

ANNUAL PERFORMANCE PLAN FOR FISCAL YEAR 2013



AND REVISED FINAL PERFORMANCE PLAN FOR FISCAL YEAR 2012

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

Deliver Quality Disability Decisions and Services

Reduce the Wait Time for Hearing Decisions and Eliminate the Hearings Backlog

Improve Our Disability Policies, Procedures, and Tools

Expedite Cases for the Most Severely Disabled Individuals

Provide Quality Service to the Public

Increase the Use of Our Online Services

Increase Public Satisfaction with Our Telephone Services

Expand the Use of Video Services

Improve the Clarity of Our Notices

Preserve the Public's Trust in Our Programs

Increase Efforts to Accurately Pay Benefits

Recover Improper Payments

Maintain Accurate Earnings Records

Make Our Administrative Operations Even More Efficient

Strengthen Our Workforce and Infrastructure

Strengthen Our Workforce – Recruit, Train, Develop, and Retain Superior Employees

Maintain Secure and Reliable Information Technology Services

Increase Efficiency of Our Physical Infrastructure

Our Organization

Our current organization is comprised of over 80,000 Federal and State employees. We deliver services through a nationwide network of 1,500 offices that include regional offices, field offices, (including Social Security card centers), teleservice centers, processing centers, hearing offices (including satellite offices and National Hearing Centers), the Appeals Council, and our headquarters in Baltimore, Maryland. We also have a presence in several United States embassies around the globe.

Our field offices and Social Security card centers are the primary points of contact for in-person interaction with the public. Our teleservice centers primarily handle telephone calls to our National 800 Number. Employees in our processing centers primarily handle Social Security retirement, survivors, and disability payments but also perform a wide range of other functions, which include answering telephone calls to our National 800 Number. We depend on State employees in 54 State and territorial Disability Determination Services to make disability determinations. The administrative law judges in our hearing offices and the Appeals Council make decisions on appeals of denied Social Security and Supplemental Security Income claims. The vast majority of our employees serve the public directly or provide support to employees who do. A chart illustrating our organizational structure and the function of each component is available on our website at www.socialsecurity.gov/org.

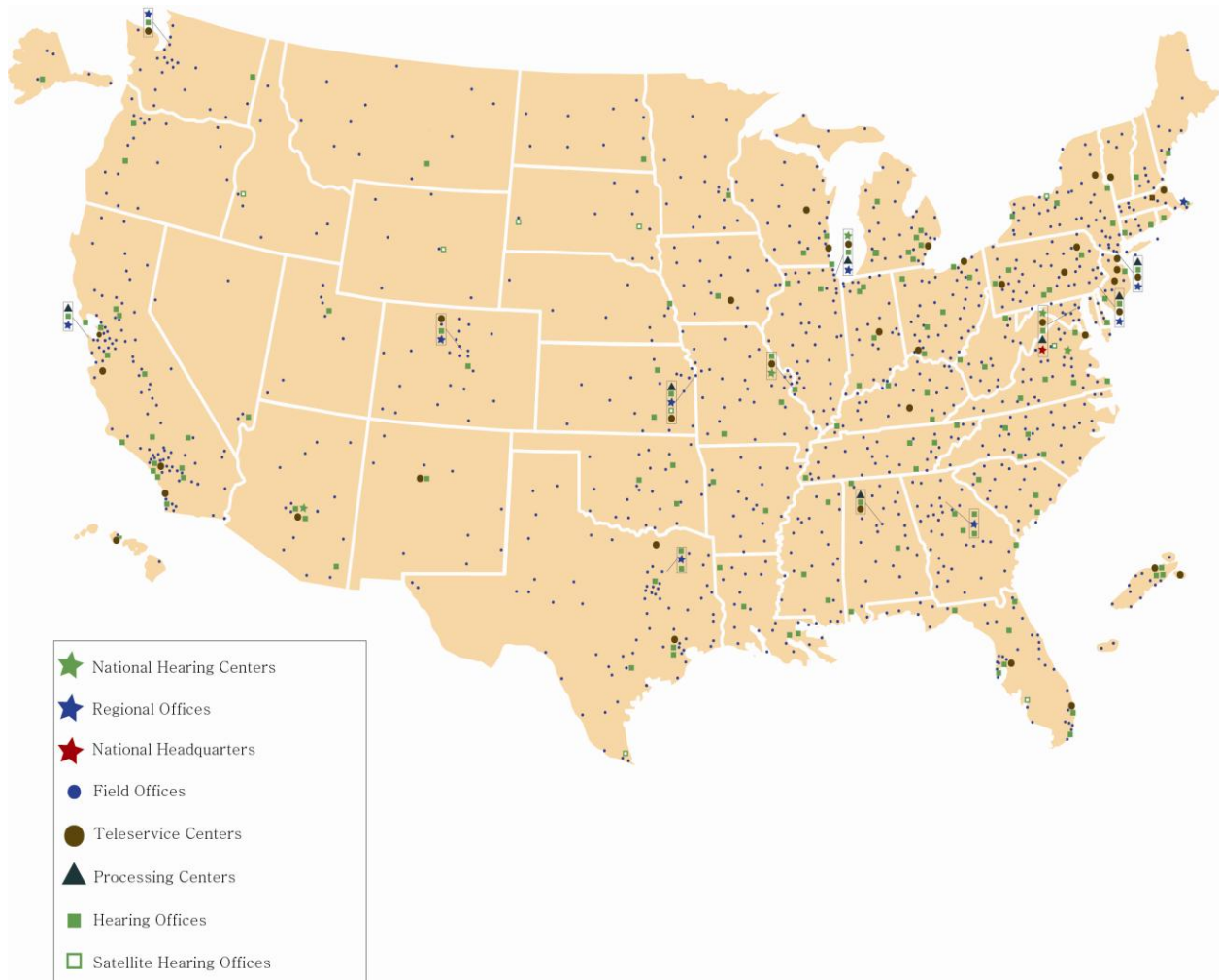


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PERFORMANCE MEASURES AT-A-GLANCE

The following chart lists our performance measures and targets for FY 2012 and FY 2013. We use these performance measures to gauge our progress in meeting our strategic goals and objectives as outlined in our Agency Strategic Plan.

STRATEGIC GOAL 1:					
Deliver Quality Disability Decisions and Services					
Strategic Objective 1.1: Reduce the Wait Time for Hearing Decisions and Eliminate the Hearings Backlog					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
1.1a	Complete the budgeted number of hearing requests	875,000	960,000	DCDAR	13
1.1b	Achieve the budgeted goal for SSA hearings case production per workyear	114	115	DCDAR	13
1.1c NEW	Minimize average wait time from hearing request to decision	321 days (September Only)	270 days (September Only)	DCDAR	14
1.1d	Eliminate the oldest pending hearing requests	Less than 0.5% of pending hearing requests 725 days or older	Less than 0.5% of pending hearing requests 700 days or older	DCDAR	14
1.1e NEW	Reduce the percentage of Appeals Council cases pending 365 days or over	Less than 20% of Appeals Council cases pending 365 days or over	Less than 19% of Appeals Council cases pending 365 days or over	DCDAR	15

STRATEGIC GOAL 1:					
Deliver Quality Disability Decisions and Services					
Strategic Objective 1.2: Improve Our Disability Policies, Procedures, and Tools					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
1.2a	Minimize average processing time for initial disability claims	111 days	137 days	DCO	19
1.2b	Complete the budgeted number of initial disability claims	3,173,000	2,847,000	DCO	20
1.2c	Disability Determination Services cases production per workyear	322	322	DCO	20
1.2d NEW	Complete the budgeted number of disability claims at the reconsideration level	787,000	663,000	DCO	21
1.2e	Achieve the target number of initial disability claims pending	861,000	1,164,000	DCO	21
1.2f NEW	Achieve the target number of disability claims pending at the reconsideration level	184,000	242,000	DCO	22
1.2g	Update the medical Listing of Impairments	Publish 5 rules for public comment and 2 final rules	Develop and submit at least 3 regulatory actions to make targeted revisions to the Listings as needed	DCRDP	22
1.2h	Increase the percentage of disability cases evaluated using health Information Technology	500% above FY 2011 performance	200% above FY 2012 performance	DCS	23
1.2i	Number of Disability Insurance and Supplemental Security Income disability beneficiaries, with Tickets assigned, who work	119,466	121,855	DCRDP	23
1.2j	Improve Disability Determination Services decisional accuracy rate for initial disability decisions	97%	97%	DCQP	24
Strategic Objective 1.3: Expedite cases for the Most Severely Disabled Individuals					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
1.3a	Achieve the target percentage of initial disability cases identified as Quick Disability Determinations or Compassionate Allowances	5.5% (September Only)	5.75% (September Only)	DCRDP	26

STRATEGIC GOAL 2: Provide Quality Service to the Public					
Strategic Objective 2.1: Increase the Use of Our Online Services					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
2.1a NEW	Increase the percentage of claims filed online	42% (Last Quarter Only)	48% (Last Quarter Only)	DCO	29
2.1b	Complete the budgeted number of retirement, survivors, and Medicare claims	4,918,000	5,049,000	DCO	29
Strategic Objective 2.2: Increase Public Satisfaction with Our Telephone Services					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
2.2a	Achieve the target speed in answering National 800 Number calls	285 seconds	300 seconds	DCO	32
2.2b	Achieve the target busy rate for National 800 Number calls	6%	7%	DCO	32
2.2c	Maintain the percent of people rating our services as "excellent," "very good," or "good"	83.5%	83.5%	DCQP	33
Strategic Objective 2.3: Expand the Use of Video Services					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
2.3a NEW	Complete the planned number of video hearings	140,000	154,000	DCDAR	35
Strategic Objective 2.4: Improve the Clarity of Our Notices					
There is no performance measure for this objective.					

STRATEGIC GOAL 3:					
Preserve the Public's Trust in Our Programs					
Strategic Objective 3.1: Increase Efforts to Accurately Pay Benefits					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
3.1a	Complete the budgeted number of Supplemental Security Income non-disability redeterminations	2,622,000	2,622,000	DCO	40
3.1b	Complete the budgeted number of full medical continuing disability reviews	435,000	650,000	DCO DCQP	41
3.1c	Percent of Supplemental Security Income payments free of overpayment and underpayment error	95.0% (O/P) 98.8% (U/P)	95.0% (O/P) 98.8% (U/P)	DCQP	42
3.1d	Maintain percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment and underpayment error	99.8% (O/P) 99.8% (U/P)	99.8% (O/P) 99.8% (U/P)	DCQP	43
Strategic Objective 3.2: Recover Improper Payments					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
3.2a NEW	Expand and enhance our debt collection tools	Implement Treasury offset program for programmatic delinquent debt over 10 years old	TBD	DCQP	45
Strategic Objective 3.3: Maintain Accurate Earnings Records					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
3.3a	Reduce the percentage of paper Forms W-2 completed	14%	13%	DCO	48
3.3b	Achieve the target percentage for correctly assigning original Social Security Numbers	99.0%	99.0%	DCO	48
Strategic Objective 3.4: Make Our Administrative Operations Even More Efficient					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
3.4a	Receive an unqualified audit opinion on SSA's financial statements	Receive an unqualified opinion	Receive an unqualified opinion	DCBFM	50

STRATEGIC GOAL 4: Strengthen Our Workforce and Infrastructure					
Strategic Objective 4.1: Strengthen Our Workforce – Recruit, Train, Develop, and Retain Superior Employees					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
4.1a NEW	Recruit and hire veterans and disabled veterans	Veteran Hiring: 26.72%	Veteran Hiring: Maintain the overall veteran hiring percentage at 26.72%	DCHR	54
		Disabled Veteran Hiring: 14.59%	Disabled Veteran Hiring: Increase the disabled veteran hiring by 1 percentage point above FY 2012 performance		
4.1b NEW	Employ individuals with targeted disabilities	2.0%	2.05%	DCHR	55
4.1c NEW	Conduct mandatory employee training on diffusing difficult encounters with the public	Develop the safety and security training curriculum	90% of employees trained	DCHR	55
Strategic Objective 4.2 Maintain Secure and Reliable Information Technology Services					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
4.2a NEW	Percentage of enterprise-wide systems availability	99.5%	99.5%	DCS	57
Strategic Objective 4.3 Increase Efficiency of Our Physical Infrastructure					
Performance Measure		FY 2012 Target	FY 2013 Target	Responsible Official	Page
4.3a NEW	Reduce energy intensity by 30 percent by 2015	7%	7%	DCBFM	59

STRATEGIC GOAL 1: Deliver Quality Disability Decisions and Services

TO ACHIEVE THIS GOAL WE WILL

- Reduce the Wait Time for Hearing Decisions and Eliminate the Hearings Backlog
- Improve Our Disability Policies, Procedures, and Tools
- Expedite Cases for the Most Severely Disabled Individuals

For over 50 years, we have helped disabled workers and their families replace lost income due to a severe disability. Over the last five years, our disability workloads have grown significantly due in part to baby-boomers reaching their disability-prone years and an economic downturn with high unemployment. Since FY 2007, initial disability claim receipts have increased by nearly 30 percent. In FY 2011, we received nearly 3.3 million initial disability applications, over 30,000 more than we received in FY 2010. We anticipate receiving nearly 3.3 million in FY 2012 and over 3.1 million in FY 2013.

