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**OFFICE OF  
THE INSPECTOR GENERAL**

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**SOCIAL SECURITY ADMINISTRATION**

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**PERFORMANCE MEASURE REVIEW:  
RELIABILITY OF THE DATA USED  
TO MEASURE THE TIMELY PROCESSING  
OF DISABILITY INSURANCE CLAIMS**

**October 2001**

**A-02-99-11001**

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**AUDIT REPORT**

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## **Mission**

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

## **Authority**

The Inspector General Act created independent audit and investigative units, called the Office of Inspector General (OIG). The mission of the OIG, as spelled out in the Act, is to:

- Conduct and supervise independent and objective audits and investigations relating to agency programs and operations.
- Promote economy, effectiveness, and efficiency within the agency.
- Prevent and detect fraud, waste, and abuse in agency programs and operations.
- Review and make recommendations regarding existing and proposed legislation and regulations relating to agency programs and operations.
- Keep the agency head and the Congress fully and currently informed of problems in agency programs and operations.

To ensure objectivity, the IG Act empowers the IG with:

- Independence to determine what reviews to perform.
- Access to all information necessary for the reviews.
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By conducting independent and objective audits, investigations, and evaluations, we are agents of positive change striving for continuous improvement in the Social Security Administration's programs, operations, and management and in our own office.



# SOCIAL SECURITY

Office of the Inspector General

## MEMORANDUM

Date: October 2, 2001

Refer To:

To: Larry G. Massanari  
Acting Commissioner  
of Social Security

Inspector General

### Performance Measure Review: Reliability of the Data Used to Measure the Timely Processing of Disability Insurance Claims (A-02-99-11001)

The Government Performance and Results Act (GPRA) of 1993<sup>1</sup> requires the Social Security Administration (SSA) to develop performance indicators that assess the relevant service levels and outcomes of each program activity. GPRA also calls for a description of the means employed to verify and validate the measured values used to report on program performance. The objective of this audit was to assess the reliability of SSA's data used to measure the following Fiscal Year (FY) 1999 GPRA performance indicator:

<u>Performance Indicator</u>	<u>FY 1999 Goal</u>	<u>FY 1999 Actual</u>
Percent of Disability Insurance (DI) claims decided within 6 months after onset or within 60 days after effective filing date, whichever is later <sup>2</sup>	<b>53 Percent</b>	<b>49.2 Percent</b>

## BACKGROUND

The SSA oversees two long-term disability programs. The DI program was established in 1954 under title II of the Social Security Act. The program is designed to provide benefits to wage earners and their families in the event the wage earner becomes disabled. The Supplemental Security Income (SSI) program was created as a result of the Social Security Amendments of 1972. SSI (title XVI of the Act) provides income to financially needy individuals who are aged, blind and/or disabled.

<sup>1</sup> Public Law No. 103-62.

<sup>2</sup> This measure does not appear as a performance indicator in the FY 2000 Annual Performance Plan. Beginning in FY 2000, SSA reclassified the indicator as a strategic objective.

To determine disability eligibility, a claimant must first file a disability claim with SSA. Personnel in one of SSA's approximately 1,300 field offices (FO) conduct the initial interview with disability applicants and assist them in completing the application. Applications for DI are prepared and input into the Modernized Claims System (MCS). Initial interviews are conducted to determine the applicant's non-medical eligibility based on work history and to gather evidence needed to determine medical eligibility. At the time of filing, the interviewer tries to determine the date of onset (when the disability began) and if the claimant is performing substantial gainful activity (SGA). If the claimant is working and earning over the SGA limit, the interviewer may deny benefits without sending the case to the State Disability Determinations Service (DDS) office.

Disability determinations under both DI and SSI are performed by DDSs in each State according to Federal regulations. In carrying out its obligation, each DDS is responsible for determining claimants' disabilities and ensuring adequate evidence is available to support its determinations. The DDS makes a disability determination after all necessary information is obtained and notifies the FO. A letter is sent informing the claimant of the determination (allowance or denial) and of his/her appeal rights.

DDS personnel input the determinations into MCS, which is an automated system. A small percentage of the monthly DI workload, 5 to 6 percent, is input into either the Manual Adjustment, Credit and Award Processing (MADCAP) or the Manual Adjustment, Credit and Award Data Entry (MACADE) systems, which are mostly manual systems. The Social Security Administration Claims Control System (SSACCS) is used to track non-MCS-processed case records for pending and completed title II claims filed with SSA. The Management Information Initial Claims Record (MIICR) reads claims processing information from both SSACCS and MCS (see Appendix C for a complete flowchart of the title II DI processing performance measure). The MIICR then writes data for the completed claim into the MIICR Master File, which creates a file of completed claims for weekly and monthly runs. A Service Delivery Objective (SDO) 14<sup>3</sup> report is generated from the MIICR Master File, which contains a monthly summary of processing time data. The SDO 14 report is provided to the Office of Strategic Management (OSM). OSM extracts monthly MIICR data, which is then summarized to create statistics for inclusion in SSA's annual Accountability Report.

