



Benefits America!

ANNUAL PERFORMANCE PLAN FOR FISCAL YEAR 2011

AND REVISED FINAL PERFORMANCE PLAN FOR FISCAL YEAR 2010



Benefits America!

COMMISSIONER'S MESSAGE



I am pleased to present the *Social Security Administration's Fiscal Year (FY) 2011 Annual Performance Plan and Revised Final Performance Plan for FY 2010*. This *Plan* establishes our performance commitments and focuses on our four strategic goals: 1) eliminate our hearings backlog and prevent its recurrence; 2) improve the speed and quality of our disability process; 3) improve our retiree and other core services; and 4) preserve the public's trust in our programs.

During this difficult economic crisis, Americans are turning to us for help more than ever before. In 2009, we received \$500 million to process our rapidly growing disability and retirement workloads through the *American Recovery and Reinvestment Act (Recovery Act)*. As a result, I am proud to report that last year we improved service across the agency. In FY 2009, we processed more retirement, initial disability, and hearing applications than ever before. We increased our average agency-wide productivity by 4.49 percent over FY 2008. We will continue to use the multi-year Recovery Act funding to help sustain our momentum through FY 2010 and FY 2011.

Our *Annual Performance Plan* presents our strategies for how we are addressing our soaring workloads, including integrating new technologies into our processes and enhancing our electronic and automated services. The *Plan* also provides details on the many initiatives we have undertaken to accomplish our strategic goals and objectives, for example:

- To address the hearings backlog, we will continue to follow our *Hearings Backlog Reduction Plan* and increase our capacity to hear and decide cases and accelerate processing of hearings by expanding our use of video technology, transitioning all remaining paper folders to an electronic environment, and opening another National Hearing Center, among other initiatives.
- To improve our disability process, we will continue to expand initiatives such as our *Quick Disability Determinations* and *Compassionate Allowances* which fast-track cases that are likely allowances. We are also expanding our use of the *Electronic Claims Analysis Tool* and health IT in addition to hiring more staff and training our FY 2009 new hires.
- To improve our retirement process and overall service delivery, we will continue to enhance our online and automated services through several new projects such as expanding the capability of *iClaim* to allow persons to file for Medicare online and hiring additional telephone agents to maintain our National 800 Number services.
- To preserve trust in our programs, we will continue to safeguard our programs from waste, fraud, and abuse through several initiatives such as the *Access to Financial Institutions* project, the *Cooperative Disability Investigations* program and our Continuing Disability Reviews and Supplemental Security Income redeterminations.

Our *Annual Performance Plan* demonstrates our commitment to cultivating public trust and supporting openness in government through transparency, public participation, and collaboration. Our efforts include publishing the *Plan* online at www.socialsecurity.gov/performance, soliciting public input outreach events, and exchanging information with other agencies across levels of government. During FY 2010 and FY 2011, we will implement additional open government initiatives to promote accountability, participation, and cooperation.

We are deeply aware of the Nation's difficult economic situation, and we take our responsibility very seriously. We are prudently using the additional resources we have been provided to make comprehensive improvements to our services to the American public at a time when they need us most. We have demonstrated sound, yet flexible, planning that we can adapt to the changing economic situation. We are committed to working with Congress and the American people to achieve our goals and improve service in the years ahead.


MICHAEL J. ASTRUE
COMMISSIONER

OUR VALUES

Our Mission

Deliver Social Security services that meet the changing needs of the public

Our Vision

Provide the highest standard of considerate and thoughtful service for generations to come

Our Motto

Social Security Benefits America

Our Service Principles

We serve with empathy, creativity, integrity, and “an unbeatable determination to do the job at hand” by following these service principles:

- Adherence to the law
 - Clarity
- Commitment to best demonstrated practices
 - Cultural sensitivity
 - Honesty
- Prevention of waste, fraud, and abuse
- Protection of privacy and personal information
- Recruitment and training of the best public servants
 - Safety of the public and our employees

SUMMARY OF OUR GOALS AND OBJECTIVES

Eliminate Our Hearings Backlog and Prevent Its Recurrence

- Increase our capacity to hear and decide cases
- Improve our workload management practices throughout the hearings process

Improve the Speed and Quality of Our Disability Process

- Fast-track cases that obviously meet our disability standards
- Make it easier and faster to file for disability benefits online
 - Regularly update our disability policies and procedures

Improve Our Retiree and Other Core Services

- Dramatically increase baby boomers' use of our online retirement services
 - Provide individuals with accurate, clear, up-to-date information
 - Improve our telephone service
 - Improve service for individuals who visit our field offices
- Process our Social Security Number workload more effectively and efficiently

Preserve the Public's Trust in Our Programs

- Curb Improper Payments
- Ensure privacy and security of personal information
 - Maintain accurate earnings records
 - Simplify and streamline how we do our work
 - Protect our programs from waste, fraud, and abuse
 - Use "green" solutions to improve our environment



SOCIAL SECURITY
75
YEARS
ADMINISTRATION

Benefits America!



ANNUAL PERFORMANCE PLAN FOR FY 2011
AND
REVISED FINAL PERFORMANCE PLAN FOR
FY 2010

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HIGH PRIORITY PERFORMANCE GOALS

Our country faces extraordinary challenges, and we must transform our government to operate more effectively and more efficiently. In support of the President's Government-wide initiative to build a high-performance Government capable of addressing the challenges of the 21st century, we have identified high priority performance goals as part of the FY 2011 budget and performance plan that will be a particular focus over the next 2 years. These goals are a subset of those used to regularly monitor and report performance in our Annual Performance Plan and Performance and Accountability Report. Our high priority performance goals are:

- **Increase the Number of Online Applications:** By 2012, achieve an online filing rate of 50 percent for retirement applications. In 2011, our goal is to:
 - Achieve 44 percent of total retirement claims filed online; and
 - Achieve 27 percent of total initial disability claims filed online.
- **Issue More Decisions for People Who File for Disability:** SSA will work towards achieving the agency's long-term outcomes of lowering the disability backlogs and accurately completing claims. SSA will also ensure clearly disabled individuals will receive an initial claims decision within 20 days. Finally, SSA will reduce the time it takes an individual to receive a hearing decision to an average of 270 days by 2013. In order to efficiently issue decisions in 2011, SSA's goal is to:
 - Complete 3.317 million out of a total of 4.316 million initial disability claims.
 - Achieve 6.5 percent of initial disability cases identified as a *Quick Disability Determination* or a *Compassionate Allowance*.
 - Complete 799,000 out of a total of 1.456 million hearing requests.
- **Improve SSA's Customers' Service Experience on the Telephone, in Field Offices, and Online:** To alleviate field office workloads and to provide the variety of services the public expects, we will improve telephone service on the National 800-Number and in the field offices. By 2011, our goal is to:
 - Achieve an average speed of answer of 264 seconds by the National 800-Number.
 - Lower the busy rate for National 800-Number calls from 8 percent to 7 percent.
 - Raise the percent of individuals who do business with SSA rating the overall services as "excellent," "very good," or "good" from 81 percent in 2009 to 83.5 percent.
- **Ensure Effective Stewardship of Social Security Programs by Increasing Program Integrity Efforts:** We will improve program integrity efforts by minimizing improper payments and strengthening the agency's efforts to protect program dollars from waste, fraud, and abuse. In 2011, our goal is to:
 - Complete 359,800 out of a total of approximately 2 million medical continuing disability reviews, an increase of 9.4 percent over FY 2010.
 - Complete 2.422 million Supplemental Security Income non-disability redeterminations in FY 2011.

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

In FY 2009, Congress recognized that SSA was receiving substantially increased numbers of new claims and other work as a result of the economic downturn, and also needed to replace our aging national data center. To help us handle this additional work, Congress provided us with over \$1 billion in additional resources in the *American Recovery and Reinvestment Act* (also called ARRA or the Recovery Act). We are spending our ARRA funds effectively, and these funds are making a real difference in the service we can offer to the American people.

We received \$500 million, available through FY 2010, to help address our increasing disability and retirement workloads. This funding allowed us to invest in the front line operational areas of the agency, so that we can handle our additional recession-related work. The funding also supports information technology acquisitions for the additional workload processing funded from the *Recovery Act* and will allow us to invest in Health Information Technology initiatives.

We also received a critical \$500 million, available until expended, to build our new National Support Center (NSC). The NSC will house critical computer operations that are necessary to the prompt and accurate payment of benefits to many Americans and will store data necessary to provide service to all Americans.

In addition, as part of the ARRA, Social Security beneficiaries and SSI recipients received a one-time economic recovery payment of \$250. SSA received \$90 million, available until expended, to cover the administrative cost associated with issuing payments and sending notices to all eligible beneficiaries.

The Social Security Administration has made excellent and timely progress in meeting the goals outlined in our ARRA program plans. We completed the targeted number of claims, despite the growth in our workloads; met our ARRA hiring goals; issued the economic recovery payments ahead of schedule; and are moving ahead to complete the new NSC. Below is a summary of each plan's measures and status:

ARRA DISABILITY AND RETIREMENT WORKLOAD PLAN				
Measure		FY 2009 Target	FY 2009 Status	FY 2010 Target
1	Number of initial disability claims completed	50,000	53,095	183,000
2	Number of retirement claims completed	243,000	317,395	869,000
3	Number of hearings completed	37,000	28,507 ¹	64,500
4	Number of staff hired <i>[includes SSA and Disability Determination Service (DDS) employees hired]</i>	2,115 SSA & 300 DDS staff hired	2,115 SSA & 300 DDS staff hired	N/A

¹We exceeded our overall hearings completed goal by 13,000, but more of the hearings were funded by our regular appropriation than by the Recovery Act funds in FY 2009.

ONE-TIME ECONOMIC RECOVERY PAYMENT (ERP) PLAN — ADMINISTRATIVE EXPENSES

Measure		FY 2009 Status
1	By April 6, 2009, create initial list of eligible Economic Recovery Payment recipients based on Social Security and SSI eligibility in November 2008, December 2008, or January 2009.	Met timely (4/4/09)
2	By April 30, 2009, mail notices discussing the Economic Recovery Payments to the individuals receiving Social Security or SSI benefits who have been identified to date as being eligible to receive the payment.	Met timely (4/24/09)
3	Number of initial eligible recipients certified to the Department of the Treasury by May 14, 2009 for the May 2009 Economic Recovery Payments.	52,021,985
4	Number of additional eligible recipients certified to the Department of Treasury for the Economic Recovery Payments through December 2010.	N/A

NATIONAL SUPPORT CENTER PLAN

Schedule		
Timeframe	Activity	
FY 2010, 2nd quarter (March 2010)	Planning, developing site criteria, conducting research and studies, and purchasing land required for the construction of the National Support Center, including the development of a program of requirements (scope of work), a detailed project plan and a timeline.	
FY 2011, 1st quarter (October 2010)	Expect solicitation for a design/build contract	
FY 2011, 2nd quarter (March 2011)	Expect contract award for the design and construction. The contract will be awarded by the General Services Administration.	
FY 2014, 1st quarter (October 2013)	Expect construction completion date	
Measure	FY 2009 Status	
1	Construction on schedule	N/A
2	Construction on budget	N/A
3	Design on schedule	N/A
4	Energy performance will be measured and tracked for compliance with energy requirements	N/A

GUIDE TO THE FY 2011 AND REVISED FINAL FY 2010 ANNUAL PERFORMANCE PLAN

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15	1.2c: Achieve the budgeted goal for average processing time for hearing requests

APPEALS COUNCIL

PAGE	PERFORMANCE MEASURE
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21	2.2a: Achieve the target percentage of initial disability claims filed online
21	2.2b: Achieve the target number of initial disability claims pending
24	2.3a: Update the medical <i>Listing of Impairments</i>
25	2.3b: Increase the percentage of disability claims completed using <i>Health Information Technology</i>

GUIDE TO THE FY 2011 AND REVISED FINAL FY 2010 ANNUAL PERFORMANCE PLAN

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PAGE	PERFORMANCE MEASURE
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PAGE	PERFORMANCE MEASURE
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38	4.1b: Complete the budgeted number of continuing disability reviews
39	4.1c: Percent of Supplemental Security Income payments free of overpayment and underpayment error
40	4.1d: Percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment and underpayment error
43	4.3a: Reduce the target percentage of paper <i>Forms W-2</i> completed
45	4.5a: Receive an unqualified audit opinion on SSA’s financial statements

“GREEN” SOLUTIONS

PAGE	PERFORMANCE MEASURE
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AT-A-GLANCE

ANNUAL PERFORMANCE PLAN FOR FY 2011 AND REVISED FINAL ANNUAL PERFORMANCE PLAN FOR FY 2010

We continually seek to improve our business processes, policies, and procedures to uphold the principles of good government, accountability, integrity, and transparency. These principles form the basis of the *Government Performance and Results Act (GPRA)*, passed in 1993, to improve government performance and ensure accountability by linking budget to performance and connecting resources to results. GPRA requires all federal agencies to establish performance measures and target goals. Each year, our Annual Performance Plan defines these measures and targets, and describes how we will strategically achieve better performance in a given fiscal year.

The following chart lists our performance measures and targets for FY 2010 and FY 2011. We use these performance measures to gauge our progress in meeting our strategic goals and objectives as outlined in our *Agency Strategic Plan* (www.socialsecurity.gov/strategicplan). These measures specifically address how we will improve performance, accountability, effectiveness, and efficiency over the next two fiscal years.