Consequently, the number of appeals has also grown. Since 2007, eliminating our hearings backlog has been our top priority. In FY 2011, we received a record number of requests for a hearing – nearly 860,000 requests, which is 20 percent more than we received FY 2010. In FY 2007, almost half of all claimants who requested hearings had waited more than 270 days for a hearing decision, and some waited up to 1,400 days. At the end of FY 2011, 29 percent of hearing requests were over 270 days old and virtually no cases were over 775 days old. We have achieved this shift by continuing to work the oldest of our pending hearing cases first. Each year since 2007 we have reduced our threshold to define an aged case. In FY 2012, we will focus our efforts to complete those cases pending 725 days or more.

At the end of FY 2008, the average wait for a hearing decision peaked at nearly 18 months. Since that time, we have steadily reduced the wait. In FY 2011, we cut the average wait to below one year for the first time since 2003. The increased productivity of our ALJ corps and many small but important initiatives, including enhanced systems for management information, uniform business processes, more effective use of support staff, improved training, more efficient allocation of resources, and development of decisional templates, have helped us achieve this progress. These actions combined with some additional staff will help us reach our goal of making hearing decisions in an average of 270 days in September 2013.

STRATEGIC OBJECTIVE 1.1: REDUCE THE WAIT TIME FOR HEARING DECISIONS AND ELIMINATE THE HEARINGS BACKLOG

STRATEGIES	<ul style="list-style-type: none"> ➤ Eliminate Our Oldest Cases First ➤ Expedite Cases That Do Not Require a Hearing ➤ Enhance Electronic Tools That Improve Productivity and Quality ➤ Target Our National Resources to Meet Workload Demands
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In FY 2007, we began implementing our Plan to Eliminate the Hearings Backlog and Prevent its Recurrence, www.socialsecurity.gov/appeals. This plan outlined measures for improving hearing office procedures and business processes, increasing our ability to hear and decide cases, increasing efficiency through automation, and accelerating the review of cases that are likely to result in a favorable decision. We have since adjusted our plan to deal with the increase in the number of hearing requests. Reducing the average wait for a hearing decision to 270 days by the end of FY 2013 remains our number one priority.

Our efforts to reduce the wait time for hearing decisions and eliminate our backlog include:

Maintaining Staffing Levels: We continue to press on all fronts to reduce the hearing backlog, including shifting our Federal disability units from assisting the State agencies with disability determinations to helping in the hearings process. Because of these efforts, we are steadily decreasing the hearing backlog. However, because only ALJs can hear cases, even these efforts will not allow our current ALJ cadre to keep up with the influx of new hearings requests. Therefore, we are working closely with the Office of Personnel Management because we need a new list of potential candidates from which we can hire additional ALJs. By 2013, we plan to have a cadre of over 1,500 ALJs along with the necessary support staff.

Maximizing Use of National Hearing Centers (NHC) and the National Case Assistance Center (NCAC): Our NHCs continue to serve as an integral component in eliminating the hearings backlog. These offices conduct all hearings via video conference. This alternative business model gives us flexibility to swiftly target assistance to heavily backlogged areas across the country. Our five NHCs have proven to be a cost-effective option to improve service to claimants awaiting a hearing. They are located in Falls Church, Virginia; Albuquerque, New Mexico; Baltimore, Maryland; Chicago, Illinois; and St. Louis, Missouri. Our NCAC in St. Louis, Missouri provides decision-writing and case-preparation assistance to backlogged hearing offices throughout the country. As workloads change, we will modify the NCAC's mission to meet those shifting needs. For example, in FY 2011, in addition to providing case-preparation and decision-writing assistance, the NCAC began assisting with our non-disability workloads.

Expediting Hearing Decisions: Attorney adjudicators screen cases, and when appropriate, issue fully favorable decisions without the need for an ALJ hearing. In FY 2011, we expedited over 53,000 fully favorable decisions under this initiative. One component of our screening efforts is our Virtual Screening Unit (VSU). Under the VSU initiative, up to 100 attorney adjudicators review disability hearings cases of some of the most backlogged hearing offices without having to leave their assigned duty stations. In FY 2011, the VSU issued over 11,700 dispositions.

Reducing the Backlog at the Appeals Council: As our ALJs have been deciding more cases, the Appeals Council has been receiving many more requests for review than it can complete. In FY 2011, the Appeals Council received over 173,000 requests for review, 17 percent more than anticipated. This influx of work resulted in an increase of 13 days to the average wait for an Appeals Council decision in FY 2011. To address this increase, we have increased the number of staff in the Office of Appellate Operations. Additionally, we continue to focus on deciding the oldest cases first. We are striving to decrease the percentage of cases pending over 365 days.

Performance Measures – Strategic Objective 1.1

1.1a: Complete the budgeted number of hearing requests

Fiscal Year	2012		2013	
Target	875,000		960,000	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	575,380	660,842	737,616	795,424

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

Data source: Case Processing and Management System

1.1b: Achieve the budgeted goal for SSA hearings case production per workyear

Fiscal Year	2012		2013	
Target	114		115	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	103	105	105	109

Data definition: This indicator represents the average number of hearings completed per direct workyear used. A direct workyear represents actual time spent processing cases. It does not include time spent on training, ALJ travel, leave, holidays, etc.

Data source: Office of Disability Adjudication and Review, Monthly Activity Report, the Case Processing and Management System, Payroll Analysis Recap Report, Travel Formula, and Training Reports (Regional reports on new staff training, ongoing training, and special training)

1.1c: Minimize average wait time from hearing request to decision

September	2012		2013	
Target	321 days		270 days	
Historical Performance				
September	2008	2009	2010	2011
Performance	509 days	472 days	390 days	345 days

Data definition: The average processing time for hearing request dispositions is the cumulative processing time for all hearing requests completed during the last month of the fiscal year divided by the total number of hearing requests completed during the last month of the fiscal year.

Data source: Case Processing and Management System

Note: This performance measure is new for FY 2012. This measure was previously referred to as “Achieve the budgeted goal for average processing time for hearing requests.”

1.1d: Eliminate the oldest pending hearing requests

Fiscal Year	2012		2013	
Target	Less than 0.5% of pending hearing requests 725 days or older		Less than 0.5% of pending hearing requests 700 days or older	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	281 of 135,160 cases remained pending 900 days or older (.21%)	228 of 166,838 cases remained pending 850 days or older (.14%)	47 of 139,026 cases remained pending 825 days or older (.03%)	103 of 111,792 cases remained pending 775 days or older (.09%)

Data definition: The percentage of oldest hearing requests pending. The oldest hearing requests are those cases that are pending, or will be pending, 725 days or more at the end of the fiscal year. We derive the percentage by dividing the total number of hearing requests pending 725 days or more at the end of the fiscal year by the total number of oldest hearing requests, identified at the beginning of the fiscal year.

Data source: Case Processing and Management System

1.1e: Reduce the percentage of Appeals Council cases pending 365 days or over

Fiscal Year	2012	2013
Target	Less than 20% of Appeals Council cases pending 365 days or over	Less than 19% of Appeals Council cases pending 365 days or over

Data definition: The percentage of oldest Appeals Council cases pending. The oldest Appeals Council cases are those cases that are pending, or will be pending, 365 days or over at the end of the fiscal year. The percentage is derived by dividing the total number of Appeals Council cases pending 365 days or over at the end of the fiscal year by the total number of Appeals Council cases pending at the end of the fiscal year.

Data source: Appeals Review Processing System

Note: This performance measure is new for FY 2012.

STRATEGIC OBJECTIVE 1.2 IMPROVE OUR DISABILITY POLICIES, PROCEDURES, AND TOOLS

STRATEGIES	<ul style="list-style-type: none"> ➤ Enhance and Expand Our Electronic Tools to Support Policy Compliant Determinations at All Levels of Decision-Making ➤ Replace the Outdated Dictionary of Occupational Titles with a New Occupational Information System to Aid in the Medical and Vocational Analysis of Disability Claims ➤ Develop and Implement a Common Disability Case Processing System for All 54 State Disability Determination Services ➤ Review Best Practices Learned from Our Prototype Test and Apply Them Nationwide for a More Consistent Disability Process ➤ Eliminate the Use of Paper Authorization to Request Medical Evidence ➤ Regularly Update the Listing of Impairments, Which Describes Impairments Severe Enough to Prevent an Individual from Working, to Reflect Current Medical Knowledge ➤ Develop and Test Proposals that Simplify Our Disability and Work Incentive Programs
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We continue to find ways to improve our disability process. We regularly update our disability policies, procedures, and tools to keep up with the rapid advances in medicine and technology. Over the years, testing for and treatment of impairments has changed. We are committed to modernizing our disability decision-making processes to provide better service to the public. We are making fundamental changes in the way we request and receive medical information to determine disability.

We continue to update the medical and vocational information we use to make disability determinations by revising our Listing of Impairments and developing the Occupational Information Systems (OIS). In addition, we are developing automated systems to improve efficiency, such as the Disability Case Processing System (DCPS), which will unify separate DDS systems into one common system for the entire Nation. We will also continue to use health Information Technology (IT) in our disability process to help us obtain medical evidence almost instantaneously, and we will improve Return-to-Work programs for people who want to work.

Our efforts to improve our disability policies, procedures, and tools to provide better service to the public include:

Updating Our Listing of Impairments: One of the most effective tools used to make disability decisions is the Listing of Impairments (Listings). The Listings allow us to determine if a claimant is disabled when his or her impairment meets specified medical criteria, without the need to consider age, education, or work experience. The Listings improve the consistency and accuracy of our decisions throughout all levels of the disability process. Working with the Institute of Medicine (IOM), we have established a committee of medical experts to advise us on medical advancements that are relevant to our Listings. This committee will help ensure that our Listings are medically supportable, relevant, and technologically and scientifically current.

In FY 2011, we published final rules in the Federal Register for endocrine disorders and a correction to cross-reference in the childhood neurological Listings. At the end of calendar year 2011, we published a Notice of Proposed Rulemakings (NPRM) for impairments that affect multiple body systems. Currently, we are working on NPRMs for growth impairment, genitourinary, respiratory, neurological, skin,

immune (HIV), digestive, special senses (vision), musculoskeletal, and cardiovascular disorders and final rules for mental disorders. We are also working on Social Security Rulings addressing endocrine disorders, fibromyalgia, and psychological testing and evaluating disability in young adults.