## **RESULTS OF REVIEW**

The data used to measure the percent of initial DI claims processed within 6 months after the disability began or within 60 days after effective filing date, whichever is later, was found to be reliable. However, we found that internal controls over date fields in MCS, SSACCS, MADCAP/MACADE and MIICR systems are needed to ensure future data reliability. SSA also lacks sufficient documentation of the process used to accumulate and generate the DI processing time statistic. In addition, we determined that SSA's Office of Information Management (OIM) did not write its software used to

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<sup>3</sup> Service Delivery Objective (SDO) reports provide performance information for three of the supporting SDO's under the general goal "Pay Benefits When Due," as explained in SSA's Strategic Plan. SDO 14 reports on the performance indicator for the timely processing of initial Title II DI claims.

measure the timely processing of disability claims in accordance with the Agency's software standards and guidelines.

### **THE PERFORMANCE MEASURE DATA FOR TIMELY PROCESSING OF INITIAL SSA DISABILITY CLAIMS IS RELIABLE**

Our review disclosed that the reported performance of 49.2 percent was a reliable measurement of performance. This conclusion was based on a replication of the monthly statistics from the MIICR data for November and December 1999 and February 2000. We performed a parallel simulation of the performance measure using the criteria in effect at the time of our review. There were no differences between SSA's reported statistics for the 3 months reviewed and our calculation of performance.

The results of our replication compared to SSA's reported calculations are as follows:

**Figure 1. Percent of DI Claims Decided Within 6 Months After Onset or Within 60 Days After Effective Filing Date, Whichever Is Later**

MONTH	PER SSA	PER OIG
November 1999	49.2 %	49.2 %
December 1999	46.1 %	46.1 %
February 2000	46.6 %	46.6 %

Due to the unavailability of data for the entire FY 1999<sup>4</sup>, we were only able to test the above 3 months. Since the process was the same for the entire period of our review, there was no indication that data from other months in FY 1999 would have yielded different results.

### **INCORRECT DATES FROM DI CASES ARE ACCEPTED BY MIICR**

Our review of SSA's monthly files containing data on the processing of initial DI claims indicates that the MIICR is accepting future dates or other apparently incorrect dates

#### **MIICR WILL ACCEPT FUTURE DATES**

from MCS, SSACCS, and MADCAP/ MACADE. For MCS cases, the incorrect dates are input into the MCS system and accepted by MIICR. Other inaccurate dates from either excluded or non-MCS cases are

posted to the SSACCS record that is also used by MIICR. This incorrect data from MCS and SSACCS is used by MIICR in its monthly reports regarding the percent of

<sup>4</sup> SSA only retains the data for a 3-month timeframe from any given date. The data prior to the 3-month timeframe is overwritten.

timely cases. This lack of controls over date fields in MCS excluded or non-MCS cases places the reliability of the data into question.

We analyzed 3 months of MIICR data consisting of 284,974 cases covering the period November and December 1999 and February 2000. We found a total of six records with a date of filing recorded as 2019, and three records with dates in the date of onset field of 2012, 2013, and 2015. While this small number of cases is immaterial to the calculation of percent of timely cases, these errors provide evidence that MIICR, the system that generates the statistical information, will accept future dates, which casts doubt on some of the data transferred to MIICR from MCS excluded or non-MCS-processed cases.

We also found 36 records with a latest clear date before the record establishment date. These occurrences are also immaterial to the monthly data being generated. We were informed that these cases were input errors made at the time of initial application and were processed through either MADCAP or MACADE. These occurrences highlight the lack of internal controls over dates transferred to the SSACCS record for excluded and non-MCS cases and then captured by MIICR.

## **INTERNATIONAL DISABILITY CASES NOT INCLUDED IN THE INDICATOR**

SSA did not include the international DI claims processed during FY 1999 in the statistics reported in its FY 1999 Annual Accountability Report. In our review of the monthly FO Initial Disability Claims Reports (Processing Times) for FY 1999, SSA reported that 1,203,567 initial DI claims were processed. The SDO 14 reports indicated

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### **1,838 CLAIMS NOT INCLUDED IN INDICATOR**

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that 1,201,729 claims were processed, which is a difference of 1,838 claims, or less than 1 percent of the total claims. Because the statistic for the percent of DI claims processed timely is taken from the SDO 14 report, these claims are not included in this statistic. If these claims were included in the

GPRA indicator the revised statistic would represent a difference of plus or minus 0.1 percent and would be immaterial to the overall percent of claims processed timely. However, as these are completed initial DI claims, SSA should have included them when reporting the percent of DI claims processed timely.