STRATEGIC GOAL 1: ELIMINATE OUR HEARINGS BACKLOG AND PREVENT ITS RECURRENCE				
Strategic Objective 1.1: Increase our capacity to hear and decide cases				
Performance Measure		FY 2010 Target	FY 2011 Target	Page
1.1a	Complete the budgeted number of hearing requests	725,000	799,000	12
Strategic Objective 1.2: Improve our workload management practices throughout the hearing process				
Performance Measures		FY 2010 Target	FY 2011 Target	Page
1.2a	Achieve the target number of hearing requests pending	707,000	657,000	14
1.2b	Achieve the target to eliminate the oldest hearing requests pending	Less than 0.5% of hearing requests pending 825 days or older	Less than 0.5% of hearing requests pending 800 days or older	15
1.2c	Achieve the budgeted goal for average processing time for hearing requests*	485 days	460 days	15
1.2d	Achieve the target to eliminate the oldest Appeals Council requests for review pending	Less than 1% of Appeals Council requests for review pending 700 days or older	Less than 1% of Appeals Council requests for review pending 650 days or older	16
1.2e	Achieve the target average processing time for Appeals Council requests for review	370 days	340 days	16

*This measure is also a *Program Performance Measure* (see page 48)

**STRATEGIC GOAL 2:
IMPROVE THE SPEED AND QUALITY OF OUR DISABILITY PROCESS**

Strategic Objective 2.1: Fast-track cases that obviously meet our disability standards

Performance Measures		FY 2010 Target	FY 2011 Target	Page
2.1a	Achieve the target percentage of initial disability cases identified as a <i>Quick Disability Determination</i> or a <i>Compassionate Allowance</i>	4.5%	6.5%	18
2.1b	Complete the budgeted number of initial disability claims	3,081,000	3,317,000	19
2.1c	Minimize average processing time for initial disability claims to provide timely decisions*	132 days	141 days	19

Strategic Objective 2.2: Make it easier and faster to file for disability benefits online

Performance Measures		FY 2010 Target	FY 2011 Target	Page
2.2a	Achieve the target percentage of initial disability claims filed online	25%	27%	21
2.2b	Achieve the target number of initial disability claims pending	1,041,000	999,000	21

Strategic Objective 2.3: Regularly update our disability policies and procedures

Performance Measures		FY 2010 Target	FY 2011 Target	Page
2.3a	Update the medical <i>Listing of Impairments</i>	Develop and submit at least 3 regulatory actions or <i>Social Security Rulings</i>	Develop and submit at least 3 regulatory actions or <i>Social Security Rulings</i>	24
2.3b	Increase the percentage of disability claims completed using <i>Health Information Technology</i>	Establish Baseline	250% above FY 2010 baseline	25

*This measure is also a *Program Performance Measure* (see page 48)

**STRATEGIC GOAL 3:
IMPROVE OUR RETIREE AND OTHER CORE SERVICES**

Strategic Objective 3.1: Dramatically increase baby boomers' use of our online retirement services

Performance Measures		FY 2010 Target	FY 2011 Target	Page
3.1a	Percent of retirement and survivors claims receipts completed up to the budgeted level*	100% (4,718,000)	100% (4,590,000)	28
3.1b	Achieve the target percentage of retirement claims filed online	38%	44%	28

Strategic Objective 3.3: Improve our telephone service

Performance Measures		FY 2010 Target	FY 2011 Target	Page
3.3a	Achieve the target speed in answering National 800 Number calls	269 seconds	264 seconds	31
3.3b	Achieve the target busy rate for National 800 Number calls	8%	7%	31

Strategic Objective 3.4: Improve service for individuals who visit our field offices

Performance Measure		FY 2010 Target	FY 2011 Target	Page
3.4a	Percent of individuals who do business with SSA rating the overall services as "excellent," "very good," or "good"***	83.5%	83.5%	33

Strategic Objective 3.5: Process our Social Security Number workload more effectively and efficiently

Performance Measure		FY 2010 Target	FY 2011 Target	Page
3.5a	Achieve the target percentage for correctly assigning original Social Security Numbers	99%	99%	35

*This measure is also a *Program Performance Measure* (see page 48)

**This measure is also a *Program Performance Measure* (see page 49)

**STRATEGIC GOAL 4:
PRESERVE THE PUBLIC’S TRUST IN OUR PROGRAMS**

Strategic Objective 4.1: Curb improper payments

Performance Measures		FY 2010 Target	FY 2011 Target	Page
4.1a	Complete the budgeted number of Supplemental Security Income non-disability redeterminations	2,422,000	2,422,000	38
4.1b	Complete the budgeted number of continuing disability reviews	954,000	1,388,000	38
4.1c	Percent of Supplemental Security Income payments free of overpayment (O/P) and underpayment (U/P) error*	91% (O/P)	91.5% (O/P)	39
		98.8% (U/P)	98.8% (U/P)	
4.1d	Percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment (O/P) and underpayment (U/P) error*	99.8% (O/P)	99.8% (O/P)	40
		99.8% (U/P)	99.8% (U/P)	

Strategic Objective 4.3: Maintain accurate earnings records

Performance Measure		FY 2010 Target	FY 2011 Target	Page
4.3a	Reduce the target percentage of paper Forms W-2 completed	17%	16.5%	43

Strategic Objective 4.5: Protect our programs from waste, fraud, and abuse

Performance Measure		FY 2010 Target	FY 2011 Target	Page
4.5a	Receive an unqualified audit opinion on SSA’s financial statements	Receive an unqualified opinion	Receive an unqualified opinion	45

Strategic Objective 4.6: Use “green” solutions to improve our environment

Performance Measures		FY 2010 Target	FY 2011 Target	Page
4.6a	Replace gasoline-powered vehicles with alternative-fuel vehicles	50 vehicles	36 vehicles	47
4.6b	Develop and implement an agency <i>Environmental Management System</i>	Provide training needed for implementation	Establish performance objectives	47

*This measure is also a *Program Performance Measure* (see page 48)

STRATEGIC GOAL 1: ELIMINATE OUR HEARINGS BACKLOG AND PREVENT ITS RECURRENCE

Long-Term Outcomes

- Reduce the number of pending hearings to 466,000 by FY 2013;
- Reduce the time it takes an individual to receive a hearing decision to an average of 270 days;
- Increase productivity by automating labor-intensive tasks necessary to issue a hearing decision; and
- Establish standardized electronic hearing business processes.

Since 1954, we have helped disabled workers and their families cope with the loss of income caused by severe disability. In recent years, we have experienced an unprecedented backlog of hearings. This backlog has significantly affected our ability to provide the level of service the public deserves. For some, the long wait has led to homelessness and the loss of family and friends, and some individuals have died while waiting for a hearing. We are aggressively working down our hearings backlog by improving our processes, adding new staff, and using new technologies.

The elimination of the hearings backlog remains the agency's top priority. We are on track to reach the optimal level of pending hearings by FY 2013. We reached the turning point in FY 2009, when we began reducing the number of pending claims each month. By the end of FY 2009, we had reduced our pending hearings by nearly 38,000 cases.

We continue to concentrate on completing our oldest pending hearing cases. In FY 2010, we will focus on cases pending 825 days or more. We will continue to lower the aged-case threshold incrementally as we work towards our long-term goal of reducing the time it takes an individual to receive a hearing decision to an average of 270 days by 2013. We expect to reduce the number of pending hearings to 466,000 by FY 2013, our optimal pending level necessary to ensure a sufficient "pipeline" of cases to maximize the efficiency of our hearings process.

To help us achieve these goals, we will automate labor-intensive tasks, establish a standardized electronic hearings business process, and hire the support staff necessary to maintain at least a 4.5 to 1 national ratio of support staff to administrative law judge (ALJ).

The short and long-term state of the economy, the aging baby boomers, and the significant growth in hearings receipts anticipated in FYs 2010 and 2011 will pose more challenges and undoubtedly continue to influence our decisions about future hearing level initiatives. We anticipate receiving approximately 86,000 more hearing requests in FY 2010 than FY 2009. In spite of the additional workloads caused by the economic downturn, we are adjusting to changing circumstances and are still on track to eliminate the hearings backlog by 2013.

Strategic Objective 1.1

Increase our capacity to hear and decide cases

We continue to implement the agency's *Plan to Eliminate the Hearings Backlog and Prevent its Recurrence*, www.socialsecurity.gov/appeals or www.socialsecurity.gov/appeals/Backlog_Reports/. Our plan includes improving hearing office procedures, increasing our ability to hear and decide cases, increasing efficiency through automation and improving business processes, and accelerating review of cases that are likely to result in a favorable decision. Although we do not anticipate eliminating this backlog until 2013, we have made significant progress to that end.

To accomplish our goal we will:

- **Increase staffing levels:** The ability to increase our ALJ corps and support staff is vital to our efforts to meet demands of increased hearing receipts and to reduce the amount of time individuals must wait for a decision. In FYs 2010 and 2011, we will hire new ALJs with the goal of reaching a total ALJ level of 1,500 by early 2012. We will also hire additional support staff to maintain at least a 4.5 to 1 national ratio of support staff to ALJ.
- **Open new hearing offices:** New hearing offices are critical to eliminating the hearings backlog, responding to increasing workload demands and population shifts, and improving our service to the public. It is important that we began new space actions early and with an eye to the future to ensure that we would have fully functional hearing offices where and when we need them because it normally takes up to two years to establish a new hearing office. As shown in the chart above, an additional 16 offices are on track to open during FY 2010, and we are expanding 2 existing offices. In addition, we will open two centralized units to assist with our pulling, decision writing, and screening initiatives. We are also evaluating the number of new offices we can open in FY 2011 and the locations for these offices if we receive the full President's Budget.
- **Maximize use of National Hearing Centers:** The National Hearing Centers (NHC) play a crucial role in increasing our adjudicatory capacity. These sites handle only electronic cases and conduct all hearings via video conference. As a result, NHCs give us the flexibility to swiftly target assistance to areas of the country with the highest pending workloads. These facilities are cost-efficient and better serve individuals who have been waiting the longest for a hearing decision. We now have four NHCs located in Falls Church, Virginia; Albuquerque, New Mexico; Baltimore, Maryland; and Chicago, Illinois. We will open our fifth NHC in St. Louis, Missouri in FY 2010.

New Hearing Offices Opening in FY 2010	
<p style="text-align: center;"><u>Hearing Offices</u></p> <ul style="list-style-type: none"> • Akron, OH • Anchorage, AK • Covington, GA • Fayetteville, NC • Livonia, MI • Madison, WI • Mt. Pleasant, MI • Phoenix, AZ • St. Petersburg, FL • Tallahassee, FL • Toledo, OH • Topeka, KS • Valparaiso, IN 	<p style="text-align: center;"><u>Satellite Offices</u></p> <ul style="list-style-type: none"> • Boise, ID • Fort Myers, FL • Harlingen, TX <p style="text-align: center;"><u>Office Expansions</u></p> <ul style="list-style-type: none"> • Las Vegas, NV • Sioux Falls, SD (satellite office)

- **Expand video hearing capacity:** We continue to increase our video hearing capacity across the country in order to improve our service to the public. Video hearing technology minimizes travel to hearing sites for individuals, their representatives, expert witnesses, and ALJs. In remote areas, this secure technology enables individuals to attend a video hearing rather than travel long distances to a hearing site. Additionally, video hearings allow ALJs to be more productive by providing them more time to hold hearings and issue decisions. Through our *Representative Video Project*, attorney and non-attorney representatives for individuals who have filed a request for a hearing may use their own video conferencing equipment to participate in hearings from their own office. We are also furnishing more hearing offices with video equipment so offices with available resources can assist other, more heavily backlogged, hearing offices.
- **Expedite hearing decisions:** We will continue to refine automated screening tools to identify cases where we may be able to issue fully-favorable decisions without a hearing. As part of this initiative, our most experienced Senior Attorney Adjudicators review pending hearing requests identified during the screening process to determine if they can issue fully-favorable decisions based on evidence already in our files. This process conserves ALJ resources for more complex cases that require a face-to-face hearing. In light of the increased workload resulting from the economic downturn, we will expand this initiative in FY 2010.

Performance Measure ~ Strategic Objective 1.1

1.1a: Complete the budgeted number of hearing requests

Fiscal Year	2010		2011	
Target	725,000		799,000	
FY 2007 - FY 2009 Historical Performance				
Fiscal Year	2007	2008	2009	
Performance	547,951	575,380	660,842	

Data definition: The number of hearing requests completed in the current fiscal year up to the number budgeted.

Data source: *Case Processing and Management System*

Frequency reported: Monthly

Strategic Objective 1.2

Improve our workload management practices throughout the hearing process

We are improving the way we perform work in hearing offices by establishing best demonstrated practices, increasing automation, and testing a variety of models to determine the most efficient methods of doing our work. Our transition from paper to electronic disability folders provides opportunities to further automate and standardize our hearings processes.

- **Streamline and automate case tasks:** We are using automation to simplify the business process and increase productivity. We are refining the following initiatives to automate select tasks and functions in the hearing process:

- **Centralized Print and Mail:** This process moves notice printing and mailing tasks from hearing offices to a centralized print/mail facility, thereby freeing hearing office staff from routine tasks, such as producing, folding, and mailing notices, and allowing more time for more complex case preparation functions. We have extended this functionality to all hearing offices for a limited number of notices and will continue to add additional notices as resources permit.
- **eSignature:** This new capability allows both ALJs and Senior Attorney Adjudicators to sign decisions electronically, thus eliminating the need for a wet signature. This functionality saves time and paper, and provides the capability to centrally print and mail decisions.
- **Auto-scheduling:** Although still in the developmental stage, this technology will provide an automated calendar function to assist with the scheduling of hearings based on the availability of the hearing site, ALJ, the applicant and their representative, and expert witnesses. Currently, scheduling a hearing is a very time consuming, labor-intensive process. Automating this function could significantly reduce the time required to coordinate the availability of all hearing participants and reduce hearing postponements and cancellations. Due to the complexity of this technology, we do not expect to have a completed system until FY 2012.

Use of Modeling to Improve Hearing Office Business Processes

Predictive Modeling:

We are developing predictive models to help us analyze and predict how long it should take to process a hearing request. This information will help us better manage our resources, stay on track to eliminate our backlog, and improve service delivery.

