

See Table A–1 for claimant appeal-level descriptions and Figure A–1 for appeals process comparison between SDM prototype and all other sites.

¹ *Social Security Act §§ 223 et seq.* and 1611 *et seq.*, 42 U.S.C. §§ 423 *et seq.* and 1382 *et seq.*

² Non-medical requirements for Social Security Disability Insurance benefits include employment and marital status.

³ DDSs make disability determinations for SSA and are in each of the 50 States plus the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. *Social Security Act §§ 221(a)(2)* and 1633(a), 42 U.S.C. §§ 421(a)(2) and 1383(b). *See also*, 20 C.F.R. §§ 404.1603 and 416.1003.

⁴ There are 20 DDSs participating in the SDM pilot including 10 prototype sites in Alabama, Alaska, California (Los Angeles North and West), Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania; and 10 SDM II sites in Florida, Guam, Kansas, Kentucky, Maine, Nevada, North Carolina, Vermont, Washington, and West Virginia. SSA, POMS, DI 12015.100 (April 11, 2011).

⁵ An MC’s signature is required for all less than favorable determinations involving a mental impairment and Title XVI childhood disability claims. SSA, POMS, DI 12015.100 (April 11, 2011).

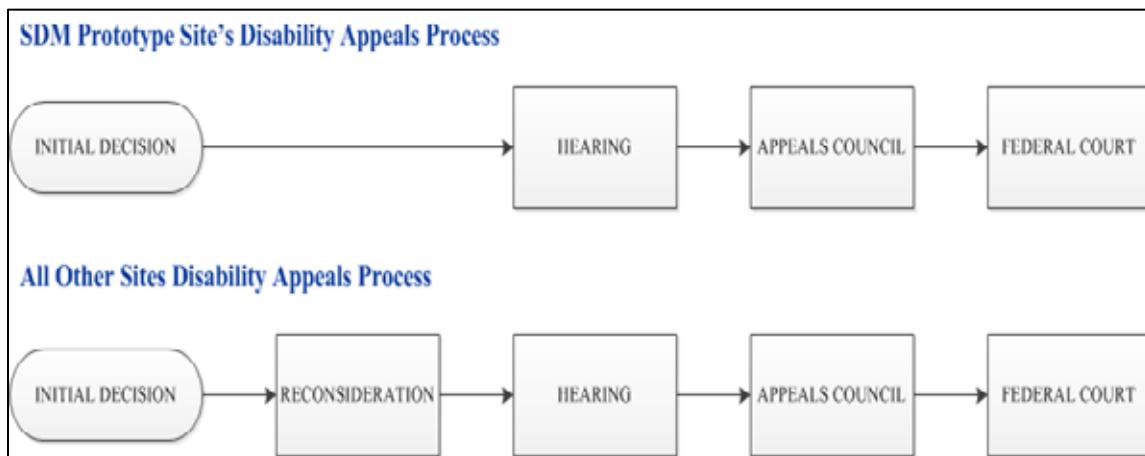
⁶ As part of the pilot in prototype sites, SSA eliminated the reconsideration step of the claimant appeals process. SSA, POMS, DI 12015.100 (April 11, 2011).

Table A–1: Claimant Appeal Levels

Appeal Level	Description
Reconsideration	If a claimant disagrees with the initial DDS' decision, he/she may ask for a reconsideration (except in prototype sites). Reconsideration is a complete review of the claim by someone who did not take part in the initial determination. The reconsideration disability examiner will consider all the evidence for the initial determination plus any new evidence.
Hearing	<p>If a claimant disagrees with the reconsideration determination (or the initial determination in prototype sites), he/she may request a hearing by an ALJ.</p> <p>An ALJ generally conducts a hearing at a hearing office. Before the hearing, the claimant and his/her representative may examine the evidence used in making the determination under appeal and submit new evidence. At the hearing, the ALJ can question the claimant and any witnesses the claimant brings. The ALJ may request other witnesses, such as medical or vocational experts, to testify at the hearing. The claimant and his/her representative may also question the witnesses.</p> <p>The ALJ does not determine whether the DDS' decision was correct but issues a new (de novo) decision based on the evidence. If the claimant waives the right to appear at the hearing, the ALJ makes a decision based on the evidence on file and any new evidence submitted for consideration.</p> <p>Under certain circumstances, an attorney advisor may conduct prehearing proceedings before the hearing. As part of the prehearing proceedings, the attorney advisor, in addition to reviewing the existing record, may request additional evidence and schedule a conference with the parties. After these proceedings are completed, if the attorney advisor can make a decision that is fully favorable, he/she may issue the decision.⁷</p>
Appeals Council	<p>If a claimant disagrees with the hearing decision, he/she may ask for a review by the AC.</p> <p>The AC consists of administrative appeal judges and appeal officers. The AC may deny, dismiss, or grant a request for review. If the AC denies or dismisses the request for review, the hearing office decision becomes SSA's final decision. If the AC grants the request for review, it can (1) issue its own decision affirming, modifying, or reversing the hearing office decision or (2) remand the case to the hearing office for a new decision, additional evidence, or other action. If the AC issues its own decision, that decision becomes SSA's final decision. The AC may also review a case within 60 days of the hearing office decision on its own motion; that is, without a claimant requesting the review.</p>
Federal Court	<p>If a claimant is dissatisfied with SSA's final decision, he/she may file a civil action with the following Federal Courts in this order: U.S. District Court, U.S. Court of Appeals (Circuit Court), and U.S. Supreme Court. Federal Courts have the power to dismiss, affirm, modify, or reverse SSA's final decisions and may remand cases to SSA for further action, including a new decision. If SSA's final decision is supported by "substantial evidence" and consistent with the <i>Social Security Act</i>, the court should affirm the decision.</p>

⁷ 20 C.F.R. §§ 404.942 and 416.1442.

Figure A–1: Disability Appeals Process Comparison Between SDM Prototype Sites and Other Sites



Appendix B – SCOPE, METHODOLOGY, AND SAMPLE RESULTS

To achieve our objective, we:

- Reviewed applicable sections of the *Social Security Act* and Social Security Administration's (SSA) regulations, policies, and procedures.
- Reviewed our July 2011 report, *The Effects of the Electronic Claims Analysis Tool* (A-01-11-21193).
- Obtained a data file of all disability determinations issued in Calendar Year (CY) 2011. Through data analysis, we identified 2 groups of initial claims. Specifically, we identified:
 1. 297,662 claimants whose primary diagnosis was a back disorder (diagnosis code 7240) but who did not have a mental impairment as a secondary diagnosis. We selected back disorder claims because it was the most frequent disability diagnosis in the CY 2011 initial claims file.
 2. 29,586 claimants with genito-urinary (body system code 6) as the primary body system affected without a mental impairment as a secondary diagnosis. We selected these claims based on SSA input to supplement our back disorder sample.¹
- Identified three populations—Single Decisionmaker (SDM) prototype, SDM II, and Non-SDM sites²—from each group of initial claims adjudicated in CY 2011 and randomly sampled 1,100 back disorder and 200 genito-urinary cases from each population for review. Therefore, we reviewed 3,900 cases.³ See Table B-1.

¹ SSA categorizes impairments into body systems. SSA, POMS, DI 26510.015 F (March 4, 2013). For example, the genito-urinary body system includes impairments such as chronic renal failure, disorders of the urinary tract, and disorders of the male or female organs. SSA, POMS, DI 28085.125 C (July 7, 2012).

² In 1999, SSA began the SDM pilot in 10 disability determination services (DDS) sites—referred to as SDM prototype—and simultaneously eliminated the reconsideration step of the claimant appeals process. The 10 SDM prototype sites include DDSs in Alabama, Alaska, California (Los Angeles North and West), Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania. In California, SDM authority is generally only available for certain field office cases. Later in 1999, SSA expanded the pilot to an additional 10 DDS sites—referred to as SDM II—yet kept the reconsideration step of the appeal process. The 10 SDM II sites include DDSs in Florida, Guam, Kansas, Kentucky, Maine, Nevada, North Carolina, Vermont, Washington, and West Virginia. SSA, POMS, DI 12015.100 (April 11, 2011). Non-SDM sites consist of the remaining 34 DDSs as well as Federal units that assist DDSs with processing initial disability claims.

³ In SDM sites, disability examiners process cases (a) with SDM authority and not requiring an MC signature or (b) without SDM authority and requiring an MC signature. For some claims, such as mental impairment denials, policy requires an MC signature.

Table B-1: Populations and Samples

Case Primary Impairment	Population Type	Population	Sample
BACK DISORDER	SDM Prototype Sites	73,638	1,100
	SDM II Sites	51,670	1,100
	Non-SDM Sites	172,354	1,100
	Sub-total	297,662	3,300
GENITO-URINARY	SDM Prototype Sites	7,091	200
	SDM II Sites	5,147	200
	Non-SDM Sites	17,348	200
	Sub-total	29,586	600
TOTAL		327,248	3,900

- Removed all Title XVI child claims from each population because these claims require a Medical Consultant's (MC) signature.
- Replaced 47 back disorder and 214 genito-urinary sample cases that had expedited processing (such as Quick Disability Determination and Compassionate Allowance cases)⁴ or did not have an electronic claims folder where we could review the disability adjudication details.
- Reviewed SSA's electronic claims folder for each sample case and documented
 - o whether the DDS allowed or denied the case,
 - o the DDS' initial determination reason,
 - o whether the DDS determinations were appealed,
 - o the number of consultative examinations (CE) purchased, and
 - o the date of the last evidence received (for cases denied for failure to cooperate, this was the date the claimant did not cooperate; for cases denied for insufficient evidence, this was the date DDS determined the evidence was insufficient).⁵
- Calculated DDS processing time and allowance rates.

⁴ The Quick Disability Determinations uses a predictive model to identify claims in which it is highly probable the claimant is disabled and the claimant's allegations can be easily and quickly verified so the claim can be processed quickly by the DDS. The Compassionate Allowance process identifies claims electronically involving diseases and other medical conditions that are so severe that they clearly meet SSA's definition of disability. Like Quick Disability Determinations, this process uses a predictive model, but it is simpler—selecting claims based solely on the claimant's allegation of having a disease or other medical condition in the Agency's list of Compassionate Allowance conditions.