## **PERFORMANCE MEASURE DOCUMENTATION WAS LACKING**

SSA lacks sufficient performance measure documentation for the processes involved in the generation of the initial SSA DI claims processing time statistic.

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### **SSA NOT IN COMPLIANCE WITH OMB GUIDANCE**

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SSA staff advised us that there is a lack of documentation of the SSA initial DI claims process from start to finish. Accordingly, we verified different phases of the process through discussions with

personnel from the Office of Systems Requirements, Office of Systems Design and Development, and OIM. We compared the information obtained in these interviews with

the criteria stipulated in the Management Information Manual, Part II. Based on all this information, we were able to design a flowchart of the initial DI claims process (see Appendix C).

The Office of Management and Budget Circular No. A-123, *Management Accountability and Control* states, “The documentation for transactions, management controls, and other significant events must be clear and readily available for examination.” Further, GPRA requires agencies to “...describe the means to be used to verify and validate measured values...” (31 U.S.C. 1115(a)(6)). A significant lack of documentation does not provide the audit trail necessary for the verification of the performance measures.

## **SOFTWARE MODULES ARE NOT IN COMPLIANCE WITH POLICIES AND PROCEDURES**

OIM develops software programs to determine whether disability claims are processed

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### **SOFTWARE PROGRAMS ARE INEFFICIENT, DIFFICULT TO ANALYZE AND MAINTAIN**

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timely. In reviewing three of these programs, we found that OIM did not develop software in accordance with guidelines included in Social Security’s Systems Engineering Technology (SET) manual. As a result, OIM software programs are inefficient and difficult to analyze

and maintain. There is a risk that the programs could continue processing incorrect data without being detected. We found that OIM programmers:

- Repeat program instructions unnecessarily;
- Use different names for the same files in the same program;
- Do not check file status when reading and writing records to files;
- Do not use standard program termination routines; and
- Use, in the same program, two different methods for performing a discrete set of software instructions.

The software programs we analyzed are for computer applications that OIM uses to produce management information. The programs are stored in a program library on a mainframe computer that Social Security uses for software development. The programs are written in the COBOL programming language and maintained by OIM.

In the programs we reviewed, we found that OIM programmers do not always instruct the computer to return to, and execute, the same set of software instructions. Often, they have the computer execute copies of those instructions at different locations in the program, a practice not in compliance with SET standards. By duplicating software instructions rather than have the computer simply re-use the original, programmers increase the risk that inconsistencies could occur in developing and maintaining software. More frequently, programmers re-write and modify separate but identical software instructions, increasing the chance that differences will occur between the separate versions. Even if no differences develop, creating and modifying software is

more expensive because repeat instructions have to be written or modified more than once.

Also, in each of the programs we reviewed, OIM programmers use different names for the same file. Programmers do this in referring to file description and defining the external name of the file. By not using the same name for a file whenever it appears, programmers make the task of writing and maintaining the software more difficult.

OIM programmers do not always check file status when reading and writing records to files, or use standard program termination routines to help identify why a program ends abnormally. These oversights increase the risk that OIM programs will continue processing despite errors and process incorrect data undetected. The absence of standard program termination routines also makes it harder and more time consuming to determine the cause of and correct an abnormal program end.

Finally, OIM programmers use, in the same program, two different methods for performing a set of software instructions, a practice not supported by SET guidelines. This practice makes program maintenance more complex and increases the risk of programming errors such as unintentionally bypassing or executing instructions.

## **CONCLUSIONS AND RECOMMENDATIONS**

The data used to measure the percent of initial DI claims decided within 6 months after onset or within 60 days after effective filing date, whichever is later, was found to be reliable. We did find, however, weaknesses in SSA's internal controls over date fields in the MCS, SSACCS, MADCAP/MACADE and MIICR systems, which could cause an inaccuracy in the reported performance measure. We also found that there was a lack of an audit trail documenting the DI process from start to finish. Additionally, SSA's OIM did not always conform to agencywide software policies and procedures. These conditions need to be corrected so complete reliance can be placed on the reported performance measure in the future.