For example, the predictive models will help identify:

- Current and potential bottlenecks in the hearing process; and
- The most effective and efficient staffing levels and position mix.

Econometric Forecasting:

We also are developing models that forecast changes based on conditions external to the agency, such as the economy, demographic changes, and social conditions.

For example, this type of forecasting model will help us predict:

- How many hearing requests we may receive in the future; and
- Changes in the characteristics of individuals filing for disability.

- **Eliminate use of temporary sites:** We use a variety of sites to hold hearings, including temporary space in hotels, motels, courthouses, schools, and conference centers. The increased use of electronic disability files makes holding hearings in temporary space more difficult as we are generally not able to connect to our automated system at these sites. We are reducing the use of temporary hearing sites. In FY 2010, we plan to replace approximately 35 temporary sites with permanent remote sites, new hearing offices, and permanent remote rooms in field offices. We will replace 6 more sites in FY 2011. These changes will allow us to operate more efficiently and provide applicants with a more convenient, secure, and professional environment for their hearing.
- **Establish standardized electronic hearings business process:** The standardized electronic business process provides a detailed description of the most efficient and effective methods for performing the core electronic case processing tasks in the hearing office. It also standardizes the day-to-day operations and incorporates best practices for hearing offices nationwide. We began rolling out the process to 30 hearing offices in FY 2009. Our roll out will continue through FY 2010 until all hearing offices are using this standardized process.
- **Avoid a backlog at the Appeals Council:** As we increase our capacity to hear and decide cases, we are mindful of the resulting effect on the Appeals Council workloads. We expect over 119,000 Appeals Council receipts in FY 2010, an increase of almost 13,000 over FY 2009. More requests, coupled with our emphasis on completing the oldest and more complex Appeals Council cases, will significantly increase the overall time to process these cases. As a result, we estimate the average processing time for an Appeals Council decision will increase significantly between FYs 2008 and 2010. We will closely monitor Appeals Council workloads and take necessary action to reduce pending levels and processing time by hiring additional Administrative Appeals Judges and support staff and implementing early screening initiatives.

As part of a long-term business process improvement effort, the Appeals Council recently implemented the *Appeals Review Processing System (ARPS)*, a new web-based processing system that links to the electronic folder. We plan to develop a web-based document generating system that will allow the propagation of information directly from ARPS into final action documents. This system will reduce keying errors in the drafting of final decisions, remands, dismissals, and denials of review and is expected to be available in FY 2011. Also in FY 2011, the Appeals Council intends to refine its electronic case analysis tool by adding enhancements similar to the State Disability Determination Services electronic case analysis tool. These enhancements will improve data gathering and will provide further data propagation to enhance the quality of the Appeals Council's actions. Integrating these analytical tools and document generation systems will improve consistency, reduce errors, and speed case processing.

Performance Measures ~ Strategic Objective 1.2

1.2a: Achieve the target number of hearing requests pending

Fiscal Year	2010	2011	
Target	707,000	657,000	
FY 2007 - FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	746,744	760,813	722,822

Data definition: The number of hearing requests pending at the end of the fiscal year compared to the target.

Data source: *Case Processing and Management System*

Frequency reported: Monthly

1.2b: Achieve the target to eliminate the oldest hearing requests pending

Fiscal Year	2010	2011
Target	Less than 0.5% of hearing requests pending 825 days or older	Less than 0.5% of hearing requests pending 800 days or older
FY 2008 – FY 2009 Historical Performance		
Fiscal Year	2008	2009
Performance	Less than 1% of hearings pending 900 days or older	Less than 1% of hearings pending 850 days or older

Data definition: The percentage of oldest hearing requests pending. The oldest hearing requests are those cases that are pending, or will be pending, 825 days or more at the end of the fiscal year. The percentage is derived by dividing the total number of hearing requests pending 825 days or more at the end of the fiscal year by the universe of oldest hearing requests identified at the beginning of the fiscal year.

Data source: *Case Processing and Management System*

Frequency reported: Monthly

1.2c: Achieve the budgeted goal for average processing time for hearing requests

Fiscal Year	2010	2011	
Target	485 days	460 days	
FY 2007 – FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	512 days	514 days	491 days

Data definition: The average processing time for hearing request dispositions compared to the target. The average processing time is the cumulative processing time for all hearing requests processed divided by the total number of hearing requests processed in the fiscal year.

Data source: *Case Processing and Management System*

Frequency reported: Monthly

Note: This measure is also a *Program Performance Measure*.

1.2d: Achieve the target to eliminate the oldest Appeals Council requests for review pending

Fiscal Year	2010	2011
Target	Less than 1% of Appeals Council requests for review pending 700 days or older	Less than 1% of Appeals Council requests for review pending 650 days or older
FY 2009 Historical Performance		
Fiscal Year	2009	
Performance	Less than 1% of Appeals Council pending 750 days or older	

Data definition: The percentage of oldest Appeals Council requests for review pending. The oldest requests for review are those cases that are pending, or will be pending, 700 days or more at the end of the fiscal year. The percentage is derived by dividing the total number of requests for review pending 700 days or more at the end of the fiscal year by the universe of oldest Appeals Council requests for review identified at the beginning of the fiscal year.

Data source: *Appeals Review Processing System*

Frequency reported: Monthly

1.2e: Achieve the target average processing time for Appeals Council requests for review

Fiscal Year	2010	2011	
Target	370 days	340 days	
FY 2007 - FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	227 days	238 days	261 days

Data definition: The average processing time for Appeals Council requests for review dispositions compared to the target. The average processing time is the cumulative processing time for all Appeals Council requests for review dispositions divided by the total number of Appeals Council requests for review processed in the fiscal year.

Data source: *Appeals Review Processing System beginning March 2008; ACAPS prior to March 2008*

Frequency reported: Monthly

STRATEGIC GOAL 2: IMPROVE THE SPEED AND QUALITY OF OUR DISABILITY PROCESS

Long-Term Outcomes

- Ensure individuals who are clearly disabled receive a decision within 20 calendar days of filing;
- Reach an online filing rate of 25 percent for disability applications by 2012;
- Regularly update our regulations and policies to incorporate the most recent medical advances;
- Develop and implement a common case processing system for the Disability Determination Services; and
- Make it easier for disabled individuals to return to work.

We are responsible for the Nation's two primary Federal disability programs: Social Security Disability Insurance and Supplemental Security Income. The combination of the economic downturn and baby boomers entering their most disability-prone years is resulting in a significant growth in our disability workloads. We anticipate receiving over 3.3 million disability applications in FY 2010, an all time high for the agency and about 750,000 more than in FY 2008.

It is increasingly difficult to complete disability applications due to the significant growth in disability applications, the increased complexity of those applications, advances in medical treatments, and outdated policies and procedures. Although we fully fund State Disability Determination Services, they operate under numerous state personnel and budget rules. State decisions to implement across-the-board hiring freezes and furloughs at some Disability Determination Services greatly slow the disability claims process. Furthermore, as pending levels grow, the amount of time it will take to complete an initial disability claim will increase. Despite all our hard work and dedication, we ended FY 2009 with initial disability claims pending at an all time high of nearly 800,000 cases. Although we plan to complete almost 270,000 more claims, we estimate that the pending level will exceed 1 million cases by the end of FY 2010.

We believe that the pending level of initial disability claims is unacceptable, and we are committed to returning to our pre-recession pending level of 525,000 claims by FY 2014. Our strategy to reduce the initial disability claims pending level includes encouraging states to avoid hiring freezes and furloughs, hiring additional Disability Determination Services employees, increasing Disability Determination Services overtime to give them maximum flexibility to tackle increasing workloads, implementing policy simplifications that will make adjudicating claims easier, and adding personnel to staff both Federal and State units that handle initial disability claims for areas of the country hit particularly hard. While we will work hard to achieve this goal, it will take sustained, adequate, and timely resources. We will provide more detail on our strategy to reduce the number of initial disability claims pending under separate cover.

Strategic Objective 2.1

Fast-track cases that obviously meet our disability standards

We are obligated to provide benefits quickly to individuals whose medical conditions are so serious that they obviously meet our disability standards. The *Quick Disability Determination* and the *Compassionate Allowances* processes enable us to fast-track certain cases by using computer technology to identify those applicants with the most severe disabilities.

We will continue to refine our fast-tracking capabilities while maintaining accuracy as follows:

- **Expand *Quick Disability Determinations* (QDD):** The QDD process uses a computer predictive model to screen initial applications to identify cases where a favorable disability determination is highly likely and medical evidence is quickly and easily obtainable; e.g. low birth-weight babies, certain cancers, and end-stage renal disease. On average, the Disability Determination Services process allowances on those cases identified as QDD in about 12 days. QDD has been used nationally since February 2008. We continue to refine the QDD predictive model and use it to its maximum capacity to accurately identify these cases.
- **Expand *Compassionate Allowances* (CAL):** The CAL process, implemented nationally in 2008, uses automation to quickly identify individuals clearly disabled by virtue of their disease or condition. Currently, we can favorably decide these cases based on confirmation of the diagnosis alone for 50 impairments and conditions (25 rare diseases and 25 cancers), such as amyotrophic lateral sclerosis or inoperable breast cancer. We allow nearly all CAL cases if we receive supporting documentation and non-disability criteria are satisfied. Individuals with severe disabilities can be approved for disability benefits in a matter of days instead of months or years. We are continuing to expand our initial list of CAL conditions through public hearings and consultations with medical, research, and advocacy communities.
- **Use *Electronic Records Express* (ERE):** We are committed to providing viable options for medical and school entities to transmit records to us electronically. ERE provides electronic options for submitting health and school records related to disability cases. Information may be sent electronically to our secure website or through fax to us or our partners, the State Disability Determination Services. These records are automatically associated with an applicant's electronic disability folder. We will continue to expand ERE, our first service channel to support electronic medical records. In Strategic Objective 2.3, *Regularly update our disability policies and procedures*, we describe our next evolutionary step to enable receipt and analysis of standardized electronic medical data through *Health Information Technology*.

Performance Measures ~ Strategic Objective 2.1

2.1a: Achieve the target percentage of initial disability cases identified as a *Quick Disability Determination* or a *Compassionate Allowance*

Fiscal Year	2010	2011
Target	4.5%	6.5%
FY 2009 Historical Performance		
Fiscal Year	2009	
Performance	3.8%	

Data definition: The percentage is derived by dividing the total number of initial disability cases identified as a *Quick Disability Determination* or a *Compassionate Allowance* or both by the total number of electronic initial disability cases filed in the last month of the current fiscal year.

Data source: *Executive and Management Information System, Management Information Disability (MIDIB)*

Frequency reported: Annually

2.1b: Complete the budgeted number of initial disability claims

Fiscal Year	2010		2011
Target	3,081,000		3,317,000
FY 2007 - FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	2,529,721	2,607,282	2,812,918

Data definition: The number of Social Security and Supplemental Security Income initial disability claims completed in the Disability Determination Services and other agency components in the current fiscal year up to the budgeted number.

Data source: *National Disability Determination Services System and Disability Operational Data Store*

Frequency reported: Monthly

2.1c: Minimize average processing time for initial disability claims to provide timely decisions

Fiscal Year	2010		2011
Target	132 days		141 days
FY 2008 - FY 2009 Historical Performance			
Fiscal Year	2008		2009
Performance	106 days		101 days

Data definition: The average processing time is the overall, cumulative number of elapsed days, including both Disability Determination Services and field office processing times, from the date of filing through the date payment is made or the denial notice is issued for all initial claims that require a medical determination. The total number of days to process all initial disability claims requiring a medical determination is divided by the total number of initial disability claims requiring a medical determination that are processed during the fiscal year.

Data source: *Social Security Unified Measurement Systems*

Frequency reported: Monthly

Note: This measure is also a *Program Performance Measure*.

Strategic Objective 2.2

Make it easier and faster to file for disability benefits online

We anticipate that initial disability claims receipts will peak in FY 2010 at over 3.3 million, over 10 percent more than in FY 2009 and nearly 30 percent more than in FY 2008. In FY 2009, we received our one-millionth online disability claim. To handle this anticipated workload growth, as well as fulfill the rapidly growing expectation for convenient, effective, and secure electronic service delivery options, we will continue to implement *Disability Direct*.

Disability Direct is an initiative that makes it easier and faster for individuals to apply for disability benefits online by using *iClaim*, a tool that enables individuals to file electronically for benefits from the comfort and convenience of their homes or offices. *Disability Direct* provides a simplified, secure, and user-friendly application process. It streamlines the process by only asking questions relevant to the applicant, making it easier and faster to file for disability benefits online. *Disability Direct* also includes links, prompts, and other tools to assist applicants. In FY 2009, we launched an aggressive marketing strategy to increase public awareness of both the availability and advantages of *iClaim*. As a result, we expect to see continuing increases in the number of disability claims filed online in FY 2010 and beyond.

There are three foundational projects under the *Disability Direct* initiative designed to provide significant workload efficiencies: the *Appointed Representative Suite of Services*; the *Streamlined Application*; and the *Claims Data Web Service*.

- **Develop the *Appointed Representative Suite of Services*:** Increasingly, representatives transact business with us on behalf of applicants who file for disability benefits. To meet this demand for service from representatives (such as attorneys, non-attorneys, representative payees, and third parties) and alleviate workloads in our field offices, we are developing an *Appointed Representative Suite of Services*, a comprehensive package of online services for representatives. This will allow individual representatives at all levels (initial, reconsideration, hearing, and Appeals Council) of the disability process to register online, manage their representative profile, and have access to their clients' electronic folders. These services will focus on expanding registration and folder access to third parties, simplifying the process of submitting appeals, and documenting a representative's appointment.
- **Expand the *Streamlined Application Project*:** As part of the *Streamlined Application* project, we will release a simplified *Adult Disability Report*, which is used to obtain basic information needed to complete the claim for a person filing for disability, such as medical sources and employment history. This allows applicants and/or their representatives to minimize their completion time and improve the quality of disability information we receive.
- **Pilot the *Claims Data Web Service (CDWS)*:** The CDWS pilot will allow third parties to submit application data electronically to field offices. This service has the potential to eliminate manual keying of data for over 100,000 paper applications and appeals received annually from third-party providers, such as representatives, hospitals, and social workers.