⁵ We did not control for secondary impairment, age, years of education, regulation basis, program Title (II or XVI), medical evidence, CEs purchased, processing site, or SDM authority usage by site.

- Documented, for each sampled case from the SDM prototype and SDM II populations, whether an MC was involved in the initial determination and the disability examiner used SDM authority to adjudicate the initial claim.
- Calculated appeal rates through the Appeals Council (AC) level. As of July 2013, 117 (9 percent) of the 1,245 claims appealed to an administrative law judge (ALJ) and 146 (77 percent) of the 189 claims appealed to the AC were still pending. Therefore, the appeal allowance rates shown in the Tables are for cases completed (not pending).
- Calculated allowance rates inclusive of the initial, reconsideration and hearing levels. We did not determine whether the difference in allowance rates through the AC level was due to SDM or to the elimination of the reconsideration step in prototype sites.
- Contacted SSA's Offices of the Chief Actuary; Disability Determination (ODD); Disability Programs (ODP); Research and Disability Policy; Research, Evaluation and Statistics; Disability Adjudication and Review (ODAR); and Quality Performance (OQP) as well as DDS Administrators.
- Obtained information from the National Association of Disability Examiners and the National Council of Disability Determination Directors about the SDM pilot status.
- Estimated Fiscal Year 2012 MC cost savings for the 20 SDM pilot sites.
- Provided the preliminary results of our case reviews to ODP, ODD, and OQP.

We determined the computer-processed data from the file of all disability determinations issued in CY 2011 were sufficiently reliable for our intended use. We conducted tests to determine the completeness and accuracy of the data. These tests allowed us to assess the reliability of the data and achieve our audit objective.

We conducted our review between August 2012 and July 2013 in Boston, Massachusetts. The entities audited were ODD under the Deputy Commissioner of Operations and ODP under the Deputy Commissioner of Retirement and Disability Policy.

We conducted our review 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 objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Sample Results

For sample results, see:

- Table B–2 to Table B–14 for DDS processing times;
- Table B–15 to Table B–22 for allowance and appeal rates;

- Table B–23 to Table B–26 for the number of CEs ordered on initial claims;
- Table B–27 and Table B–32 for last evidence received dates;
- Table B–33 and Table B–34 for age of claimants at the time of initial determination;
- Table B–35 and Table B–36 for initial claims determination reasons;
- Table B–37 to Table B–46 for results by Title; and,
- Table B–47 for sample cases by site.

Since our review was limited to back disorder and genito-urinary sample cases, the results are not representative of all disability claims or all SDM cases.

Processing Times

Table B–2: Average Sample Case Initial Processing Time (Days) by Site

Site	Back Disorder Cases				Genito-Urinary Cases			
	Number of Sample Cases	Average Days from Receipt Date	Average Days from Examiner Assigned Date	Average Days from Last Evidence Received	Number of Sample Cases	Average Days from Receipt Date	Average Days from Examiner Assigned Date	Average Days from Last Evidence Received
SDM Prototype Sites								
Alabama	95	71	70	8	20	34	34	6
Alaska	8	82	82	8	1	37	37	24
California (Los Angeles North and West)	45	107	106	11	13	67	67	8
Colorado	70	98	98	22	13	55	52	16
Louisiana	97	68	68	10	17	50	49	13
Michigan	171	91	79	19	31	73	61	15
Missouri	124	73	73	11	18	61	61	17
New Hampshire	12	90	85	23	2	65	59	8
New York	269	66	65	8	47	48	48	7
Pennsylvania	209	74	70	10	38	60	57	11
SDM II Sites								
Florida	416	51	45	6	81	35	30	5
Guam	1	60	60	12	1	123	123	11
Kansas	24	81	75	10	8	40	38	5
Kentucky	148	81	78	21	23	61	61	20
Maine	26	82	76	31	3	56	48	17
Nevada	55	129	109	21	12	75	64	10
North Carolina	238	83	83	18	47	75	75	13
Vermont	14	51	50	11	3	37	32	8
Washington	144	72	67	15	17	47	42	11

Site	Back Disorder Cases				Genito-Urinary Cases			
	Number of Sample Cases	Average Days from Receipt Date	Average Days from Examiner Assigned Date	Average Days from Last Evidence Received	Number of Sample Cases	Average Days from Receipt Date	Average Days from Examiner Assigned Date	Average Days from Last Evidence Received
West Virginia	34	90	89	15	5	68	67	6
Non-SDM Sites								
Arizona	22	118	90	13	7	93	64	21
Arkansas	27	71	69	16	3	25	25	12
Arkansas Extended Service Team	30	133	132	19	5	76	74	13
Baltimore Disability Processing Branch	12	209	206	87	1	196	196	166
California (Excluding Los Angeles North and West)	117	97	97	17	19	62	62	14
Chicago Disability Processing Branch	5	275	274	48	0	0	0	0
Connecticut	29	105	103	14	1	84	84	29
Dallas Disability Processing Unit	12	153	151	41	3	43	43	34
Delaware	9	120	120	24	1	35	35	35
District of Columbia	1	53	43	2	2	32	30	3
Georgia	41	138	132	22	7	92	85	14
Hawaii	9	101	94	12	6	32	23	12
Idaho	4	63	55	9	2	44	26	3
Illinois	55	83	73	13	14	77	69	15
Indiana	42	72	69	13	7	29	27	5
Iowa	11	50	48	14	2	46	45	5
Kansas City Federal Disability Unit	5	88	88	10	0	0	0	0
Maryland	25	80	67	6	4	46	43	13
Massachusetts	34	89	87	15	2	52	52	9
Minnesota	15	52	51	11	1	46	46	8
Mississippi	27	87	86	18	7	75	74	21
Mississippi Extended Service Team	9	114	111	22	1	198	195	28
Montana	9	122	110	19	0	0	0	0
Nebraska	6	75	71	14	2	36	36	1
New Jersey	46	94	92	25	8	62	61	27
New Mexico	8	115	112	35	3	49	49	1

Site	Back Disorder Cases				Genito-Urinary Cases			
	Number of Sample Cases	Average Days from Receipt Date	Average Days from Examiner Assigned Date	Average Days from Last Evidence Received	Number of Sample Cases	Average Days from Receipt Date	Average Days from Examiner Assigned Date	Average Days from Last Evidence Received
New York Disability Processing Branch	7	125	125	9	0	0	0	0
North Dakota	3	72	59	9	0	0	0	0
Office of Medical and Vocational Expertise	2	138	125	26	0	0	0	0
Ohio	57	102	93	20	16	68	60	17
Oklahoma	23	83	79	26	3	76	75	8
Oklahoma Extended Service Team	15	113	110	20	1	140	140	Same Day
Oregon	28	97	91	19	2	90	87	10
Philadelphia Disability Processing Branch	15	129	128	27	1	22	22	8
Puerto Rico	16	164	149	34	3	53	35	10
Rhode Island	5	62	62	19	2	30	30	13
San Francisco Federal Disability Unit	11	125	124	29	2	68	68	6
South Carolina	37	94	88	18	12	54	49	18
South Dakota	4	98	96	22	0	0	0	0
South East Disability Processing Branch	7	111	110	32	2	91	85	32
Tennessee	44	99	96	28	6	91	87	27
Texas	138	88	82	25	31	66	59	25
Utah	7	77	66	24	0	0	0	0
U.S. Virgin Islands	1	143	143	13	0	0	0	0
Virginia	39	90	77	14	5	55	36	13
Virginia Extended Service Team	11	116	108	32	2	57	41	26
Wisconsin	18	108	93	27	4	61	51	25
Wyoming	2	90	85	6	0	0	0	0

Table B–3: Initial Claims Processing Times (Days) from DDS Receipt Date to Determination Date - Back Disorder Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites	All Sites
Number of Sample Cases	1,100	1,100	1,100	3,300
Average Case Processing Time (days)	77	71	100	82
Low Range (days)	5	4	3	3
High Range (days)	298	302	331	331
Cases with an MC Signature	533	458	1,100	2,091
Average Case Processing Time (days)	87	90	100	94
Low Range (days)	10	8	3	3
High Range (days)	298	268	331	331
Cases without an MC Signature	567	642	N/A	
Average Case Processing Time (days)	67	57	N/A	
Low Range (days)	5	4	N/A	
High Range (days)	238	302	N/A	

Table B–4: Initial Claims Processing Times (Days) from DDS Receipt Date to Determination Date - Back Disorder Cases – SDM Prototype Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	759	341	1,100
Average Case Processing Time (days)	71	89	77
Low Range (days)	5	10	5
High Range (days)	238	298	298
Cases with an MC Signature	192	341	533
Average Case Processing Time (days)	83	89	87
Low Range (days)	10	10	10
High Range (days)	236	298	298
Cases Without an MC Signature	567	N/A	
Average Case Processing Time (days)	67	N/A	
Low Range (days)	5	N/A	
High Range (days)	238	N/A	

Table B–5: Initial Claims Processing Times (Days) from DDS Receipt Date to Determination Date - Back Disorder Cases - SDM II Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	755	345	1,100
Average Case Processing Time (days)	62	90	71
Low Range (days)	4	8	4
High Range (days)	302	268	302
Cases with an MC Signature	113	345	458
Average Case Processing Time (days)	91	90	90
Low Range (days)	13	8	8
High Range (days)	242	268	268
Cases without an MC Signature	642	N/A	
Average Case Processing Time (days)	57	N/A	
Low Range (days)	4	N/A	
High Range (days)	302	N/A	

Table B–6: Initial Claims Processing Times (Days) from DDS Receipt Date to Determination Date - Genito-Urinary Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites	All Sites
Number of Sample Cases	200	200	200	600
Average Case Processing Time (days)	56	53	65	58
Low Range (days)	Same Day	1	Same Day	Same Day
High Range (days)	205	281	226	281
Cases with an MC Signature	94	61	200	355
Average Case Processing Time (days)	71	74	65	68
Low Range (days)	2	2	Same Day	Same Day
High Range (days)	205	281	226	281
Cases without an MC Signature	106	139	N/A	
Average Case Processing Time (days)	42	44	N/A	
Low Range (days)	Same Day	1	N/A	
High Range (days)	170	245	N/A	