Accordingly, we recommend SSA take the following corrective measures to improve the process used to measure the initial SSA DI claims processing time performance:

1. Establish controls in the MCS, SSACCS, MADCAP/MACADE and MIICR systems over date fields to limit data entry and processing errors;
2. Either include international DI claims in the measure or fully disclose in SSA's Annual Performance and Accountability Report the number of international DI claims excluded;

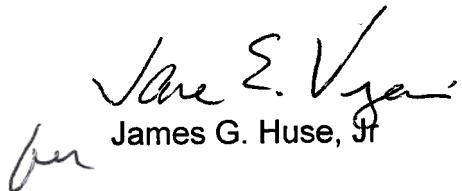
3. Provide an adequate audit trail to document the processes involved in the generation and accumulation of the performance measure; and
4. Ensure OIM's programming practices comply with SSA's SET standards.

## AGENCY COMMENTS

SSA agreed with all four of our recommendations. In response to Recommendation 1, SSA agreed that MCS, SSACCS, MADCAP/MACADE and MIICR systems should be programmed not to allow future year dates. By the end of December 2001, SSA will provide the Office of the Inspector General (OIG) with a detailed response of their findings and begin modifying the system to prevent future dates from being input as current dates. Regarding Recommendation 2, SSA agreed the Annual Performance and Accountability Report should disclose the number of international DI claims, which are excluded. For recommendation 3, SSA will address the issue of establishing an appropriate audit trail for this performance measure as it transitions MIICR functionality to the title II Workload Management Information Management System. Finally, SSA agreed that all software would be documented and developed according to SSA standards.

## OIG's RESPONSE

We are pleased that SSA agrees with our recommendations and we look forward to receiving an implementation plan detailing the steps the Agency will take to improve the performance measure relating to the processing of initial disability claims.



The image shows a handwritten signature in black ink. The signature appears to read "James E. Vyan" with a small "Jr." written below it. Below the signature, the name "James G. Huse, Jr." is printed in a smaller, standard font.

# *Appendices*

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APPENDIX A - Scope and Methodology

APPENDIX B - Acronyms

APPENDIX C - Flowchart of Title II Disability Processing Performance Measure

APPENDIX D - Agency's Comments

APPENDIX E - OIG Contacts and Staff Acknowledgments

# **Scope and Methodology**

This audit was conducted to assess the reliability of Social Security Administration's (SSA's) performance data used to measure the timely processing of Disability Insurance (DI) claims. The measure reports the percent of DI claims decided within 6 months after onset or within 60 days after effective filing date, whichever is later. This review is part of a series of audits regarding the measurement of the disability process. One report has already been issued<sup>1</sup> and another review concerning both the title II (DI claims) and title XVI (Supplemental Security Income) process is nearing the end of the field work phase<sup>2</sup>.

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

- obtained three monthly data base files for the periods November 1999, December 1999 and February 2000 for the title II DI claims which are contained in the Management Information Initial Claims Records (MIICR) system;
- validated a sample of 100 MIICR Service Delivery Objective (SDO) 14<sup>3</sup> DI records for December 1999 to the Modernized Claims System (MCS), comparing dates in key data fields in MIICR to the dates maintained in MCS;
- validated a sample of 100 MIICR non-SDO 14 DI records for December 1999 to MCS, comparing the records to ensure correct classification and appropriate exclusion from the SDO;
- checked that the 3 months of records contained valid entry codes and dates;
- compared key dates in MIICR to check for appropriateness for each record reviewed (i.e. date of filing, record establishment date, application receipt date, and date of onset) were prior to clearance date;
- performed a COBOL program systems language translation of MIICR comparing the data to procedures shown in SSA's Management Information Manual;
- compared and reconciled the number of monthly SDO 14 cases reviewed to the numbers reported by SSA in their monthly SDO 14 reports. For the 3-month period under review, the number of initial disability claims processed were as follows:

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<sup>1</sup> "Performance Measure Review: Reliability of the Data Used to Measure the Timeliness of Processing Supplemental Security Income Disability Claims," (A-02-99-11002), December 2000.

<sup>2</sup> "Performance Measure Review: Reliability of the Data Used to Measure Disability Claims Processing," (A-02-00-10017).

<sup>3</sup> SDO reports provide performance information for three of the supporting SDO's under the general goal "Pay Benefits When Due," as explained in SSA's Strategic Plan. SDO 14 reports on the performance indicator for the timely processing of initial title II DI claims.

November, 1999	90,279
December, 1999	102,611
February, 2000	92,084

- reconciled the number of DI claims reported on the 12 monthly SDO 14 reports to the amount reported on SSA's FY 1999 Annual Accountability Report;
- reconciled the number of DI claims processed on the 12 monthly field office Initial Disability Claims Reports (Processing Times) to the numbers reported on the monthly SDO 14 reports;
- recalculated the number of timely cases for each of the 3 months reviewed and compared the results to SSA's monthly SDO 14 reports;
- where appropriate, discussed our results with Office of Information Management (OIM) personnel and obtained clarification of discrepancies occurring in specific DI cases.