We expect these initiatives and other disability-related projects to contribute to an increase in online disability claims applications, the number of appointed representatives managing their SSA workload with us electronically, and the number of fully electronic disability claims we complete.

We believe that the rising level of pending initial disability claims is unacceptable. We intend to reduce the number of pending claims below one million in FY 2011 and we are committed to returning to our pre-recession pending level by FY 2014. Achieving this goal will take adequate funding and hard work on the part of everyone at the agency over the course of the next several years, but we believe that this is a goal we must pursue to fulfill our obligations to the American public. Our strategy to reduce the initial disability claims pending level will include hiring and overtime in the state Disability Determination Services that help us to complete more claims, as well as improved online options and policy simplifications that will make adjudicating these claims easier.

Performance Measure ~ Strategic Objective 2.2

2.2a: Achieve the target percentage of initial disability claims filed online

Fiscal Year	2010	2011
Target	25%	27%
FY 2009 Historical Performance		
Fiscal Year	2009	
Performance	21%	

Data definition: The percentage of initial Social Security disability claims filed online. The percentage is derived by dividing the number of initial Social Security disability claims filed online by the total number of initial disability claims that could be filed online in the current fiscal year.

Data source: *Executive and Management Information System, Electronic Service Delivery, Localized Management Information Report*

Frequency reported: Monthly

2.2b: Achieve the target number of initial disability claims pending

Fiscal Year	2010	2011	
Target	1,041,000	999,000	
FY 2007 - FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	555,317	556,670	779,854

Data definition: The number of Social Security and Supplemental Security Income initial disability claims pending in the Disability Determination Services and other agency components in the current fiscal year.

Data source: *National Disability Determination Services System and Disability Operational Data Store*

Frequency reported: Monthly

Note: This is a new performance measure for FY 2010.

Strategic Objective 2.3

Regularly update our disability policies and procedures

With the dramatic growth in the number of people applying for disability benefits, we cannot continue to process claims as we have in the past. Over the years, testing for, and treatment of impairments have changed. By comparison, the way we request and receive medical information to determine disability has not changed in any fundamental way in years.

Therefore, we will update our disability policies and procedures and use automation as follows:

- **Adapt our systems to *Health Information Technology (HIT)*:** Obtaining medical evidence is a critical and time consuming part of our disability determination process. Each year, we request over 15 million medical records on behalf of our disability applicants and store more than 400 million medical documents. In FY 2009, we became the first government agency to use the *Nationwide Health Information Network (NHIN)*, the Department of Health and Human Services' initiative to provide a secure connection to access electronic medical records. The NHIN provides safe, secure, and almost instantaneous access to medical records, thereby significantly shortening the time it takes to make a disability decision. In partnership with MedVirginia, we use the NHIN to obtain electronic medical records in some disability cases in Virginia. We will continue to work with the Office of the National Coordinator for Health Information Technology, MedVirginia, and other NHIN cooperative members to expand this effort.

Additionally, we are using \$24 million of the resources we received under the *American Recovery and Reinvestment Act*, to expand our use of HIT. We will award competitive contracts to fund technological support to healthcare organizations that will provide us with medical records through the NHIN. We expect to award contracts to health information exchanges, regional health information organizations, general medical service providers and facilities, and specialty care providers and facilities in early 2010.

Further, we will continue to collaborate with the Department of Health and Human Services, the Department of Veterans Affairs, other federal and state agencies, health care providers, and insurers, to develop uniform clinical coding and medical report formats to standardize electronic storage and exchange of medical records. Such standardization will allow us to not only identify disabling conditions quickly and automatically, but will allow us to search our vast database of medical records to track trends in disability claims and design more objective methods to identify disabling conditions.

- **Improve Return to Work Programs:** We are continuing to improve our two return to work programs: the *Ticket to Work Program* and the *Vocational Rehabilitation (VR) Cost Reimbursement Program*. Under the *Ticket to Work Program*, we issue *Tickets* to eligible disabled individuals who, in turn, may choose to assign their *Tickets* to an Employment Network (EN) to obtain employment services, VR services, or other support services. In 2008, we implemented new regulations revising the *Ticket to Work Program* to provide more incentives and to increase participation. Since our new regulations were effective, we have seen significant increases in return to work activity under the program. As of November 2009, over 273,000 beneficiaries had *Tickets* in use either with an EN or received services from a VR agency. The number of beneficiaries with *Tickets* in use who worked in calendar year 2008 increased by 39 percent (to nearly 97,000) over calendar year 2007.

Over the next 2 years, we will continue to promote participation in the *Ticket* program among disabled individuals and service providers with our *Work Incentive Seminar Events (WISE)*. WISE provides individuals receiving disability benefits with the information they will need to assign their *Ticket* and obtain the necessary supports to return to work. We will continue to recruit and train potential ENs by going into local communities to inform employers and other partners about the advantages of becoming an EN.

In FY 2010, we will propose changes to the regulations governing our *Vocational Rehabilitation Services Cost Reimbursement Program* and request public comment on these changes. Under the VR services program, we pay state VR agencies to provide services to individuals receiving disability benefits that will facilitate their ability to work. We have not modified the VR services program, a key component of our return to work strategy, since the creation of the *Ticket to Work Program* in 1999. We plan to make design changes that will ensure greater coordination between, and expand the success of, both programs. Specifically, we will formalize the rules necessary to transition individuals from receiving VR services to long-term EN support. With regulation changes that will create a smooth transition between the two programs, we expect to increase the likelihood that disabled individuals will work and earn at a level considered to be gainful employment.

We will also conduct research and demonstration projects to study ways to improve and simplify our services, and address the varied needs of individuals with disabilities. One project, *Benefit Offset National Demonstration*, will determine the effect of alternate methods of treating work activity in the Social Security Disability Insurance program. This project will allow individuals to experience a gradual reduction in their benefits, eliminating the abrupt loss of cash benefits when a disabled individual works and earns over a specific amount (for 2010, individuals can earn up to \$1,000 a month, unless they are blind, then the level is \$1,640 a month). Participants will maintain ongoing eligibility for health care benefits and other supports linked to Social Security Disability Insurance eligibility.

- **Update our *Listing of Impairments*:** One of the most effective tools we have for adjudicating disability claims is the *Listing of Impairments*, which allows us to determine if an individual is disabled when his or her impairment meets specified criteria, without the need to consider age, education, or work experience. The *Listing of Impairments* improves the consistency and accuracy of our decisions throughout all levels of the disability process. In the last 5 years, we have published final regulations for 8 of the 14 adult body systems so they now reflect updated advancements in medicine and technology. We are on schedule to review and update, as needed, all of the medical *Listings* every 5 years, which will improve our ability to decide whether an applicant meets our criteria for disability benefits. To support this initiative, we have also entered into a partnership with the *Institute of Medicine* to establish a committee of medical experts to assist us in ensuring that the *Listings* are medically supportable, relevant, and technologically current.
- **Develop an *Occupational Information System*:** We rely on the occupational information found in the *Dictionary of Occupational Titles* (DOT), produced by the Department of Labor, to determine whether individuals can do their usual work or any other work in the U.S. economy. The Department of Labor no longer updates the DOT; consequently, we developed a long-term strategy to create a new *Occupational Information System*. To support this effort, we established an Occupational Information Development Advisory Panel, which held its inaugural meeting in February 2009. The Panel's mission is to provide independent advice and recommendations on plans and activities to replace the DOT and help us to create an occupational information system tailored specifically for our disability programs and decision process.
- **Expedite requests for medical records:** Currently, we must obtain written authorization from applicants to send to their medical sources to acquire their medical records when they apply for disability benefits. This written authorization is the single remaining paper document currently required in our otherwise fully electronic disability case process. We will continue to work, in collaboration with advocates, to enable individuals applying for disability benefits to electronically grant permission for us to obtain their medical records rather than grant permission via a paper medical release form that requires a wet signature. Moving away from an antiquated paper process will reduce the burden on all parties involved and provide more timely decisions to disabled applicants, while still protecting the confidentiality of their personal information.
- **Develop a *Disability Case Processing System*:** The *Disability Case Processing System* will allow us to move from 54 separate State Disability Determination Services systems to a common, uniform system for the entire nation. Currently, each State Disability Determination Services has its own unique processing system. A common system will help us take advantage of rapidly changing health care industry technology, provide the foundation for a

seamless electronic disability case processing system, and reduce our maintenance costs so we can spend more on service improvements. Our State Disability Determination Services partners agree that we need a common system. In FY 2010, we will continue to work closely with them to develop requirements and design the new system. In FY 2011, we plan to start a phased-in roll out of the new system.

- **Employ the *Electronic Claims Analysis Tool (eCAT)*:** We continue to refine a web-based tool, eCAT, to assist examiners in the Disability Determination Services in making disability determinations. This tool aids examiners in documenting, analyzing, and adjudicating disability claims in accordance with our regulations and policies to yield consistent, policy-compliant outcomes. We are currently using eCAT in Disability Determination Services in eight states: Virginia, Connecticut, Colorado, Delaware, Michigan, New Jersey, North Carolina, and Louisiana. In FY 2010, we will continue to expand use of eCAT.
- **Reinstitute the Reconsideration Step:** In FY 2000, we began a pilot in 10 states that eliminated the reconsideration step as a way to streamline the disability adjudication process. We plan to reinstitute the reconsideration step in these states, and we will begin the process in FY 2011 in Michigan. This step will result in more employment in the Michigan Disability Determination Services, and it will help to reduce the hearing backlog in the state, which has one of the worst hearing backlogs in the country. By allowing individuals to receive a decision on their cases at the reconsideration step, we will approve some individuals for benefits sooner, and eliminate unnecessary hearings.

Performance Measures ~ Strategic Objective 2.3

2.3a: Update the medical *Listing of Impairments*

Fiscal Year	2010	2011
Target	Develop and submit at least 3 regulatory actions or <i>Social Security Rulings</i>	Develop and submit at least 3 regulatory actions or <i>Social Security Rulings</i>
FY 2009 Historical Performance		
Fiscal Year	2009	
Performance	Developed and submitted 8 regulatory actions or <i>Social Security Rulings</i>	

Data definition: Regulatory actions include *Advance Notice of Proposed Rulemaking*, *Notice of Proposed Rule Making*, *Final Rules*, or *Ruling*, or other *Federal Register* notice. We will develop regulatory actions or *Social Security Rulings* related to updating the medical *Listings of Impairments* for publication in the *Federal Register*.

Data source: *Office of Retirement and Disability Policy Workplan*

Frequency reported: Annually

2.3b: Increase the percentage of disability claims completed using *Health Information Technology*

Fiscal Year	2010	2011
Target	Establish Baseline	250% above FY 2010 baseline

Data Definition: The percentage increase in the number of disability claims completed using medical evidence gathered through *Health Information Technology* over the prior year.

Data source: *Medical Evidence Gathering and Analysis through Health Information Technology* (MEGAHIT) system

Frequency reported: Monthly

Note: This is a new performance measure for FY 2010.

STRATEGIC GOAL 3: IMPROVE OUR RETIREE AND OTHER CORE SERVICES

Long-Term Outcomes

- Achieve an online filing rate of 50 percent for retirement applications by 2012;
- Improve the clarity of our correspondence;
- Improve telephone service on our National 800 Number and in our field offices; and
- Further automate our Social Security card application process.

As the baby-boom generation retires and the economic downturn continues, an unprecedented number of Americans are filing claims for disability and retirement benefits. In addition to handling retirement and disability claims, we provide many other core services, such as handling claims for survivors and Supplemental Security Income benefits; issuing new and replacement Social Security cards; posting earnings to workers' records; handling calls to our National 800 Number and field offices; issuing annual *Social Security Statements*; and serving the public in our community-based field offices. To address the significant growth in our workloads, we must transform the way we deliver service by developing a wide range of online and automated services. Our ultimate goal is to provide applicants and their representatives with the ability to apply for a range of benefits and to update their records online.

First Baby Boomer Applies Online for Social Security



Kathleen Casey-Kirschling, recognized as the nation's first baby boomer, filed her online retirement application on October 15, 2007. Almost 4 million baby boomers became eligible to retire in 2009.

Strategic Objective 3.1

Dramatically increase baby boomers' use of our online retirement services

Nearly 80 million baby boomers will file for retirement benefits over the next 20 years – an average of 10,000 per day. With this wave of new applications, it is essential that we provide multiple service options, which include easy, user-friendly online and automated services. In FY 2009, we launched our national effort to promote Social Security's new and improved online application for retirement benefits, which was a tremendous success. We received more than twice as many retirement claims online compared to the prior year, and we expect further increases in FY 2010 and beyond.

We are enhancing our online services with the following initiatives:

- **Refine *Ready Retirement*:** We continue to enhance our *Ready Retirement* initiative, which will continue to streamline the claims application process. This initiative is also expanding the *iClaim* application, a tool that enables individuals to file electronically for retirement and disability benefits from the comfort and convenience of their homes or offices. On average, individuals are able to complete the application in as little as 15 minutes – far shorter than the 45 minutes it often took to complete the former online application. Much of this reduction stems from simplifying and streamlining our policies and procedures. For example, *iClaim* only asks questions pertinent to an applicant's personal situation based on information in our files (e.g., age, earnings, citizenship, and military service).

iClaim Feedback from Individuals Filing for Retirement

- "I was pleasantly surprised to find such an excellent and easy to follow process. Great Job!"
- "It was all good. I have been trying to get to an office somewhere, but haven't. I just decided to see if there was a website where I could apply."
- "Great website layout. Easy to use and understand."