Table B–7: Initial Claims Processing Times (Days) from DDS Receipt Date to Determination Date - Genito-Urinary Cases - SDM Prototype Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	146	54	200
Average Case Processing Time (days)	48	76	56
Low Range (days)	Same Day	3	Same Day
High Range (days)	185	205	205
Cases with an MC Signature	40	54	94
Average Case Processing Time (days)	64	76	71
Low Range (days)	2	3	2
High Range (days)	185	205	205
Cases Without an MC Signature	106	N/A	
Average Case Processing Time (days)	42	N/A	
Low Range (days)	Same Day	N/A	
High Range (days)	170	N/A	

Table B–8: Initial Claims Processing Times (Days) from DDS Receipt Date to Determination Date - Genito-Urinary Cases - SDM II Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	166	34	200
Average Case Processing Time (days)	47	82	53
Low Range (days)	1	2	1
High Range (days)	245	281	281
Cases with an MC Signature	27	34	61
Average Case Processing Time (days)	63	82	74
Low Range (days)	12	2	2
High Range (days)	201	281	281
Cases Without an MC Signature	139	N/A	
Average Case Processing Time (days)	44	N/A	
Low Range (days)	1	N/A	
High Range (days)	245	N/A	

Table B–9: Initial Claims Processing Times (Days) from DDS Examiner Assigned Date to Determination Date – Back Disorder Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites	All Sites
Number of Sample Cases	1,100	1,100	1,100	3,300
Average Case Processing Time (days)	74	67	94	78
Low Range (days)	Same Day	1	3	Same Day
High Range (days)	298	295	331	331
Cases with an MC Signature	533	458	1,100	2,091
Average Case Processing Time (days)	83	87	94	90
Low Range (days)	10	5	3	3
High Range (days)	298	258	331	331
Cases Without an MC Signature	567	642	N/A	
Average Case Processing Time (days)	65	52	N/A	
Low Range (days)	Same Day	1	N/A	
High Range (days)	238	295	N/A	

Table B–10: Initial Claims Processing Times (Days) from DDS Examiner Assigned Date to Determination Dates – Back Disorder Cases – SDM Prototype Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	759	341	1,100
Average Case Processing Time (days)	69	85	74
Low Range (days)	Same Day	10	Same Day
High Range (days)	238	298	298
Cases with an MC Signature	192	341	533
Average Case Processing Time (days)	80	85	83
Low Range (days)	10	10	10
High Range (days)	228	298	298
Cases Without an MC Signature	567	N/A	
Average Case Processing Time (days)	65	N/A	
Low Range (days)	Same Day	N/A	
High Range (days)	238	N/A	

Table B–11: Initial Claims Processing Times (Days) from Examiner Assigned Date to Determination Date – Back Disorder Cases – SDM II Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	755	345	1,100
Average Case Processing Time (days)	57	88	67
Low Range (days)	1	8	1
High Range (days)	295	258	295
Cases with an MC Signature	113	345	458
Average Case Processing Time (days)	86	88	87
Low Range (days)	5	8	5
High Range (days)	241	258	258
Cases Without an MC Signature	642	N/A	
Average Case Processing Time (days)	52	N/A	
Low Range (days)	1	N/A	
High Range (days)	295	N/A	

Table B–12: Initial Claims Processing Times (Days) from DDS Examiner Assigned Date to Determination Date – Genito-Urinary Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites	All Sites
Number of Sample Cases	200	200	200	600
Average Case Processing Time (days)	53	49	59	54
Low Range (days)	Same Day	Same Day	Same Day	Same Day
High Range (days)	193	281	226	281
Cases with an MC Signature	94	61	200	355
Average Case Processing Time (days)	67	72	59	63
Low Range (days)	2	2	Same Day	Same Day
High Range (days)	193	281	226	281
Cases Without an MC Signature	106	139	N/A	
Average Case Processing Time (days)	40	39	N/A	
Low Range (days)	Same Day	Same Day	N/A	
High Range (days)	170	245	N/A	

Table B–13: Initial Claims Processing Times (Days) from DDS Examiner Assigned Date to Determination Date – Genito-Urinary Cases – SDM Prototype Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	146	54	200
Average Case Processing Time (days)	46	72	53
Low Range (days)	Same Day	3	Same Day
High Range (days)	182	193	193
Cases with an MC Signature	40	54	94
Average Case Processing Time (days)	61	72	67
Low Range (days)	2	3	2
High Range (days)	182	193	193
Cases Without an MC Signature	106	N/A	
Average Case Processing Time (days)	40	N/A	
Low Range (days)	Same Day	N/A	
High Range (days)	170	N/A	

Table B–14: Initial Claims Processing Times (Days) from DDS Examiner Assigned Date to Determination Date – Genito-Urinary Cases – SDM II Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	166	34	200
Average Case Processing Time (days)	43	82	49
Low Range (days)	Same Day	2	Same Day
High Range (days)	245	281	281
Cases with an MC Signature	27	34	61
Average Case Processing Time (days)	61	82	72
Low Range (days)	12	2	2
High Range (days)	198	281	281
Cases Without an MC Signature	139	N/A	
Average Case Processing Time (days)	39	N/A	
Low Range (days)	Same Day	N/A	
High Range (days)	245	N/A	

Allowance and Appeals Rates

Table B–15: Disability Determinations and Appeals - Back Disorder Cases⁶

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites
Number of Sample Cases	1,100	1,100	1,100
Initial Allowances	369	276	340
Initial Allowance Rate	34%	25%	31%
Initial Denials	731	824	760
Initial DenialsAppealed to Reconsideration	N/A	501	446
Percentage of Initial DenialsAppealed to Reconsideration	N/A	61%	59%
Reconsideration Allowances ⁷	N/A	40	53
Reconsideration Allowance Rate	N/A	8%	12%
Reconsideration Denials	N/A	461	393
Initial DenialsAppealed Directly to Hearing (SDM Prototype)	438	N/A	N/A
Reconsideration DenialsAppealed to Hearing	N/A	394	341
Percentage of Reconsideration DenialsAppealed to Hearing	N/A	85%	87%
Hearings Pending as of July 2013	20	43	45
Hearing Allowances	261	198	189
Hearing Allowance Rate	62%	56%	64%
Hearing Denials ⁸	157	153	107
Hearing DenialsAppealed to AC ⁹	71	70	38
Percentage of Hearing DenialsAppealed to AC	45%	46%	36%
AC Reviews Pending as of July 2013	46	60	31
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	25	10	7
Overall Allowance Rate through AC¹⁰	61%	52%	57%

⁶ We did not determine whether the difference in allowance rates through the AC level was due to SDM, the elimination of the reconsideration step in prototype sites, or some other factor.

⁷ Prototype sites generally do not process reconsiderations but do process some, such as transfers from non-prototype sites. None of our SDM prototype sample cases had a reconsideration.

⁸ Hearing and AC denials include dismissals and withdrawals.

⁹ The AC also reviewed 25 hearing allowances including 6 SDM prototype, 9 SDM II, and 10 Non-SDM cases.

¹⁰ The differences in the overall allowance rates among the three samples were statistically significant at the 0.05 level of significance. Statistical significance is an interpretation of statistical data that indicates that an occurrence was probably the result of a causative factor and not simply a chance result. A finding of not statistically significant indicates probable occurrence by chance.

We did not test for causes in the variations between allowance rates in the three populations. However, the allowance rates for our sample cases were similar to the allowance rates for all cases nationwide, including all impairments and all types of claims—SDM and Non-SDM. The initial allowance rates for all claims in CY 2011 was 35 percent in the SDM prototype sites, 28.8 percent in the SDM II sites, and 33.3 percent in the Non-SDM sites. See Table B–48 for the initial allowance rates for each DDS. Likewise, for claims filed in CY 2010, the Overall Allowance Rate was 49.9 percent for all States, 52.1 percent for prototype States, 46.5 percent in SDM II States, and 50 percent in Non-SDM States. See Table B–49 for more details.

Table B–16: Disability Determinations and Appeals - Back Disorder Cases - SDM Prototype Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	759	341	1,100
Initial Allowances	299	70	369
Initial Allowance Rate	39%	21%	34%
Initial Denials	460	271	731
Initial DenialsAppealed to Hearing	277	161	438
Percentage of Initial DenialsAppealed to Hearing	60%	59%	60%
Hearings Pending as of July 2013	15	5	20
Hearing Allowances	163	98	261
Hearing Allowance Rate	62%	63%	62%
Hearing Denials ⁸	99	58	157
Hearing DenialsAppealed to AC	40	31	71
Percentage of Hearing DenialsAppealed to AC	40%	53%	45%
AC Reviews Pending as of July 2013	27	19	46
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials ⁸	13	12	25
Overall Allowance Rate Through AC	64%	53%	61%

Table B-17: Disability Determinations and Appeals - Back Disorder Cases - SDM II Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	755	345	1,100
Initial Allowances	227	49	276
Initial Allowance Rate	30%	14%	25%
Initial Denials	528	296	824
Initial DenialsAppealed to Reconsideration	322	179	501
Percentage of Initial DenialsAppealed to Reconsideration	61%	60%	61%
Reconsideration Allowances	27	13	40
Reconsideration Allowance Rate	8%	7%	8%
Reconsideration Denials	295	166	461
Reconsideration DenialsAppealed to Hearing	242	152	394
Percentage of Reconsideration DenialsAppealed to Hearing	82%	92%	85%
Hearings Pending as of July 2013	23	20	43
Hearing Allowances	120	78	198
Hearing Allowance Rate	55%	59%	56%
Hearing Denials	99	54	153
Hearing DenialsAppealed to AC	40	30	70
Percentage of Hearing DenialsAppealed to AC	40%	56%	46%
AC Reviews Pending as of July 2013	33	27	60
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	7	3	10
Overall Allowance Rate through AC	54%	47%	52%