In conducting this audit, we also:

- reviewed SSA's Annual Accountability Reports for FYs 1997, 1998, and 1999, SSA's Annual Performance Plans for FYs 1999 and 2000, and SSA's revised Final Performance Plan for FY 2000 to determine the baseline data, definition, and data source for the performance indicator;
- reviewed pertinent Government Performance and Results Act and Office of Management and Budget laws and regulations;
- interviewed Office of Strategic Management policy and program staff to document the methodologies and procedures used to produce performance data for this indicator;
- interviewed SSA staff from the Office of System Requirements, Office of Systems Design and Development and OIM to gain an understanding of the DI process from the initial application phase to either allowance or denial, the composition of OIM's data base, the statistical methods used and reports generated, and other relevant matters; and
- flowcharted the entire title II DI process from initial claims taking until either allowance or denial (see Appendix C).

We reviewed those internal controls related to our audit objective. Our work was conducted at the Office of the Inspector General's New York Field Office and SSA Headquarters in Baltimore, Maryland from July 1999 to March 2001. The entity audited was the Office of Systems. Our audit was performed in accordance with generally accepted government auditing standards, as applicable to a performance audit.

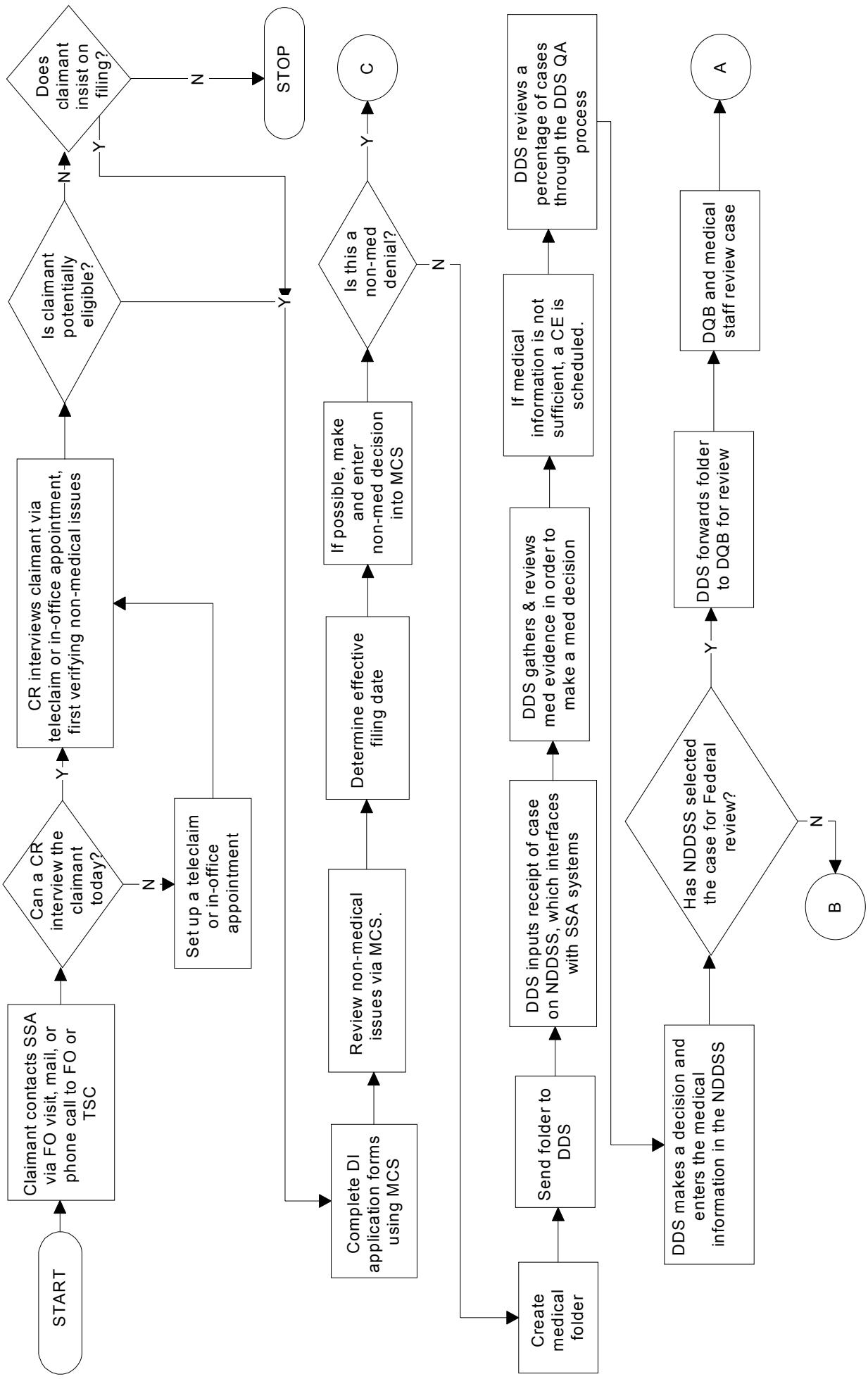
### **Acronyms**

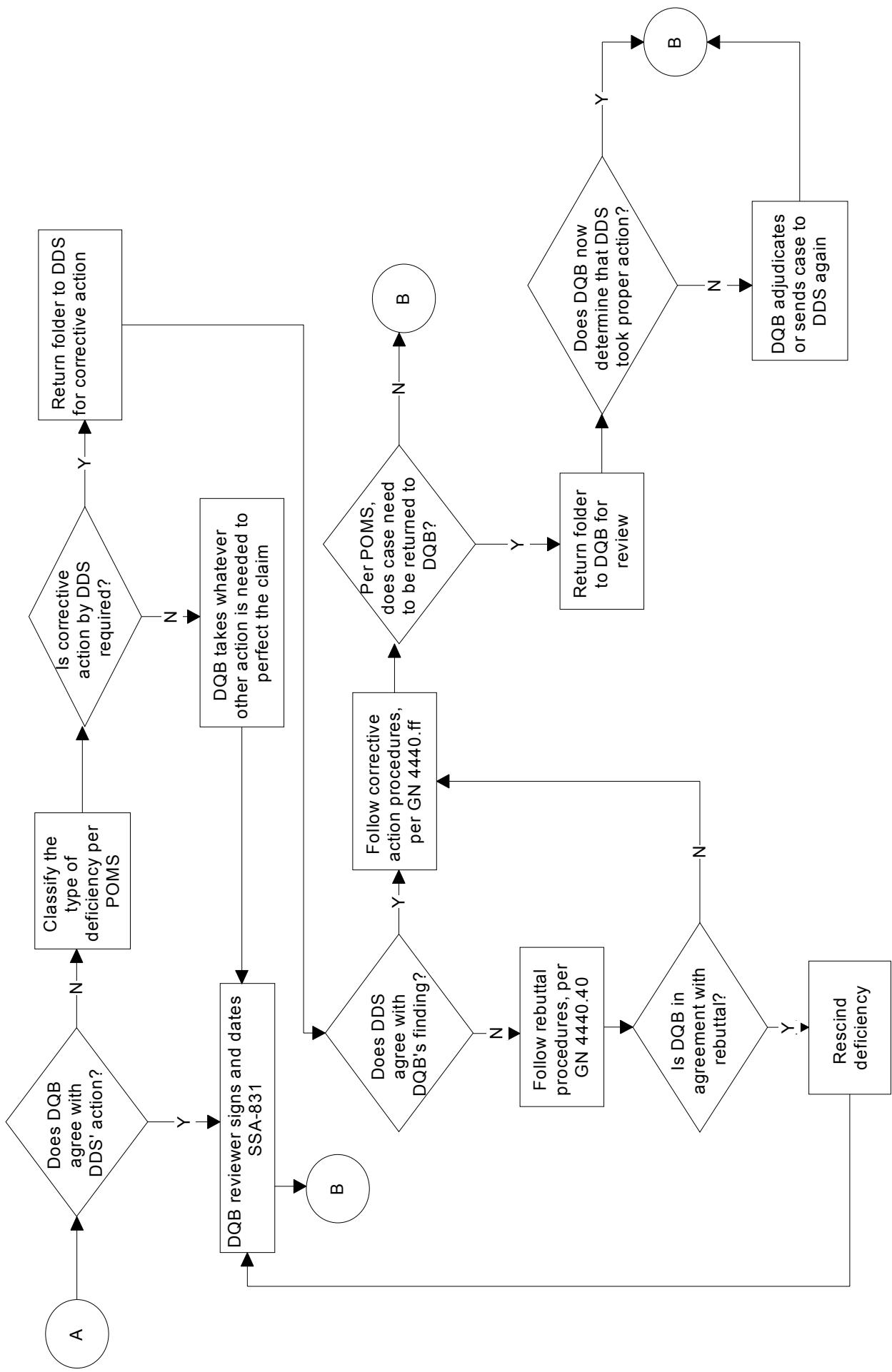
APP	Annual Performance Plan
DDS	Disability Determinations Service
FY	Fiscal Year
GPRA	Government Performance and Results Act
MACADE	Manual Adjustment, Credit and Award Data Entry
MADCAP	Manual Adjustment, Credit and Award Processing
MCS	Modernized Claims System
MIICR	Management Information Initial Claims Records
OIG	Office of the Inspector General
OIM	Office of Information Management
OMB	Office of Management and Budget
SDO	Service Delivery Objective
SEF	Software Engineering Facility
SET	Systems Engineering Technology
SSA	Social Security Administration
SSACCS	Social Security Administration Claims Control System

