



SOCIAL SECURITY

May 28, 2010

The Honorable Max Baucus
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510

Dear Senator Baucus:

On March 25, 2009, your staff asked that we review allegations by the American Association of Social Security Disability Consultants (AASSDC) that (1) medical consultant (MC) assessments were altered and/or destroyed in the disability determination services, (2) MCs were pressured to produce specific assessments, and (3) disability examiners were seeking certain MCs to obtain specific assessments.

In February 2010, the House Committee on Ways and Means received additional information from the AASSDC expressing concerns about information obtained for this review.

Thank you for the opportunity to provide the Committee with the requested information. To ensure the Social Security Administration is aware of the information provided to your office, we are forwarding a copy of this report to the Agency. I have also sent similar responses to Ranking Member Charles E. Grassley of the Senate Committee on Finance, as well as, Acting Chairman Earl Pomeroy and Ranking Member Sam Johnson of the House Committee on Ways and Means, Subcommittee on Social Security.

If you have any questions, please call me, or have your staff contact Misha Kelly, Congressional and Intra-governmental Liaison at (202) 358-6319.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick P. O'Carroll, Jr."

Patrick P. O'Carroll, Jr.
Inspector General

Enclosure

cc:

Michael J. Astrue
Charles E. Grassley
Sam Johnson
Earl Pomeroy



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Ranking Member
Committee on Finance
United States Senate
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SOCIAL SECURITY

May 28, 2010

The Honorable Earl Pomeroy
Chairman
Subcommittee on Social Security
Committee on Ways and Means
House of Representatives
Washington, D.C. 20515

Dear Mr. Pomeroy:

On March 25, 2009, staff from the Senate Committee on Finance asked that we review allegations by the American Association of Social Security Disability Consultants (AASSDC) that (1) medical consultant (MC) assessments were altered and/or destroyed in the disability determination services, (2) MCs were pressured to produce specific assessments, and (3) disability examiners were seeking certain MCs to obtain specific assessments.

In February 2010, your staff received additional information from the AASSDC expressing concerns about information obtained for this review.

Thank you for the opportunity to provide the Committee with the requested information. To ensure the Social Security Administration is aware of the information provided to your office, we are forwarding a copy of this report to the Agency. I have also sent similar responses to Ranking Member Sam Johnson of the House Committee on Ways and Means, Subcommittee Social Security, as well as, Chairman Max Baucus and Ranking Member Charles E. Grassley of the Senate Committee on Finance.

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SOCIAL SECURITY

May 28, 2010

The Honorable Sam Johnson
Ranking Member
Subcommittee on Social Security
Committee on Ways and Means
House of Representatives
Washington, D.C. 20515

Dear Mr. Johnson:

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Thank you for the opportunity to provide the Committee with the requested information. To ensure the Social Security Administration is aware of the information provided to your office, we are forwarding a copy of this report to the Agency. I have also sent similar responses to Acting Chairman Earl Pomeroy of the House Committee on Ways and Means, Subcommittee on Social Security, as well as, Chairman Max Baucus and Ranking Member Charles E. Grassley of the Senate Committee on Finance.

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CONGRESSIONAL RESPONSE REPORT

***Disability Determination Services
Medical Consultant Assessments***

A-01-10-11007



May 2010

Mission

By conducting independent and objective audits, evaluations and investigations, we inspire public confidence in the integrity and security of SSA's programs and operations and protect them against fraud, waste and abuse. We provide timely, useful and reliable information and advice to Administration officials, 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.**
- Authority to publish findings and recommendations based on the reviews.**

Vision

We strive for continual improvement in SSA's programs, operations and management by proactively seeking new ways to prevent and deter fraud, waste and abuse. We commit to integrity and excellence by supporting an environment that provides a valuable public service while encouraging employee development and retention and fostering diversity and innovation.

Background

OBJECTIVE

Our objective was to review allegations by the American Association of Social Security Disability Consultants (AASSDC)¹ that (1) medical consultant (MC)² assessments were altered and/or destroyed in the Disability Determination Services (DDS), (2) MCs were pressured to produce specific assessments, and (3) disability examiners (DE) were seeking certain MCs to obtain specific assessments.

BACKGROUND

The Social Security Administration (SSA) provides Disability Insurance (DI) and Supplemental Security Income (SSI) disability payments to eligible individuals under Titles II and XVI of the *Social Security Act*.³ To receive either benefit, an individual must first file an application with SSA.

Disability determinations under SSA's DI and SSI programs are performed by a DDS in each State or other responsible jurisdiction, according to Federal regulations.⁴ A claimant is required to prove that he or she is disabled by providing medical and other evidence of disability. However, the DDS is responsible for making every reasonable effort to help the claimant get medical reports from medical sources. All evidence in the claimant's case record will be considered in making any determination.

¹ The AASSDC states that its purpose is to encourage medical consultant (MC) excellence in the adjudication of SSA disability claims, express MC views, and support MC needs.

² MC refers to physicians, psychologists, psychiatrists, optometrists, podiatrists, and speech-language pathologists employed by the DDS. SSA, POMS, DI 24501.001(c)(2).

³ The *Social Security Act* §§ 201 *et seq.* and 1601 *et seq.*, 42 U.S.C. §§ 401 *et seq.* and 1381 *et seq.*

⁴ 20 C.F.R. §§ 404.1601 *et seq.* and 416.1001 *et seq.*

An adult is considered disabled under the *Social Security Act* if he or she is unable to engage in any substantial gainful activity⁵ because of a medically determinable impairment that (1) can be expected to result in death or (2) has lasted (or can be expected to last) for a continuous period of at least 12 months.⁶

ROLES OF THE DISABILITY EXAMINER AND THE MEDICAL CONSULTANT

Generally, the DE and the MC work as a team—following SSA's processes for developing and evaluating claims—to determine whether a claimant is disabled under the *Social Security Act*. See Appendix B for details. The DE gathers medical and non-medical evidence related to the claimant's impairment(s), functioning, and work history.⁷

The MC does not have sole authority to determine whether a claimant is disabled under Social Security's criteria. The MC provides expertise in evaluating impairments, documenting findings, and preparing or reviewing assessments.⁸ The assessment does not include an opinion on whether the claimant is disabled but does include the following:

- evaluation of the medical evidence to determine its adequacy for making disability decisions;
- determination whether the claimant's impairment(s) is severe;⁹

⁵ 20 C.F.R. §§ 404.1572 and 416.972: Substantial gainful activity (SGA) means the performance of significant physical and/or mental activities in work for pay or profit, or in work of a type generally performed for pay or profit. As of 2010, "countable earnings" of employees indicate SGA and "countable income" of the self-employed is "substantial" if the amount averages more than \$1,000 per month for non-blind individuals or \$1,640 for blind individuals, SSA, POMS, DI 10501.001.

⁶ The *Social Security Act* §§ 216(i)(1), 223(d)(1) and, 1614(a)(3), 42 U.S.C. §§ 416(i)(1), 423(d)(1) and 1382c(a)(3), see also 20 C.F.R. §§ 404.1505 and 416.905. A child is considered to be disabled for SSI purposes under the *Act* if he or she has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or, which has lasted, or can be expected to last, for a continuous period of not less than 12 months. The *Social Security Act* § 1614(a)(3)(C)(i), 42 U.S.C. § 1382c(a)(3)(C)(i). See also 20 C.F.R. § 416.906. The *Social Security Act* also provides a separate definition of blindness for adults and children.

⁷ Non-medical evidence is used to help show the severity of an individual's impairment and how it affects his or her ability to work or function. This type of evidence is obtained from educational personnel, public and private social welfare agency personnel, spouses, parents, other caregivers, siblings, other relatives, friends, neighbors, and clergy. 20 C.F.R. §§ 404.1513(d) and 416.913(d).

⁸ Each assessment form must have a reviewing MC's actual physical signature or an approved electronic signature—unless the DE is a single decision maker. SSA, POMS, DI 26510.089.

⁹ 20 C.F.R. §§ 404.1520(c), 404.1521, 416.920(c) and 416.921: "Severe" is a term of art in SSA's rules. A severe impairment must significantly limit a person's physical or mental capacity to perform one or more basic work activities as required in most jobs. Also, see Social Security Ruling 85-28.

- determination of whether the claimant's impairment(s) meets or equals a listing in SSA's Listing of Impairments;¹⁰ and
- determination of the claimant's residual functional capacity (RFC) if a listing is not met or equaled.¹¹

The RFC is an individualized assessment of the claimant's impairments and abilities based on all available evidence. SSA does not provide guidance on assessing an RFC for specific impairments on a case-by-case basis. However, SSA's policies and procedures give the MC and DE guidance on how to address specific issues within an RFC, such as the effects of treatment and symptoms (including pain and fatigue) and medical source statements about what the claimant can still do.