Table B-18: Disability Determinations and Appeals - Back Disorder Cases - SDM Sites Compared to Non-SDM Sites

	SDM Sites	Non-SDM Sites
Number of Sample Cases	2,200	1,100
Initial Allowances	645	340
Initial Allowance Rate	29%	31%
Initial Denials	1,555	760
Initial DenialsAppealed to Reconsideration or Hearing	939	446
Percentage of Initial DenialsAppealed to Reconsideration or Hearing	60%	59%

Table B–19: Disability Determinations and Appeals - Genito-Urinary Cases⁶

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites
Number of Sample Cases	200	200	200
Initial Allowances	125	120	133
Initial Allowance Rate	63%	60%	67%
Initial Denials	75	80	67
Initial DenialsAppealed to Reconsideration	N/A	43	33
Percentage of Initial DenialsAppealed to Reconsideration	40%	54%	49%
Reconsideration Allowances ⁷	N/A	13	9
Reconsideration Allowance Rate	N/A	30%	27%
Reconsideration Denials	N/A	30	24
Initial DenialsAppealed Directly to Hearing (SDM Prototype)	30	N/A	N/A
Reconsideration DenialsAppealed to Hearing	N/A	22	20
Percentage of Reconsideration DenialsAppealed to Hearing	N/A	73%	83%
Hearings Pending as of July 2013	1	4	4
Hearing Allowances	17	10	8
Hearing Allowance Rate	59%	56%	50%
Hearing Denials	12	8	8
Hearing DenialsAppealed to AC ¹¹	2	4	4
Percentage of Hearing DenialsAppealed to AC	17%	50%	50%
AC Reviews Pending as of July 2013	1	4	4
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	1	0	0
Overall Allowance Rate Through AC¹²	72%	74%	78%

¹¹ The AC also reviewed three hearing allowances: one SDM prototype, one SDM II, and one Non-SDM case.

¹² The differences in the overall allowance rates among the three samples were not statistically significant at the 0.05 level of significance.

Table B–20: Disability Determinations and Appeals - Genito-Urinary Cases - SDM Prototype Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	146	54	200
Initial Allowances	104	21	125
Initial Allowance Rate	71%	39%	63%
Initial Denials	42	33	75
Initial DenialsAppealed to Hearing	18	12	30
Percentage of Initial DenialsAppealed to Hearing	43%	36%	40%
Hearings Pending as of July 2013	1	0	1
Hearing Allowances	9	8	17
Hearing Allowance Rate	53%	67%	59%
Hearing Denials ⁸	8	4	12
Hearing DenialsAppealed to AC	2	0	2
Percentage of Hearing DenialsAppealed to AC	25%	0%	17%
AC Reviews Pending as of July 2013	1	0	1
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials ⁸	1	0	1
Overall Allowance Rate Through AC	78%	54%	72%

Table B–21: Disability Determinations and Appeals - Genito-Urinary Cases - SDM II Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	166	34	200
Initial Allowances	111	9	120
Initial Allowance Rate	67%	26%	60%
Initial Denials	55	25	80
Initial DenialsAppealed to Reconsideration	30	13	43
Percentage of Initial DenialsAppealed to Reconsideration	55%	52%	54%
Reconsideration Allowances	10	3	13
Reconsideration Allowance Rate	33%	23%	30%
Reconsideration Denials	20	10	30
Reconsideration DenialsAppealed to Hearing	13	9	22
Percentage of Reconsideration DenialsAppealed to Hearing	65%	90%	73%
Hearings Pending as of July 2013	3	1	4
Hearing Allowances	5	5	10
Hearing Allowance Rate	50%	63%	56%
Hearing Denials	5	3	8
Hearing DenialsAppealed to AC	3	1	4
Percentage of Hearing DenialsAppealed to AC	60%	33%	50%
AC Reviews Pending as of July 2013	3	1	4
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	0	0	0
Overall Allowance Rate Through AC	79%	53%	74%

Table B–22: Disability Determinations and Appeals - Genito-Urinary - SDM Sites Compared to Non-SDM Sites

	SDM Sites	Non-SDM Sites
Number of Sample Cases	400	200
Initial Allowances	245	133
Initial Allowance Rate	61%	67%
Initial Denials	155	67
Initial DenialsAppealed to Reconsideration or Hearing	73	33
Percentage of Initial DenialsAppealed to Reconsideration or Hearing	47%	49%

Consultative Examinations

When a DDS needs to get more information about a claimant's impairment(s) and/or level of functioning, the disability examiner will generally order a CE.¹³

Table B–23: CEs Ordered on Initial Claims - Back Disorder Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites	All Sites
Number of Sample Cases	1,100	1,100	1,100	3,300
Cases with a CE	635	510	580	1,725
Percentage of Cases with CE	58%	46%	53%	52%
Average Case Processing Time with a CE (days)	90	89	119	100
Low Range (days)	14	9	29	9
High Range (days)	298	302	323	323
Average Case Processing Time Without a CE (days)	59	55	78	64
Low Range (days)	5	4	3	3
High Range (days)	238	245	331	331

Table B–24: CEs Ordered on Initial Claims - Back Disorder Cases - SDM Sites

	SDM Prototype Sites			SDM II Sites		
	SDM Processed Cases	Non-SDM Processed Cases	All Cases	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	759	341	1,100	755	345	1,100
Cases with a CE	441	194	635	313	197	510
Percentage of Cases with CE	58%	57%	58%	41%	57%	46%
Average Case Processing Time with a CE (days)	83	106	90	79	105	89
Low Range (days)	14	26	14	9	29	9
High Range (days)	238	298	298	302	268	302
Average Case Processing Time Without a CE (days)	55	66	59	50	70	55
Low Range (days)	5	10	5	4	8	4
High Range (days)	231	238	238	245	239	245

¹³ SSA, POMS, DI 22510.005 (April 8, 2013).

Table B–25: CEs Ordered on Initial Claims - Genito-Urinary Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites	All Sites
Number of Sample Cases	200	200	200	600
Cases with a CE	36	33	20	89
Percentage of Cases with CE	18%	17%	10%	15%
Average Case Processing Time with a CE (days)	103	94	123	104
Low Range (days)	29	35	54	29
High Range (days)	189	205	222	222
Average Case Processing Time Without a CE (days)	46	45	58	50
Low Range (days)	Same Day	1	Same Day	Same Day
High Range (days)	205	281	226	281

Table B–26: CEs Ordered on Initial Claims - Genito-Urinary Cases - SDM Sites

	SDM Prototype Sites			SDM II Sites		
	SDM Processed Cases	Non-SDM Processed Cases	All Cases	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	146	54	200	166	34	200
Cases with a CE	23	13	36	22	11	33
Percentage of Cases with CE	16%	24%	18%	13%	32%	17%
Average Case Processing Time with a CE (days)	96	113	103	76	131	94
Low Range (days)	29	68	29	35	36	35
High Range (days)	185	189	189	201	205	205
Average Case Processing Time Without a CE (days)	39	65	46	42	59	45
Low Range (days)	Same Day	3	Same Day	1	2	1
High Range (days)	170	205	205	245	281	281

Last Evidence Received to Determination Date

Table B–27: Days from Last Evidence Received to Determination Date – Back Disorder Cases¹⁴

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites	All Sites
Number of Sample Cases	1,100	1,100	1,100	3,300
Average Time (days)	12	13	21	15
Low Range (days)	Same Day	Same Day	Same Day	Same Day
High Range (days)	191	211	191	211
Cases with an MC Signature	533	458	1,100	2,091
Average Case Processing Time (days)	15	18	21	19
Low Range (days)	Same Day	Same Day	Same Day	Same Day
High Range (days)	191	144	191	191
Cases Without an MC Signature	567	642	N/A	
Average Case Processing Time (days)	9	10	N/A	
Low Range (days)	Same Day	Same Day	N/A	
High Range (days)	100	211	N/A	

Table B–28: Days from Last Evidence Received to Determination Date – Back Disorder Cases – SDM Prototype Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	759	341	1,100
Average Case Processing Time (days)	11	15	12
Low Range (days)	Same Day	Same Day	Same Day
High Range (days)	100	191	191
Cases with an MC Signature	192	341	533
Average Case Processing Time (days)	15	15	15
Low Range (days)	Same Day	Same Day	Same Day
High Range (days)	97	191	191
Cases Without an MC Signature	567	N/A	
Average Case Processing Time (days)	9	N/A	
Low Range (days)	Same Day	N/A	
High Range (days)	100	N/A	

¹⁴ For cases denied for failure to cooperate, this was the date the claimant did not cooperate. For cases denied for insufficient evidence, this was the date DDS determined the evidence was insufficient.