In FY 2010, we will implement another major release of *iClaim*. This release will enable users to file an abbreviated Internet application for Medicare only benefits. Since the full retirement age is now higher than age 65 for those born after 1942, many people are interested in filing for Medicare only while delaying their actual retirement benefits.

- **Expand the use of electronic data exchanges:** We will continue to explore opportunities to increase electronic data exchanges with the States and other government agencies to eliminate the need for online filers to bring or mail us evidentiary documents, such as birth and death certificates, proof of citizenship, and *Forms W2*. Electronic data exchanges transform the application process from paper to fully electronic, thus making it more efficient and convenient.
- **Provide online tools to plan for retirement:** We have greatly improved the information available to an individual who is trying to decide the optimum date for retirement with our *Retirement Estimator*. This quick and secure online financial planning tool eliminates the need to manually key in years of earnings information and provides comparisons of various retirement scenarios. We will continue to refine and enhance our *Retirement Estimator* based on feedback from users. We are also developing a Spanish version of the *Retirement Estimator*.

To encourage individuals close to retirement to apply online for Social Security retirement benefits, we will continue to expand on our nationwide marketing campaign with actress Patty Duke as the celebrity spokesperson. We currently have an instructional CD, *Social Security Online Retirement Application*, posted to our website at www.socialsecurity.gov/onlineservices/planners/Online_Application/oa.htm, as well as a Webinar, *Retire Online: It's So Easy* at www.socialsecurity.gov/webinars/webinar1.htm. Our instructional CD can also be viewed on *YouTube*. We will continue to seek "out-of-the-box" venues, such as using Google and national organizations and advocacy group websites. We will refine our marketing techniques as we gain more experience and feedback.

In addition, we are partnering with national organizations and advocacy groups to post information about our online retirement services on their websites and in their newsletters and trade magazines. We are also marketing these online services at national conferences by conducting presentations, disseminating relevant materials, and staffing high-impact exhibits.

Performance Measures ~ Strategic Objective 3.1

3.1a: Percent of retirement and survivors claims receipts completed up to the budgeted level

Fiscal Year	2010		2011	
Target	100% (4,718,000)		100% (4,590,000)	
FY 2007 - FY 2009 Historical Performance				
Fiscal Year	2007	2008	2009	
Performance	100.7% (3,863,813)	101.2% (4,236,455)	104.4% (4,742,218)	

Data definition: The percent of retirement, survivors, and health insurance claims receipts completed in the current fiscal year up to the budgeted number.

Data source: *Work Measurement Transitional Database*

Frequency reported: Monthly

Note: This measure is also a *Program Performance Measure*.

3.1b: Achieve the target percentage of retirement claims filed online

Fiscal Year	2010		2011	
Target	38%		44%	
FY 2009 Historical Performance				
Fiscal Year	2009			
Performance	32%			

Data definition: The percentage of retirement claims filed online. The percentage is derived by dividing the number of retirement claims filed online by the total number of retirement claims that could be filed online in the fiscal year.

Data source: *Executive and Management Information System, Electronic Service Delivery, Localized Management Information Report*

Frequency reported: Monthly

Strategic Objective 3.2

Provide individuals with accurate, clear, up-to-date information

Currently, we issue approximately 350 million notices to the public each year and we expect that number to increase in the future. These notices communicate decisions, payment, and other important information, as well as inform individuals of their rights and responsibilities under our programs, including appeal rights. We send out an average of just over a million notices a day. By comparison, about a quarter-million transactions are handled via our National 800 Number, and over 100,000 individuals visit our field offices each day. Since, we communicate by written notice far more frequently than by any other means, it is critical that our notices be clear, concise, and easily understood.

We will continue to assess and improve our agency notices. These efforts include targeting high-volume, problematic notices, and obtaining input for improvement from those who receive our notices on how we can improve them.

We are developing notice standards, clear writing guidelines, and a national notice clearance process to ensure that the standards and guidelines are applied. Initial efforts have focused on improving notices that advise individuals of the date of their hearing, as well as Supplemental Security Income award and denial notices. We are undertaking steps to make our notices accessible to people who are blind or visually impaired.

Notice Improvements Initiative

This initiative is a collaborative effort across the agency to improve customer service. Some examples of what we plan to do in FY 2010 include:

- Restructure award and post-entitlement notices and improve appeals language;
- Improve readability, clarity, tone, and structure of overpayments notices;
- Restructure administrative law judge hearing level decisional notices; and
- Determine the feasibility of online delivery of notices to the general public.

Strategic Objective 3.3

Improve our telephone service

Our telephone service remains a primary option for providing effective and efficient service to the public. In FY 2009, over 85 million calls were placed to our National 800 Number. In FY 2010, we expect the call volume to be close to that of FY 2009. We assist callers by answering questions they have about Social Security benefits, schedule appointments for them to file claims, or help them obtain information from their Social Security record.

Individuals can also call to complete specific transactions, such as change of address, addition or change of direct deposit, replacement of a Medicare card, or request for a benefit verification statement. They can either speak to an agent or use our automated services that feature speech recognition, thus allowing callers to speak their request into an interactive voice-prompt system. Automated services reduce the time callers spend navigating through menu prompts and error-prone, touchtone commands.

In FY 2009, we completed nearly 67 million transactions over the phones, of which nearly 41 million were handled by our agents and 26 million were processed using our automated services. We will continue to enhance our automated telephone services so more individuals can successfully complete their business with us by phone. In addition, we will provide optimal call services by implementing new technologies that help us forecast call volumes, anticipate staffing needs, and better distribute incoming calls across the network so callers can reach an agent quickly.

In FY 2010, we will take on a number of initiatives to improve our National 800 Number and field office telephone services.

Improvements to our National 800 Number services:

- **Explore click-to-communicate technology:** We will conduct planning and analysis to explore click-to-communicate technologies, such as *Web Callback* (also called “click to talk”), to leverage both online services and web technology. This technology will allow National 800 Number agents to assist users in “real-time” as they conduct business with us online.
- **Replace our National 800 Number infrastructure:** We will award and implement *Citizens Access Routing Enterprise through 2020* (CARE through 2020), a replacement of our National 800 Number telecommunications infrastructure. This new contract, expected to be awarded in April 2010, will replace two existing contracts and provide a *Voice over Internet Protocol* (VoIP) solution. Implementation is expected to take 12 months after the contract is awarded. The new infrastructure will include features that will allow us to keep pace with industry standards while also providing a flexible and scalable architecture and platform for future growth and enhancements in voice automation, thus allowing us to support callers in new ways. The new VoIP solution will enable current teleservice centers to evolve into multi-channel Contact Centers staffed by multi-channel-capable agents. Examples of these new contact channels include future initiatives such as *Click-to-Talk*, *Web Chat*, *Web Collaboration*, *Web Call Back*, and *Email*.
- **Open new teleservice center:** We will work with the General Services Administration to build a new teleservice center in Jackson, Tennessee, the first new call center to be opened in more than a decade. This center will improve service to the millions of Americans who call our toll-free National 800 Number and will open in FY 2011.

Improvements to our field office telephone services:

- **Expand forward-on-busy:** We will expand technology to offer field office callers who receive a busy signal the option of transferring to the National 800 Number where they will have access to an agent or automated application services.
- **Expand the Telephone Service Replacement Project:** We will continue implementing the *Telephone Service Replacement Project*, a multi-year replacement of our aged local stand-alone telephone systems in over 1,400 field offices and hearing offices across the country. The new telephone system includes *Voice over Internet Protocol* (VoIP). VoIP is a single system that carries voice and data over one line, saves administrative costs, and supports future technological improvements. VoIP provides a new capability to re-route calls during disasters and other emergencies. It will also enable us to test future technologies, such as “click to talk” to connect individuals to our telephone agents who can help them while they are conducting business online.

Performance Measures ~ Strategic Objective 3.3

3.3a: Achieve the target speed in answering National 800 Number calls

Fiscal Year	2010		2011	
Target	269 seconds		264 seconds	
FY 2007 - FY 2009 Historical Performance				
Fiscal Year	2007	2008	2009	
Performance	250 seconds	326 seconds	245 seconds	

Data definition: Speed of answer is calculated by dividing the wait time of all National 800 Number calls by the number of all National 800 Number calls answered in the fiscal year. Wait time begins from the time the caller is transferred to an agent (in queue) until an agent answers the call.

Data source: Report generated by Cisco router software

Frequency reported: Monthly

3.3b: Achieve the target busy rate for National 800 Number calls

Fiscal Year	2010		2011	
Target	8%		7%	
FY 2007 - FY 2009 Historical Performance				
Fiscal Year	2007	2008	2009	
Performance	8%	10%	8%	

Data definition: The busy rate is calculated as the number of National 800 Number busy messages divided by the number of National 800 Number calls offered to agents in the fiscal year. The caller receives a busy message when an agent is not available to answer the call because the queue has reached its maximum capacity of waiting calls. When this happens, we instruct the individual to call back later.

Data source: Report generated by Cisco router software

Frequency reported: Monthly

Strategic Objective 3.4

Improve service for individuals who visit our field offices

Our field offices are our front door for the American public. To better serve the public, we have a new initiative – *Space Modernization and Reception Transformation* – that will improve our field office reception areas and use new technologies to provide additional services to accommodate the increasing number of individuals who visit us each day. Under this initiative, we are incorporating new reception area features and designs to make visiting our offices a better experience. For individuals who live in remote areas and find it difficult to visit a field office, we are expanding our ability to serve them by using video technology. The ultimate goal of this initiative is to lay the groundwork for the SSA *Office of the Future*. To support this initiative, we will:

- **Improve field office reception and interview areas:** We are redesigning our reception and interview areas to improve privacy and confidentiality for visitors to conduct their business. We are installing easy-to-read digital signs to inform visitors where to go for service, as well as providing a more welcoming and accommodating look.
- **Pilot self-help personal computers:** We are continuing to pilot this initiative in field offices across the country. Self-help personal computers offer visitors access to a personal computer in our reception area to use our online services as an alternative to waiting for an interview with field office personnel. It provides an option for individuals who may not have access to a personal computer at home. For visitors using these computers, we will provide a wide range of support services as they complete their transactions online, such as instructional videos and employees offering technical assistance. The standard is for pilot offices to have at least two self-help personal computers available. We currently have approximately 60 field offices offering this service.
- **Provide Social Security TV:** We will continue to pilot *Social Security TV* in field offices. The televisions run informational broadcasts in reception areas to provide office visitors with information about our programs and services, such as what documents they need to apply for benefits or a Social Security Number. *Social Security TV* incorporates sound, video, and graphics to keep the public interested and focused on the presentation. It provides service to a broad customer base by communicating information in different languages, such as English, Spanish, and Russian. We will expand its use to approximately 300 more offices in FY 2010.
- **Expand video service delivery:** There are a number of ways individuals can do business with us. Today individuals can visit a local field office, call by phone, and even complete many business transactions online. We are testing another method for the public to do business with us by using real-time video conferencing. We are piloting video service delivery to conduct video interviews with members of the public in other field offices or third party sites, such as hospitals, community centers, libraries, Indian reservations, and the Veterans Administration in Puerto Rico. Our experience thus far has been very successful. Our employees can conduct interviews face-to-face even when they are miles away, thereby offering the public a convenient and low-cost option to obtain a full range of our services. We will continue to test video conferencing across the country and examine the feasibility of expanding its use for individuals living abroad.

Performance Measure ~ Strategic Objective 3.4

3.4a: Percent of individuals who do business with SSA rating the overall services as “excellent,” “very good,” or “good”

Fiscal Year	2010		2011	
Target	83.5%		83.5%	
FY 2007 – FY 2009 Historical Performance*				
Fiscal Year	2007	2008	2009	
Performance	81%	81%	81%	

Data definition: The percent is derived by dividing the number of respondents who rate overall service as “good,” “very good,” or “excellent” on a six-point scale ranging from “excellent” to “very poor” in the fiscal year by the total number of respondents.

Data source: Overall satisfaction rating is based on Service Satisfaction Surveys of National 800 Number callers; field office callers; visitors to field offices and hearings offices; and, starting in FY 2009, individuals who filed an application online. Additional cohorts of individuals using transactional Internet services are to be added incrementally each year from FY 2011- FY 2013 in the following categories: changes to beneficiary records; completion of medical forms; and information requests (such as request for benefit verification.)

Frequency reported: Annually

***Note:** Prior to FY 2009, historical data included surveys of National 800 Number callers, field office callers, and visitors to field offices and hearing offices only. Starting in FY 2009 and continuing in FY 2010, we expanded the data source to include individuals who filed an application online.

Note: This measure is also a *Program Performance Measure*.

Strategic Objective 3.5

Process our Social Security Number workload more effectively and efficiently

Each year we complete approximately 6 million original and 12 million replacement Social Security card applications. We also verify Social Security Numbers (SSN) more than one billion times a year through a variety of electronic exchanges with public and private organizations. The process of assigning Social Security Numbers and issuing Social Security cards is referred to as enumeration. This workload is highly sensitive and often complex.

We must develop efficient ways to handle this workload electronically to meet the increased enumeration workloads. To accomplish this, we will implement features of a plan we have developed, referred to as *Quick, Simple, and Safe SSNs*, and designed to reduce the burden on the public as we improve the efficiency of our process through automation:

- **Strengthen the Social Security Number Application Process (SSNAP):** Our employees currently use two systems to complete Social Security card requests. The SSNAP initiative will combine the functionality from the two systems into a single web-based application that ensures the integrity of the enumeration process. SSNAP is now available in 557 field offices and 2 foreign service posts. We will fully implement SSNAP in all field offices, foreign service posts, and teleservice centers in FY 2010.