In calendar year 2012, we will request public comment for growth impairment, genitourinary, respiratory, neurological, skin, immune (HIV), digestive, special senses (vision), musculoskeletal, cardiovascular and malignant neoplastic disorders. We also plan to publish final rules for mental impairments that affect multiple body systems, and genitourinary disorders. Additionally, we plan to publish Social Security Rulings addressing endocrine disorders and psychological testing. In calendar year 2013, we plan to publish final rules for cardiovascular, growth impairments, respiratory, neurological, skin, immune (HIV), digestive, special senses (vision), musculoskeletal and malignant neoplastic disorders. We also plan to make targeted revisions to the Listings as needed.

Developing an OIS: We rely on the occupational information found in the Department of Labor's (DOL), Dictionary of Occupational Titles (DOT) to determine whether claimants can do their past work or any other work in the U.S. economy. DOL no longer updates the DOT; consequently, we developed a long-term strategy, working with the DOL, to replace the DOT with a new OIS that addresses our specific needs for vocational information. In FY 2011, we completed a comprehensive research and development plan that will guide our OIS efforts. We are conducting an Occupational Medical-Vocational Study to help us prioritize our efforts to collect new work information for those occupations found most frequently among our disability claimants.

We awarded a Blanket Purchase Agreement to ICF International (ICF) to: 1) benchmark job analysis methodologies and techniques; and 2) research and evaluate processes and business strategies for recruiting, training, and certifying job analysts required for OIS data collection. ICF submitted final recommendations and reports in October 2011. These reports, which are available on our website, identified existing job analysis practices and recruitment, training, and credentialing practices that may be useful in developing a job analysis.

In FY 2012 and FY 2013, we will conduct the following activities:

- Complete the work taxonomy and develop and test the work analysis instrument(s);
- Develop a sampling approach for collecting OIS data;
- Develop standards and processes for OIS data collection, data management, and analysis; and
- Develop plans for testing a prototype OIS data collection and analysis system.

Simplifying the Disability Application Process: Currently, we cannot decide a disability application until the claimant submits a signed application, a Disability Report, and a signed Authorization to Disclose Information. We simplified our online disability report and reduced the amount of information we request for claimants with a condition that is on our Compassionate Allowance list. Claimants must sign an Authorization to Disclose Information form, which we use to request relevant medical and non-medical information from third parties, such as doctors and medical treatment facilities. In FY 2012, we plan to begin implementation of the electronic Authorization to Disclose Information with adult first-party filers, making it possible to have a completely electronic disability process. In FY 2013, we plan to build a process for third-party filers, childhood claims, and continuing disability reviews.

Developing a Disability Case Processing System (DCPS): DCPS will replace 54 different legacy systems in the DDSs and Federal disability units with a unified system. DCPS will support consistent case processing, improved quality, and seamless workload sharing across State and Federal components. DCPS will also improve productivity by streamlining interactions with medical providers, copy services, and other vendors by using industry standards for electronic medical records.

In FY 2010, we awarded the DCPS development contract to Lockheed Martin. We have since completed the planning and analysis phase, and we are currently working on Detailed Systems and User Interface Specifications. In FY 2012, we plan to test the initial (beta) version of DCPS in the Idaho DDS. Iterative beta releases of DCPS will follow in the Illinois, Missouri, Nebraska, and New York DDSs. We selected the five beta sites because they provide a diverse representation of the full disability determination community. After we have tested the new systems, we will rollout it out nationally.

Employing the Electronic Claims Analysis Tool (eCAT): eCAT is a web-based application developed to guide decision makers through the five-step sequential evaluation process. eCAT produces a detailed, policy compliant case explanation, which records the pertinent documentation and analysis necessary to support the determination. This explanation enables an independent reviewer to understand the user's actions and conclusions throughout the development and adjudication of the claim. eCAT is operational in every DDS with the exception of Texas and Arkansas. All DDSs will use eCAT on all of their eligible cases by October 2012. Through cross-component collaboration and input from the user community, we continue to refine eCAT with increased functionality and enhancements.

Using health IT for Quicker Disability Decisions: Obtaining medical records electronically plays a key role in streamlining the disability determination process. Each year, we request approximately 15 million medical records from almost 500,000 providers to help make decisions on over 3 million initial disability claims. With this promising technology, we have the potential to reduce the time it takes for us to obtain medical records significantly, which in turn should decrease the amount of time it takes to complete a disability claim. In FY 2010, we awarded 12 contracts to various medical networks and providers to expand the use of health IT to exchange medical records in 11 new States.

Under these contracts, in FY 2011, seven providers with facilities in Wisconsin, Washington, California, Oregon, Texas, Minnesota, and Idaho began to provide us with electronic medical records. In FY 2012, we expect to receive electronic medical records from the remaining five providers with facilities in Indiana, Ohio, New Mexico, and Michigan. We plan to expand our use of health IT to identify additional facilities and partners, for example Kaiser Permanente, who are ready to exchange medical records electronically. Additionally, we are working on a joint initiative with VA and DOD to exchange electronic health data. This project will provide us with faster access to medical information for Wounded Warriors who may be eligible for disability benefits.

Improving Employment Support Programs: We continue to improve our efforts to advance the quality and the results of our employment support and work incentives planning programs. Disabled beneficiaries who want to work and attain self-sufficiency may receive services and support under the Ticket to Work and Self Sufficiency Program and the Vocational Rehabilitation (VR) Cost Reimbursement Program. Over the past year, we have taken several actions to enhance the quality of services and supports provided by Employer Networks (EN). These are entities that coordinate and deliver employment services under the Ticket program. We are requiring ENs to provide ongoing employment support for job retention and setting clear performance goals to ensure that ENs are supporting beneficiaries to gain and sustain long-term employment, economic security, and financial independence.

We published an online EN Report Card that enables beneficiaries to evaluate ENs on objective criteria and allows them to choose ENs that best meet their needs, interests, and employment goals. These changes are helping us better monitor EN performance and improve the value and results of the program. We are improving our beneficiary outreach and education efforts by expanding use of our Ticket Call Center, the Internet, and social media such as YouTube, Facebook, and Twitter. Similarly, to increase beneficiary access while reducing program costs, we are holding all Work Incentive Seminar Events as webinars.

The number of Tickets assigned or in use has increased 42 percent from over 200,000 on May 1, 2008, prior to revising our regulations, to over 280,000 on December 1, 2011. From May 1, 2008 to December 1, 2011, the number of beneficiaries with Tickets in use who have had benefits suspended or terminated because they successfully returned to work increased 174 percent. In FY 2012, Mathematica Policy Research, Inc. (MPR) will complete an evaluation report covering the effects of the 2008 Ticket to Work regulations. We will use the results of the evaluation to identify how we can continue to improve both the Ticket and VR programs.

Performance Measures – Strategic Objective 1.2

1.2a: Minimize average processing time for initial disability claims

Fiscal Year	2012		2013	
Target	111 days		137 days	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	106 days	101 days	111 days	109 days

Data definition: The average processing time is the overall cumulative number of elapsed days (including processing times for transit, technical determinations, medical determinations, and quality review) 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 we process during the fiscal year.

Data source: Chicago Claims Goals Report sourced by Social Security Unified Measurement System Title 2 and Title 16 Processing Time

1.2b: Complete the budgeted number of initial disability claims

Fiscal Year	2012		2013	
Target	3,173,000		2,847,000	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	2,607,282	2,812,918	3,161,314	3,390,936

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

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

1.2c Disability Determination Services cases production per workyear

Fiscal Year	2012		2013	
Target	322		322	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	266	274	273	287

Data definition: The average number of all Disability Determination Services (DDS) cases produced per workyear expended. A workyear represents both direct and indirect time, including overhead (time spent on training, travel, leave, holidays, etc.). It is inclusive of all staff on the DDS payroll, including doctors under contract to the DDS. The DDS case production per workyear is a national target.

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

1.2d: Complete the budgeted number of disability claims at the reconsideration level

Fiscal Year	2012	2013
Target	787,000	663,000

Data definition: The number of Social Security and Supplemental Security Income disability claims completed at the reconsideration level in the State 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

Note: This performance measure is new for FY 2012.

1.2e: Achieve the target number of initial disability claims pending

Fiscal Year	2012		2013	
Target	861,000		1,164,000	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	556,670	779,854	842,192	759,023

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

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

1.2f: Achieve the target number of disability claims pending at the reconsideration level

Fiscal Year	2012	2013
Target	184,000	242,000

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

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

Note: This performance measure is new for FY 2012.

1.2g: Update the medical Listing of Impairments

Fiscal Year	2012	2013	
Target	Publish 5 rules for public comment and 2 final rules	Develop and submit at least 3 regulatory actions to make targeted revisions to the Listings as needed	
Historical Performance			
Fiscal Year	2009	2010	2011
Performance	Published 8 Social Security Rulings in the Federal Register	Published 3 final regulations and 1 Notice of Proposed Rulemaking	Published 2 regulatory actions and 1 Social Security Ruling

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

Data source: Office of Retirement and Disability Policy Workplan

1.2h: Increase the percentage of disability cases evaluated using health Information Technology

Fiscal Year	2012	2013
Target	500% above FY 2011 performance	200% above FY 2012 performance
Historical Performance		
Fiscal Year	2010	2011
Performance	Established Baseline (3,000)	108% above FY 2010 baseline (6,235)

Data definition: The percentage increase in the number of disability cases evaluated using medical evidence gathered through health Information Technology (health IT) over the prior year.

Data source: Health Information Technology Management Information System

1.2i: Number of Disability Insurance and Supplemental Security Income disability beneficiaries, with Tickets assigned, who work

Fiscal Year	2012	2013	
Target	119,466	121,855	
Historical Performance			
Fiscal Year	2009	2010	2011
Performance	105,843	117,124	Available July 2012

Data definition: The total number of Social Security, Supplemental Security Income, and concurrent beneficiaries who used their Ticket to sign up with an Employment Network or State Vocational Rehabilitation Agency and who have recorded earnings in the Disability Control File in any month of the calendar year.

Data source: Disability Control File “Verify Update Earnings Screen’s Work and Earnings Reports” data field

1.2j: Improve Disability Determination Services decisional accuracy rate for initial disability decisions

Fiscal Year	2012		2013	
Target	97%		97%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	97%	97%	98%	98%

Data definition: Net accuracy is the percentage of correct initial State disability determinations and is based on the net error rate (i.e., the number of corrected deficient cases with changed disability decisions), plus the number of deficient cases not corrected within 90 days from the end of the period covered by the report, divided by the number of cases reviewed.

Data source: Disability Quality Assurance Databases

STRATEGIC OBJECTIVE 1.3

EXPEDITE CASES FOR THE MOST SEVERELY DISABLED INDIVIDUALS

STRATEGIES	<ul style="list-style-type: none"> ➤ Expand the Number of Medical Conditions Included in the CAL Process, Allowing Us to Quickly Target the Most Obvious Disabled Individuals for Allowances Based on Objective Medical Evidence that We Can Obtain Quickly ➤ Refine the QDD Predictive Model to Maximize Its Capacity to Accurately Identify Cases, and Thereby Increase the Percentage of Individuals Served by the QDD Process ➤ Expand the Current Pilot to Further Improve Service for Wounded Warriors
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We are committed to providing benefits quickly to claimants whose medical conditions are so serious that they obviously meet our disability standards. Our two initiatives, Quick Disability Determination (QDD) and Compassionate Allowances (CAL), use technology to identify claimants with the most severe disabilities and allow us to expedite our decisions on those cases while maintaining accuracy. These fast track initiatives have been two of our greatest successes in recent years. We can approve some cases in a matter of days instead of months or years. We continue to refine our QDD screening model and expand the number of conditions used to identify claimants with the most severe disabilities. Additionally, we are working closely with the Department of Defense (DOD) to expedite decisions for Wounded Warriors.