Table B–29: Days from Last Evidence Received to Determination Date – Back Disorder cases – SDM II Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	755	345	1,100
Average Case Processing Time (days)	12	17	13
Low Range (days)	Same Day	Same Day	Same Day
High Range (days)	211	144	211
Cases with an MC Signature	113	345	458
Average Case Processing Time (days)	21	17	18
Low Range (days)	Same Day	Same Day	Same Day
High Range (days)	127	144	144
Cases Without an MC Signature	642	N/A	
Average Case Processing Time (days)	10	N/A	
Low Range (days)	Same Day	N/A	
High Range (days)	211	N/A	

Table B–30: Days from Last Evidence Received to Determination Date – Genito-Urinary Cases

	SDM Prototype Sites	SDM II Sites	Non-SDM Sites	All Sites
Number of Sample Cases	200	200	200	600
Average Case Processing Time (days)	11	10	18	13
Low Range (days)	Same Day	Same day	Same Day	Same Day
High Range (days)	70	184	166	184
Cases with an MC Signature	94	61	200	355
Average Case Processing Time (days)	16	15	18	17
Low Range (days)	Same Day	Same Day	Same Day	Same Day
High Range (days)	70	67	166	166
Cases without an MC Signature	106	139	N/A	
Average Case Processing Time (days)	7	7	N/A	
Low Range (days)	Same Day	Same Day	N/A	
High Range (days)	62	184	N/A	

Table B-31: Days from Last Evidence Received to Determination Date – Genito-Urinary Cases – SDM Prototype Sites

	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	146	54	200
Average Case Processing Time (days)	10	14	11
Low Range (days)	Same Day	Same Day	Same Day
High Range (days)	68	70	70
Cases with an MC Signature	40	54	94
Average Case Processing Time (days)	17	14	16
Low Range (days)	Same Day	Same Day	Same Day
High Range (days)	68	70	70
Cases without an MC Signature	106	N/A	
Average Case Processing Time (days)	7	N/A	
Low Range (days)	Same Day	N/A	
High Range (days)	62	N/A	

Table B-32: Days from Last Evidence Received to Determination Date – Genito-Urinary Cases – SDM II Sites

Table	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	166	34	200
Average Case Processing Time (days)	9	14	10
Low Range (days)	Same Day	Same Day	Same Day
High Range (days)	184	67	184
Cases with an MC Signature	27	34	61
Average Case Processing Time (days)	16	14	15
Low Range (days)	1	Same Day	Same Day
High Range (days)	48	67	67
Cases without an MC Signature	139	N/A	
Average Case Processing Time (days)	7	N/A	
Low Range (days)	Same Day	N/A	
High Range (days)	184	N/A	

Age of Claimants at the Time of Determination

Table B–33: Age of Claimants at the Time of Initial Determination - Back Disorder Cases

	SDM Prototype Sites		SDM II Sites		Non-SDM Sites
	SDM Processed Cases	Non-SDM Processed Cases	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	759	341	755	345	1,100
Average Age (years)	50	47	49	48	50
Age Range (years)	19 to 66	19 to 65	19 to 66	19 to 65	18 to 82

Table B–34: Age of Claimants at the Time of Initial Determination - Genito-Urinary Cases

	SDM Prototype Sites		SDM II Sites		Non-SDM Sites
	SDM Processed Cases	Non-SDM Processed Cases	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Number of Sample Cases	146	54	166	34	200
Average Age (years)	46	42	48	48	48
Age Range (years)	17 to 66	18 to 64	18 to 65	20 to 65	18 to 65

Determination Reasons

Table B–35: Initial Claims Determination Reasons - Back Disorder Cases

Reason	SDM Prototype Sites		SDM II Sites		Non-SDM Sites
	SDM Processed Cases	Non-SDM Processed Cases	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Allowance	299	70	227	49	340
Collateral Estoppel	0	0	0	0	1
Medical/Vocational Issue	282	70	217	49	314
Meets or Equals a Listing	17	0	10	0	25
Denial	460	271	528	296	760
Discontinued Claim	1	2	2	0	2
Failure to Cooperate	18	14	14	15	27
Failure to Follow Prescribed Treatment	0	0	0	1	1
Insufficient Evidence	18	12	26	15	38
Medical/Vocational Issue	371	223	416	245	603
Non-Severe	34	7	34	9	54
Not Expected to Meet Duration	18	13	36	11	35
TOTAL	759	341	755	345	1,100

Table B–36: Initial Claims Determination Reasons - Genito-Urinary Cases

Reason	SDM Prototype Sites		SDM II Sites		Non-SDM Sites
	SDM Processed Cases	Non-SDM Processed Cases	SDM Processed Cases	Non-SDM Processed Cases	All Cases
Allowance	104	21	111	9	133
Collateral Estoppel	1	0	0	0	0
Medical/Vocational Issue	20	6	16	0	16
Meets or Equals a Listing	83	15	95	9	117
Denial	42	33	55	25	67
Discontinued Claim	0	0	1	0	0
Failure to Cooperate	1	2	1	1	4
Insufficient Evidence	2	2	1	1	6
Medical/Vocational Issue	24	20	38	22	37
Non-Severe	12	8	8	1	13
Not Expected to Meet Duration	3	1	6	0	7
TOTAL	146	54	166	34	200

Sample Results by Title

SSA provides Disability Insurance and Supplemental Security Income disability payments to eligible individuals under Titles II and XVI of the *Social Security Act*.¹⁵

Table B–37: Initial Claims Processing Times (Days) by Title and Site - Back Disorder Cases

	Title II	Title XVI	Concurrent	All Cases
SDM Prototype Sites				
Number of Sample Cases	540	211	349	1,100
Average Case Processing Time (days)	72	78	83	77
Low Range (days)	5	10	9	5
High Range (days)	261	298	261	298
SDM II Sites				
Number of Sample Cases	503	175	422	1,100
Average Case Processing Time (days)	68	67	76	71
Low Range (days)	4	8	8	4
High Range (days)	252	258	302	302
Non-SDM Sites				
Number of Sample Cases	497	212	391	1,100
Average Case Processing Time (days)	96	101	103	100
Low Range (days)	3	12	13	3
High Range (days)	331	240	323	331

¹⁵ *Social Security Act §§ 223 et seq.* and 1611 *et seq.* 42 U.S.C. §§ 423 *et seq.* and 1382 *et seq.*

Table B–38: Initial Claims Processing Times (Days) by Title and Site - Genito-Urinary Cases

	Title II	Title XVI	Concurrent	All Cases
SDM Prototype Sites				
Number of Sample Cases	80	46	74	200
Average Case Processing Time (days)	55	61	53	56
Low Range (days)	1	Same Day	1	Same Day
High Range (days)	157	205	185	205
SDM II Sites				
Number of Sample Cases	74	50	76	200
Average Case Processing Time (days)	43	60	57	53
Low Range (days)	1	2	2	1
High Range (days)	197	205	281	281
Non-SDM Sites				
Number of Sample Cases	68	60	72	200
Average Case Processing Time (days)	68	62	64	65
Low Range (days)	5	1	Same Day	Same Day
High Range (days)	222	226	196	226

Table B–39: Disability Determinations and Appeals by Title - Back Disorder Cases - Non-SDM Sites

Number of Sample Cases	497	212	391
Initial Allowances	197	70	73
Initial Allowance Rate	40%	33%	19%
Initial Denials	300	142	318
Initial DenialsAppealed to Reconsideration	192	69	185
Percentage of Initial DenialsAppealed to Reconsideration	64%	49%	58%
Reconsideration Pending	0	0	0
Reconsideration Allowances	28	11	14
Reconsideration Allowance Rate	15%	16%	8%
Reconsideration Denials	164	58	171
Reconsideration DenialsAppealed to Hearing	147	45	149
Percentage of Reconsideration DenialsAppealed to Hearing	90%	78%	87%
Hearings Pending as of July 2013	17	6	22
Hearing Allowances	88	24	77
Hearing Allowance Rate	68%	62%	61%
Hearing Denials	42	15	50
Hearing DenialsAppealed to AC	12	8	18
Percentage of Hearing DenialsAppealed to AC	29%	53%	36%
AC Reviews Pending as of July 2013	11	7	13
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	1	1	5
Allowance Rate Through AC	67%	53%	46%

Table B–40: Disability Determinations and Appeals by Title - Back Disorder Cases - SDM Prototype Sites

	Title II	Title XVI	Concurrent
Number of Sample Cases	540	211	349
Initial Allowances	225	65	79
Initial Allowance Rate	42%	31%	23%
Initial Denials	315	146	270
Initial DenialsAppealed to Hearing	205	77	156
Percentage of Initial DenialsAppealed to Hearing	65%	53%	58%
Hearings Pending as of July 2013	11	5	4
Hearing Allowances	144	32	85
Hearing Allowance Rate	74%	44%	56%
Hearing Denials	50	40	67
Hearing DenialsAppealed to AC	23	17	31
Percentage of Hearing DenialsAppealed to AC	46%	43%	46%
AC Reviews Pending as of July 2013	14	11	21
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	9	6	10
Allowance Rate Through AC	72%	50%	51%

Table B–41: Disability Determinations and Appeals by Title - Back Disorder Cases - SDM II Sites

	Title II	Title XVI	Concurrent
Number of Sample Cases	503	175	422
Initial Allowances	171	46	59
Initial Allowance Rate	34%	26%	14%
Initial Denials	332	129	363
Initial DenialsAppealed to Reconsideration	228	69	204
Percentage of Initial DenialsAppealed to Reconsideration	69%	53%	56%
Reconsideration Pending	0	0	0
Reconsideration Allowances	21	9	10
Reconsideration Allowance Rate	9%	13%	5%
Reconsideration Denials	207	60	194
Reconsideration DenialsAppealed to Hearing	181	43	170
Percentage of Reconsideration DenialsAppealed to Hearing	87%	72%	88%
Hearings Pending as of July 2013	24	7	12
Hearing Allowances	103	13	82
Hearing Allowance Rate	66%	36%	52%
Hearing Denials	54	23	76
Hearing DenialsAppealed to AC	28	7	35
Percentage of Hearing DenialsAppealed to AC	52%	30%	46%
AC Reviews Pending as of July 2013	24	4	32
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	4	3	3
Allowance Rate Through AC	65%	41%	40%

Table B–42: Disability Determinations and Appeals by Title - Genito-Urinary Cases - Non-SDM Sites

	Title II	Title XVI	Concurrent
Number of Sample Cases	68	60	72
Initial Allowances	47	39	47
Initial Allowance Rate	69%	65%	65%
Initial Denials	21	21	25
Initial DenialsAppealed to Reconsideration	5	12	16
Percentage of Initial DenialsAppealed to Reconsideration	24%	57%	64%
Reconsideration Pending	0	0	0
Reconsideration Allowances	2	2	5
Reconsideration Allowance Rate	40%	17%	31%
Reconsideration Denials	3	10	11
Reconsideration DenialsAppealed to Hearing	3	8	9
Percentage of Reconsideration DenialsAppealed to Hearing	100%	80%	82%
Hearings Pending as of July 2013	0	2	2
Hearing Allowances	2	3	3
Hearing Allowance Rate	67%	50%	43%
Hearing Denials	1	3	4
Hearing DenialsAppealed to AC	1	1	2
Percentage of Hearing DenialsAppealed to AC	100 %	33%	50%
AC Reviews Pending as of July 2013	1	1	2
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	0	0	0
Allowance Rate Through AC	76%	77%	81%