- Launch an *Online Replacement Card Starter Kit*:** We plan to launch an *Online Replacement Card Starter Kit* in FY 2010. It will allow members of the public to start the process of applying for a replacement Social Security card online at www.socialsecurity.gov in either English or Spanish. Individuals must be applying for themselves and have a U.S. mailing address. Once the online application is completed and submitted, it will be stored in our records for a period of time, which is still to be determined. Applicants will be advised about the required documentation and the nearest field office or Social Security Card Center to visit to complete the process. Once the required documentation is received, field office personnel will access the online information and complete the application as usual. Applicants will receive their replacement cards in the mail within 14 days. This process makes the replacement card process more efficient by reducing the amount of time it would normally take to collect required information and documentation during the field office or Card Center interview.
- Expand use of *Social Security Number Verification Services (SSNVS)*:** The SSNVS allows employers to determine, almost instantaneously, if the reported name and Social Security Number of an employee matches our records. We will work with the business community to encourage additional employers and private sector companies to use this service. SSNVS will help minimize fraud and ensure the accuracy of individuals' earnings records.
- Provide central locations to handle Social Security Number applications:** We currently have seven Social Security Card Centers located throughout the country. The Card Centers streamline and improve the integrity and stewardship of the SSN assignment process. Because of their specialized expertise, Card Center employees complete applications for original SSNs and replacement cards with a high degree of integrity, efficiency, and expertise. Applicants for a new or replacement card have shorter wait times in the Card Centers than in the field offices. Moreover, because the Card Centers handle much of the SSN workload, nearby field offices can focus on other critical activities, which results in quicker, more efficient services in field offices located in proximity to the Card Centers. We plan to open additional Card Centers in FYs 2010 and 2011.
- Support *E-Verify*:** We will continue to support *E-Verify*, a Department of Homeland Security program that allows employers to electronically verify the employment eligibility status of newly hired employees. The *E-Verify* system checks the information employers submit about an employee against our records and then notifies employers if the data is consistent with our records. For non-citizens, *E-Verify* also checks Department of Homeland Security immigration databases to verify work authorization status. Employer use of *E-Verify* has grown significantly over the last 5 years. In FY 2009, we handled approximately 9.4 million queries. In FY 2010, we expect *E-Verify* to handle about 12 million queries. In FY 2011, we expect *E-Verify* to handle more than 12 million queries.
- Expand *Enumeration-at-Entry (EAE)*:** Currently, this program allows aliens age 18 or older to apply for a SSN with the Department of State or the Department of Homeland Security when they arrive in the U.S. As a result of ongoing collaboration with these agencies, in FY 2009, we expanded EAE to handle requests for children under the age of 18 who have applied for immigrant visas and a SSN. In FY 2010, we plan to improve the current EAE process by implementing additional systems checks to prevent the issuance of multiple SSNs and expand our management information capabilities. We are proactively working with the Department of Homeland Security to expand the classifications of non-citizens, including individuals applying for admission to the United States who are under certain non-immigration visa classifications. These planned improvements will eliminate opportunities for fraud and reduce the number of EAE problem cases.

Our Social Security Card Centers

We currently have offices located in:

- Brooklyn, NY
- Las Vegas, NV
- Orlando, FL
- North Phoenix, AZ
- Downtown Phoenix, AZ
- Queens, NY
- Sacramento, CA

We plan to open Card Centers in:

- Philadelphia, PA and South Bronx, NY during FY 2010
- Manhattan, NY during FY 2011

- **Implement use of *Auto Cards*:** We will work with the Department of Homeland Security to support their transmission of data directly to our enumeration system, which will allow us to automatically and securely assign a SSN and issue a Social Security card without field office action for certain changes in alien and citizenship status. The new process will be available for three categories of individuals: 1) non-immigrants (e.g., individuals in the United States with a valid visitor visa) whose status changes to permanent resident status; 2) non-citizens applying for a work permit for the first time; and 3) individuals who become naturalized citizens. We plan to begin development for this multi-year initiative in FY 2010.

Performance Measure ~ Strategic Objective 3.5

3.5a: Achieve the target percentage for correctly assigning original Social Security Numbers

Fiscal Year	2010	2011
Target	99%	99%
FY 2008 – FY 2009 Historical Performance*		
Fiscal Year	2008	2009
Performance	100%	Available May 2010

Data definition: The percentage is derived using a statistically valid sample of original Social Security Numbers assigned in the fiscal year. The number of correctly assigned Social Security Numbers is divided by the total number sampled. We consider the Social Security Number assigned correctly when: 1) the individual did not receive a Social Security Number that belongs to someone else; 2) the individual did not receive more than one Social Security Number, except where permitted; and 3) the individual is eligible to receive a Social Security Number based on supporting documentation.

Data source: *Enumeration Quality Review*

Frequency reported: Annually

***Note:** In FY 2008, historical data for the number of Social Security Numbers issued free of critical error included “if the applicant had more than one Social Security Number, the numbers were cross-referenced.” The reason targeted performance levels were decreased beginning in FY 2009 was that we changed the definition of what we considered to be a correctly assigned Social Security Number. In FY 2009, historical data will include correct assignment of a Social Security Number if the individual does not receive more than one Social Security Number. Beginning in FY 2010, we changed the data definition to include correct assignment of Social Security Numbers if the individual did not receive more than one Social Security Number, except where permitted.

STRATEGIC GOAL 4: PRESERVE THE PUBLIC'S TRUST IN OUR PROGRAMS

Long-Term Outcomes

- Minimize improper payments;
- Improve protection of personally identifiable information;
- Increase the electronic filing of wage reports;
- Strengthen our efforts to protect program dollars from waste, fraud, and abuse; and
- Increase the use of "green" solutions in our daily operations.

To preserve the public's trust in our programs, we must balance our commitment to serving the public with our ongoing investment in program integrity activities. The gradual expansion of our workloads and the recent surge in claims caused by the aging of the baby boomers and the economic downturn present major challenges to our stewardship and service missions. In FY 2009, we paid approximately 56 million individuals more than \$700 billion in Social Security and Supplemental Security Income payments. We must have policies and core processes in place to ensure we pay benefits accurately and timely, and administer our programs efficiently and effectively. We take our stewardship of these programs seriously, and we will continue to demonstrate our commitment to sound management practices. We work collaboratively with our federal, state, and local partners to identify improper payments. We also conduct ongoing, extensive reviews to not only confirm that individuals receive the benefits they are due, but also to maintain public confidence that we protect and properly manage our resources and program dollars.

Strategic Objective 4.1 Curb improper payments

Our program integrity workloads are critical to ensuring well-run programs and accurate payments. As stewards of the programs entrusted to us, we must ensure that we pay individuals the correct amount – neither overpaying nor underpaying them. To accomplish this, we will undertake projects with the greatest potential to improve program integrity across three fronts to: 1) detect improper payments; 2) prevent improper payments; and 3) collect debt.

Detect improper payments

To ensure that we pay program benefits only to those individuals who continue to be disabled or have ongoing eligibility for benefits, we will persist in our efforts to increase program integrity levels by continuing to:

- **Conduct Supplemental Security Income redeterminations:** Supplemental Security Income is a means-tested program that provides cash assistance to aged, blind, and disabled individuals with limited income and resources. Once individuals are eligible for these benefits, changes in their living arrangements or in the amount of their income or resources can affect their ongoing eligibility for or the amount of their benefit. In order to ensure that we are making accurate Supplemental Security Income payments to eligible individuals, we conduct periodic reviews or redeterminations. Redeterminations ensure that individuals receiving Supplemental Security Income are paid the

correct amount based on non-medical factors of eligibility. They are a proven investment. We currently estimate that redeterminations have a return on investment over 10 years of \$8 in program savings for each \$1 spent, including savings accruing to Medicaid. In FY 2010, we expect to conduct 2,422,000 Supplemental Security Income redeterminations, an increase of more than 690,000 over FY 2009 and we plan to maintain the higher level in FY 2011.

- **Perform Continuing Disability Reviews (CDR):** To ensure we pay disability benefits only to those who continue to meet our medical requirements, we periodically conduct CDRs. We have found that CDRs are highly productive; every \$1 spent on CDRs produces a \$10 return. To make this process even more efficient, we continue to refine the CDR mailer/statistical scoring model to screen cases and identify those cases for which a full medical review would not be cost-effective. We then conduct full medical CDRs for the remaining cases. We are also implementing an electronic CDR process, which increases our speed and productivity compared to a paper CDR process. In FY 2010 and FY 2011, we plan to increase the volume of periodic medical CDRs, helping us continue to reverse a trend in declining CDRs.

Prevent improper payments

To avoid improper payment of benefits through the use of technology, we will:

- **Expand the *Access to Financial Institutions* initiative:** In the Supplemental Security Income program, resources in undisclosed financial accounts are a factor contributing to many overpayments. We will expand use of an electronic process, known as *Access to Financial Institutions*, to check account balances directly with financial institutions. To date, we have implemented *Access to Financial Institutions* in three states – California, New Jersey, and New York. We will expand this project to more states in FY 2010, with the ultimate goal of nationwide implementation.
- **Promote use of the *Supplemental Security Income Telephone Wage Reporting* system (SSITWR):** Wages continue to be a major source of payment error in the Supplemental Security Income program because we do not always receive accurate or timely monthly wage information. We have made it easier for individuals and their representative payees – individuals or organizations who receive Supplemental Security Income benefits on behalf of others who cannot manage their own benefits – who are willing and able to report monthly wages through an automated telephone system. The SSITWR eliminates the need for individuals to mail or bring copies of their pay slips into their local field offices and requires minimal intervention from our employees. We encourage individuals receiving Supplemental Security Income payments to report their wages via the SSITWR, and we will provide them with training on how to use the system.

Collect debt

To continue to carefully manage program dollars by collecting debts, we will:

- **Enhance overpayment collection efforts:** We recover Social Security and Supplemental Security Income debt from the overpaid individual. We also recover debt from a representative payee who is liable for the overpayment. To recover debt, we withhold current benefit payments from the individual. Debt is more difficult to recoup once benefits end; therefore, we make every effort to identify and collect debt as soon as possible. If the overpaid individual no longer receives benefits, we offer the opportunity to repay debt via monthly installment payments. If a repayment agreement cannot be arranged, we withhold debt from a variety of sources including federal tax refunds, federal annuities, and wages. We will enhance our debt collection by using offset of state payments, including state tax refunds. We are planning to implement several additional debt collection tools, such as charging administrative fees and interest on debts.

Performance Measures ~ Strategic Objective 4.1

4.1a: Complete the budgeted number of Supplemental Security Income non-disability redeterminations

Fiscal Year	2010	2011	
Target	2,422,000	2,422,000	
FY 2007 - FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	1,038,948	1,220,664	1,730,575

Data definition: The number of non-disability Supplemental Security Income redeterminations completed in the the fiscal year up to the target. This number includes scheduled and unscheduled reviews, as well as targeted redeterminations.

Data source: *Redetermination Service Delivery Objective Report, Limited Issue Service Delivery Objective Report, Post-eligibility Operational Data Store*

Frequency reported: Monthly

4.1b: Complete the budgeted number of continuing disability reviews

Fiscal Year	2010	2011	
Target	954,000	1,388,000	
FY 2007 - FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	764,852	1,091,303	1,101,983

Data definition: The number of continuing disability reviews (CDRs) completed in the fiscal year up to the target. This number includes medical reviews completed by the Disability Determination Services and other agency components, reviews conducted by questionnaires (mailers) that do not require a medical review, and cases where we initiated a review but one was not conducted because the individual failed to cooperate.

Note:

FY 2011 target of 1,388,000 includes 360,000 medical CDRs and approximately 1,028,000 mailers that do not require a medical review.

FY 2010 target of 954,000 includes 329,000 medical CDRs and approximately 625,000 mailers that do not require a medical review.

FY 2009 performance of 1,101,983 includes 316,960 medical CDRs and 785,023 mailers that did not require a medical review.

FY 2008 performance of 1,091,303 includes 245,388 medical CDRs and 845,915 mailers that did not require a medical review.

FY 2007 performance of 764,852 includes 207,637 medical CDRs and 557,215 mailers that did not require a medical review.

Data source: *Continuing Disability Review Tracking Files*

Frequency reported: Monthly

4.1c: Percent of Supplemental Security Income payments free of overpayment (O/P) and underpayment (U/P) error

Overpayment Accuracy Rate

Fiscal Year	2010	2011	
Target	91%	91.5%	
FY 2007 – FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	90.9%	89.7%	Available June 2010

Underpayment Accuracy Rate

Fiscal Year	2010	2011	
Target	98.8%	98.8%	
FY 2007 – FY 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	98.5%	98.3%	Available June 2010

Data definition: The Supplemental Security Income payment accuracy rate free of overpayment and underpayment error is determined by an annual review of a statistically valid sample of the beneficiary rolls. The payment accuracy is based on a non-medical review of sampled individuals receiving Supplemental Security Income payments during the fiscal year. The overpayment accuracy rate is determined by dividing the total overpayment error dollars by the total dollars paid for the fiscal year and subtracting this percentage from 100 percent. The underpayment accuracy rate is determined by dividing the total underpayment error dollars by the total dollars paid for the fiscal year and subtracting this percentage from 100 percent.

Data source: *Supplemental Security Income Stewardship Report*

Frequency reported: Annually

Note: This measure is also a *Program Performance Measure*.

4.1d: Percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment (O/P) and underpayment (U/P) error

Overpayment Accuracy Rate

Fiscal Year	2010		2011	
Target	99.8%		99.8%	
FY 2007 – FY 2009 Historical Performance				
Fiscal Year	2007	2008	2009	
Performance	99.8%	99.7%	Available June 2010	

Underpayment Accuracy Rate

Fiscal Year	2010		2011	
Target	99.8%		99.8%	
FY 2007 – FY 2009 Historical Performance				
Fiscal Year	2007	2008	2009	
Performance	99.9%	99.9%	Available June 2010	

Data definition: The Old-Age, Survivors, and Disability Insurance (OASDI) payment accuracy rate free of overpayment and underpayment error is determined by an annual review of a statistically valid sample of the beneficiary rolls. The payment accuracy is based on a non-medical review of sampled individuals receiving OASDI payments during the fiscal year. The overpayment accuracy rate is determined by dividing the total overpayment error dollars by the total dollars paid for the fiscal year and subtracting this percentage from 100 percent. The underpayment accuracy rate is determined by dividing the total underpayment error dollars by the total dollars paid for the fiscal year and subtracting this percentage from 100 percent.