Our efforts to expedite cases for the most severely disabled individuals include:

Expanding QDD: The QDD process uses predictive modeling and computer-based screening tools to screen initial applications. QDD identifies cases where a favorable disability determination is highly likely and medical evidence is readily available; e.g., low birth-weight babies, certain cancers, and end-stage renal disease. We have used QDD nationally since February 2008.

We are refining the QDD model to ensure it continues to select cases with high potential for the QDD process. In FY 2011, we refined the QDD model to take optimal advantage of the changes to the revised adult disability report. In FY 2012, we improved the QDD model's ability to understand the terminology used by claimants to describe their medical conditions. With the refinements to the QDD predictive model, we expect to maintain the high quality of cases selected for QDD processing, while increasing the number of claimants served through the QDD process.

Expanding CAL: The CAL process allows us to quickly target the most obviously disabled applicants based on available objective medical information. We award benefits in nearly all CAL cases if we receive confirmation of the diagnosis with objective medical evidence and the applicant meets our non-disability criteria. In FY 2011, we added 12 new conditions involving severe heart disease to our list of CAL conditions. In FY 2012, we added 13 new conditions involving the immune system and neurological disorders, bringing the total number of conditions in this expedited disability process to 113. We plan to further expand our list of CAL conditions through consultations with medical, research, and advocacy communities.

Expediting Disability Applications for Wounded Warriors: This initiative allows us to expedite cases for military service members who became disabled on or after October 1, 2001 while on active military service. We ensure expedited processing of Wounded Warrior claims by “flagging” the claim for priority processing. This flag stays with the claim through all decision-making levels. We are also expanding a pilot initiative currently underway with the DOD to gain faster access to medical information to speed the application process for Wounded Warriors.

Performance Measures – Strategic Objective 1.3

1.3a: Achieve the target percentage of initial disability cases identified as Quick Disability Determinations or Compassionate Allowances

September	2012		2013	
Target	5.5%		5.75%	
Historical Performance				
September	2009	2010	2011	
Performance	3.8%	4.6%	5.9%	

Data definition: We derive the percentage by dividing the total number of initial disability cases identified as a Quick Disability Determination or 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 and Management Information Disability

STRATEGIC GOAL 2: Provide Quality Service to the Public

TO ACHIEVE THIS GOAL WE WILL

- Increase the Use of Our Online Services
- Increase Public Satisfaction with Our Telephone Services
- Expand the Use of Video Services
- Improve the Clarity of Our Notices

We touch the lives of virtually every person in America, as well as many people living abroad. We offer a wide range of service options to the public. We provide face-to-face service through our community-based field offices and card centers. The public may also visit us online at www.socialsecurity.gov, call us toll-free at 1-800-772-1213, or write to us. These options save time and money as the public can conduct business without traveling to a local field office. In various remote locations, we use video technology for face-to-face service. We remain committed to maintaining personal interaction with the public no matter which service method they choose.

Providing quality service is essential, especially today as the baby boomers move through their most disability prone years before retiring. Based on the most recent economic assumptions, we believe that retirement applications will continue to remain at high levels. In FY 2013, we estimate that retirement and survivor claims will be over 30 percent higher compared to FY 2007 before the recession began. We developed several new, easy-to-use online services, which have allowed us to better handle the significant increase of benefit applications. Our goal is to provide applicants and their representatives with a wide variety of online services, including the ability to apply for a range of benefits and update their records. We are also making improvements to our field and hearing office telephone services, as well as our National 800 Number infrastructure. In addition, we are expanding our use of video technology and using plain language principles to simplify the letters we send to the public.

STRATEGIC OBJECTIVE 2.1 INCREASE THE USE OF OUR ONLINE SERVICES

STRATEGIES	<ul style="list-style-type: none"> ➤ Develop Creative Outreach Strategies to Market Online Services ➤ Increase the Number of Electronic Services that Enable Individuals to File for Any Benefit and Access and Update Personal Information ➤ Enhance Usability and Continue to Incorporate Best-in-Business Features in Our Existing Online Services ➤ Explore Offering Online Services Through Mobile Devices ➤ Explore Online Support Options, Including Click to Talk, Screen Sharing, and Instant Messaging ➤ Simplify Business Processes to Maximize the Benefits of Online Services
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We strive to provide the best online services in government. In fact, we have the three highest rated electronic services in the Federal government as measured by the American Customer Satisfaction Index: iClaim-our online benefit application, the Retirement Estimator, and Medicare Part D Extra Help with Prescription Drug coverage. Our website provides helpful information about our programs and services to the public, employers, other government agencies, businesses, and stakeholders. Users can conduct business at their convenience and at their own pace, without the need to travel to a field office and wait to meet with one of our representatives.

We review all applications filed online and contact the applicant if we need further information. Online benefit applications reduce the average time our employees spend completing claims, which frees them to handle more complicated workloads. Use of our online services continues to increase with these easy-to-use tools. We expect our online filing rates to increase to 48 percent at the end of FY 2013.

We provide much of our online information in Spanish and 14 other languages. Additionally, most of our Internet documents are accessible to anyone who needs to use screen readers, screen magnifiers, or voice recognition software.

We will enhance our online services with the following initiatives:

Improving Services to Our Spanish-Speaking Customers: The U.S. Census Bureau projects the Spanish-speaking population will nearly triple, from 46.7 million to 132.8 million, by the year 2050. We conduct approximately 5.4 percent of calls to our National 800 Number in Spanish and an increasing number of field office visitors expect to conduct their business with us in Spanish. In late FY 2011, we launched a Spanish version of the Internet Medicare Extra Help Application, which allows Medicare beneficiaries to file for extra help to pay for monthly premiums, annual deductibles, and co-pays related to the Medicare Prescription Drug program. In early FY 2012, we launched our online Spanish retirement application.

Nationwide Marketing Campaign: We use public service announcements on television, radio, billboards, buses, and in airport terminals to promote online services. We are emphasizing the availability of bilingual services. At a local level, our offices find creative and cost-effective ways to inform the community about the advantages of using our online services. Additionally, we use social media and targeted relevant keyword searches on Google and Bing to more effectively direct web users to our online service options.

Electronic Services for Appointed Representatives: Representatives transact business with us on behalf of applicants who file for disability benefits. In FY 2010, we provided authorized claimant

representatives access to their clients' electronic disability folder (eFolders) on a limited basis. In FY 2011, we expanded access to cases at the hearing and appeals levels and granted access to more than 6,000 representatives. In FY 2012 and FY 2013, we will expand access to eFolders at multiple appeal levels. In early FY 2012, we improved our online appeals application (iAppeals). Beginning in March 2012, we will require authorized representatives to use the iAppeals application to receive direct fee payment.

Performance Measures – Strategic Objective 2.1

2.1a: Increase the percentage of claims filed online

Last Quarter	2012	2013
Target	42%	48%

Data definition: The percentage of initial Social Security disability, retirement, spouses, and Medicare claims filed online in the last quarter of the fiscal year. We derive the percentage by dividing the number of initial Social Security disability, retirement, spouses, and Medicare claims filed online in the last quarter of the fiscal year by the total number of initial Social Security disability, retirement, spouses, and Medicare claims that could be filed online in the last quarter of the fiscal year.

Data source: Social Security Unified Measurement System, MI Central, and Local Management Information Report

Note: This performance measure is new for FY 2012. Data from the first three quarters of each year will be publicly available.

2.1b: Complete the budgeted number of retirement, survivors, and Medicare claims

Fiscal Year	2012		2013	
Target	4,918,000		5,049,000	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	104% (4,236,455)	104% (4,742,218)	101% (4,700,990)	106% (4,877,955)

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

Data source: Work Measurement Transition Database

STRATEGIC OBJECTIVE 2.2

INCREASE PUBLIC SATISFACTION WITH OUR TELEPHONE SERVICES

STRATEGIES	<ul style="list-style-type: none"> ➤ Develop and Implement Best-in-Business Features that Will Enhance the Caller’s Experience, Regardless of Whether the Caller Uses Automated Telephone Service or Speaks with an Employee ➤ Implement a New Post-Call Survey to Obtain Immediate Feedback on our National 800 Number Service ➤ Develop and Evaluate Pilots to Allow Callers to Bypass Automated Phone Service ➤ Increase the Use of Management Information Tools to Redirect Calls from Field Offices to the National 800 Number to Reduce Delays
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Our telephone service remains the most popular option for conducting business with us. Callers can speak to a telephone agent during business hours or use our automated services that are available 24 hours a day, seven days a week. We answer questions about Social Security benefits, schedule appointments to file claims, and depending on the situation, we can take benefit applications. Beneficiaries call to complete specific transactions, such as change of address, new request for or change of direct deposit information, replacement of a Medicare card, or request for a benefit verification statement.

In FY 2011, our National 800 Number received over 76 million calls, and we completed nearly 63 million transactions. We have significantly reduced both the busy signals and the wait time to speak with an agent. Since FY 2008, we cut our busy rate by 70 percent, from 10 percent in FY 2008 to only 3 percent in FY 2011. We reduced the time spent waiting for an agent by nearly 45 percent, from 326 seconds in FY 2008 to 180 seconds in FY 2011. We attribute much of our improved performance to hiring additional teleservice representatives in FY 2009 and FY 2010, along with several technological advancements. However, with staffing loses in FY 2011, FY 2012, and FY 2013, we project the busy rate will increase to 7 percent and time spent waiting for an agent will increase to 300 seconds in FY 2013.

We are taking advantage of additional technological advancement that will help us keep pace with industry standards and increase our efficiency. We are replacing our National 800 Number infrastructure with a new system, called Citizens Access Routing Enterprise through 2020 (CARE2020), to help us better forecast call volumes, anticipate staffing needs, and distribute incoming calls across the network so callers can more quickly reach agents. We know that reaching a busy signal is frustrating for people, and we are considering ways to address it. Surveys show that people get frustrated as they navigate through our National 800 Number menu options. We are reengineering the messages people hear when they call our National 800 Number to make it easier to navigate our menu.

We will continue to improve our telephone service and expect our efforts to increase public satisfaction. We used a vendor to develop a new National 800 Number customer satisfaction survey. We began using this new survey in July 2011 and we will continue to use it throughout 2012. This new survey will enable us to obtain real-time actionable data so we can quickly assess customer satisfaction with the new redesigned menu and call flow.

In FY 2012, we will continue improving our telephone services with the following:

Improvements to Our National 800 Number Services:

Replacing Our National 800 Number Infrastructure: We will continue to enhance our automated telephone services so that more people can successfully complete their business with us by phone. In FY 2011, we began implementation of CARE2020, a replacement of our National 800 Number telecommunications infrastructure. The new technology will help us forecast call volumes, anticipate staffing needs, and better distribute incoming calls across the network so callers can more quickly reach agents. We expect to complete implementation of CARE2020 in FY 2012.

Scheduling Voice Callback (SVC): This feature allows a caller to schedule a call back from us if the expected wait time exceeds 3 minutes. Callers selecting this option provide their phone number and hang up, but they maintain their place in our call queue. We then automatically return the call and connect them with a telephone agent. This service saves callers' time, lessens frustration, and enables our agents to focus quickly on the caller's business. We plan to incorporate this popular feature in our new National 800 Number telecommunications infrastructure.

Providing Real-Time Assistance to Online Visitors: We are exploring the use of web support technologies to improve the level of customer service to our online users. As part of the click-to-communicate (C2C) initiative, we are considering using three web support technologies: Click-to-Talk, Screen Sharing, and Instant Messaging. We will begin planning and analysis for C2C in FY 2012. We are currently piloting Network Online Web (NOW) support as a precursor to the C2C initiative. The NOW support pilot began in September 2010 and will assist us in developing a strategy for incorporating web support technologies into our business procedures. However, implementation of these technologies is dependent on the transition to the new National 800 Number telecommunications infrastructure.

Improvements to Our Field and Hearing Offices Telephone Services:

Expanding the Telephone System Replacement Project (TSRP): This project is a multi-year replacement of the aged local telephone systems in over 1,400 of our field and hearing offices across the country. The new telephone system provides technology to better manage calls. We expect to complete the TSRP project in FY 2012.