With the exception of single decision maker (SDM) States, the DE determines whether a claimant is disabled under Social Security's criteria and must consult with the MC to resolve medical issues and medical evidence interpretations.¹² The disability determination is based on medical and non-medical criteria, such as requirements in the *Social Security Act*; Agency rulings, policies, and procedures; court rulings; and vocational factors, including the claimant's age, education, and past work experience.

In some States, a DE can make the disability determination alone if he or she is a SDM. SSA provides SDMs the authority to complete all disability determination forms and to make initial disability determinations *without MC approval or review* on all fully favorable adult cases, with noted exceptions.¹³

The disability folder contains all documentation supporting the disability decision. This includes case development worksheets and DDS actions, such as establishing a

¹⁰ SSA's Listing of Impairments describes impairments considered severe enough to prevent an adult from doing any gainful activity and impairments considered severe enough to cause a child to have marked and severe functional limitations. 20 C.F.R. §§ 404.1525 and 416.925.

¹¹ 20 C.F.R. §§ 404.1545 and 416.945: An individual's impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what he or she can do in a work setting. The residual functional capacity is the most the individual can still do despite these limitations. SSA assesses residual functional capacity based on all relevant evidence in the case record.

¹² SSA, POMS, DI 12015.002 and DI 12015.003. In 1999, SSA began piloting the SDM model in 10 States (Alabama, Alaska, California—[Los Angeles North and West Branches], Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania). Since 1999, the Agency has selected nine more States and one U.S. territory to test the SDM model (Florida, Guam, Kansas, Kentucky, Maine, Nevada, North Carolina, Vermont, Washington, and West Virginia).

¹³ MCs must review and sign all disability claims involving (1) Quick Disability Determinations, (2) Compassionate Allowances, (3) initial denials or less than fully favorable determinations in which there is evidence the claimant has a mental impairment, (4) SSI disabled child cases, (5) continuing disability reviews, and (6) reconsiderations. SSA, POMS, DI 12015.003, DI 23022.050(A), DI 27001.001(D), DI 81020.110(B)(1), and DI 26510.089. On March 4, 2010, SSA issued a notice of proposed rulemaking to allow SDMs and other DEs to make fully favorable determinations for adult claims identified as Quick Disability Determinations and Compassionate Allowances without MC approval. Federal Register, Vol. 75, No. 42, 75 FR 9821-9827.

medically determinable impairment(s), assessing the severity of impairment, determining the duration of impairment, and establishing the onset date of impairment.

The DE (not the MC) decides what information reflects the final disability determination and what to retain in the disability folder.¹⁴ When multiple assessments or forms are in a disability folder, the DE removes any assessments or forms that do not support the disability determination.¹⁵

ROLES OF SSA AND DDS

SSA funds 100 percent of necessary DDS costs but is not involved in the ongoing management of the disability program at the DDS except as necessary and in accordance with regulations.¹⁶ SSA provides operational standards, instructions, procedural advice, technical support, and management direction to DDSs in support of the Agency's disability programs. DDSs are required to establish and maintain adequate and responsive internal management controls and reporting mechanisms. Each DDS is also responsible for establishing a quality assurance system, with both in-line and end-of-line reviews, designed to detect and correct errors or problems and to promote quality in all aspects of DDS claims processing. See Appendix C for details of SSA and DDS responsibilities.

SSA's Office of Quality Performance measures the accuracy of DDS determinations through two different reviews. The Quality Assurance Reviews—including both allowances and denials—found the net accuracy rates of initial disability determinations ranged from 96.3 to 96.8 percent in Fiscal Years (FY) 2005 through 2009. The Pre-Effectuation Reviews—including at least half of all initial and reconsideration level allowances—found the accuracy rates ranged from 97.9 to 98.7 percent in FYs 2005 through 2008. See Appendix D.

In March 2009, the Committee on Finance requested we review allegations from the AASSDC regarding the alteration and/or destruction of MC assessments in the DDS. See Appendix E for details regarding the allegations.

To perform our review, we researched SSA's policies regarding the processing and documenting of MC assessments. We also reviewed SSA system controls for the disability folder. Additionally, we contacted 468 DDS employees nationwide about the processing and documenting of MC assessments. Specifically, we contacted

¹⁴ SSA, POMS, DI 20503.001. We contacted America's Health Insurance Plan (AHIP), a national association that represents nearly 1,300 companies providing health insurance coverage to more than 200 million Americans, for information regarding our review. The AHIP informed us that they were not aware of a national standard for retaining internal assessment forms in a disability claim folder.

¹⁵ SSA, POMS, DI 26510.089(c).

¹⁶ SSA, POMS, DI 39563.200; see also, 20 C.F.R. §§ 404.1603, 404.1626, 416.1003 and 416.1026.

- 52 DDS Administrators (which included each of the 50 States plus Washington, D.C. and Puerto Rico),
- 208 DDS DEs (4 randomly selected from each DDS), and
- 208 DDS MCs (4 randomly selected from each DDS).

We also contacted SSA's Regional Offices and Office of Disability Determinations and other disability insurance providers for information for our review. Additionally, we reviewed examples of claims with a MC assessment deleted from the disability folder. See Appendix F for the questions we asked DDS employees and see Appendix G for details of our scope, methodology, and sample results.

Results of Review

Based on feedback from DDS and SSA employees, our examination of controls over the documentation of disability determinations, and our review of some actual cases, we found that generally (1) MC assessments were not altered and/or inappropriately deleted in the DDS, and (2) MCs were not pressured to produce specific assessments. We also found that the majority of DEs responding to our survey did not seek certain MCs to obtain specific assessments.

Table 1 shows the number of DDS employees sampled and who participated in our review.¹⁷

Table 1: Number of DDS Staff Who Participated in Our Review			
DDS Position	Population	Sampled	Participants
Medical Consultant	2,240	208	189 (91%)
Disability Examiner	8,172	208	197 (95%)
Administrator	52	52	52 (100%)
TOTAL	10,464	468	438 (94%)¹⁸

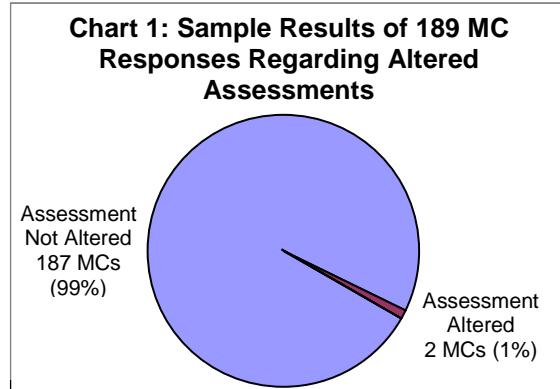
ALLEGATIONS

Allegation 1: Medical Consultant Assessments Were Altered and/or Deleted in the Disability Determination Services

When asked, MCs generally indicated that assessments were not altered.

Of the 189 MCs who participated in our review,

- 187 indicated assessments were not altered, and
- 2 indicated assessments were altered.



¹⁷ In response to concerns about security and confidentiality, we offered several options for DDS employees to provide us information. Of the 468 sampled individuals, 413 responded by email through SSA's systems; 3 responded from a non-SSA email address; 26 did not respond; 20 faxed their responses; 4 declined to participate in our review; and 2 responded by telephone.

¹⁸ In planning our review, we followed the Government Accountability Office's guidance on developing and using questionnaires (which includes instructions on asking questions about sensitive issues). An effective response rate for questionnaires ranges between 75 to 95 percent. GAO-PEMD-10.1.7, October 1993.

Of the two MCs who indicated an assessment was altered, each described one-time occurrences. In one of these cases, the MC prepared a complex assessment not taken into consideration when making the final disability determination. This occurred in a DDS with SDM authority and a supervisor noted that they did not consider the MC's assessment. In the other instance, the MC did not give details other than it occurred over 2 years ago.

When asked, MCs generally indicated that assessments were not deleted.

Of the 189 MCs who participated in our review,

- 182 indicated assessments were not deleted, and
- 7 indicated assessments were deleted.

Of the seven MCs who indicated an assessment was deleted, six reported it was a one-time occurrence. For example, an MC indicated an assessment was deleted because a more experienced consultant provided another assessment. The MC was notified and made aware of why the DE removed his assessment from the disability folder.