Data source: *Old-Age, Survivors, and Disability Insurance Stewardship Report*

Frequency reported: Annually

Note: This measure is also a *Program Performance Measure*.

Strategic Objective 4.2

Ensure privacy and security of personal information

Since the enactment of the Social Security Act in 1935, one of our priorities has been protecting the privacy of personally identifiable information in our records. Privacy protection was the subject of our first regulation in 1936. The regulation details our privacy policy and the permissible disclosures of personally identifiable information. It also reflects our commitment to maintaining the confidentiality and integrity of such information.

As we continue to safeguard personal information, we will improve our encryption practices for data moving outside our facilities and networks, train employees and contractors and hold them accountable for safeguarding personally identifiable information with which they work, and strictly control access to systems containing such information. We will also conduct rigorous annual security reviews of our systems and programs, and ensure that our data exchange activities adhere to the National Institute of Standards and Technology requirements.

To further ensure privacy and security of personal information, we will:

- **Develop authentication solutions:** The public expects and deserves a secure environment when they conduct business with us online and on the telephone. To provide a secure environment, we must authenticate, with certainty, that we are conducting business with the individual he or she claims to be. We are building stronger authentication methods to support new and improved Internet and automated telephone applications while appropriately protecting personal information. Based on public feedback, we will strengthen our passwords to better conform to industry standards.

In FY 2010, we will implement a new authentication solution to provide appointed representatives, who act on behalf of individuals who file for benefits, with secure access to their clients' electronic files. After successful registration, we will collect representatives' text-enabled cell phone numbers. Prior to accessing their clients' electronic folder, representatives must enter a user identification number, password, and a text-messaged password. The text-messaged password will change with each access attempt, providing an additional layer of security to appropriately protect the personal information of their client.

In an effort to improve our authentication protocols, we will continue to conduct public surveys and perform benchmarking with private sector businesses and other government agencies. In FY 2011, we will begin using a combination of SSA and external data to more accurately identify individuals who want to do business with us online. We are strengthening our current authentication methods to ensure they continue to meet federal standards to protect personal information.

- **Comply with the *Federal Information Security Management Act of 2002*:** We report annually to the Office of Management and Budget and to Congress on our ability to safeguard information security programs and practices, including personally identifiable information. We comply with requirements found in the *Federal Information Security Management Act*. See Appendix C for more information about the *Federal Information Security Management Act*.
- **Inform the public:** Through notices in the *Federal Register*, we will continue to inform the public and invite their comments about our authority for collecting and using personal information; rules governing the maintenance of personal information; what possible disclosures might be made of the information; and how to access, amend, or correct information we have in our records.
- **Conduct *Privacy Impact Assessments*:** We are committed to protecting the privacy of individuals who interact with us. As directed by the *E-Government Act of 2002*, we conduct reviews of how personal information is handled when we use electronic systems to collect information, or when we develop or buy new systems to handle collections of personally identifiable information. The *E-Government Act* also directs us to describe how we handle information individuals provide electronically so that personal information is protected. We will continue to publish assessments on www.socialsecurity.gov/foia.

Strategic Objective 4.3

Maintain accurate earnings records

In FY 2009, we completed and posted more than 262 million reports of earnings to individuals' records. We base Social Security benefit amounts on a worker's lifetime earnings, so it is critical that we maintain accurate earnings records and credit the correct amount of earnings to the right person. Maintaining accurate earnings records is resource intensive and highly complex, and it is vital to the administration of our programs. We make every effort to ensure employers and workers have the tools to report wages accurately and to correct any mistakes in their earnings records. Despite these efforts, since 1937, unreported name changes, employer errors, and misuse of Social Security Numbers have resulted in 296 million wage items (representing over \$835 billion in earnings) that cannot be properly posted to workers' earnings records. We place these unposted wage items in the Earnings Suspense File. Each year we review the Earnings Suspense File and attempt to match wage items with the correct worker's earnings record. In 2009, we identified over 119,000 wage items in the Earnings Suspense File, for a total of over \$1 billion in earnings, which were matched with the correct worker's earnings record.



Other efforts we will take to ensure the accuracy of earnings records include:

- **Issue annual *Social Security Statements*:** We will continue to issue the annual *Social Security Statement*, as required by law, so individuals can review their earnings record for accuracy and completeness. We mail the *Statement* to all workers age 25 and older who are not yet receiving Social Security benefits. The *Social Security Statement* arrives 2 to 3 months before an individual's birthday. It provides estimates of their retirement, disability, and survivor benefits based on their Social Security tax contributions and helps individuals and their families plan for their financial future. More information is available at www.socialsecurity.gov/mystatement.

In FY 2009, we completely redesigned the insert, *Thinking of retiring?*, that we send to workers age 55 and older, which highlights retirement age considerations, the online *Retirement Estimator*, and the ease of filing online. We also began including an insert, *What young workers should know about Social Security and saving*, for workers ages 25-35, which provides information about retirement planning and includes a chart illustrating the benefits of saving. In FY 2011, we will issue approximately 154 million *Social Security Statements*. To maximize the usefulness of the *Statement*, we will conduct formal surveys and meet with the public to solicit their feedback on its design and content. We will use the feedback to make necessary revisions and enhancements.

- **Increase electronic wage report filing:** We will continue to work toward eliminating paper wage reports while migrating to an electronic earnings record process. Annually, we receive over 43 million paper wage reports from approximately 4.4 million employers. Since paper wage reports are more error-prone, labor intensive, and expensive to complete, we will continue to encourage employers to use *Business Services Online* to file *Forms W-2* for their employees electronically. We will inform employers about electronic wage reporting through online information and resources, promotional materials, payroll conferences, articles in trade publications, and direct contact. Additionally, we continue to work with the Internal Revenue Service to improve all aspects of wage reporting.
- **Implement *Earnings: The Next Generation* initiative:** Our earnings systems, last modernized in 1994, involve manual processes that make them error-prone and poorly suited for today's Internet environment. We are redesigning our systems to transform our earnings process from paper to electronic. Some benefits of this redesign include timely wage postings, increased accuracy of posted earnings, and better Social Security Number verification. In FY 2010, we will begin modernizing the system that processes self-employment earnings, as well as unifying the multiple-systems that process corrections to earnings records. For FY 2011, we plan to begin analysis of the system that processes *Form W-2s*, complete modernization of the system that processes self-employment income, and continue to improve our earnings corrections processes.

Performance Measure ~ Strategic Objective 4.3

4.3a: Reduce the target percentage of paper *Forms W-2* completed

Fiscal Year	2010	2011
Target	17%	16.5%
FY 2009 Historical Performance		
Fiscal Year	2009	
Performance	16%	

Data definition: The percentage of paper *Forms W-2* processed to completion. The percentage is derived by dividing the number of paper *Forms W-2* processed to completion by the total number of *Forms W-2* processed to completion.

Data source: *Earnings Modernization Operational Data Store Management Information Reports*

Frequency reported: Annually

Strategic Objective 4.4 Simplify and streamline how we do our work

To meet the challenges of our growing workloads and provide the best service possible, we will simplify and streamline our policies and procedures, as well as moving more of our business processes to an electronic environment. Our processes, policies, and regulatory and statutory requirements are often complicated as well as difficult to administer and explain. Moreover, years of legislation and litigation have increased our responsibilities and made our requirements even more complex. We will work with Congress and stakeholders to identify ways to simplify our statutory and regulatory requirements. Initiatives to support these efforts include:

- **Develop legislative proposals through the Legis Team:** We have established an agency-wide collaborative process to develop legislative proposals that affect our programs. Our focus is two-fold: 1) enhancing the equity and adequacy of our programs, and 2) simplifying and streamlining policy. The Legis Team will develop proposals for the Commissioner's consideration with input from all agency components. This effort will ensure that we identify every opportunity for policy improvement and provide Congress with substantive and viable proposals to consider.
- **Expand the use of the *Integrated Disability Process*:** The *Integrated Disability Process* is a multi-component initiative, chaired by agency executives, which will resolve important disability policy and procedural issues. This initiative will also help us address differences and difficulties in the application of disability policy and procedures at all decision-making levels. Through innovation and collaboration, the *Integrated Disability Process* team is working to simplify, clarify, and streamline some of the most complex policy issues in our disability programs.

Strategic Objective 4.5

Protect our programs from waste, fraud, and abuse

We maintain a strong detection and prevention program to deter persons who seek to obtain benefits through fraud and abuse. We also collaborate with other federal agencies to investigate and prosecute fraud, expand forensic computer crime detection capabilities, and strengthen fraud prevention by adding new checks and balances in our processes. We will continue to protect our programs through the following activities:

- **Ensure the integrity of our *Annual Financial Statement*:** As mandated by the *Chief Financial Officers Act of 1990*, each year our Inspector General (IG), or an independent external auditor as determined by the IG, audits our financial statements in accordance with applicable standards. We strive to obtain an unqualified audit opinion which attests to the fair presentation of our financial statement, and demonstrates the discipline and accountability essential to our responsibilities as stewards of Social Security funds. This opinion assures the public and Congress that: 1) our financial statements conform to generally accepted accounting principles; 2) our internal controls over financial reporting are operating effectively; and 3) we are in compliance with laws and regulations governing use of budgetary authority.
- **Expand our Cooperative Disability Investigation (CDI) program:** We will continue to work collaboratively with our Office of the Inspector General, State Disability Determination Services, and state and local law enforcement to resolve allegations of fraud in our disability programs. Our CDI program is one of our most successful anti-fraud initiatives and has contributed to more than \$2 billion in SSA and non-SSA program savings over the last 11 years. We plan to open two new CDI units in both FYs 2010 and 2011. These new units, along with our current 20 CDI units, will help us prevent payments to individuals who are not disabled, terminate payments to those who have failed to report medical improvement or work activity, and stop payments to those who should have not received disability benefits.
- **Conduct *Onsite Security Control and Audit Reviews*:** We will continue to conduct ongoing *Onsite Security Control and Audit Reviews* at all of our field offices, teleservice centers, processing centers, Disability Determination Services, and hearing offices to ensure that they follow established policies and procedures and that management controls are in place to deter and detect waste, fraud, and abuse. The reviews identify any major procedural problems before they lead to material weaknesses. We require office managers to submit a corrective action plan providing details on the actions they will take to correct each deficiency cited during the review. We also monitor corrective actions to ensure we address each deficiency.

Performance Measure ~ Strategic Objective 4.5

4.5a: Receive an unqualified audit opinion on SSA's financial statements

Fiscal Year	2010		2011
Target	Receive an unqualified opinion		Receive an unqualified opinion
FY 2007 - 2009 Historical Performance			
Fiscal Year	2007	2008	2009
Performance	Received an unqualified opinion		

Data definition: The receipt of an unqualified audit opinion from an independent auditor. An independent auditor determines that agency financial statements are presented fairly, in all material respects, and conform to accounting principles generally accepted in the United States of America.

Data source: The independent auditor report

Frequency reported: Annually



Strategic Objective 4.6

Use “green” solutions to improve our environment

We have a responsibility to the public to conduct business in an environmentally friendly manner through energy and waste conservation. We began recycling and purchasing energy efficient lighting, electronics, and appliances before *Executive Order 13423, Strengthening Federal Environment, Energy, and Transportation Management* directed Federal agencies to improve their environmental, energy, and transportation processes. One hundred percent of our new vehicle purchases are alternative fuel vehicles. Nationwide, we have converted over 60 percent of our light-duty vehicles to alternative fuel vehicles, and at Headquarters, we have converted 80 percent of these vehicles. We will continue to meet the *Executive Order* requirements to increase consumption of alternative fuels by 10 percent and reduce petroleum consumption by 2 percent annually. At Headquarters, we continue to share our improvements with other federal agencies by allowing them access to alternative fuel pumps that we have installed.



We are making environmentally conscientious decisions by purchasing computers with Energy Star ratings and we are enabling our work stations to use the power saving *Wake-On-Lan* technology. As we build and renovate our facilities, we will use environmentally sustainable strategies, including green roofs, solar panels, wind turbines, energy efficient lighting, climate control, and other “green” improvements (such as in our Southeastern Program Service Center building shown in the insert).

We continue to find new and innovative ways to expand our “green” programs. We promote using “greener” transportation methods for our employees, including carpooling and mass transit; using recyclable plates and utensils in our cafeterias; and expanding existing recycling options. We lead by example to advance energy and environmental practices.

“Going Green” at our Southeastern Program Service Center



In January 2009, the new Southeastern Program Service Center building in Birmingham, Alabama, celebrated its 1-year anniversary. It has a “green” roof that reduces the building’s carbon footprint through absorption of carbon dioxide and by incorporating oxygen-producing plants and vegetables, a raised floor system that provides better ventilation for improved air quality, and a “natural light harvesting” system designed to capture as much natural sunlight as possible.

Performance Measures ~ Strategic Objective 4.6

4.6a: Replace gasoline-powered vehicles with alternative-fuel vehicles

Fiscal Year	2010	2011
Target	50 vehicles	36 vehicles
FY 2009 Historical Performance		
Fiscal Year	2009	
Performance	26 vehicles	

Data definition: The number of gasoline-powered vehicles in our inventory replaced with alternative-fuel vehicles nationwide in the fiscal year.