The Field Office Automation Project (FOAP) will allow field office callers the option of transferring to the National 800 Number for assistance. Depending on available resources, we anticipate adding several enhancements to our field office telephone systems. For example, in FY 2013, we plan to add a feature that will provide callers with an estimated time they can expect to wait to speak to a representative.

Performance Measures – Strategic Objective 2.2

2.2a: Achieve the target speed in answering National 800 Number calls

Fiscal Year	2012		2013	
Target	285 seconds		300 seconds	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	326 seconds	245 seconds	203 seconds	180 seconds

Data definition: We calculate the speed of answer by dividing the wait time of all National 800 Number calls answered by agents by the number of all National 800 Number calls answered by agents in the fiscal year. Wait time begins from the time the caller is transferred to the agent queue (waiting for an agent) and continues until an agent answers the call.

Data source: Report generated by Cisco router software

2.2b: Achieve the target busy rate for National 800 Number calls

Fiscal Year	2012		2013	
Target	6%		7%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	10%	8%	5%	3%

Data definition: We calculate the Agent Busy Rate as the number of National 800 Number busy messages divided by the number of National 800 Number calls requesting agent service in the fiscal year. The caller receives a busy message when the number of calls offered exceeds the number of telephone lines available or when the agent queue has reached its maximum capacity of waiting calls.

Data source: Report generated by Cisco router software

2.2c: Maintain the percent of people rating our services as “excellent,” “very good,” or “good”

Fiscal Year	2012		2013	
Target	83.5%		83.5%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	81%	81%	78.2%	81.4%

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

Data source: We based the overall satisfaction rating on Service Satisfaction Surveys of National 800 Number callers; field office callers; visitors to field offices (including Social Security Card Centers beginning in FY 2011) and hearings offices; and individuals who used one of our transactional Internet services. The Internet Report Card Survey, which began in FY 2010 with iClaim and Medicare Part D Subsidy applications, added online change of address and direct deposit actions to the types of transactions sampled in FY 2011. The FY 2012 Internet Report Card Survey will add a sample of individuals who completed the online medical form for a disability initial claim or appeal. The FY 2013 survey will incorporate online request for information, such as a benefit verification.

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. In FY 2009, we included results of a special survey of iClaims in the calculation of the performance indicator; in FY 2010, we implemented an annual Internet Report Card Survey, starting with an iApplication sample that included iClaims and the online application for Medicare Part D Subsidy (i1020), for use in the performance indicator calculation. The FY 2011 Office Visitor Survey added Social Security Card Centers to the types of field offices included.

STRATEGIC OBJECTIVE 2.3

EXPAND THE USE OF VIDEO SERVICES

STRATEGIES	<ul style="list-style-type: none">➤ Expand the Use of Video Services to Balance Our Workloads➤ Expand the Use of Third-Party Video Hearings
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Video technology is an important part of our efforts to reduce the hearings backlog. We use it to help us balance workloads across the country, reduce travel for the public and our employees, and better serve remote areas. Our National Hearing Centers give us needed flexibility to quickly support the most backlogged hearing offices. Video technology reduces the need for our staff to travel between offices and to remote sites to hold hearings, which saves travel costs and frees up more time for our judges to decide cases. Video conferencing also provides an efficient and innovative way to provide service to segments of the public with unique service needs, such as connecting our offices to American Indian Tribal Centers or Veterans Administration hospitals to provide service in those locations.

We will expand our video services with the following initiatives:

Expanding Video Hearing Capacity: We continue to increase our video hearing capacity each year.

Expanding the Representative Video Project (RVP): RVP allows attorney and non-attorney representatives of claimants to participate in hearings from their offices using their own video conferencing equipment. At the end of FY 2011, 81 approved representatives held over 2,600 hearings using RVP. We are adding more sites each month as representatives see the value of this initiative.

Expanding Video Service Delivery (VSD): It can be difficult for some people to visit a field office because they are in rural locations or places without public transportation. VSD enables us to provide service to people located at more convenient third-party sites, such as hospitals, libraries, community centers, American Indian Tribal centers, and homeless shelters. Based on our business needs, we will expand VSD in FY 2012 and FY 2013 depending on available resources.

Performance Measure – Strategic Objective 2.3

2.3a: Complete the planned number of video hearings

Fiscal Year	2012		2013	
Target	140,000		154,000	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	55,869	86,320	120,624	129,775

Data definition: The number of video hearings completed in the current fiscal year.

Data source: Case Processing and Management System

Note: This performance measure is new for FY 2012.

STRATEGIC OBJECTIVE 2.4

IMPROVE THE CLARITY OF OUR NOTICES

STRATEGIES	<ul style="list-style-type: none"> ➤ Improve the Readability, Clarity, and Tone of Our Supplemental Security Income Post-Eligibility Notices ➤ Revamp Our Title II Notice System to Make Notices More Complete and Easier to Understand ➤ Modernize Our Notice Architecture So That We Can Implement New or Revised Language More Efficiently and Effectively ➤ Incorporate Plain Language Principles in Our Notices
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Notices are one of our principal means of communicating with the public. We send hundreds of millions of notices to the public explaining the programs that we administer. Our notices communicate decisions, payment, and other important information. The notices also inform claimants and beneficiaries of their rights and responsibilities under our programs, including appeal rights.

Our notices must be accurate, easy-to-read, and clearly explain any necessary actions to provide the best customer service. Clear notices allow us to serve the public effectively and reduces unnecessary calls to our National 800 Number and visits to our field offices. We continue to assess and improve our notices. Our notice clearance process ensures all new notice language meets our notice standards and clear writing guidelines and complies with the Plain Writing Act of 2010.

We are developing a secure and easy-to-use online Social Security Statement, which will improve our Statement process by including all of the information available in the traditionally mailed Statements and link users to other information and services to help them plan for retirement. In the meantime, in FY 2012, we plan to mail the Statement to workers nearing retirement age (age 60 and older) as well as to workers who turn age 25, so they are aware of the services we provide. We will also mail Statements on request to people who cannot use the online service. The FY 2013 President’s Budget funds the mailing of the Social Security Statement to 158 million eligible workers.

In FY 2012 and FY 2013, we plan to improve the readability, clarity, and tone of Supplemental Security Income notices explaining payment changes, and notices advising recipients their benefits will stop due to work. We also plan to improve language in our highest volume notices, such as the letter acknowledging our receipt of a hearing request.

We are also evaluating how we can use technology to generate notices more efficiently and effectively. For example, we will conduct planning and analysis on a new Enterprise Communication Architecture to determine if we can simplify our notice production. We are also exploring technology that will allow us to produce notices in different formats to better serve our diverse public. We apply the principles of open government—transparency, participation, and collaboration—to our notice development process. We also solicit feedback from advocates and other interested persons to provide us with input regarding the content and clarity of our notices.

STRATEGIC GOAL 3: Preserve the Public's Trust in Our Programs

TO ACHIEVE THIS GOAL WE WILL

- Increase Efforts to Accurately Pay Benefits
- Recover Improper Payments
- Maintain Accurate Earnings Records
- Make Our Administrative Operations Even More Efficient

We take our responsibility to be good stewards of the fund entrusted to us very seriously, and we have a well-deserved reputation for providing excellent financial management of our programs. We pay over \$60 billion in benefits each month. Our most important responsibility is to accurately and promptly pay these benefits to the individuals that are entitled. To preserve the public's trust in our programs, we must continue to invest in enhanced program integrity activities. Together our stewardship and service missions serve a common purpose—making our programs more effective and efficient.

We make very few errors in the administration of our retirement and survivors programs, with an accuracy rate in recent years between 99.7 percent and 99.9 percent. However, the disability programs are more complex, and the improper payments that do occur are generally related to the complexity of these programs. In the Social Security disability program, our payment accuracy rate is between 99.0 and 99.3 percent.

The Supplemental Security Income (SSI) program provides payments to disabled adults and children with limited income and resources. SSI payments can change from month to month based on changes in a recipient's income, resources, and living arrangements. Our payment accuracy rate with respect to SSI overpayments has been a challenge -- one we have worked hard to address. For the second year in a row, we have increased SSI overpayment accuracy, achieving 93.3 percent accuracy in FY 2010.

We are committed to preventing fraud and abuse. We 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 operate very efficiently, holding administrative costs to just 1.5 percent of benefit payments. Nevertheless, we extend our stewardship efforts to our administrative payments to grantees, contractors, businesses, and employees.

Our strategic goal aligns with the President's challenge to Federal agencies to aggressively reduce improper payments government-wide. For more information on reducing improper payments, visit our website at www.ssa.gov/improperpayments.

In addition, we commit to continuing our long history of conducting analyses and providing data to the Administration, Congress, and stakeholders on proposals for Social Security reform.

STRATEGIC OBJECTIVE 3.1

INCREASE EFFORTS TO ACCURATELY PAY BENEFITS

STRATEGIES	<ul style="list-style-type: none"> ➤ Explore New Business Processes for Completing Our Program Integrity Activities ➤ Develop New Tools and Automated Means for Beneficiaries to Report Changes that May Affect Their Payment Amount ➤ Automate Internal Business Processes to Make It Easier for Our Employees to Make Changes Quickly and Accurately ➤ Collaborate with Other Federal Agencies to Find Innovative Ways to Detect Fraud ➤ Pursue Additional Data Sharing Agreements with Private Industry and Government Agencies ➤ Enhance Predictive Models and Automation Tools to Help Identify Elements of Benefit Eligibility ➤ Explore Innovative Methods to Communicate Reporting Responsibilities to Beneficiaries
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Our program integrity workloads are critical to ensuring well-run programs and accurate payments. Despite rising workloads, we have been steadily increasing our program integrity efforts. As a result, the SSI overpayment accuracy rate for FY 2010 rose to 93.3 percent, which is a significant improvement over the FY 2009 rate of 91.6 percent. Our success in improving the SSI overpayment accuracy rate is encouraging and demonstrates the value of additional resources for program integrity efforts. We are committed to increasing our program integrity efforts, and we have many tools to help us minimize improper payments.

We will further increase our efforts to accurately pay benefits by:

Conducting 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 conduct two types of CDRs: full medical reviews and mailers. Using computer-scoring models, we identify cases for which conducting a full medical review would not be cost effective. In these cases, we use a questionnaire (mailer) to solicit key information about a disabled beneficiary’s medical condition and recent medical treatment, education, training, and attempts to return to work. The mailer form is usually sent to beneficiaries who, on the basis of statistical analyses, have a low probability of medical improvement were a full CDR done. A full medical CDR requires a new medical evaluation and disability determination by our DDS examiners. In FY 2013, we estimate that every dollar spent on CDRs will yield about \$9 in program savings over 10 years, including Medicare and Medicaid program effects. We plan to increase the number of periodic medical CDRs by conducting 435,000 full medical CDRs in FY 2012 and 650,000 full medical CDRs in FY 2013.

Conducting SSI Redeterminations: Because SSI is a means-tested program, changes in recipients’ living arrangements or in the amount of their income or resources can affect their ongoing eligibility or the amount of their payment. To ensure the accuracy of SSI payments, we conduct redeterminations, which are periodic reviews of non-medical factors of eligibility. In FY 2013, we estimate that every dollar spent on SSI redeterminations will yield about \$6 in program savings over 10 years, including Medicaid program effects. We expect to conduct 2.6 million SSI redeterminations in both FY 2012 and FY 2013.

Using Predictive Modeling in the SSI Redetermination Process: We use a statistical scoring model to identify cases for redetermination that have a high-likelihood of error because we do not have the resources to conduct an annual redetermination on every SSI recipient. This statistical model uses various income, resource, and living arrangement variables to predict likely SSI overpayments. Using this scoring model, we expect the cases targeted for review in FY 2012 to result in the prevention and recovery of approximately \$3.2 billion in total lifetime SSI overpayments. If we had relied on random case selection rather than using a predictive model, we project that only about \$1.8 billion in total lifetime savings would have been prevented and recovered in that year. In FY 2012, we are enhancing the model, using additional recipient living arrangement information to target likely SSI overpayments.