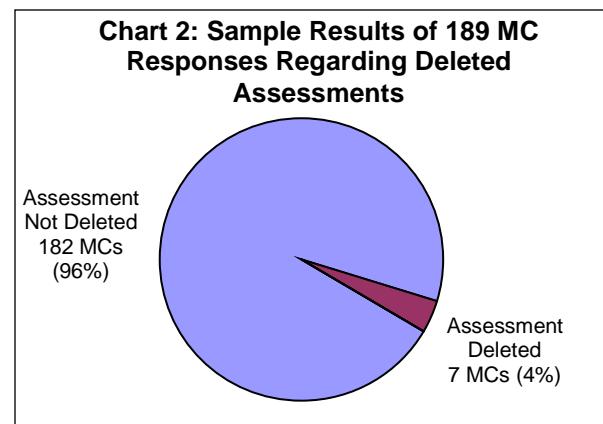
In another example, an MC indicated assessments were removed from the disability folder in certain instances such as a second MC assessment, the disability determination was made by the regional office, or the disability folder contained contradictory forms or narratives. Each of these instances was in accordance with SSA's policies and procedures.¹⁹

Additionally, of the seven MCs who indicated altered or deleted assessments, three brought these instances to the attention of management.²⁰ When asked, 7 of the 52 DDS administrators indicated an MC had brought to their attention an altered or deleted assessment. For example, an MC notified the DDS administrator of an assessment that had a written comment deleted. In this instance, DDS supervisors removed the MC's comment because it contained inappropriate language.

In another example, an MC notified a DDS administrator of an assessment that was deleted from the disability folder. According to the DDS administrator, "...this is not an accepted practice..." The administrator instructed staff not to remove any signed forms from the disability folder without discussing with the MC and/or their supervisor. The administrator stated "...this is not a common occurrence."

¹⁹ SSA, POMS, DI 81020.110 and DI 30005.235.

²⁰ In total, seven MCs indicated an altered or deleted assessment. Of these seven MCs, two indicated both an altered and a deleted assessment.



When asked, DEs generally indicated that they did not alter or delete MC assessments. Of the 197 DEs who participated in our review, 66 indicated removal of assessments from the disability folder for the following reasons:

- MC second assessment that better supported the disability determination,
- receipt of new medical evidence,
- adherence to SSA policy,
- assessment did not apply to the disability determination, or
- MC was not available to change an assessment he or she had prepared.²¹

These instances generally occurred to support the disability determination or process the case. For example, one DE removed an assessment from the disability folder because of new evidence. In this situation, a new assessment was required, and the original assessment was no longer valid. Therefore, the DE removed the original assessment from the disability folder as only documentation supporting the disability determination should be retained in the disability folder.²²

One of SSA's regional offices commented that the AASSDC may perceive that assessments were being altered or destroyed, but may have been unaware there were business and policy reasons that required changing an assessment. For example, an assessment prepared may have to be changed while training a new MC or during a quality review.²³

When asked how much weight was placed on MC assessments when deciding a case, 167 of the 197 DEs responding to our review answered. As shown in Table 2, 161 of the 167 DEs (96 percent) indicated placing high to medium weight on MC assessments.

Table 2: Amount of Weight Disability Examiners Place on MC Assessments in Deciding a Case

Weight of Assessment	Participants	Portion
High	139	83%
Medium	22	13%
Low	3	2%
Little to None	3	2%
Total	167	100%

²¹ For example, the MC who prepared the original assessment may be sick or on vacation; therefore, the DE or supervisor would reassign the assessment.

²² SSA, POMS, DI 20503.001.

²³ SSA, POMS, DI 30005.235.

SYSTEM CONTROLS

When multiple MCs or SDMs are involved in assessing a case, one of them certifies the case as the overall case reviewer. DDS systems do not allow an MC to be removed, or another MC assigned to a case, when the current MC has already certified the case. The system also retains a history of MC status changes and the reasons for those changes.

When an MC has prepared an assessment, it can be unsigned and changed by the MC or the DE. However, DDS systems require the assessment be re-signed by the assigned MC or an SDM before the case can be closed.

Once a form is in the disability folder it cannot be altered or modified. Therefore, when an assessment needs to be changed or updated, a new assessment form must be created and placed in the folder.

SSA's systems indicate whether documents were deleted from the disability folder. Assessments can be deleted from the disability folder, however, they remain in SSA's central repository. Also, SSA maintains an audit trail of all user actions, including deleting documents from the disability folder. Authorized SSA personnel may retrieve an assessment no longer associated with the disability folder. Therefore, no assessments are actually deleted from SSA's records. See Appendix H for more details on SSA and DDS case processing systems.

In FY 2009, DDSs adjudicated almost 3.9 million disability claims, and SSA processed more than 660,000 hearings. During the same period, about 152,000 assessments were deleted from disability folders.

In March 2010, we asked SSA for examples of deleted assessments and the Agency provided a list of 25 claims where the MC assessment was deleted from the electronic disability folder.²⁴ We reviewed these claims and determined these assessments were all deleted in accordance with SSA's policies and procedures. Specifically,

- 18 were duplicate copies of assessments;
- 4 were returns from a quality assurance component, and the prior assessments were deleted because they did not reflect the final determination on the claim;
- 2 were deleted by mistake, but the deletion did not impact the outcome of the claim;²⁵ and
- 1 was the same MC who updated the assessment and deleted 2 prior versions when new evidence was received.

²⁴ The 25 cases were not randomly selected.

²⁵ In one case, all the evidence was mistakenly moved to the temporary section of the folder (where it could later be deleted). In the other case, the MC assessment was mistakenly deleted, but the claim was denied for technical reasons, so the assessment was not relevant to the determination.

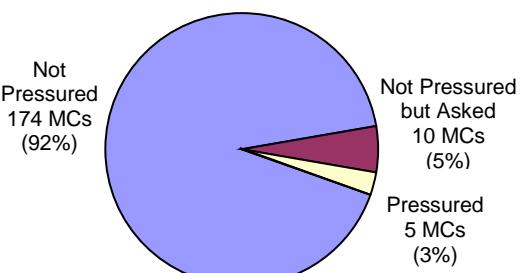
Allegation 2: Medical Consultants Were Pressured to Produce Specific Assessments at the Disability Determination Services

When asked, MCs generally indicated they were not pressured to produce specific assessments.²⁶

Of the 189 MCs who participated in our review,

- 174 indicated they were not pressured to prepare a specific assessment,
- 10 indicated they were not pressured, however, they had been asked to sign or prepare a specific assessment which conflicted with their opinion, and
- 5 indicated they were pressured to sign or prepare a specific assessment that conflicted with their opinion.

Chart 3: Sample Results of 189 MC Responses Regarding Being Pressured to Produce Specific Assessments



Of the 5 MCs who indicated they were pressured to produce specific assessments, a few provided details of such instances. For example, one MC indicated being pressured when management became involved in case assessment disagreements with a DE. If the MC continued to disagree with the case assessment requested by management, he would sign off on the case noting "Signed as requested by the Chief Medical Consultant."

If an MC indicated that he or she was asked or pressured to produce specific assessments, we then asked whether DDS management explained any consequences for not producing an assessment as instructed. Of the 15 MCs who indicated being asked or pressured to produce specific assessments, 4 responded that DDS management explained the consequences of not producing an assessment as instructed.

For example, an MC refused to sign a specified assessment, and the supervisor requested that the MC's time, attendance, and production be monitored. The MC described the situation as intimidating and reported it to the Regional Administrator who ordered corrective action and resolved the issue. The MC stated this occurred about 3 years ago and the situation was completely resolved and was no longer an issue.

²⁶ In February 2010, SSA OIG issued the report, *Alabama Disability Determination Service's Business Process for Adjudicating Disability Claims* (A-08-09-29163). The review concluded that, at a minimum, a perception existed that Alabama DDS pressured some MCs to increase their disability allowance rates. The review was unable to substantiate the allegation that the Alabama DDS had waged an intimidation campaign to dictate MC allowance rates.

MC ASSESSMENT DISAGREEMENTS

MC assessments in the disability folder must support the disability determination.²⁷ At times, DDS management or the DE may disagree with an MC's assessment. When this happens, some DDSs indicated they have procedures to resolve such disagreements.

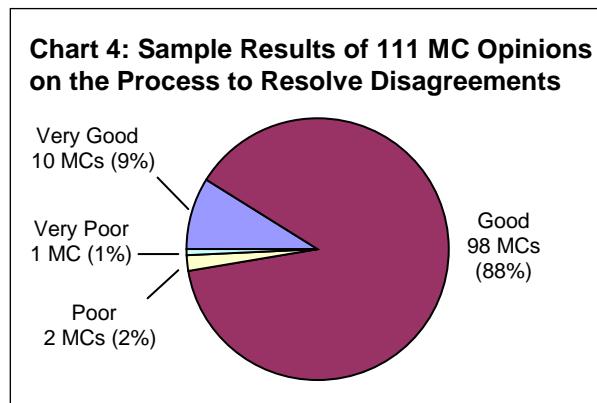
One DDS administrator outlined the following procedures to resolve disagreements between the MC and DE regarding assessments.

Step 1	If the DE disagrees with the MC's assessment, the DE should discuss the case with the MC and come to an agreement.
Step 2	If not resolved by Step 1, the DE should discuss the matter with his/her Supervisor and/or the Chief Medical Consultant to reach an agreement.
Step 3	If not resolved by Step 2, a group consisting of an MC, Chief Medical Consultant, and 2 to 3 other staff members reviews the case to reach an agreement regarding the case.
Step 4	If not resolved by Step 3, the DDS refers the case to the regional medical staff for consultation.