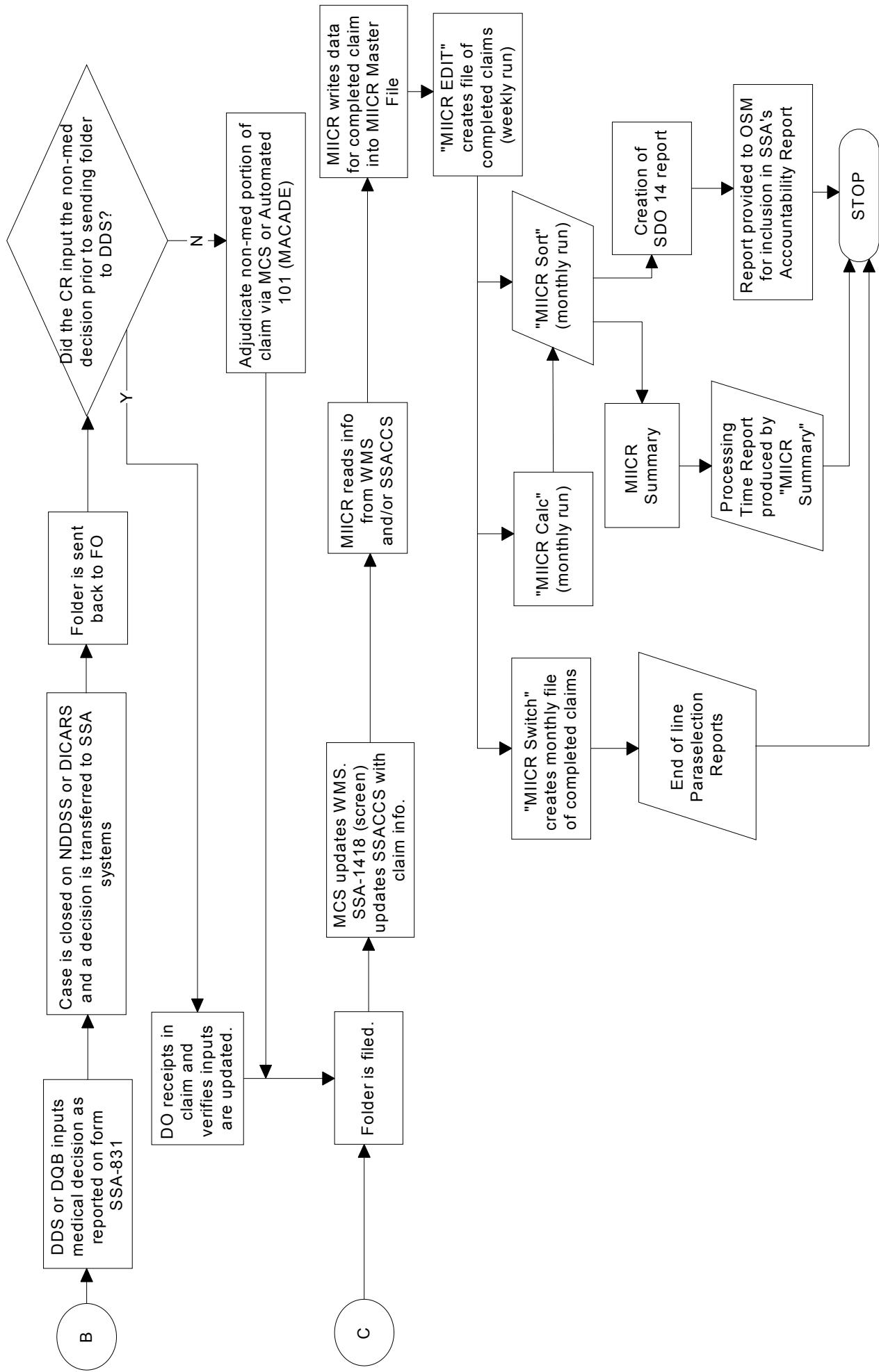
## **Appendix C**

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### **Flowchart of Title II Disability Processing Performance Measure**







## ***Appendix D***

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### **Agency Comments**



## SOCIAL SECURITY

### MEMORANDUM

Date: September 21, 2001

Refer To: S1J-3

To: James G. Huse, Jr.  
Inspector General

A handwritten signature in black ink, appearing to read "Larry G. Massanari". Below the signature, the text "Acting Commissioner of Social Security" is printed in a smaller font.