Expanding the Access to Financial Institutions (AFI) Initiative: A leading cause of SSI overpayments is unreported assets in financial accounts. We traditionally verify assets through beneficiary self-reporting and direct contact with financial institutions. Before AFI, direct contact with financial institutions required our employees to mail a form to the financial institution. This process was time consuming for both financial institutions and our employees. The AFI process automates the verification of SSI applicants' and recipients' assets held by financial institutions. We partnered with a vendor to create a web-based system that allows our offices to electronically submit and receive asset information from financial institutions and to search for undisclosed financial accounts. In FY 2011, we completed our nationwide rollout of AFI and plan to integrate it with our SSI claims systems in FY 2012. When we fully implement AFI, we project roughly \$900 million in lifetime SSI program savings for each year we use the fully implemented process.

Promoting Use of the SSI Telephone Wage Reporting System (SSITWR): Wages continue to be a major source of payment error in the SSI program because we do not always receive accurate or timely monthly wage information. To facilitate timely reporting, we established a dedicated telephone number to allow recipients and their representative payees – persons who receive SSI benefits on behalf of recipients who cannot manage their own benefits – to report monthly wages by calling and using a combination of touch-tone entry and voice-recognition software.

Our software system automatically enters the wage data into the SSI system. This process is more efficient than if the recipient visited a field office, and we manually entered the report of wages into our system. The improved efficiency of SSITWR allows us to process wage reports early enough to adjust the next SSI payment, thereby preventing improper payments.

We are currently conducting a Payee Outreach Pilot. In FY 2011, we mailed notices to a group of representative payees for working SSI recipients. The notices asked the payees to start using SSITWR to report the recipient's wages to us. We are exploring expanding this pilot.

Expanding the Use of Electronic Death Data Exchange with Foreign Governments: We have expanded the use of electronic death data exchange with foreign governments to ensure we do not pay benefits to deceased people who resided outside of the United States. In FY 2012, we expect to implement reciprocal exchanges with Germany, South Korea, Norway, Belgium, and the United Kingdom. In FY 2013, we expect to implement reciprocal exchanges with Canada and other partners.

Using 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 provide us evidentiary documents, such as birth and death certificates, proof of citizenship, and Forms W-2. These exchanges make the online application process more accurate, efficient, and convenient.

Expanding Our Cooperative Disability Investigation (CDI) Program: We will continue to work collaboratively with our Office of Inspector General (OIG), the State DDSs, and with State and local law enforcement agencies to resolve allegations of fraud in our disability programs through our CDI units.

Our CDI units help prevent payments to people who are not disabled or reduce improper payments to beneficiaries who have failed either to report medical improvement or work activity. In FY 2011, CDI investigations led to the denial or termination of 3,315 claims and saved approximately \$281.2 million to our Disability Insurance (DI) and SSI programs, and \$182.5 million to non-SSA programs, such as Medicare and Medicaid. Moreover, since the program's inception through September 2011, the CDI program efforts nationwide have resulted in \$1.9 billion in projected savings to our DI and SSI programs and \$1.2 billion to non-SSA programs.

The CDI program blends investigative techniques with a collaborative approach that acknowledges the complexity of our disability programs. At the end of FY 2011, the CDI Program consisted of 24 CDI units operating in 21 States. Each unit consists of an OIG Special Agent who serves as the CDI Unit Team Leader, personnel from State or local law enforcement, and personnel from our agency and the State DDS. We plan to add four new units in FY 2012. In FY 2013, we will expand the program as funding permits.

Performance Measures – Strategic Objective 3.1

3.1a: Complete the budgeted number of Supplemental Security Income non-disability redeterminations

Fiscal Year	2012		2013	
Target	2,622,000		2,622,000	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	1,220,664	1,730,575	2,465,878	2,456,830

Data definition: 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.

Data source: Integrated SSA Unified Measurement System Counts Report

3.1b: Complete the budgeted number of full medical continuing disability reviews

Fiscal Year	2012		2013	
Target	435,000		650,000	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	245,388	316,960	324,567	345,492

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

Data source: Continuing Disability Review Tracking Files

Note: Prior to FY 2012, performance included reviews completed by the State 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.

In FY 2011, we completed 1,408,897 CDRs, including 345,492 medical CDRs and 1,063,405 mailers that did not require a medical review.

In FY 2010, we completed 956,182 CDRs, including 324,567 medical CDRs and 631,615 mailers that did not require a medical review.

In FY 2009, we completed 1,101,983 CDRs, including 316,960 medical CDRs and 785,023 mailers that did not require a medical review.

In FY 2008, we completed 1,091,303 CDRs, including 245,388 medical CDRs and 845,915 mailers that did not require a medical review.

3.1c: Percent of Supplemental Security Income payments free of overpayment and underpayment error

Overpayment Accuracy Rate

Fiscal Year	2012		2013	
Target	95.0%		95.0%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	89.7%	91.6%	93.3%	Available April 2012

Underpayment Accuracy Rate

Fiscal Year	2012		2013	
Target	98.8%		98.8%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	98.3%	98.4%	97.6%	Available April 2012

Data definition: We determine the SSI payment accuracy rate free of overpayment and underpayment error 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 SSI payments during the fiscal year. We determine the overpayment accuracy rate by dividing the total overpayment error dollars by the total dollars paid for the fiscal year and subtracting this percentage from 100 percent. We determine the underpayment accuracy rate 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: SSI Stewardship Report

Note: Our Annual Performance Plan and Congressional Justification, issued in February 2011, reflected an FY 2011 SSI overpayment accuracy rate target of 92 percent. Because of the lag in producing actual performance data, we did not receive FY 2010 SSI overpayment accuracy data until April 2011. The increase in our FY 2010 accuracy rate prompted us to revise the FY 2011 SSI overpayment accuracy rate target to 93.3 percent. We will receive actual FY 2011 SSI overpayment accuracy performance data in April 2012.

3.1d: Maintain percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment and underpayment error

Overpayment Accuracy Rate

Fiscal Year	2012		2013	
Target	99.8%		99.8%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	99.7%	99.6%	99.6%	Available April 2012

Underpayment Accuracy Rate

Fiscal Year	2012		2013	
Target	99.8%		99.8%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	99.9%	99.9%	99.8%	Available April 2012

Data definition: We determine the Old-Age, Survivors, and Disability Insurance (OASDI) payment accuracy rate free of overpayment and underpayment error 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. We determine the overpayment accuracy rate by dividing the total overpayment error dollars by the total dollars paid for the fiscal year and subtracting this percentage from 100 percent. We determine the underpayment accuracy rate 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: OASDI Stewardship Report

STRATEGIC OBJECTIVE 3.2 RECOVER IMPROPER PAYMENTS

STRATEGIES	<ul style="list-style-type: none"> ➤ Maximize Our Use of Proven Debt Collection Tools and Techniques ➤ Implement New Tools for Debt Collection ➤ Develop Recommended Changes to Laws, Regulations, and Policies to Enhance Our Ability to Collect Debt
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Although we strive to pay benefits accurately and timely, the complexity of our disability programs can lead to improper payments. In FY 2011, we recovered \$3.2 billion of Social Security and SSI overpayments from overpaid beneficiaries. We use benefit withholding to recover overpayments from debtors currently receiving payments. When overpaid individuals are no longer receiving benefits, we offer them the opportunity to repay the debt via monthly installment payments. If the debtor does not agree to an acceptable repayment plan or defaults on an established agreement, we use our external collection techniques to recover the overpayments.

We have enhanced our debt collection program focusing on the use of established external debt collection procedures. These include our participation in the Department of Treasury’s (Treasury) Treasury Offset Program (TOP), which allows us to offset Federal Tax refunds, Federal annuities, and Federal salaries to collect our delinquent debts. We also use Administrative Wage Garnishment, which allows us to garnish a debtor’s private sector wages. We also report delinquent debts to credit bureaus.

We will continue improving our debt collection program by:

Maximizing Our Use of Proven Debt Collection Tools and Techniques: Referrals of delinquent debts to TOP are an effective recovery method for individuals who are no longer entitled to our program benefits. Since our initial implementation in 1992, we have recovered \$2 billion dollars through TOP. In 2009, Treasury enhanced TOP by amending their regulations to allow for collection of legally enforceable, non-tax debts beyond the prior 10-year statute of limitation. In FY 2011, we published regulatory changes authorizing us to refer delinquent debts to TOP beyond 10 years. By the end of FY 2012, we will implement the systems changes to identify and notify our debtors. As a result of this enhancement, we will begin referring additional debts to Treasury for collection starting in FY 2013.

Implementing New Tools for Debt Collection: We have statutory authority to offset of eligible State payments due to debtors as a way to collect delinquent debts. To offset the payment, the issuing State must have previously entered into a reciprocal agreement with Treasury. In FY 2011, we published the regulatory changes authorizing us to offset eligible State payments issued by participating States. As resources permit, we will implement the required systems enhancements to employ State Payment Offset.

Performance Measure – Strategic Objective 3.2

3.2a: Expand and enhance our debt collection tools

Fiscal Year	2012	2013
Target	Implement Treasury Offset Program for programmatic delinquent debt over 10 years old	TBD

Data definition: Develop and implement internal processes to allow SSA to begin pursuing, through the Department of Treasury Offset Program, programmatic debts that have been delinquent for longer than 10 years.

Data source: The External Collection Operation Master File

Note: This performance measure is new for FY 2012.

STRATEGIC OBJECTIVE 3.3 MAINTAIN ACCURATE EARNINGS RECORDS

STRATEGIES

- Encourage More Employers to File W-2s Online
- Work with the Internal Revenue Service to Improve Wage Reporting
- Continue to Modernize Our Earnings Systems

Enumeration is our process of assigning Social Security numbers (SSN) and issuing Social Security cards. Each year we issue approximately 17 million original and replacement Social Security cards. We also verify SSNs more than one billion times a year through a variety of electronic exchanges with public and private organizations. The purpose of the SSN is to allow us to record a worker's earnings history. 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. In FY 2011, we completed and posted more than 249 million items to workers' records.

Maintaining accurate earnings records is resource intensive and highly complex. We receive the majority of these earnings reports electronically; however, over 3.8 million are still paper reports, which make them more error prone, labor intensive, and expensive to process. In addition, the automated systems we use to process this workload are aging.

Our efforts to enhance our enumeration process include:

Strengthening the Social Security Number Application Process (SSNAP): SSNAP is a web-based enumeration system used to record information and evidence submitted during the interview for an SSN. SSNAP is available in all field offices (including Social Security Card Centers), teleservice centers, and Foreign Service posts. We are currently revising SSNAP to guide users through the mandatory in-person interview for applicants who are age 12 or older and applying for original SSNs. Interview questions, which differ depending on the person's citizenship, help determine if we previously assigned an SSN. As resources permit, we will continue to develop and implement enhancements that will help us enforce enumeration policy and meet legislative requirements.

Expanding Enumeration-at-Entry (EAE): Initially, this program allowed immigrants age 18 or older to apply for an SSN with the Department of State (DOS) as part of their visa application. Upon arrival in the U.S., the DHS forwards immigrants' enumeration data to us. In collaboration with these agencies, we expanded EAE in FY 2009 to handle requests for children under the age of 18 who applied for immigrant visas and an SSN. In FY 2012, we are proactively working with DOS and DHS to expand the EAE process to those persons applying for admission to the United States under certain non-immigration visa classifications. These improvements will reduce field office workloads, provide cost savings, increase our capabilities to prevent the issuance of multiple SSNs, and improve the integrity of the enumeration process.