MCs generally indicated the process to resolve disagreements was good. Of the 189 MCs who participated in our review, 78 did not provide an opinion of the process to resolve disagreements.

Of the 111 MCs who responded:

- 10 said the process was very good,
- 98 said the process was good,
- 2 said the process was poor, and
- 1 said the process was very poor.



For example, an MC responded that, "...the disability evaluation process generally is effective and that matters of differences in case evaluation are generally resolved adequately given the situation that many of the cases are difficult and subject to varying interpretations."

Another MC responded that, "...the process can be improved by continuing to support an environment of open communication between consultants and examiners,

²⁷ SSA, POMS, DI 20503.001.

recognizing the medical expertise of consultants and programmatic expertise of examiners and the common goal of well-reasoned decisions for claimants.”

Allegation 3: Disability Determination Services Disability Examiners are Seeking Specific Consultants to Obtain Specific Assessments

When asked, 108 of the 197 DEs participating in our review indicated they did not select specific MCs to review a case. The 89 DEs who indicated they had chosen specific MCs to prepare assessments did so for the following reasons:

- MC medical expertise,
- prior case discussion with MC,²⁸
- MC processing speed, or
- to obtain a certain case result.

Of the 89 DEs who indicated choosing specific MCs to prepare assessments, 65 chose an MC based on their medical expertise. For example, one DE indicated selecting an MC not for a specific result but for the MC’s medical expertise, such as knowledge regarding cancer, pediatric, or cardiac cases.

In another example, one DE recommended a particular MC to review a case but not to get a certain result. The DE thought the MC’s clinical background or medical expertise was “...more suited to the characteristics of the case, hence, they would be more likely to render an appropriate conclusion.”

Of the 89 DEs who indicated choosing specific MCs to prepare assessments, 5 chose a specific MC to obtain a certain case result. For example, a DE assigned a case to a specific MC because in the past, they reached an agreement when reviewing a similar case.

When asked how case assessments were assigned to MCs, 37 DDS administrators (71 percent) indicated case assessments were assigned by a general queue or by medical expertise. Additionally, several DDS administrators responded that their DDS’s case processing system does not allow for DEs to choose a specific MC.

When asked, 5 of the 189 MCs responded they were aware of instances when a case was or was not assigned to them because a certain result was desired.

²⁸ A DE may consult with an MC on a case to determine the sufficiency of the evidence prior to requesting an assessment.

Conclusions

Based on feedback from DDS and SSA employees, our examination of controls over the documentation of disability determinations, and our review of some actual cases, we found that generally (1) MC assessments were not altered and/or inappropriately deleted in the DDS, and (2) MCs were not pressured to produce specific assessments. We also found that the majority of DEs who responded to our survey did not seek certain MCs to obtain specific assessments.

Appendices

APPENDIX A – Acronyms

APPENDIX B – The Social Security Administration’s Process for Evaluating Disability in Adults and Children

APPENDIX C – Social Security Administration and Disability Determination Services Responsibilities

APPENDIX D – Quality Reviews at Disability Determinations

APPENDIX E – Details of American Association of Social Security Disability Consultants Allegation

APPENDIX F – Disability Determination Services Employee Questions

APPENDIX G – Scope, Methodology, and Sample Results

APPENDIX H – Case Processing Systems

Acronyms

AASSDC	American Association of Social Security Disability Consultants
Act	<i>Social Security Act</i>
AHIP	America's Health Insurance Plans
C.F.R.	Code of Federal Regulations
DDS	Disability Determination Services
DE	Disability Examiner
DI	Disability Insurance
DQB	Disability Quality Branch
eCAT	Electronic Case Analysis Tool
EF	Electronic Folder
FY	Fiscal Year
MC	Medical Consultant
POMS	Program Operations Manual System
RFC	Residual Functional Capacity
SDM	Single Decision Maker
SGA	Substantial Gainful Activity
SSA	Social Security Administration
SSI	Supplemental Security Income
SSN	Social Security Number
U.S.C.	United States Code

The Social Security Administration's Processes for Evaluating Disability in Adults and Children

Under the *Social Security Act* (the *Act*), an adult is considered to be disabled if he or she is unable to engage in substantial gainful activity (SGA)¹ by reason of a medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.²

The Social Security Administration (SSA) has a five-step sequential process for evaluating disability for adults, which generally follows the definition of disability in the *Act* (Chart B-1).³ The steps are followed in order. If a decision about disability can be made at a step, the analysis stops and a decision is made. If a decision about disability cannot be made, the adjudicator proceeds to the next step.

At Step 1 in the process, SSA generally considers whether the claimant is performing SGA. If the claimant is performing SGA, SSA finds that he or she is not disabled, regardless of the severity of his or her impairments. If the claimant is not performing SGA, the claim is sent for a determination of disability at a later step of the process. When the claim is initially developed, the adjudicator generally requests all the evidence needed for consideration at Steps 2 through 5 of the sequential evaluation process. The adjudication process stops when a decision regarding disability can be made at any step.⁴

¹ 20 C.F.R. §§ 404.1572 and 416.972: SGA means the performance of significant physical and/or mental activities in work for pay or profit, or in work of a type generally performed for pay or profit. As of 2010, "countable earnings" of employees indicate SGA and "countable income" of the self-employed is "substantial" if the amount averages more than \$1,000 per month for non-blind individuals or \$1,640 for blind individuals, SSA, POMS, DI 10501.001.

² The *Social Security Act* §§ 216(i)(1), 223(d)(1) and, 1614(a)(3), 42 U.S.C. §§ 416(i)(1), 423(d)(1) and 1382c(a)(3), see also 20 C.F.R. §§ 404.1505 and 416.905.

³ 20 C.F.R. §§ 404.1520 and 416.920.

⁴ 20 C.F.R. §§ 404.900 and 416.1400. If the claimant disagrees with the agency's initial disability determination, he or she can file an appeal within 60 days from the date of notice of the determination. In most cases, there are three levels of administrative appeal: (1) reconsideration by the disability determination services, (2) hearing by an administrative law judge, and (3) request for review by the Appeals Council. If a claimant is still dissatisfied after exhausting administrative remedies, he or she can appeal for a review by a Federal court.

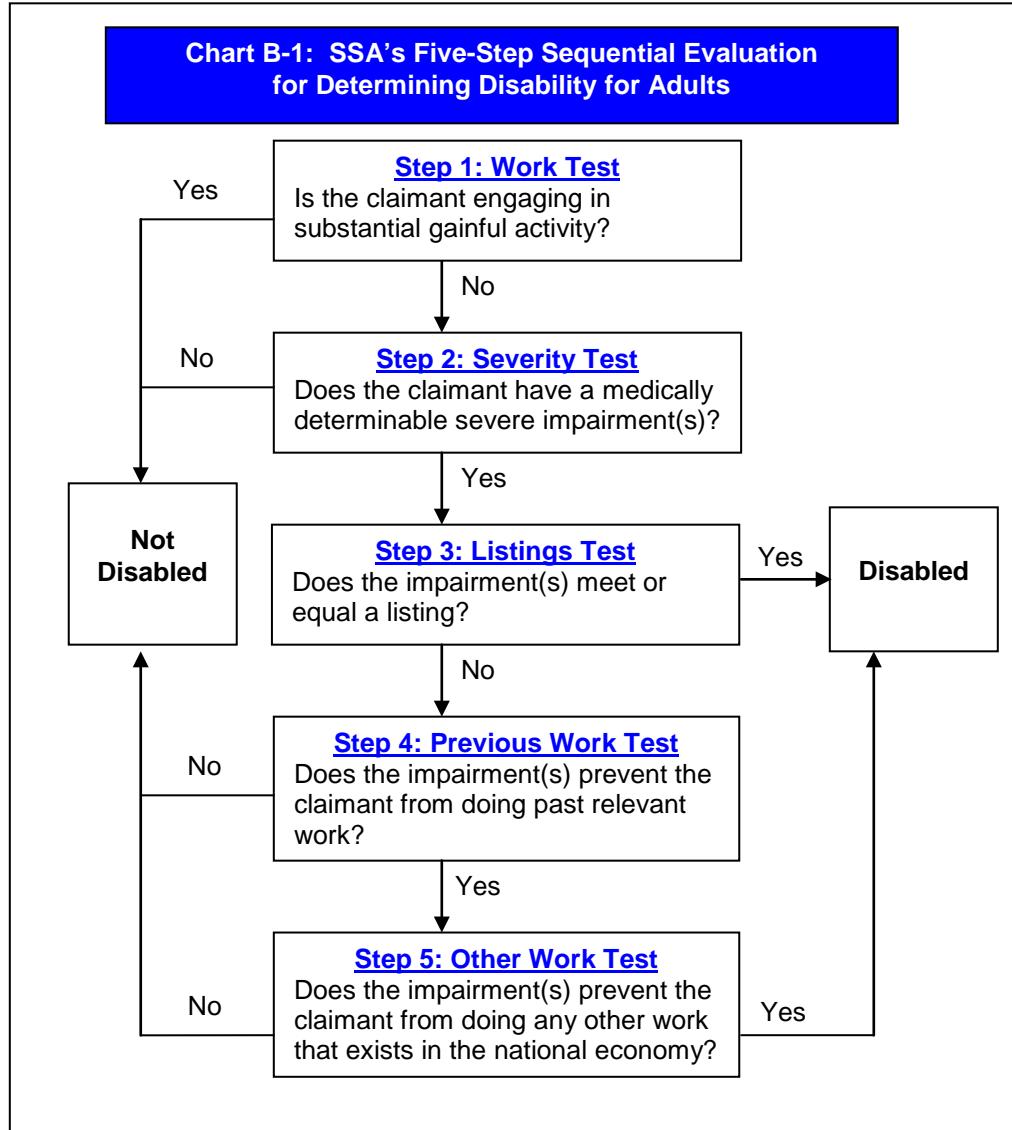
At Step 2, SSA determines whether the claimant's impairment—or combination of impairments—is severe.⁵ If the claimant does not have a medically determinable impairment(s) that is severe, the claim is denied. If the claimant has a medically determinable severe impairment(s), the Agency goes to Step 3 and looks to the Listing of Impairments. If the severity of the impairment meets or medically equals a specific listing and meets the duration requirement, the individual is determined to be disabled.