From: Larry G. Massanari  
Acting Commissioner of Social Security

Subject: Office of the Inspector General (OIG) Draft Report, "Performance Measure Review: Reliability of the Data Used to Measure the Timely Processing of Disability Insurance Claims"  
(A-02-99-11001)—INFORMATION

We appreciate the OIG's efforts in conducting this review. Our comments on the recommendations are attached.

Staff questions may be referred to Trudy Williams on extension 50380.

Attachment:  
SSA Response

**COMMENTS OF THE SOCIAL SECURITY ADMINISTRATION (SSA) ON THE  
OFFICE OF THE INSPECTOR GENERAL (OIG) DRAFT REPORT, "PERFORMANCE  
MEASURE REVIEW: RELIABILITY OF THE DATA USED TO MEASURE TIMELY  
PROCESSING OF DISABILITY INSURANCE CLAIMS" A-02-99-11001**

We appreciate the opportunity to comment on the draft report. Following are our comments on the recommendations.

**Recommendation 1**

Establish controls in the Modernized Claims System (MCS), Social Security Administration Claims Control System (SSACCS), Manual Adjustment, Credit and Award Processing/Manual Adjustment, Credit and Award Data Entry (MADCAP/MACADE) and Management Information Initial Claims Records (MIICR) systems over date fields to limit data entry and processing errors.

**SSA Comment**

We agree. The MCS, SSACCS, MADCAP/MACADE and MIICR systems should be programmed not to allow future year dates. In addition, we will request the Social Security numbers for each case identified by the OIG to begin investigating this issue. By the end of December 2001, we will provide the OIG with a detailed response of our findings and begin modifying the system to prevent future dates from being input as current dates.

**Recommendation 2**

Either include international Disability Insurance (DI) claims in the measure or fully disclose in SSA's Annual Performance and Accountability Report the number of international DI claims excluded.

**SSA Comment**

We agree that SSA's Annual Performance and Accountability Report should disclose the number of international DI claims that are excluded. We do not agree that international DI claims should be included in the measure. The disability timeliness goal is, and has always been, a measure of field office disability claims processing for U.S. states and territories. The process of filing a disability claim is very different for persons who file in foreign countries and cannot be compared to field office/Disability Determinations Service procedures. Social Security offices do not exist in foreign countries. Applicants must have access to American embassies to conduct business, and the embassy staffs are not SSA employees.

**Recommendation 3**

Provide an adequate audit trail to document the processes involved in the generation and accumulation of the performance measure.

**SSA Comment**

We agree and will address the issue of establishing an appropriate audit trail for this performance measure as we transition MIICR functionality to the Title II Workload Management Information Measurement System.

#### **Recommendation 4**

Ensure OIM's programming practices comply with SSA's Systems Engineering Technology standards.

#### **SSA Comment**

We agree. The software cited in this report is part of the Agency's MIICR applications. The Office of Information Management is currently in the process of developing a plan, under the SSA Unified Measurement System project, for the transition of all MIICR functionality to our Title II Workload Management Information system. All software will be documented and developed according to SSA standards. We are in the planning and analysis stage of this work.

### **OIG Contacts and Staff Acknowledgments**

#### ***OIG Contacts***

Frederick C. Nordhoff, Director  
Financial Management and Performance Monitoring Audit Division  
(410) 966-6676

Timothy Nee, Deputy Director  
(212) 264-5295

#### ***OIG Acknowledgements***

In addition to those name above:

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Denise Ramirez, Program Analyst

Patrick Kennedy, Audit Manager

Carol Ann Frost, Computer Specialist

Annette DeRito, Program Analyst

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Ranking Minority Member, Committee on Governmental Affairs	1

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

## **Overview of the Office of the Inspector General**

### **Office of Audit**

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

### **Office of Executive Operations**

The Office of Executive Operations (OEO) provides four functions for the Office of the Inspector General (OIG) – administrative support, strategic planning, quality assurance, and public affairs. OEO supports the OIG components by providing information resources management; systems security; and the coordination of budget, procurement, telecommunications, facilities and equipment, and human resources. In addition, this Office coordinates and is responsible for the OIG's strategic planning function and the development and implementation of performance measures required by the Government Performance and Results Act. The quality assurance division performs internal reviews to ensure that OIG offices nationwide hold themselves to the same rigorous standards that we expect from the Agency. This division also conducts employee investigations within OIG. The public affairs team communicates OIG's planned and current activities and the results to the Commissioner and Congress, as well as other entities.

### **Office of Investigations**

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

### **Counsel to the Inspector General**

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