Implementing Use of DHS Auto Cards: We will work with DHS to support its transmission of data directly to our enumeration system. We will be able to automatically and securely assign an SSN and issue a Social Security card, to certain categories of foreign-born individuals who are currently residing in the U.S. without further action by our employees. In FY 2013, we plan to implement this process for non-citizens applying for a work permit for the first time. Future releases will include expansion to non-immigrants (e.g., in the U.S. with a valid visitor visa) whose status changes to permanent resident status and people who become naturalized citizens.

Assessing Foreign Identity Documents Used to Issue Social Security Numbers: To deter fraud and improper SSN issuance, we evaluate documents originating outside the United States to determine their

validity. We establish and continually update a country-specific listing of acceptable documents for use in processing SSN applications.

Our efforts to maintain accurate earnings records include:

Continuing the Earnings Redesign Initiative: We are redesigning our systems to make our earnings process more efficient and accurate. In addition, we are working with the Internal Revenue Service to enhance the earnings data exchanges for improved wage reporting.

Expanding Use of Social Security Number Verification Services (SSNVS): SSNVS allows registered users (i.e. third parties and employers) to determine, almost instantaneously, if the reported name and SSN of an employee matches our records. We can post employee wages correctly only when employers report employee wages under the correct name and SSN. We will continue to work with the business community to encourage additional employers and private sector companies to use this service.

Increasing Electronic Wage Report (EWR) Filing: We will continue to work toward eliminating paper wage reports while migrating to an electronic earnings record process. Annually, we receive over 3.8 million paper wage reports from employers that contain over 32 million paper Forms W-2s. Paper wage reports are more error-prone, labor intensive, and expensive to process; accordingly, we will continue to encourage employers and third party submitters to use the Business Services Online EWR suite of services to file Forms W-2 for their employees and customers electronically. We will inform employers about EWR online and through promotional materials, payroll conferences, articles in trade publications, and direct contact.

Performance Measures – Strategic Objective 3.3

3.3a: Reduce the percentage of paper Forms W-2 completed

Fiscal Year	2012		2013	
Target	14.0%		13.0%	
Historical Performance				
Fiscal Year	2009	2010	2011	
Performance	16%	15%	14.4%	

Data definition: The percentage of paper Forms W-2 processed to completion. We derive the percentage by dividing the number of paper Forms W-2 processed to completion by the total number of Forms W-2 processed to completion. Data are reported cumulatively for the current calendar year, as Forms W-2 are processed for the prior tax year.

Data source: Earnings Modernization Operational Data Store Management Information Reports

3.3b: Achieve the target percentage for correctly assigning original Social Security numbers

Fiscal Year	2012			2013	
Target	99.0%			99.0%	
Historical Performance					
Fiscal Year	2008	2009	2010	2011	
Performance	99.9%	99.9%	99.9%	Available May 2012	

Data definition: We derive the percentage using a statistically valid sample of original Social Security Numbers assigned in the fiscal year. We divide the number of correctly assigned Social Security Numbers 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

STRATEGIC OBJECTIVE 3.4

MAKE OUR ADMINISTRATIVE OPERATIONS EVEN MORE EFFICIENT

STRATEGIES

- Use Technology to Achieve Savings
- Use Efficient Acquisition Strategies to Achieve Savings

We are committed to sound management practices. As responsible stewards, we continually review our business processes and use technology to make our operations more efficient. We continue to seek new ways to increase our efficiency. For example, we spend about \$1 billion annually to obtain mission essential goods and services. By focusing on reducing high-risk acquisitions and aggressively seeking vendor discounts, we saved over \$273 million in FY 2011 in acquisition costs.

In accordance with Executive Order 13589, Promoting Efficient Spending, we examined the key administrative areas targeted by the Executive Order and identified ways to cut costs where possible and eliminate practices that are outdated or unnecessary. Even prior to the issuance of the Executive Order, we took steps to reduce expenditures in many administrative areas, identifying opportunities to promote efficient and effective spending.

We will make our administrative operations more efficient by:

Increasing Use of Technology as Alternatives to Travel: We significantly increased the use of video hearings to reduce travel expenses while simultaneously handling more hearings, transferring workloads between locations, and providing better service to claimants in remote areas. In FY 2012, we also plan to reduce training travel costs through Distance Learning Technology, an initiative that replaces some face-to-face training with video training.

Ensuring the Integrity of Our Annual Financial Statements: As mandated by the Chief Financial Officers Act of 1990, each year our Office of the Inspector General (OIG) or an independent external auditor 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 statements and demonstrates our commitment to sound financial management practices. This opinion assures the public and Congress that: 1) our financial statements conform to generally accepted accounting principles; 2) we fairly state that our internal controls over financial reporting are operating effectively; and 3) we are in compliance with laws and regulations. Our commitment to a strong internal control environment is unwavering, and FY 2011 marked the 18th consecutive year we received an unqualified opinion on our financial statements.

Conducting Onsite Security Control and Audit Reviews: We will continue to conduct ongoing Onsite Security Control and Audit Reviews in our field offices, teleservice centers, processing centers, DDSs, and hearing offices to ensure they follow established security policies and procedures and that management controls are in place to deter and detect waste, fraud, and abuse. These reviews identify issues before they escalate. We require office managers to submit a corrective action plan providing details on the actions they will take to correct any deficiency cited during the review. We monitor these corrective plans to ensure we address and resolve each deficiency.

Open Government: We are committed to the principles of transparency in Government. In FY 2011, we added new charts and datasets throughout the year that responded to public demand and support agency accountability. By the end of FY 2011, we had over 30 datasets available to the public on topics such as the timeliness, efficiency, and quality of our workload processing. We will add new information in FY 2012 that will improve the public's knowledge of the agency and its operations. We are following

strict protocols for assuring the protection of personal information and the security of agency data in accordance with laws, regulations, and best practices.

In FY 2010, we published our first Open Government Plan (Plan), www.socialsecurity.gov/open/story-2010-06-24-open-government-plan.html, which is our framework for incorporating the principles of transparency, participation, and collaboration into our plans for achieving our mission. In FY 2012, using public and employee input, we will refresh our Plan with new milestones for future years. Information about our refreshment activities is available at www.socialsecurity.gov/open.

Performance Measure – Strategic Objective 3.4

3.4a: Receive an unqualified audit opinion on SSA’s financial statements

Fiscal Year	2012		2013	
Target	Receive an unqualified opinion		Receive an unqualified opinion	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	Received an unqualified opinion	Received an unqualified opinion	Received an unqualified opinion	Received an unqualified opinion

Data definition: The receipt of an unqualified audit opinion from an independent auditor. We receive an unqualified opinion on the financial statements when an independent auditor determines that agency financial statements are presented fairly, in all material respects, in conformity with accounting principles generally accepted in the United States of America.

Data source: The independent auditor report

STRATEGIC GOAL 4: Strengthen Our Workforce and Infrastructure

TO ACHIEVE THIS GOAL WE WILL

- Strengthen Our Workforce-Recruit, Train, Develop, and Retain Superior Employees
- Maintain Secure and Reliable Information Technology Services
- Increase Efficiency of Our Physical Infrastructure

We face many challenges in providing quality service to the public. It is through the dedication and commitment of our employees and State partners, the disability determination services, that we have been able to sustain dedicated and compassionate public service. One of our challenges continues to be the loss of institutional knowledge from the retirement of our employees. Our recruitment and retention efforts must attract a multi-generational, multi-cultural workforce with the competencies needed for our mission critical positions. It is imperative that we find new and innovative ways to pass on institutional knowledge as our experienced employees leave.

Although we have a history of high productivity, process improvements alone cannot offset the significant increases in our workloads and loss of staff. To meet our service delivery challenge, we rely upon a large and complex information technology (IT) infrastructure, which includes very sensitive national databases, hundreds of software applications, large back-end computer platforms, and thousands of networked computers, printers, telephones, and other devices. In addition, we are striving to provide a professional, safe, and secure environment for our workforce and the public while working toward achieving even greater savings by minimizing waste and reducing energy consumption.

We must continue to make strategic investments in our employees for a strong and productive workforce that, when combined with investments in our IT and physical infrastructures, will equip our employees with the necessary tools to tackle our challenges.

STRATEGIC OBJECTIVE 4.1

STRENGTHEN OUR WORKFORCE-RECRUIT, TRAIN, DEVELOP, AND RETAIN SUPERIOR EMPLOYEES

STRATEGIES	<ul style="list-style-type: none"> ➤ Recruit and Retain a Highly-Skilled, Multi-Generational and Multi-Cultural Workforce, Including Veterans, Individuals with Disabilities, and Bilingual Employees ➤ Sustain a Positive Work Environment that Values Diversity and Inclusion and Encourages Employee Innovation and Input ➤ Offer High-Value Learning and Leadership Development Opportunities ➤ Refresh Our Training and Technical Support Resources
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The landscape of the Federal workplace and its workforce continues to change, as do the needs of the public that we serve. We must be prepared to meet the 21st century business demands by having a diverse, highly skilled, and agile workforce. Technological advances have changed the way the public conducts business with us. Technology has not only changed our service delivery methods, but it has also changed our physical workplace. The advent of portable electronic work is changing our traditional business models.

Our workforce is quickly approaching retirement age. By 2015, almost 33 percent of our workforce, including 48 percent of our supervisors, will be eligible to retire. In FY 2011, we lost over 4,000 employees due to retirement and other reasons. We expect this trend to continue. During this same timeframe, the baby boomer retirement wave continues to have a significant effect on our workloads. Consequently, even as our workloads continue to remain high, the size of our workforce is decreasing.

In order to ensure continued success, we have expanded our development programs so that we can seamlessly pass the leadership of our agency to a well-prepared generation of new leaders. We are committed to embrace “learning” over “training.” For example, we are pursuing peer-to-peer education opportunities using Intranet sites and social media so that employees can share questions and best-demonstrated practices. In that way, knowledge exchange is not confined by geographical location.

Our new hires will continue to reflect our record of being one of the most diverse agencies in the Federal Government. Additionally, we will continue to make special efforts to recruit veterans and people with disabilities, particularly our own beneficiaries in the Ticket to Work program.

We will continue to strengthen our workforce by:

Employment of Veterans and Individuals with Disabilities: We have long recognized the rich talent pool that exists within the veteran and disabled populations. From FY 2010 to FY 2011, we increased permanent veteran hiring by over 9 percentage points, which significantly exceeded our commitment of a 3-4 percentage point increase. During the same time, we also increased our hiring of disabled veterans by over 4 percentage points, which exceeded our 1-2 percentage point goal. Overall, 26.7 percent of our permanent hires were veterans and 13.6 percent were disabled veterans.

The percentage of employees with disabilities in our workforce has increased from 8.15 percent in FY 2008 to 8.52 percent in FY 2011. However, the percentage of employees with targeted disabilities in our workforce has decreased from 2.03 percent in FY 2008 to 1.99 percent in FY 2011. To maintain our high level of veteran and disabled hiring and employment, we established two operational plans to help integrate proven practices for recruitment, development, support, and retention into our ongoing

human capital strategies: the Veterans Employment Initiative Operational Plan and the Increasing the Employment of Individuals with Disabilities Operational Plan. Both plans outline our long-term direction concerning leadership commitment, skill development and employment, marketing and outreach, and access to information through information gateways.

Diversity and Inclusion: We have a long-standing record of being among the most diverse public sector Federal agencies. We continually strive to recruit, promote, and retain a highly skilled diverse workforce that draws from all segments of society. In FY 2012, we will develop our Diversity and Inclusion (D&I) Strategic Plan highlighting our proven best practices for attaining and retaining a diverse workforce, and providing a work environment that draws upon our collective talents and enables our employees to participate to their full potential. The D&I Plan will align with the Government-wide Diversity and Inclusion Strategic Plan and supports Presidential Executive Order 13583, “Establishing a Coordinated Government-wide Initiative to Promote Diversity and Inclusion in the Federal Workforce.”