Table B–43: Disability Determinations and Appeals by Title - Genito-Urinary Cases - SDM Prototype Sites

	Title II	Title XVI	Concurrent
Number of Sample Cases	80	46	74
Initial Allowances	58	25	42
Initial Allowance Rate	73%	54%	57%
Initial Denials	22	21	32
Initial DenialsAppealed to Hearing	12	6	12
Percentage of Initial DenialsAppealed to Hearing	55%	29%	38%
Hearings Pending as of July 2013	0	1	0
Hearing Allowances	7	3	7
Hearing Allowance Rate	58%	60%	58%
Hearing Denials	5	2	5
Hearing DenialsAppealed to AC	1	0	1
Percentage of Hearing DenialsAppealed to AC	20%	0%	20%
AC Reviews Pending as of July 2013	0	0	1
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	1	0	0
Allowance Rate Through AC	81%	62%	67%

Table B–44: Disability Determinations and Appeals by Title – Genito-Urinary Cases - SDM II Sites

	Title II	Title XVI	Concurrent
Number of Sample Cases	74	50	76
Initial Allowances	55	23	42
Initial Allowance Rate	74%	46%	55%
Initial Denials	19	27	34
Initial DenialsAppealed to Reconsideration	9	13	21
Percentage of Initial DenialsAppealed to Reconsideration	47%	48%	62%
Reconsideration Pending	0	0	0
Reconsideration Allowances	5	3	5
Reconsideration Allowance Rate	56%	23%	24%
Reconsideration Denials	4	10	16
Reconsideration DenialsAppealed to Hearing	3	7	12
Percentage of Reconsideration DenialsAppealed to Hearing	75%	70%	75%
Hearings Pending as of July 2013	1	1	2
Hearing Allowances	2	2	6
Hearing Allowance Rate	100%	33%	60%
Hearing Denials	0	4	4
Hearing DenialsAppealed to AC	0	2	2
Percentage of Hearing DenialsAppealed to AC	0%	50%	75%
AC Reviews Pending as of July 2013	0	2	2
AC Allowances	0	0	0
AC Allowance Rate	0%	0%	0%
AC Denials	0	0	0
Allowance Rate Through AC	85%	60%	74%

Table B–45: Initial Claims by Title, Site, and Determination - Back Disorder Cases

Site	Title II Cases		Title XVI Cases		Concurrent Cases	
	Allowance	Denial	Allowance	Denial	Allowance	Denial
SDM Prototype Sites	225	315	65	146	79	270
Alabama	19	28	4	15	6	23
Alaska	0	3	2	0	2	1
California (Los Angeles North and West)	7	11	7	8	3	9
Colorado	8	22	2	12	5	21
Louisiana	16	21	5	17	6	32
Michigan	36	57	6	13	10	49
Missouri	32	23	7	20	10	32
New Hampshire	5	3	0	1	0	3
New York	68	85	21	23	28	44
Pennsylvania	34	62	11	37	9	56

Site	Title II Cases		Title XVI Cases		Concurrent Cases	
	Allowance	Denial	Allowance	Denial	Allowance	Denial
SDM II Sites	171	332	46	129	59	363
Florida	72	102	27	42	25	148
Guam	0	1	0	0	0	0
Kansas	3	8	1	4	0	8
Kentucky	16	45	1	22	1	63
Maine	4	7	0	2	1	12
Nevada	10	20	0	5	7	13
North Carolina	25	89	8	31	13	72
Vermont	3	4	0	1	1	5
Washington	32	46	8	15	8	35
West Virginia	6	10	1	7	3	7
Non-SDM Sites	197	300	70	142	73	318
Arizona	0	9	0	4	0	9
Arkansas	7	9	1	2	1	7
Arkansas Extended Service Team	4	8	4	1	4	9
Baltimore Disability Processing Branch	1	6	1	0	2	2
California (Excluding Los Angeles North and West)	24	35	7	17	7	27
Chicago Disability Processing Branch	2	1	0	1	1	0
Connecticut	4	13	0	3	0	9
Dallas Disability Processing Unit	2	3	4	1	2	0
Delaware	4	0	1	2	0	2
District of Columbia	0	0	1	0	0	0
Georgia	4	11	2	7	1	16
Hawaii	1	1	1	3	1	2
Idaho	1	0	1	0	0	2
Illinois	7	12	3	10	2	21
Indiana	9	15	1	4	3	10
Iowa	1	3	0	2	2	3
Kansas City Federal Disability Unit	1	1	0	2	0	1
Maryland	5	6	4	2	0	8
Massachusetts	4	11	2	4	4	9
Minnesota	3	8	2	0	0	2
Mississippi	2	5	1	4	1	14
Mississippi Extended Service Team	2	0	1	1	0	5
Montana	2	1	0	2	0	4
Nebraska	0	1	2	2	0	1
New Jersey	18	7	2	4	5	10
New Mexico	1	2	1	4	0	0
New York Disability Processing Branch	2	2	0	0	0	3

Site	Title II Cases		Title XVI Cases		Concurrent Cases	
	Allowance	Denial	Allowance	Denial	Allowance	Denial
North Dakota	1	1	0	0	0	1
Office of Medical and Vocational Expertise	0	0	0	0	1	1
Ohio	14	11	3	10	3	16
Oklahoma	5	6	2	3	2	5
Oklahoma Extended Service Team	0	4	1	0	2	8
Oregon	4	10	0	6	3	5
Philadelphia Disability Processing Branch	6	2	1	1	0	5
Puerto Rico	12	4	0	0	0	0
Rhode Island	3	2	0	0	0	0
San Francisco Federal Disability Unit	3	2	0	1	0	5
South Carolina	4	11	0	9	2	11
South Dakota	0	0	1	1	0	2
South East Disability Processing Branch	1	1	0	1	1	3
Tennessee	6	16	2	6	1	13
Texas	18	37	17	16	14	36
Utah	1	3	0	1	0	2
U.S. Virgin Islands	1	0	0	0	0	0
Virginia	1	13	0	4	3	18
Virginia Extended Service Team	1	3	1	1	0	5
Wisconsin	4	4	0	0	4	6
Wyoming	1	0	0	0	1	0
TOTALS	593	947	181	417	211	951

Table B–46: Initial Claims by Title, Site, and Determination - Genito-Urinary Cases

Site	Title II Cases		Title XVI Cases		Concurrent Cases	
	Allowance	Denial	Allowance	Denial	Allowance	Denial
SDM Prototype Sites	58	22	25	21	42	32
Alabama	3	2	5	2	3	5
Alaska	0	1	0	0	0	0
California (Los Angeles North and West)	6	1	2	1	1	2
Colorado	8	1	0	1	3	0
Louisiana	1	1	2	3	5	5
Michigan	10	5	1	4	5	6
Missouri	4	3	2	3	4	2
New Hampshire	1	0	0	0	0	1
New York	12	3	10	3	15	4
Pennsylvania	13	5	3	4	6	7
SDM II Sites	55	19	23	27	42	34

Site	Title II Cases		Title XVI Cases		Concurrent Cases	
	Allowance	Denial	Allowance	Denial	Allowance	Denial
Florida	19	8	11	8	20	15
Guam	0	0	1	0	0	0
Kansas	3	0	2	0	3	0
Kentucky	6	2	2	3	5	5
Maine	2	0	0	0	1	0
Nevada	4	1	1	0	3	3
North Carolina	11	4	4	11	7	10
Vermont	1	1	0	0	1	0
Washington	9	3	1	1	2	1
West Virginia	0	0	1	4	0	0
Non-SDM Sites	47	21	39	21	47	25
Arizona	0	2	1	2	2	0
Arkansas	1	0	0	0	0	2
Arkansas Extended Service Team	1	1	1	1	1	0
Baltimore Disability Processing Branch	0	0	0	0	0	1
California (Excluding Los Angeles North and West)	5	1	8	0	5	0
Chicago Disability Processing Branch	0	0	0	0	0	0
Connecticut	0	0	0	1	0	0
Dallas Disability Processing Unit	0	1	2	0	0	0
Delaware	1	0	0	0	0	0
District of Columbia	0	0	0	0	2	0
Georgia	1	1	0	1	3	1
Hawaii	4	0	1	0	1	0
Idaho	1	0	1	0	0	0
Illinois	1	1	4	2	4	2
Indiana	2	1	1	1	1	1
Iowa	1	0	0	1	0	0
Kansas City Federal Disability Unit	0	0	0	0	0	0
Maryland	0	0	2	0	2	0
Massachusetts	0	0	0	0	2	0
Minnesota	1	0	0	0	0	0
Mississippi	0	1	0	2	1	3
Mississippi Extended Service Team	0	1	0	0	0	0
Montana	0	0	0	0	0	0
Nebraska	1	0	0	1	0	0
New Jersey	2	0	1	1	2	2
New Mexico	0	1	0	0	2	0
New York Disability Processing Branch	0	0	0	0	0	0
North Dakota	0	0	0	0	0	0

Site	Title II Cases		Title XVI Cases		Concurrent Cases	
	Allowance	Denial	Allowance	Denial	Allowance	Denial
Office of Medical and Vocational Expertise	0	0	0	0	0	0
Ohio	6	2	3	2	3	0
Oklahoma	0	0	0	1	1	1
Oklahoma Extended Service Team	1	0	0	0	0	0
Oregon	0	0	0	0	0	2
Philadelphia Disability Processing Branch	1	0	0	0	0	0
Puerto Rico	2	1	0	0	0	0
Rhode Island	1	0	0	0	1	0
San Francisco Federal Disability Unit	1	0	0	0	1	0
South Carolina	5	1	1	1	2	2
South Dakota	0	0	0	0	0	0
South East Disability Processing Branch	0	0	0	0	1	1
Tennessee	3	0	2	0	1	0
Texas	3	5	11	3	6	3
Utah	0	0	0	0	0	0
U.S. Virgin Islands	0	0	0	0	0	0
Virginia	2	1	0	0	1	1
Virginia Extended Service Team	0	0	0	1	1	0
Wisconsin	0	0	0	0	1	3
Wyoming	0	0	0	0	0	0
TOTALS	160	62	87	69	131	91