If the individual's impairment does not meet or medically equal a listing, the Agency goes to Step 4, and, if necessary, Step 5. At Step 4, the Agency determines whether the claimant can perform any past relevant work, considering his or her residual functional capacity (RFC)⁶ and the physical and mental demands of the work he or she did. If the claimant can perform past relevant work, the claim is denied. If the claimant cannot perform past relevant work, SSA goes to Step 5 and determines whether the claimant can perform any other work that exists in the national economy, considering his or her RFC, age, education, and past work experience. If the claimant can perform any other work, then SSA finds him or her not disabled; if the claimant cannot perform any other work, SSA finds him or her disabled.⁷

⁵ 20 C.F.R. §§ 404.1520(c), 404.1521, 416.920(c) and 416.921: "Severe" is a term of art in SSA's rules. An impairment or combination of impairments is not severe if it does not significantly limit an individual's physical or mental ability to do basic work activities. See Social Security Ruling 85-28.

⁶ 20 C.F.R. §§ 404.1545 and 416.945: An individual's impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what he or she can do in a work setting. The residual functional capacity is the most the individual can still do despite these limitations. SSA assesses residual functional capacity based on all relevant evidence in the case record.

⁷ SSA has another sequential process for evaluating whether a disabled beneficiary's disability continues. 20 C.F.R. §§ 404.1594(f) and 416.994(b). This process generally requires a showing of medical improvement related to the ability to work, but also includes steps like the ones in the initial sequential evaluation process.



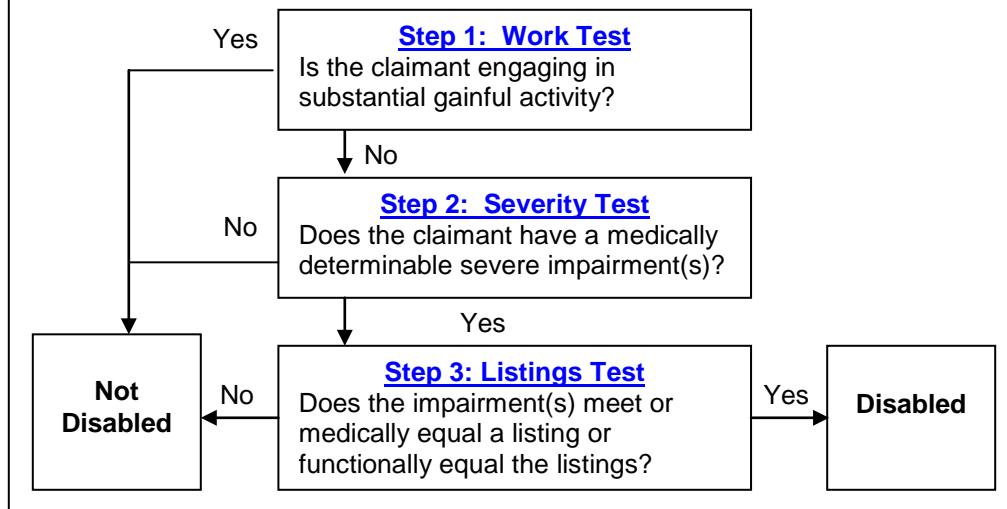
Under the Act, an individual under the age of 18 is considered disabled for the purposes of Supplemental Security Income (SSI) if he or she has a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.⁸

As shown in Chart B-2, SSA has a similar sequential process with three steps for evaluating disability in children under SSI.⁹ Steps 1 and 2 are the same as for adults, with "severe" defined in terms of age-appropriate childhood functioning instead of basic work-related activities. At Step 3, SSA determines whether the impairment(s) meets or medically equals a listing or functionally equals the listings.

⁸ The Social Security Act, § 1614(a)(3)(C), 42 U.S.C. § 1382c(a)(3)(C). See also 20 C.F.R. § 416.906.

⁹ 20 C.F.R. § 416.924.

**Chart B-2: SSA's Three-Step Sequential Evaluation
for Determining Disability for Children**



Social Security Administration and Disability Determination Services Responsibilities

Disability determinations under the Social Security Administration's (SSA) Disability Insurance (DI) and Supplemental Security Income (SSI) programs are performed by disability determination services (DDS) in each State or other responsible jurisdiction. Such determinations are required to be performed in accordance with Federal law and underlying regulations.¹

Federal/State Relationship

SSA will not become involved in the States' (that is, DDS) ongoing management of the disability program except as necessary and in accordance with regulations.² Therefore, to comply with regulations, the DDS needs workload controls so disability determinations are accurate and prompt. Management controls also are needed to ensure the DDS has a responsive organizational structure, adequate facilities, qualified personnel, medical consultant (MC) services, and a quality assurance function.

The State is responsible for furnishing reports and records relating to the administration of the disability program for budget submittals, and for cooperating in the conduct of audits. Consequently, appropriate reporting and fiscal controls must be used to achieve these objectives. The State also must provide adequate controls to assure that all applicants for, and recipients of, benefits are treated equally and courteously. In accounting for all property used for disability program purposes an appropriate inventory and control mechanism is required. Likewise, security controls and measures must be established that will provide for safeguarding the records created by the State in performing the disability determination function. Management must establish and maintain controls needed to assure compliance with those provisions of Federal law, regulations, and other written guidelines that apply to the States in performing the disability determination function.

SSA's Role

SSA funds 100 percent of necessary DDS costs but is not involved in the DDS's ongoing management of the disability program except as necessary and in accordance with regulations. SSA provides operational standards, instructions, and advice, as well as technical support and management direction to DDSs in support of SSA's disability programs.

¹ 20 C.F.R. §§ 404.1601 *et seq.* and 416.1001 *et seq.*

² SSA, POMS, DI 39563.200; see also 20 C.F.R. §§ 404.1603 and 416.1003.

Specifically, SSA

- works with the DDS to provide and maintain an effective system for processing claims;
- provides program standards, leadership, liaison, and oversight;
- reviews regulations and other written guidelines periodically to ensure effective and uniform administration of the disability program;
- provides training materials—and in some instances conducts or specifies training as required by regulations;
- provides DDSs with funds for necessary costs in making disability determinations based on submitted estimates and available funding;
- monitors and evaluates DDS performance;
- maintains liaison with the medical profession nationally and with national organizations and agencies whose interests or activities may affect the disability program;
- establishes acceptable DDS performance standards for initial accuracy and initial processing time.

DDS's Role

The DDS is a State-run agency that makes disability determinations for SSA. At most DDSs, a disability examiner (DE)—using SSA's regulations, policies, and procedures—obtains the relevant medical evidence and then, working with an MC evaluates the case and determines whether the claimant is disabled under the *Social Security Act*.³

Specifically, the DDS

- makes timely and accurate disability determinations;
- complies with regulations, rulings and other written guidelines, including standards established by SSA, and other provisions of Federal law and regulations that apply to the State in performing the disability determination function;
- provides management needed to carry out the disability determination function;
- provides organizational structure, facilities, qualified personnel, MC services, and a quality assurance function;
- furnishes timely reports and records;
- submits reports of expenditures as required;
- cooperates with audits;
- ensures that all applicants for and recipients of disability benefits are treated equally and courteously;
- maintains property and equipment used for disability program purposes;
- safeguards records created in making disability determinations;
- takes part in research and demonstration projects;

³ MC refers to physicians, psychologists, psychiatrists, optometrists, podiatrists, and speech-language pathologists employed by the DDS. SSA, Program Operations Manual System (POMS), DI 24501.001.