Data source: *Agency Fleet Vehicle Inventory*

Frequency reported: Annually

4.6b: Develop and implement an agency *Environmental Management System*

Fiscal Year	2010	2011
Target	Provide training needed for implementation	Establish performance objectives
FY 2009 Historical Performance		
Fiscal Year	2009	
Performance	Developed a high-level project plan	

Data definition: A high-level project plan is developed and implemented. Developing the plan includes establishing timeframes, establishing and assigning specific responsibilities, and training suitable staff to implement an organizational *Environmental Management System* by 2012.

Data source: *Office of Management and Budget Environmental Scorecard Workgroup*

Frequency reported: Annually

APPENDIX A: SUMMARY OF PROGRAM PERFORMANCE MEASURES

The Office of Management and Budget (OMB) assesses the effectiveness of federal programs by identifying strengths and weaknesses to assist executives in making informed budget and management decisions. As part of the assessment, OMB evaluated our three programs— Old-Age and Survivors Insurance, Disability Insurance, and Supplemental Security Income. They rated each program as moderately effective (the second highest rating possible).

Program Performance Measures included in the program assessments emphasize the relationship between outcome, output, and efficiency measures, because each type of measure provides valuable information about program performance. Collectively, these measures convey a comprehensive story regarding what products and services agencies provide, how well they do so, and with what result. OMB is in the process of overhauling the performance metrics system. In the interim, SSA has continued to monitor these important Program Performance Measures included in the program assessments. The Program Performance Measures targets are listed in the table below.

PROGRAM PERFORMANCE MEASURES		
Performance Measures	FY 2010 Target	FY 2011 Target
Achieve the budgeted goal for average processing time for hearing requests	485 days	460 days
Minimize average processing time for initial disability claims to provide timely decisions	132 days	141 days
Percent of retirement and survivors claims receipts completed up to the budgeted level	100% (4,718,000)	100% (4,590,000)
Percent of Supplemental Security Income payments free of overpayment error	91%	91.5%
Percent of Supplemental Security Income payments free of underpayment error	98.8%	98.8%
Percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment error	99.8%	99.8%
Percent of Old-Age, Survivors, and Disability Insurance payments free of underpayment error	99.8%	99.8%
Achieve target percentage of hearing level cases pending over 365 days	39%	38%

PROGRAM PERFORMANCE MEASURES

Performance Measures	FY 2010 Target	FY 2011 Target
Achieve the budgeted goal for SSA hearings cases production per workyear	108	108
Disability Determination Services net accuracy rate for combined initial disability allowances and denials	97%	97%
Disability Determination Services cases production per workyear	268	275
Number of Disability Insurance and Supplemental Security Income beneficiaries, with Tickets assigned, who work	98,940	101,908
Percent of individuals who do business with SSA rating the overall services as “excellent,” “very good,” or “good”	83.5%	83.5%
Percent of Supplemental Security Income aged claims processed by the time the first payment is due or within 14 days of the effective filing date	80%	80%
Issue an annual SSA-initiated <i>Social Security Statement</i> to eligible individuals age 25 and older	100%	100%
Through changes in the law, achieve and maintain sustainable solvency such that today’s and tomorrow’s workers can expect to receive the benefits scheduled in law as reformed rather than as determined by Trust Fund solvency, while continuing to protect those who depend on Social Security the most	Conduct Analysis	Conduct Analysis

APPENDIX B: FY 2010 MAJOR EVALUATIONS

We routinely evaluate our programs and performance by conducting a variety of studies and surveys. Some we complete on an ongoing basis, whereas others we conduct as needed. We report findings on these studies and surveys in our annual *Performance and Accountability Report* prepared at the end of the fiscal year. Below we list our FY 2010 evaluations according to the strategic goal they support in our FY 2008 – FY 2013 Agency Strategic Plan.

STRATEGIC GOAL 1 – ELIMINATE OUR HEARINGS BACKLOG AND PREVENT ITS RECURRENCE

Evaluation	Description
<i>Disability Appeals – Senior Attorney Advisor Quality Assessment</i>	Assesses the accuracy of favorable hearing decisions made by non-administrative law judge decision-makers (e.g., Senior Attorney Adjudicators)
<i>Hearing Process Report Card Survey</i>	Surveys perceptions about the entire hearing process from individuals who file for disability benefits

STRATEGIC GOAL 2 – IMPROVE THE SPEED AND QUALITY OF OUR DISABILITY PROCESS

Evaluation	Description
<i>Evaluation of Ticket to Work Program and Adequacy of Incentives</i>	Evaluates the progress of the <i>Ticket to Work Program</i> as required under the <i>Ticket to Work and Work Incentives Improvement Act of 1999</i>
<i>Disability Initial Claims Report Card</i>	Surveys perceptions of the initial disability application processes from individuals who file for disability benefits
<i>The Office of Quality Performance Denial Review</i>	Assesses the accuracy of initial and reconsideration-level medical denials

STRATEGIC GOAL 3 – IMPROVE OUR RETIREE AND OTHER CORE SERVICES

Evaluation	Description
<i>Enumeration Quality Review</i>	Assesses the accuracy of original Social Security Numbers assigned during the fiscal year
<i>800 Number Service Evaluation</i>	Evaluates our accuracy in the handling of individuals' calls to the National 800 Number
<i>Field Office Telephone Service Evaluation</i>	Evaluates our accuracy in the handling of individuals' calls to field offices
<i>Overall Service Satisfaction Surveys</i>	<ul style="list-style-type: none"> Telephone service satisfaction surveys evaluate callers' satisfaction with our National 800 Number and field office telephone services Office visitor surveys evaluate visitors' satisfaction with our field and hearing offices
<i>Internet Services Satisfaction Surveys</i>	Surveys individuals to obtain their perception of our online services, e.g., satisfaction with online applications for retirement or disability benefits using the recently redesigned online application process, <i>iClaim</i>

STRATEGIC GOAL 4 – PRESERVE THE PUBLIC'S TRUST IN OUR PROGRAMS

Evaluation	Description
<i>Retirement, Survivors, and Disability Insurance Stewardship Review</i>	Measures the accuracy of payments to individuals receiving Social Security retirement, survivors, or disability benefits
<i>Supplemental Security Income Stewardship Review</i>	Measures the accuracy of payments to individuals receiving Supplemental Security Income payments
<i>Pre-effectuation Review of Disability Determinations</i>	Assesses the accuracy of disability initial and reconsideration allowances made by State Disability Determination Services as required in the <i>Social Security Act</i>
<i>Safeguard Procedures Reports</i>	Details the security measures we are taking to ensure the confidentiality of the Federal tax information provided to us by the Internal Revenue Service
<i>The Federal Information Security Management Act of 2002 Report to Congress</i>	Reports to Congress whether our overall information technology security programs and practices comply with the <i>Federal Information Security Management Act of 2002</i>
<i>Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds</i>	Reports on the financial and actuarial status of the two Social Security trust funds – the <i>Old-Age and Survivors Trust Fund</i> and the <i>Disability Trust Fund</i>
<i>Annual Report of the Supplemental Security Income Program</i>	Reports annually to the President and the Congress on the status of the Supplemental Security Income program and provides projections of program participation and costs through at least 25 years
<i>Social Security Statements Survey</i>	Surveys the American public on a routine basis to determine if the <i>Statement</i> is meeting the agency's objectives and the public's financial planning needs. We also use the survey data to monitor and improve public understanding of the <i>Statement</i> messages

APPENDIX C: FEDERAL INFORMATION SECURITY MANAGEMENT ACT

The goals of the *E-Government Act of 2002, Title III – Federal Information Security Management Act (FISMA)* include development of a comprehensive framework to protect the government’s information, operations, and assets. Providing adequate security for the federal government’s investment in information technology is a significant undertaking. FISMA requires the heads of each agency to implement policies and procedures to reduce information technology security risks to an acceptable level.

Our Federal Information Security Management Act Statement

The implementation of FISMA at Social Security includes annual and ongoing security activities consisting of:

- Security training and awareness;
- Assessing security controls;
- Ensuring compliance with Federal security policy and standards;
- Reporting security incidents;
- Correcting security weaknesses;
- Implementing Federal and agency security initiatives; and
- Continuous monitoring of security threats.

These activities involve all agency components and are reported to the Office of Management and Budget. Meeting FISMA requirements provide a level of assurance that Social Security’s major information technology systems and the data contained therein, including personally identifiable information, are protected.

APPENDIX D: CHANGES TO PERFORMANCE MEASURES, DATA DEFINITIONS, AND DATA SOURCES

NEW PERFORMANCE MEASURES

Number	FY 2010 New Performance Measures
2.2b	Achieve the target number of initial disability claims pending
2.3b	Increase the percentage of initial disability claims completed using <i>Health Information Technology</i>

CARRYOVER PERFORMANCE MEASURES WITH TITLE CHANGES

Number	FY 2010 New Title	FY 2009 Old Title
1.1a	Complete the budgeted number of hearing requests	Process the budgeted number of hearings
1.2a	Achieve the target number of hearing requests pending	Achieve the target for number of hearings pending
1.2b	Achieve the target to eliminate the oldest hearing requests pending	Achieve the target to eliminate the oldest hearings pending
1.2c	Achieve the budgeted goal for average processing time for hearing requests	Achieve the budgeted goal for average processing time in days for hearings
1.2d	Achieve the target to eliminate the oldest Appeals Council requests for review pending	Achieve the target to eliminate the oldest Appeals Council cases pending
1.2e	Achieve the target average processing time for Appeals Council requests for review	Achieve the target for average processing time of Appeals Council decisions
2.1a	Achieve the target percentage of initial disability cases identified as a Quick Disability Determination or a Compassionate Allowance	Achieve the target percentage of initial disability claims identified as a Quick Disability Determination or a Compassionate Allowance
2.1b	Complete the budgeted number of initial disability claims	Process the budgeted number of initial disability claims
3.1a	Percent of retirement and survivors claims receipts completed up to the budgeted level	Percent of retirement and survivors claims receipts processed up to the budgeted level
4.1a	Complete the budgeted number of Supplemental Security Income non-disability redeterminations	Process the budgeted number of Supplemental Security Income non-disability redeterminations
4.1b	Complete the budgeted number of continuing disability reviews	Process the budgeted number of continuing disability reviews
4.3a	Reduce the target percentage of paper <i>Forms W-2</i> completed	Achieve the target percentage of paper <i>Forms W-2</i> received

CARRYOVER PERFORMANCE MEASURE WITH DATA SOURCE CHANGE

Number	FY 2010 New Data Source	FY 2009 Old Data Source
3.4a	Overall satisfaction rating is based on Service Satisfaction Surveys of National 800 Number callers; field office callers; visitors to field offices and hearings offices; and, starting in FY 2009, individuals who filed an application online. Additional cohorts of individuals using transactional Internet services are to be added incrementally each year from FY 2011- FY 2013 in the following categories: changes to beneficiary records; completion of medical forms; and information requests (such as, request for benefit verification.)	Service Satisfaction Surveys

CARRYOVER PERFORMANCE MEASURES WITH DATA DEFINITION CHANGE

Number	FY 2010 New Data Definition	FY 2009 Old Data Definition
1.1a	The number of hearing requests completed in the current fiscal year up to the number budgeted.	The number of hearing requests processed in the current fiscal year up to the number budgeted.
2.1b	The number of Social Security and Supplemental Security Income initial disability claims completed in the Disability Determination Services and other agency components in the current fiscal year up to the budgeted number.	The number of Social Security and Supplemental Security Income initial disability claims processed in the Disability Determination Services and other agency components in the current fiscal year up to the budgeted number.
3.1a	The percent of retirement, survivors, and health insurance claims receipts completed in the current fiscal year up to the budgeted number.	The percent of retirement, survivors, and health insurance claims receipts processed in the current fiscal year up to the budgeted number.

CARRYOVER PERFORMANCE MEASURE WITH DATA DEFINITION CHANGE

Number	FY 2010 New Data Definition	FY 2009 Old Data Definition
3.5a	The percentage is derived using a statistically valid sample of original Social Security Numbers assigned in the fiscal year. The number of correctly assigned Social Security Numbers is divided by the total number sampled. We consider the Social Security Number assigned correctly when: 1) the individual did not receive a Social Security Number that belongs to someone else; 2) the individual did not receive more than one Social Security Number, except where permitted; and 3) the individual is eligible to receive a Social Security Number based on supporting documentation.	The percentage is derived using a statistically valid sample of original Social Security Numbers assigned in the fiscal year. The number of correctly issued Social Security Numbers is divided by the total number sampled. We consider the Social Security Number assigned correctly when: 1) the individual did not receive a Social Security Number that belongs to someone else; 2) the individual does not receive more than one Social Security Number; and 3) the individual is eligible to receive a Social Security Number based on supporting documentation.
4.1a	The number of non-disability Supplemental Security Income redeterminations completed in the fiscal year up to the target. This number includes scheduled and unscheduled reviews, as well as targeted redeterminations.	The number of non-disability Supplemental Security Income redeterminations processed in the fiscal year up to the target. This number includes scheduled and unscheduled reviews, as well as targeted redeterminations.
4.1b	The number of continuing disability reviews (CDRs) processed in the fiscal year up to the target. This number includes medical reviews completed by the Disability Determination Services and other agency components, reviews conducted by questionnaires (mailers) that do not require a medical review, and cases where we initiated a review but one was not conducted because the individual failed to cooperate.	The number of continuing disability reviews (CDRs) processed in the fiscal year up to the target. This number includes medical reviews processed by the Disability Determination Services and other agency components, reviews conducted by questionnaires (mailers) that do not require a medical review, and cases where we initiated a review but one was not conducted because the individual failed to cooperate.
4.3a	The percentage of paper <i>Forms W-2</i> processed to completion. The percentage is derived by dividing the number of paper <i>Forms W-2</i> processed to completion by the total number of <i>Forms W-2</i> processed to completion.	The percentage of paper <i>Forms W-2</i> received. The percentage is derived by dividing the number of paper <i>Forms W-2</i> received by the total number of <i>Forms W-2</i> received.



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