Sample Cases by Site

Table B–47: Sample Cases by Site

Site	Back Disorder Cases	Genito- Urinary Cases	All Cases	
	Number of Sample Cases	Number of Sample Cases	Total Sample Case	Percentage of Total Sample Cases
SDM Prototype Sites	1,100	200	1,300	33.33%
Alabama	95	20	115	2.95%
Alaska	8	1	9	0.23%
California (Los Angeles North and West)	45	13	58	1.49%
Colorado	70	13	83	2.13%
Louisiana	97	17	114	2.92%
Michigan	171	31	202	5.18%
Missouri	124	18	142	3.64%

	Back Disorder Cases	Genito- Urinary Cases	All Cases	
Site	Number of Sample Cases	Number of Sample Cases	Total Sample Case	Percentage of Total Sample Cases
New Hampshire	12	2	14	0.36%
New York	269	47	316	8.10%
Pennsylvania	209	38	247	6.33%
SDM II Sites	1,100	200	1,300	33.33%
Florida	416	81	497	12.74%
Guam	1	1	2	0.05%
Kansas	24	8	32	0.82%
Kentucky	148	23	171	4.38%
Maine	26	3	29	0.74%
Nevada	55	12	67	1.72%
North Carolina	238	47	285	7.31%
Vermont	14	3	17	0.44%
Washington	144	17	161	4.13%
West Virginia	34	5	39	1.00%
Non-SDM Sites	1,100	200	1,300	33.33%
Arizona	22	7	29	0.74%
Arkansas	27	3	30	0.77%
Arkansas Extended Service Team	30	5	35	0.90%
Baltimore Disability Processing Branch	12	1	13	0.33%
California (Excluding Los Angeles North and West)	117	19	136	3.49%
Chicago Disability Processing Branch	5	0	5	0.13%
Connecticut	29	1	30	0.77%
Dallas Disability Processing Unit	12	3	15	0.38%
Delaware	9	1	10	0.26%
District of Columbia	1	2	3	0.08%
Georgia	41	7	48	1.23%
Hawaii	9	6	15	0.38%
Idaho	4	2	6	0.15%
Illinois	55	14	69	1.77%
Indiana	42	7	49	1.26%
Iowa	11	2	13	0.33%
Kansas City Federal Disability Unit	5	0	5	0.13%
Maryland	25	4	29	0.74%
Massachusetts	34	2	36	0.92%
Minnesota	15	1	16	0.41%
Mississippi	27	7	34	0.87%
Mississippi Extended Service Team	9	1	10	0.26%
Montana	9	0	9	0.23%

Site	Back Disorder Cases	Genito- Urinary Cases	All Cases	
	Number of Sample Cases	Number of Sample Cases	Total Sample Case	Percentage of Total Sample Cases
Nebraska	6	2	8	0.21%
New Jersey	46	8	54	1.38%
New Mexico	8	3	11	0.28%
New York Disability Processing Branch	7	0	7	0.18%
North Dakota	3	0	3	0.08%
Office of Medical and Vocational Expertise	2	0	2	0.05%
Ohio	57	16	73	1.87%
Oklahoma	23	3	26	0.67%
Oklahoma Extended Service Team	15	1	16	0.41%
Oregon	28	2	30	0.77%
Philadelphia Disability Processing Branch	15	1	16	0.41%
Puerto Rico	16	3	19	0.49%
Rhode Island	5	2	7	0.18%
San Francisco Federal Disability Unit	11	2	13	0.33%
South Carolina	37	12	49	1.26%
South Dakota	4	0	4	0.10%
South East Disability Processing Branch	7	2	9	0.23%
Tennessee	44	6	50	1.28%
Texas	138	31	169	4.33%
Utah	7	0	7	0.18%
U.S. Virgin Islands	1	0	1	0.03%
Virginia	39	5	44	1.13%
Virginia Extended Service Team	11	2	13	0.33%
Wisconsin	18	4	22	0.56%
Wyoming	2	0	2	0.05%
TOTALS	3,300	600	3,900	100%

SSA Data on Allowance Rates and Quality

Table B–48: National CY 2011 Initial Allowance Rates by Site

Site	Initial Allowance Rates
SDM Prototype Sites	35.0%
Alabama	29.6%
Alaska	46.4%
California (Los Angeles North and West)	39.9%
Colorado	35.1%

Site	Initial Allowance Rates
Louisiana	33.5%
Michigan	31.7%
Missouri	33.5%
New Hampshire	48.7%
New York	39.9%
Pennsylvania	34.0%
SDM II Sites	28.8%
Florida	30.2%
Guam	58.2%
Kansas	36.9%
Kentucky	26.4%
Maine	31.2%
Nevada	36.2%
North Carolina	25.9%
Vermont	41.5%
Washington	38.0%
West Virginia	27.2%
Non-SDM Sites	33.3%
Arizona	29.9%
Arkansas	33.0%
Arkansas Extended Service Team	32.2%
Baltimore Disability Processing Branch	36.7%
California (Excluding Los Angeles North and West)	34.3%
Chicago Disability Processing Branch	43.7%
Connecticut	30.7%
Dallas Disability Processing Unit	33.0%
Delaware	34.3%
District of Columbia	40.1%
Georgia	27.3%
Hawaii	38.8%
Idaho	34.1%
Illinois	30.5%
Indiana	30.5%
Iowa	33.3%
Kansas City Federal Disability Unit	35.3%
Maryland	32.1%
Massachusetts	41.9%
Minnesota	34.7%
Mississippi	24.8%
Mississippi Extended Service Team	23.2%
Montana	38.2%

Site	Initial Allowance Rates
Nebraska	36.9%
New Jersey	45.0%
New Mexico	31.2%
New York Disability Processing Branch	52.9%
North Dakota	41.7%
Office of Medical and Vocational Expertise	32.0%
Ohio	29.7%
Oklahoma	29.1%
Oklahoma Extended Service Team	26.0%
Oregon	35.3%
Philadelphia Disability Processing Branch	33.1%
Puerto Rico	64.4%
Rhode Island	33.7%
San Francisco Federal Disability Unit	37.9%
South Carolina	27.3%
South Dakota	40.4%
South East Disability Processing Branch	17.6%
Tennessee	24.5%
Texas	36.4%
Utah	40.6%
U.S. Virgin Islands	59.3%
Virginia	34.8%
Virginia Extended Service Team	27.4%
Wisconsin	35.5%
Wyoming	51.5%

Table B–49: Longitudinal Disability Claims and Appeals Data in CY 2010¹⁶

Level	All States	SDM Prototype ¹⁷	SDM II ¹⁸	Non-SDM
Initial Pending	32,143	3,970	3,719	24,454
Initial Determinations	3,060,699	671,034	531,181	1,858,484
Initial Allowances	1,077,175	235,635	163,572	677,968
Initial Allowance Rate	35.2%	35.1%	30.8%	36.5%
Initial Denials	1,983,524	435,399	367,609	1,180,516
PercentAppealed to Reconsideration or Hearing	43.8%	47.1%	50.9%	46.8%
Reconsideration Pending	75,926	83	11,746	64,097
Reconsideration Determinations	658,213	4,552	175,497	478,164
Reconsideration Allowances	64,119	439	16,068	47,612
Reconsideration Allowance Rate	9.7%	9.6%	9.2%	10.0%
Reconsideration Denials	594,094	4,113	159,429	430,552
Percent of Reconsideration DenialsAppealed to Hearing	73.1%	80.5%	75.4%	72.1%
Initial DenialsAppealed Directly to Hearing (Prototype)	209,978	200,238	3	9,737
Reconsideration DenialsAppealed to Hearing	434,026	3,310	120,183	310,533
TotalAppealed to Hearing	644,004	203,548	120,186	320,270
Hearing/AC/Court Pending	499,403	143,448	97,421	258,534
Hearing/AC/Court Allowances	98,544	38,685	16,804	43,055
Hearing/AC/Court Allowance Rate	68.1%	64.4%	73.8%	69.7%
Hearing/AC/Court Denials	46,057	21,415	5,961	18,681
TotalAllowances	1,239,838	274,759	196,444	768,635
Overall Allowance Rate	49.9%	52.1%	46.5%	50.0%

As shown in Table B–50, in FY 2011, the Quality Assurance (QA) Net Accuracy rates for the SDM sites ranged from 95.4 percent to 99.2 percent—with most at 97 percent or higher,

¹⁶ SSA, ODP, Titles II and XVI Disability Research Files, July 2012.

¹⁷ SSA reported the longitudinal disability claims and appeals data by State but not individual offices. Therefore, the data for all California claims is not in the SDM prototype column but is in the Non-SDM column.

¹⁸ SSA did not include information for Guam in the longitudinal disability claims and appeals data. Therefore, the data for Guam is not in the SDM II column.

compared to the national accuracy rate of 97.6 percent.¹⁹ Also in FY 2011, the Preeffectuation Review (PER) return rates for the SDM sites ranged from 1.4 percent to 3.9 percent, compared to the national PER return rate of 2.7 percent.²⁰

Table B–50: National FY 2011 Quality Performance Data by Site

Site	QA Net Accuracy Rates	PER Return Rates
SDM Prototype Sites		
Alabama	98.1%	1.9%
Alaska	97.1%	3.3%
California (Los Angeles North and West) ²¹	97.2%	2.8%
Colorado	97.8%	2.0%
Louisiana	97.4%	3.9%
Michigan	98.2%	2.1%
Missouri	98.3%	2.9%
New Hampshire	98.3%	2.7%
New York	96.3%	3.9%
Pennsylvania	97.4%	2.2%
SDM II Sites		
Florida	97.9%	3.6%
Kansas	98.4%	1.5%
Kentucky	97.9%	2.6%
Maine	95.4%	3.1%
Nevada	96.9%	2.7%
North Carolina	97.6%	1.9%
Vermont	99.2%	1.4%
Washington	97.9%	2.3%
West Virginia	96.7%	3.5%
Non-SDM Sites		
Arizona	95.3%	2.0%
Arkansas	98.5%	2.1%
California (Excluding Los Angeles North and West)	97.2%	2.8%
Chicago Disability Processing Branch	94.3%	N/A
Connecticut	95.7%	2.9%

¹⁹ OQP performs a QA review on 70 initial allowances and 70 initial denials per State per calendar quarter. See the *Social Security Act* § 221(c)(3)(A), § 42 U.S.C. 421(c)(3)(A). This sample ensures statistically valid findings for all DDSs irrespective of size.