- maintains liaison with the medical profession and organizations that may facilitate performing the disability determination function;
- assists SSA in other ways the Agency determines may promote the objectives of effective and uniform administration; and
- establishes cooperative working relationships with other agencies concerned with servicing the disabled.

Each State is also responsible for establishing a quality assurance system, with both in-line and end-of-line reviews, designed to detect and correct errors or problems and to promote quality in all aspects of DDS claims processing.⁴

Table C-1 shows DDS Fiscal Year 2009 workload statistics by DDS.⁵

Table C-1: Fiscal Year 2009 DDS Workload Statistics

DDS	Initial Receipts	Initial Dispositions	Total Dispositions ⁶	Employees ⁷	Processing Time (days)	
					DI	SSI
Alabama	74,197	72,384	91,103	360	66	66
Alaska	4,585	4,374	5,286	21	95	94
Arizona	46,546	43,508	71,921	235	82	84
Arkansas	47,353	44,624	68,175	261	60	63
California	286,652	273,068	368,971	1322	78	82
Colorado	33,242	27,662	33,185	135	93	93
Connecticut	26,347	24,695	36,007	109	88	99
Delaware	6,179	6,138	9,453	41	106	105
District of Columbia	8,736	8,323	12,126	43	71	76
Florida	197,960	190,282	276,494	908	73	78
Georgia	104,251	89,377	123,164	480	97	100
Hawaii	8,421	8,090	10,430	43	83	89
Idaho	15,617	15,021	21,698	62	65	65
Illinois	105,672	96,050	140,396	474	73	77
Indiana	68,603	63,552	92,707	278	77	82
Iowa	23,431	22,956	34,076	129	74	80
Kansas	24,018	21,923	33,373	115	77	77
Kentucky	66,140	62,290	97,035	407	86	87

⁴ SSA, POMS, DI 30001.001.

⁵ SSA, Office of Disability Programs, Performance Management System On-Line Reporting of DDS Performance, February 2010.

⁶ The total dispositions show the total number of all DDS cases processed, including initial claims, reconsiderations, continuing disability reviews, and other special cases.

⁷ This is the actual number of work years—the equivalent of full-time positions—in each DDS, not the number of employees.

Table C-1: Fiscal Year 2009 DDS Workload Statistics

DDS	Initial Receipts	Initial Dispositions	Total Dispositions ⁶	Employees ⁷	Processing Time (days)	
					DI	SSI
Louisiana	64,036	60,790	72,848	298	65	65
Maine	14,448	13,705	19,774	64	82	84
Maryland	50,751	43,938	63,116	231	86	90
Massachusetts	58,385	52,496	74,062	274	87	94
Michigan	115,664	107,181	126,332	536	98	101
Minnesota	37,917	35,579	52,069	164	71	75
Mississippi	52,463	50,331	82,814	271	75	71
Missouri	71,564	65,796	80,302	294	62	62
Montana	8,186	7,606	11,011	47	80	82
Nebraska	13,030	12,097	17,974	80	68	67
Nevada	21,816	18,874	26,712	105	86	97
New Hampshire	10,951	9,919	11,384	46	87	94
New Jersey	57,213	55,297	77,724	286	98	103
New Mexico	21,457	19,367	26,829	84	80	82
New York	162,391	156,742	206,019	822	71	76
North Carolina	99,531	100,416	147,413	472	103	105
North Dakota	3,756	3,361	5,058	24	72	84
Ohio	135,587	120,609	183,918	614	89	92
Oklahoma	42,946	39,163	58,590	227	74	79
Oregon	32,746	29,438	45,635	177	77	79
Pennsylvania	134,190	123,351	148,065	599	94	95
Puerto Rico	20,632	20,109	27,399	147	122	***
Rhode Island	11,417	10,008	14,506	43	121	134
South Carolina	56,146	51,272	71,055	298	93	93
South Dakota	5,739	5,318	7,377	30	85	97
Tennessee	83,016	72,421	114,249	458	92	94
Texas	227,117	209,817	302,393	998	59	61
Utah	13,802	11,765	17,481	72	93	98
Vermont	5,685	5,256	7,428	33	90	88
Virginia	63,518	55,783	78,301	338	84	90
Washington	51,130	48,951	74,631	255	68	72
West Virginia	28,135	26,401	44,833	177	79	81
Wisconsin	48,651	45,951	67,627	220	109	116
Wyoming	3,463	3,186	4,079	17	72	74
Total	2,975,429	2,766,611	3,894,608	14,224	81	83

*** SSI is limited to residents of the 50 States, the District of Columbia, or the Northern Mariana Islands.

Quality Reviews at Disability Determinations

To ensure a high level of accuracy, the Social Security Administration's (SSA) Office of Quality Performance conducts two types of Federal quality reviews of disability claims—the Quality Assurance Review and the Pre-Effectuation review.¹ According to the *Social Security Act* (the *Act*), the Quality Assurance Review is designed to assess the disability determination services' (DDS) performance and provide a statistically valid measure of individual DDS performance in terms of decision accuracy and documentation requirements for Disability Insurance claims.² The review includes an equal number of both DDS allowances and denials. The purpose of the Pre-Effectuation review is to detect and correct erroneous favorable determinations before they are effectuated. As shown in Table D-1, in Fiscal Years (FY) 2005-2009, the net accuracy of DDS initial determinations, as determined by the Quality Assurance Review, ranged from 96.2 to 96.8 percent.

Table D-1: Net Accuracy Rates: Federal Quality Assurance Reviews of DDS Initial Disability Determinations					
Fiscal Year		Disability Determinations	Cases Reviewed	Changed Decisions	Net Accuracy
2009	Allowances	987,793	15,553	144	99.1%
	Denials	1,691,045	15,623	696	95.5%
	All	2,678,838	31,176	840	96.8%
2008	Allowances	909,223	16,087	183	98.9%
	Denials	1,615,624	16,551	801	95.4%
	All	2,524,847	32,638	984	96.6%
2007	Allowances	854,372	16,835	242	98.4%
	Denials	1,612,180	16,842	753	95.6%
	All	2,466,552	33,677	995	96.6%
2006	Allowances	870,027	17,492	281	98.1%
	Denials	1,604,441	20,698	946	95.1%
	All	2,474,468	38,190	1,227	96.2%
2005	Allowances	914,062	16,979	292	98.0%
	Denials	1,646,402	20,726	895	95.3%
	All	2,560,464	37,705	1,187	96.3%

¹ Each State is also responsible for establishing its own quality assurance system, with both in-line and end-of-line reviews, designed to detect and correct errors or problems and to promote quality in all aspects of DDS claims processing. SSA, POMS, DI 30001.001.

² Disability Insurance claims are subject to the Quality Assurance Review and the Pre-Effectuation Review, the *Social Security Act* § 221(c), 42 U.S.C. § 421(c). See also 20 C.F.R. §§ 404.1640 through 404.1643. Supplemental Security Income disability claims are subject to Pre-Effectuation review, the *Social Security Act* § 1633(e), 42 U.S.C. § 1383b (e). See also 20 C.F.R. §§ 416.1040 through 416.1043.

The Act requires SSA to report to the Committee on Ways and Means of the House of Representatives and to the Committee on Finance of the Senate on the pre-effectuation reviews conducted during the previous fiscal year. The Act requires that SSA review at least 50 percent of all State DDS initial and reconsideration allowances and a sufficient number of continuing disability review continuances to ensure a high level of accuracy in such determinations. Additionally, the Act requires that SSA select and review those determinations deemed most likely to be incorrect.³ As shown in Table D-2, in FYs 2005-2008, the accuracy of DDS initial and reconsideration allowance decisions, as determined in SSA's Pre-Effectuation reviews, ranged from 97.9 to 98.7 percent.

Table D-2: Net Accuracy Rates: Federal Pre-effectuation Reviews of DDS Initial and Reconsideration Disability Determination Allowances				
Fiscal Year	Claims Allowed	Cases Reviewed	Changed to Denials	Accuracy Rate
2008	805,756	434,847 (54.0%)	5,487	98.7%
2007	756,637	380,844 (50.3%)	6,694	98.2%
2006	571,272	295,336 (51.7%)	5,889	98.0%
2005	606,199	319,525 (52.7%)	6,659	97.9%

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

Details of American Association of Social Security Disability Consultants Allegation

Below is a summary of the allegation received from the American Association of Social Security Disability Consultants (AASSDC).

For many years, disability consultants have been aware of the occasional destruction of their opinions (case assessments) by persons who disagreed with their conclusions. Related problems have been the altering of opinions without the consultant's knowledge or consent, the pressuring of consultants to produce opinions having specific conclusions, and the seeking of the opinions of specific consultants for the purpose of obtaining specific results ("doctor shopping"). We believe that these practices are inconsistent with the Social Security Administration's (SSA) interest in a fair and honest adjudicatory process and should be curtailed. Because, prior to the creation of our Association, consultants had no effective representation with Congress or SSA, these concerns had not been raised.

The national standard for the creation and preservation of records, used in almost all financial, medical and governmental entities, requires that anything placed in records remain in those records permanently without alteration. Changes in facts or opinions are noted by amending the records, not by destroying or altering prior records. Financial, medical and governmental institutions are expected to establish policies for the preservation of records prior to opening their doors. For example, a financial institution is expected to guarantee the preservation of depositors records and assets from the outset. Depositors are not asked to demonstrate losses in order to obtain those guarantees. Similarly, SSA should have guaranteed the integrity of claimants' records at all levels from the first days of the disability program and long ago have effectuated that guarantee through policy statements, regulations and employee training.

In February 2010, the AASSDC followed up on the allegation above and stated concerns regarding this review as follows:

that because parts of the survey were carried out using State disability determination service computer systems, many consultants, fearing reprisals, did not feel free to answer the Inspector General's questions fully and honestly.¹

that because consultants have no way of tracking the fate of their opinions, they probably have not been aware of most instances of the destruction or alteration of their opinions,

that a finding a "low" frequency of these problems not be seen as acceptable, and

that in most states, consultants are forced to sign contracts which allow their termination with little or no notice. In no case is a reason required for termination. As long as consultants have so few rights under these contracts, various forms of pressure, such as requiring the pre-approval of opinions prior to placing them in a file, can be expected even if policies prohibiting the destruction and surreptitious alteration of consultant opinions are established.

¹ In response to concerns about security and confidentiality, we offered several options for DDS employees to provide us information. Of the 468 sampled individuals, 413 responded by email through SSA systems, 3 responded by email from a non-SSA address; 26 did not respond; 20 faxed their responses; 4 declined to participate in our review; and 2 responded by telephone.

Disability Determination Services Employee Questions

Our review included position specific questions for sampled disability determination services (DDS) employees as listed below.

Table F-1 shows questions for our sample population of DDS medical consultants (MC).

Table F-1 : DDS Medical Consultant Questions

1. How long have you been with the DDS?
2. How are cases assigned to you for review?
3. If an examiner, DDS management or Disability Quality Branch reaches a different conclusion than your assessment what generally happens?
4. What is your opinion of the process used to resolve differences relating to assessments? How can it be improved?
5. Have you ever been asked to prepare or revise an assessment to allow a case when you believe it should be denied (or vice versa)? Or have you been pressured to produce assessments having certain conclusions?
6. If above was answered "yes" – did DDS management explain any consequences if you failed to comply?
7. Are you aware of any instances where a case was or was not assigned to you to review because a certain result was desired? If yes, please explain.
8. Do you know of any instance regarding an assessment you prepared that was not included or was removed from claim folder?
9. Have any of your assessments been altered without your knowledge or consent? If yes, explain and provide Social Security Number (SSN) of claim if possible.
10. If you answered "Yes" to questions #8 or #9 did you bring this matter to DDS management and what did they say and/or do? Can you provide us the SSNs of the claim involved?
11. Do you have any additional thoughts you would like to share with us?

Table F-2 shows questions for our sample population of DDS disability examiners (DE).

Table F-2 : DDS Disability Examiner Questions
1. How long have you been with the DDS?
2. What is your role in assigning cases to medical consultants?
3. How frequently do you and a medical consultant reach different conclusions on a case?
4. If you ever reached a different conclusion than a medical consultant's assessment, how was it resolved (did you talk with the medical consultant about it, talk with DDS management, just let it go, etc.)?
5. How much weight do you put on a medical consultant's assessment(s) when deciding whether to allow or deny a case?
6. How frequently do you remove a medical consultant's assessment from a claim folder?
7. If you ever removed a medical consultant's assessment from the claim folder, please explain why.
8. Do you ever select a specific medical consultant to review a case because a certain result is desired? If yes, please explain.
9. Do you have any additional thoughts you would like to share with us?

Table F-3 shows questions for our sample population of DDS administrators.

Table F-3 : DDS Administrator Questions
1. How long have you been with the DDS?
2. Do you provide written or verbal guidance to DDS staff regarding how individual cases are assigned to medical consultants for review? How long has this guidance been in place? Please provide a short summary of the guidance.
3. How frequently do you resolve differing opinions between an examiner and medical consultant?
4. If an examiner and a medical consultant have differing opinions regarding an assessment, how is it handled?
5. Do you ever direct an examiner or medical consultant to modify their initial assessment/conclusion?
6. If a medical consultant and DDS Management have differing opinions regarding an assessment, how is it handled?
7. If the Disability Quality Branch has a different opinion than a medical consultant's assessment, how is it handled?

Table F-3 : DDS Administrator Questions

- | |
|--|
| 8. Has any doctor brought to your attention a assessment that was altered or deleted from the claim folder without his/her knowledge or consent? If yes, explain and provide SSN of claim if possible. |
| 9. Are you aware of any instance where a case was assigned to a specific medical consultant to review because a certain result was desired? If yes, please explain. |
| 10. Do you have any additional thoughts you would like to share with us? |

Scope, Methodology, and Sample Results

To achieve our objective, we:

- Reviewed applicable Federal laws and regulations, as well as, Social Security Administration (SSA) policies and procedures.
- Reviewed prior Office of the Inspector General reports.
- Contacted SSA's regional offices and the Office of Disability Determinations for input on our review.
- Contacted other disability insurance providers for input on our review.
- Contacted disability determination services (DDS) administrators from each of the 52 DDSs (50 States plus the District of Columbia and Puerto Rico) about the processing and documenting of medical consultant (MC) assessments.¹
- Obtained listings of DDS disability examiners (DE) and MCs from each DDS Administrator. Using these lists, we contacted four DEs and four MCs randomly selected from each DDS and asked about the processing and documenting of MC assessments.
- For each DDS Administrator, DE, and MC sampled, we:
 - Emailed background information regarding our review and asked position specific questions.
 - Followed up twice with non-responsive individuals. For those who responded, we recorded and categorized information provided regarding the processing and documenting of MC assessments.
- Reviewed procedures and controls for altering and deleting documents from the (official disability) certified electronic folder contents.
- Reviewed examples of claims with a MC assessment deleted from the disability folder.

We conducted our review between November 2009 and April 2010 in Boston, Massachusetts and Baltimore, Maryland. The principal entity audited was the Office of Disability Determinations under the Deputy Commissioner for Operations. We conducted our review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspections*.

¹ MC refers to physicians, psychologists, psychiatrists, optometrists, podiatrists, and speech-language pathologists employed by the DDS, POMS, DI 24501.001(c)(2).

SAMPLE RESULTS

Table G-1: Audit Population and DDS Staff Participating in Our Review

DDS Position	Population	Sampled	Participants
Medical Consultant	2,240	208	189 (91%)
Disability Examiner	8,172	208	197 (95%)
Administrator	52	52	52 (100%)
TOTAL	10,464	468	438 (94%)

Table G-2 shows the number of DEs and MCs obtained from each DDS Administrator. From each DDS population, we randomly sampled 4 MCs and 4 DEs and asked about the processing and documenting of MC assessments.

Table G-2: Audit Population-Medical Consultants and Disability Examiners by DDS

DDS	Number of Medical Consultants	Portion of Population	Number of Disability Examiners	Portion of Population
Alabama	56	2.50%	155	1.90%
Alaska	7	0.31%	12	0.15%
Arizona	58	2.59%	123	1.51%
Arkansas	22	0.98%	157	1.92%
California	180	8.04%	788	9.64%
Colorado	28	1.25%	64	0.78%
Connecticut	39	1.74%	80	0.98%
Delaware	13	0.58%	25	0.31%
District of Columbia	7	0.31%	26	0.32%
Florida	175	7.81%	361	4.42%
Georgia	85	3.79%	273	3.34%
Hawaii	15	0.67%	21	0.26%
Idaho	11	0.49%	33	0.40%
Illinois	87	3.88%	202	2.47%
Indiana	34	1.52%	168	2.06%
Iowa	33	1.47%	73	0.89%
Kansas	27	1.21%	68	0.83%
Kentucky	40	1.79%	283	3.46%
Louisiana	41	1.83%	120	1.47%
Maine	15	0.67%	44	0.54%
Maryland	33	1.47%	110	1.35%
Massachusetts	84	3.75%	182	2.23%
Michigan	82	3.66%	290	3.55%