²⁰ By statute, OQP reviews half of all allowances for PER, which are selected by a predictive model.

²¹ These figures are from all DDS offices in California.

Site	QA Net Accuracy Rates	PER Return Rates
Delaware	97.7%	2.2%
District of Columbia	96.8%	6.5%
Georgia	97.0%	2.4%
Hawaii	97.3%	1.6%
Idaho	97.8%	2.0%
Illinois	98.0%	2.4%
Indiana	98.5%	3.0%
Iowa	97.6%	1.8%
Kansas City Federal Disability Unit	94.1%	N/A
Maryland	96.9%	2.5%
Massachusetts	98.2%	4.3%
Minnesota	95.2%	1.7%
Mississippi	98.8%	3.1%
Montana	97.3%	2.1%
Nebraska	98.6%	1.6%
New Jersey	97.4%	3.5%
New Mexico	97.2%	1.6%
New York Disability Processing Branch	95.4%	N/A
North Dakota	97.3%	2.7%
Ohio	97.5%	2.3%
Oklahoma	97.6%	2.3%
Oregon	98.0%	1.6%
Philadelphia Disability Processing Branch	93.8%	N/A
Puerto Rico	97.0%	1.5%
Rhode Island	96.8%	2.9%
San Francisco Federal Disability Unit	96.5%	N/A
South Carolina	97.8%	1.4%
South Dakota	97.7%	2.0%
South East Disability Processing Branch	91.1%	N/A
Tennessee	97.1%	2.2%
Texas	98.5%	3.1%
Utah	96.3%	2.1%
Virginia	97.5%	2.2%
Wisconsin	97.5%	1.6%
Wyoming	98.0%	2.3%
National	97.6%	2.7%

Appendix C – PILOT FEEDBACK FROM DISABILITY DETERMINATION SERVICES, THE NATIONAL ASSOCIATION OF DISABILITY EXAMINERS AND THE NATIONAL COUNCIL OF DISABILITY DETERMINATION DIRECTORS

To obtain information on the Social Security Administration's (SSA) Single Decisionmaker (SDM) pilot, we contacted each of the 20 disability determination services (DDS) pilot sites.¹ Each site provided pilot experience details including SDM model disability examiner authority basis, determination quality, and benefits. We also contacted the National Association of Disability Examiners (NADE) and the National Council of Disability Determination Directors (NCDDD).²

SDM Authority Designation

Pilot sites reported providing disability examiners with SDM authority based on the individual's

- background and experience;
- determination quality;
- supervisor's recommendation;
- hire date;³
- promotional exam; and
- other criteria.⁴

¹ In 1999, SSA began the SDM pilot at 10 DDS sites—referred to as SDM prototype—located in Alabama, Alaska, California (Los Angeles North and West), Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania. In California, SDM authority is generally only available for certain field office cases. Later in 1999, SSA expanded the pilot to an additional 10 DDS sites—referred to as SDM II—in Florida, Guam, Kansas, Kentucky, Maine, Nevada, North Carolina, Vermont, Washington, and West Virginia. SSA, POMS, DI 12015.100 (April 11, 2011).

² NADE's mission is to advance the art and science of disability evaluation. NADE's membership includes employees of state DDS offices, as well as personnel from across SSA, attorneys, claimant advocates, and physicians. NCDDD's mission is to provide service to persons with disabilities, to promote the interests of the state operated DDSs, and to represent DDS Directors, their management teams, and staffs.

³ Sites that provided newly hired disability examiners with SDM authority reviewed these disability examiner's determinations.

⁴ Other includes disability examiner's performance appraisal and caseload management.

For example, one site reported that, to receive SDM authority, the following must occur: recommendation by supervisor, assessment of program competency via internal quality assurance case audit, and approval by management. From the start of disability examiner training, 18 to 24 months of adjudication experience were typically required to qualify as a disability examiner with SDM authority.

Another site reported, to obtain SDM authority, the disability examiner must have had a minimum of 3 years' experience as a Disability Evaluation Specialist; volunteered for the pilot; had an annual performance evaluation showing that the disability examiner met or exceeded overall expectations, accuracy goals, and processing goals for the rating period; had his/her supervisor's recommendation; and participated in specialized SDM training.

Quality

In addition to Federal and State quality reviews, pilot sites reported other methods used to ensure disability examiners with SDM authority made disability determinations in accordance with SSA policy. For example, sites conducted

- in-line and endline case reviews;
- 100-percent new examiner case reviews;⁵ and
- ongoing training.

For example, one site reported that, during the first 2 years of employment, disability examiners with SDM authority determinations were under 100-percent review and were reviewed for a period after introduction of new case types. In addition, disability examiner supervisors conduct inline reviews of all disability examiners.

Another site reported the DDS had a system of internal end of line, technical, and in-line (mostly consultative examination and case management) reviews. The DDS culture was that anyone involved with a case was responsible for ensuring the case was correct. In addition, managers, quality assurance/technical experts, experienced examiners, as well as MCs were available to answer questions. The DDS also had an extensive quality and case management Intranet with links to training and reference materials.

Benefits

Pilot sites reported SDM model benefits, such as

- improved or unchanged decision accuracy;
- decreased processing times;

⁵ Of the 1,826 SDM sample cases, 903 (49 percent) were reviewed by a supervisor.

- decreased administrative costs;
- improved service to the public;
- increased disability examiner job satisfaction and morale; and
- decreased dependency on medical consultants.

For example, one site reported a positive experience with the SDM pilot. Since the SDM pilot's institution, this DDS had seen positive results in all performance measures including low processing times and case administrative cost and high levels of case quality and accuracy. SDM has had no adverse effect on the performance of the DDS in quality or timeliness of case adjudication. SDM has resulted in a process that more accurately reflects the concepts and policies SSA put forth in the process unification initiatives.

Another site reported that in using the SDM model, the DDS has consistently provided excellent customer service to claimants. The SDM model has afforded the DDS to maintain high accuracy for initial allowances, while keeping processing time well below the national average and administering SSA's disability programs in a cost effective manner.

SDM Pilot Concerns

Suggested SDM Model Improvements

NADE, NCDDD, and SDM sites support the SDM pilot's nation-wide expansion to give every DDS the same tools for optimizing disability examiner and MC resources. In addition, these entities suggested improvements to the SDM model, such as the following.

- Developing metrics and goals to measure the effects of the SDM pilot and enable accurate statistics. For example, one site reported the method SSA used to capture SDM data makes it difficult to obtain accurate statistics demonstrating SDM authority usage on cases that were SDM-eligible. Another site reported that while analyzing available SDM case data, staff determined the data were too broad to provide meaningful information of the site's SDM experience.
- Developing guidelines and training resources to promote uniform SDM processing and foster program consistency. For example, some SDM pilot sites require that disability examiners pass a test to obtain SDM authority, while other sites grant disability examiners SDM authority from the individual's hire date with 100-percent case review. One pilot site suggested SSA provide uniform selection criteria for SDM authority to foster program consistency. This site also suggested that SSA develop a list of competencies for disability examiners with SDM authority. In addition, these competencies could be used to develop a standardized test for disability examiners to obtain SDM authority.
- Expanding SDM authority to additional disability case types such as continuing disability reviews and reconsideration claims. For example, one site offered to pilot this initiative and ensure that disability examiners with SDM authority followed all SSA's policies and

procedures when processing claims. Another site commented that disability examiners with SDM authority and proper training could accurately and independently decide most cases, within statutory limits.

Impact of SDM Pilot Termination

If SSA terminated the SDM pilot, DDSs would incur additional administrative costs and increased processing times because MCs would be required to review all cases. SDM sites reported they paid MCs between \$26 and \$100 per case review and that it took about 1.5 hours for an MC to review a case.

Besides increased MC costs and processing times, SDM sites reported the following would result in the loss of SDM authority.

- Affect disability examiners because of potential job reclassification and lost wages, which could lead to attrition and decreased morale. For example, one site reported that disability examiners with SDM authority included a pay differential that would be revoked if SSA terminated the SDM pilot.
- Result in the need to increase MC staffing to accommodate increased case reviews. For example, one site reported that hiring sufficient MCs would be challenging as some areas have a shortage of physicians.

Additionally, NADE and NCDDD reported the loss of SDM authority would result in increased pending case levels and processing times, higher administrative costs per case, and reduced disability examiner morale.

Also, as previously mentioned, OCACT's preliminary estimate indicated significant savings to the Trust Fund and General Fund if the SDM pilot is discontinued.

Appendix D – AGENCY COMMENTS



SOCIAL SECURITY

MEMORANDUM

Date: July 29, 2013 Refer To: S1J-3

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

From: Katherine Thornton /s/
Deputy Chief of Staff

Subject: Office of the Inspector General Draft Report, “Single Decisionmaker Model – Authority to Make Certain Disability Determinations Without a Medical Consultant Signature” (A-01-12-11218) -- 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 Gary S. Hatcher at (410) 965-0680.

Attachment

**COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL DRAFT REPORT,
“SINGLE DECISIONMAKER MODEL – AUTHORITY TO MAKE CERTAIN
DISABILITY DETERMINATIONS WITHOUT A MEDICAL CONSULTANT
SIGNATURE” (A-01-12-11218)**

Recommendation

Use the information in this report, as well as any other information (such as OCACT’s estimates) to make and implement a decision regarding the future of SDM expeditiously.

Response

We agree. We will consider the information in this report, as well as information from other sources (such as the Office of the Chief Actuary’s estimates), as part of our decision making process for the future of the Single Decisionmaker Model.

Appendix E – MAJOR CONTRIBUTORS

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