Table G-2: Audit Population-Medical Consultants and Disability Examiners by DDS

DDS	Number of Medical Consultants	Portion of Population	Number of Disability Examiners	Portion of Population
Minnesota	32	1.43%	100	1.22%
Mississippi	34	1.52%	165	2.02%
Missouri	50	2.23%	145	1.77%
Montana	11	0.49%	20	0.24%
Nebraska	18	0.80%	41	0.50%
Nevada	18	0.80%	49	0.60%
New Hampshire	14	0.63%	24	0.29%
New Jersey	57	2.54%	166	2.03%
New Mexico	21	0.94%	52	0.64%
New York	90	4.02%	621	7.60%
North Carolina	58	2.59%	326	3.99%
North Dakota	9	0.40%	8	0.10%
Ohio	87	3.88%	640	7.83%
Oklahoma	34	1.52%	104	1.27%
Oregon	17	0.76%	106	1.30%
Pennsylvania	103	4.60%	267	3.27%
Puerto Rico	24	1.07%	86	1.05%
Rhode Island	19	0.85%	26	0.32%
South Carolina	36	1.61%	110	1.35%
South Dakota	14	0.63%	19	0.23%
Tennessee	69	3.08%	241	2.95%
Texas	59	2.63%	524	6.41%
Utah	23	1.03%	41	0.50%
Vermont	10	0.45%	15	0.18%
Virginia	43	1.92%	170	2.08%
Washington	64	2.86%	223	2.73%
West Virginia	20	0.89%	46	0.56%
Wisconsin	23	1.03%	170	2.08%
Wyoming	11	0.49%	9	0.11%
TOTAL	2,240	100.00%	8,172	100%

Case Processing Systems

In each Disability Determination Services (DDS), medical consultants (MC) and disability examiners (DE) prepare assessments electronically using the Electronic Case Analysis Tool (eCAT)¹ or the DDS case processing system.² Assessments and all evidence used in disability determinations are stored in SSA's Electronic Folder (EF).

The EF is a web-enabled application for storage and retrieval of data—including scanned documents, computer-generated images, audio-recorded tapes, and faxed documents. This information is accessed, viewed, and shared electronically by all disability processing components. Data in the EF is stored in SSA's central repository, located at the Agency's National Computing Center in Baltimore, Maryland and at several DDS sites throughout the United States.

ASSESSMENTS PREPARED USING eCAT

In DDSs using eCAT, assessment information is captured in the application, combined with all case data, and sent to the EF on a Disability Determination Explanation (DDE) at the time of adjudication.

To complete the assessment, the MC or SDM must have appropriate authority to sign the assessment. Any individual with access to the case can un-sign an assessment and make changes. However, the assessment must be re-signed by a MC or a SDM before the case is completed.

¹ eCAT is a web-based application that guides DEs in the analysis, documentation, and adjudication of a disability claim and ensures that all relevant Agency policies are considered and documented when making a disability determination. SSA reported that testing suggests eCAT may be effective in ensuring policy-compliant determinations and useful for training new disability examiners and mentoring more experienced staff. As a result, the Agency has begun a nationwide rollout of eCAT which is expected to be completed by Calendar Year 2011.

² In some States, a DE can make the disability determination if he or she is a single decision maker (SDM). In 1999, SSA began piloting the SDM model in 10 States. Since 1999, the Agency has selected nine more States and one U.S. territory to test the SDM model. SSA provides SDMs the authority to complete all disability determination forms and to make initial disability determinations without MC approval or review on all fully favorable adult cases, with noted exceptions: (1) Quick Disability Determinations and compassionate allowances, (2) initial denials or less than fully favorable determinations in which there is evidence the claimant has a mental impairment, (3) disabled child cases, (4) continuing disability reviews, and (5) reconsiderations. SSA, POMS, DI 12015.003, DI 23022.050(A), DI 27001.001(D), DI 81020.110(B)(1), and DI 26510.089. On March 4, 2010, the Agency published a notice of proposed rulemaking to allow disability examiners in all States to make some Quick Disability Determinations and compassionate allowances without signoff by a DDS medical or psychological consultant. The public comment period ended on April 5, 2010. Federal Register, Vol. 75, No. 42, 75 FR 9821-9827.

Both eCAT and the DDS case processing system require claims to be certified by a MC or SDM. Only one signature is needed to certify the case.

ASSESSMENTS PREPARED USING CASE PROCESSING SYSTEMS

In DDSs not currently using eCAT, assessment forms are added to the EF as individual documents as they are prepared in the case processing system.

In general, the DDS case processing system:

- provides a way for the user to specify and display the desired form,
- provides a way to track which assessments have been signed before a case can be closed,
- provides a way to track whether a signed assessment has been unsigned and ensures forms are re-signed before a case can be closed,
- ensures that new claims are assigned to the same MC already working a case,
- does not allow an MC to be removed and another MC assigned to a case when the current MC has already certified the case, and
- maintains a history of MC status changes.

Once an assessment is in the EF, it cannot be altered or modified. It can be unsigned, but the case processing system will ensure that it is re-signed by the assigned MC or a SDM before the claim is adjudicated.

To update an assessment already placed in the EF, a new document must be added to the EF. If a prior assessment is no longer applicable, the DE can keep it or delete it from the EF.³ However, SSA's policy is to remove all assessments that do not reflect the final determination on the claim. All actions, such as deleting documents from the EF, are recorded by DDS and SSA systems and can be traced to the individual responsible.

³ Although a document can be deleted or disassociated from the EF, it still remains in SSA's central repository. It is possible to re-associate the document to the case, provided one knows that the document exists. DDS case processing systems, as well as quality reviews performed in the DDS and by SSA's Office of Quality Performance, ensure applicable assessments are present in every claim.

DISTRIBUTION SCHEDULE

Commissioner of Social Security
Office of Management and Budget, Income Maintenance Branch
Chairman and Ranking Member, Committee on Ways and Means
Chief of Staff, Committee on Ways and Means
Chairman and Ranking Minority Member, Subcommittee on Social Security
Majority and Minority Staff Director, Subcommittee on Social Security
Chairman and Ranking Minority Member, Committee on the Budget, House of Representatives
Chairman and Ranking Minority Member, Committee on Oversight and Government Reform
Chairman and Ranking Minority Member, Committee on Appropriations, House of Representatives
Chairman and Ranking Minority, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, House of Representatives
Chairman and Ranking Minority Member, Committee on Appropriations, U.S. Senate
Chairman and Ranking Minority Member, Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, U.S. Senate
Chairman and Ranking Minority Member, Committee on Finance
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Social Security Advisory Board

Overview of the Office of the Inspector General

The Office of the Inspector General (OIG) is comprised of an Office of Audit (OA), Office of Investigations (OI), Office of the Counsel to the Inspector General (OCIG), Office of External Relations (OER), and Office of Technology and Resource Management (OTRM). To ensure compliance with policies and procedures, internal controls, and professional standards, the OIG also has a comprehensive Professional Responsibility and Quality Assurance program.

Office of Audit

OA conducts financial and performance audits of the Social Security Administration's (SSA) programs and operations and makes recommendations to ensure program objectives are achieved effectively and efficiently. Financial audits assess whether SSA's financial statements fairly present SSA's financial position, results of operations, and cash flow. Performance audits review the economy, efficiency, and effectiveness of SSA's programs and operations. OA also conducts short-term management reviews and program evaluations on issues of concern to SSA, Congress, and the general public.

Office of Investigations

OI conducts investigations related to fraud, waste, abuse, and mismanagement in SSA programs and operations. This includes wrongdoing by applicants, beneficiaries, contractors, third parties, or SSA employees performing their official duties. This office serves as liaison to the Department of Justice on all matters relating to the investigation of SSA programs and personnel. OI also conducts joint investigations with other Federal, State, and local law enforcement agencies.

Office of the Counsel to the Inspector General

OCIG provides independent legal advice and counsel to the IG on various matters, including statutes, regulations, legislation, and policy directives. OCIG also advises the IG on investigative procedures and techniques, as well as on legal implications and conclusions to be drawn from audit and investigative material. Also, OCIG administers the Civil Monetary Penalty program.

Office of External Relations

OER manages OIG's external and public affairs programs, and serves as the principal advisor on news releases and in providing information to the various news reporting services. OER develops OIG's media and public information policies, directs OIG's external and public affairs programs, and serves as the primary contact for those seeking information about OIG. OER prepares OIG publications, speeches, and presentations to internal and external organizations, and responds to Congressional correspondence.

Office of Technology and Resource Management

OTRM supports OIG by providing information management and systems security. OTRM also coordinates OIG's budget, procurement, telecommunications, facilities, and human resources. In addition, OTRM is the focal point for OIG's strategic planning function, and the development and monitoring of performance measures. In addition, OTRM receives and assigns for action allegations of criminal and administrative violations of Social Security laws, identifies fugitives receiving benefit payments from SSA, and provides technological assistance to investigations.