Career Development Programs: We have one of the most robust career development programs in the Federal sector. We offer three distinct development programs to develop future leaders. These programs include the Senior Executive Service Candidate Development Program (SES CDP), Advanced Leadership Program (ALP), and the Leadership Development Program (LDP). In FY 2011, we announced and selected participants for our sixth SES CDP class since acquiring independent agency status in 1995. In FY 2012, we will solicit and select participants for the ALP and LDP programs.

Learning Opportunities: We will establish more innovative training solutions, such as virtual conferences, video teleconferencing, and simulations in FY 2012 and FY 2013. We are also improving training for our front-line employees. The safety of our employees and visitors to our offices has always been our top priority. To that end, in FY 2012, we are developing a curriculum that will give employees new tools to deal with difficult customers. We will implement this curriculum in FY 2013.

Performance Measures – Strategic Objective 4.1

4.1a: Recruit and hire veterans and disabled veterans

Veteran Hiring

Fiscal Year	2012		2013	
Target	26.72%		Maintain the overall veteran hiring percentage at 26.72%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	12.93%	15.07%	17.33%	26.72%

Disabled Veteran Hiring

Fiscal Year	2012		2013	
Target	14.59%		Increase the disabled veteran hiring by 1 percentage point over FY 2012 performance	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	6.04%	7.50%	8.72%	13.59%

Data definition for Veteran Hiring: For a given fiscal year, the percentage of overall permanent hires who are veterans (i.e., an employee who has been discharged or released from active duty in the armed forces under honorable conditions and has a 5-point or 10-point veteran’s preference).

Data definition for Disabled Veteran Hiring: For a given fiscal year, the percentage of overall permanent hires who are disabled veterans (i.e., an employee who has been discharged or released from active duty in the armed forces under honorable conditions and has a 10-point preference due to a service-connected disability.) This category is a subset of the overall veterans hiring statistic.

Data includes full-time permanent and part-time permanent employees only.

Data source: Human Resources Operational Data Store

Note: This performance measure is new for FY 2012.

4.1b: Employ individuals with targeted disabilities

Fiscal Year	2012		2013	
Target	2.0%		2.05%	
Historical Performance				
Fiscal Year	2008	2009	2010	2011
Performance	2.03%	2.02%	1.99%	1.99%

Data definition: The percentage of the on-duty workforce, as of the end of the fiscal year (September 30), who self-identified as an individual with a targeted disability (i.e. an employee who has self-identified with the following physical and/or mental impairment: deafness, blindness, missing extremities, partial paralysis, complete paralysis, and other impairment such as epilepsy, severe intellectual disability, psychiatric disability, and dwarfism.) Data include full-time permanent and part-time permanent employees only.

Data source: Human Resources Operational Data Store

Note: This performance measure is new for FY 2012.

4.1c: Conduct mandatory employee training on diffusing difficult encounters with the public

Fiscal Year	2012		2013	
Target	Develop the safety and security training curriculum		90% of employees trained	

Data definition: The number of new and existing employees trained on safety and security measures when encountering irate and aggressive customers. We will train front-line employees first.

Data source: Safety and Security Website and the Learning Management System

Note: This performance measure is new for FY 2012.

STRATEGIC OBJECTIVE 4.2

MAINTAIN SECURE AND RELIABLE INFORMATION TECHNOLOGY SERVICES

STRATEGIES	<ul style="list-style-type: none"> ➤ Complete Infrastructure Changes to Restore National IT Operations Within One Day in the Event of a Disaster Affecting Either of Our Two Data Centers ➤ Use Advanced Cyber-Security Tools and Techniques to Protect Our Data and Systems ➤ Utilize Proven New Technologies to Improve IT Cost, Performance, and Data-Loss Risk ➤ Incrementally Modernize Our Older Software Applications Based on Business Opportunity and Technical Risk ➤ Maintain Systems Performance While Transitioning to Our New Data Center
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Our Information Technology (IT) infrastructure includes investments in computer hardware and software, telecommunications, data, and the processes by which we manage this technology. Our robust IT infrastructure enables high workforce productivity and public satisfaction in the services we offer. We design and implement cost effective IT solutions in the face of constrained budgets, increasing growth in IT demand and services, cyber-security risks, and technology obsolescence that occurs as the technology industry constantly changes.

Continued investments in our IT infrastructure will ensure that we will maintain secure and reliable technology services for our workforce and the public we serve. We will implement several strategies to strengthen both our day-to-day operations and ongoing technology modernization efforts.

We will maintain secure and reliable IT services by:

Enhancing Our Infrastructure: We will complete infrastructure changes to restore national IT operations within one day in the event of a disaster affecting either of our two data centers. We will implement several technologies including high-speed disk replication, dynamic load balancing with high bandwidth connectivity between data centers, increased data center capacity, and automatic failover and staging systems. We will test our critical system recovery processes on an annual basis.

Protecting Our Systems and Data: We will deploy tools and techniques to maintain privacy and protection of our data, systems, and business processes. We will continue to strengthen our information security program to meet the standards and requirements of the 2002 Federal Information Security Management Act by training our employees and implementing effective cyber security technologies.

Improving IT Cost and Performance: We will use proven new technologies to lower IT cost and improve performance. As part of our capital planning and investment control processes, we evaluate the cost of IT projects in light of their return on investment. We appropriately adopt new technologies, which provide stable and high performing environments. We are implementing Service-Oriented Architecture (SOA) technology to enhance code reusability and to reduce development costs.

Modernizing Older Software Applications: We will incrementally modernize our older software applications based on business opportunity and technical risk. We evaluate current software applications in light of how these meet strategic business goals and their conformance to our Enterprise Architecture plans. These evaluations support our decision process for identifying applications to retire,

renovate, or maintain. We are progressively increasing the number of open software applications in use.

Maintaining Systems Performance While Transitioning to Our New Data Center: As we prepare for the move to our new National Support Center in 2015, we are implementing several infrastructure enhancements to ensure continued system performance. These enhancements include: isolating our pre-production and network environments from our core computing environment; reducing the number of operating systems we support; implementing additional virtualization technologies wherever technically feasible and cost-effective and; configuring tiered architectures to meet application cost and performance requirements.

Performance Measure – Strategic Objective 4.2

4.2a: Percentage of enterprise-wide systems availability

Fiscal Year	2012	2013
Target	99.50%	99.50%
Historical Performance		
Fiscal Year	2010	2011
Performance	99.84%	99.89%

Data definition: We define enterprise availability as a weighted total availability of service channel mission critical applications for all our customers. An application is considered available when the end user can perform all business functions within the application with reasonable response times. Six different service channels (online, DDS eDIB, Internet, telephone, data exchange, and weekend outage) and accompanying applications are included.

Data source: Change, Asset, and Problem Reporting System (Data is limited to Critical Application Severity 1 outages.)

Note: This performance measure is new for FY 2012.

STRATEGIC OBJECTIVE 4.3 INCREASE EFFICIENCY OF OUR PHYSICAL INFRASTRUCTURE

STRATEGIES	<ul style="list-style-type: none"> ➤ Implement Green Solutions that Improve Our Environment and Make Our Operations More Efficient ➤ Improve Real Property Management and Optimize Maintenance Costs ➤ Increase Oversight of Space Acquisition Activities to Ensure Cost-Conscious Decision Making, Taking Telework Opportunities into Consideration ➤ Continue to Redesign and Equip Our Offices to Enhance Security and Privacy and Foster Employee Satisfaction and Productivity
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We must provide a professional, safe, and secure environment for our workforce and the public. We also have a responsibility to the public to conduct business in an efficient, economical, and environmentally sound manner. We are reviewing our current office structure to identify opportunities to consolidate offices and reduce our carbon footprint. Cancellation of leases has resulted in cost savings of nearly \$15 million through the beginning of FY 2012. We are working toward achieving even greater savings by minimizing waste and reducing energy consumption.

In an effort to meet this responsibility, we recycle and purchase energy efficient lighting, electronics, and appliances and continue to provide sustainable acquisition language in agency contracts. We began these practices before release of Executive Order 13423, “Strengthening Federal Environment, Energy, and Transportation Management,” which directed Federal agencies to improve their environmental, energy, and transportation processes.

In support of Executive Order 13423 and Executive Order 13514, “Federal Leadership in Environmental, Energy, and Economic Performance,” we replaced 100 percent of our gasoline vehicles eligible for replacement with alternative fuel or low greenhouse gas emissions vehicles. As a result, we rank sixth in reducing petroleum and third in increased alternative fuel usage among 21 Federal agencies. We continue to find new and innovative ways to expand our “green” programs and use “green” solutions to improve our environment. By December 2012, we will complete our Environmental Management System plan, which sets forth ambitious energy and water conservation goals consistent with Executive Orders 13423 and 13514.

We will increase the efficiency of our physical infrastructure by:

Greening Our Fleet: We developed a Greenhouse Gas Reduction Goal and Sustainability Performance Plan to meet the requirements of Executive Order 13514. To further our sustainable practices, we will increase our purchase of renewable energy. One hundred percent of our new vehicle purchases are alternative fuel vehicles. Nationwide, we converted over 82 percent of our light-duty vehicles to alternative fuel vehicles, and at our headquarters, we converted 70 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. We continue to allow other Federal agencies to access alternative fuel pumps that we have installed. To expand our “green” programs in FY 2012 and FY 2013, we expect to purchase more renewable energy for our headquarters buildings, thereby reducing our greenhouse gas emissions.

Recycling and Redesign Waste: In FY 2012, we will implement single-stream recycling at our headquarters’ complex to increase the amount of recyclable materials we divert from the waste stream. Also in FY 2012, we plan to deploy new recycling stations in high visibility areas with more foot traffic

than our current recycling centers. We continue to conduct research and consider additional options for expanding our recycling program. We are currently exploring the possibility of implementing composting in the cafeterias of several of our facilities.

Purchasing and Managing Environmentally Sound Electronics: We purchase desktop computers, laptops, and monitors that are silver-rated or better by the Electronic Product Environmental Assessment Tool. We implemented power management on desktop and laptop computers, which allows computers to revert to the “sleep” mode during periods of inactivity, thereby reducing power usage and greenhouse gas emissions. In FY 2012 and FY 2013, we will continue our efforts to purchase and manage environmentally friendly electronics.

Converting to Sustainable, “Green” Energy Sources: We will continue to explore sustainable energy sources (solar, wind, etc.) and will employ where economically feasible. We also monitor our offices to ensure we meet energy efficiency standards.

Performance Measure – Strategic Objective 4.3

4.3a: Reduce energy intensity by 30 percent by 2015

Fiscal Year	2012	2013
Target	7%	7%
Historical Performance		
Fiscal Year	2010	2011
Performance	6.8%	1.4%

Data definition: Energy intensity is energy consumption per square foot of building space. Executive Order 13514 requires agencies to improve energy efficiency and reduce greenhouse gas emissions through reduction of energy intensity by 30 percent by the end of FY 2015 as it relates to the baseline of the agency’s energy use in fiscal year 2003. We measure the decrease in energy consumption for FY 2012 compared to the FY 2003 usage baseline.

Data source: Department of Energy Federal Energy Management Program Greenhouse Gas Reduction Inventory

Note: This performance measure is new for FY 2012.

Appendix A

Priority Goals

We have identified three agency Priority Goals in response to the President’s challenge for Federal agencies to cut waste, save money, and deliver better service. These goals support our overarching strategic goals set forth in our FY 2013 – 2016 Agency Strategic Plan. Our Priority Goals are aggressive and we expect to achieve them within a 24-month period. We regularly review our progress, and take necessary actions to improve our outcomes and reduce costs.

Priority Goals	Strategies to Achieve Priority Goals	Goal Leader(s)
<p>Faster hearing decisions By the end of FY 2013, we will reduce the average time for a hearing decision from 345 days at the end of FY 2011 to 270 days.</p> <p>(Refer to performance measure 1.1c, Minimize average wait time from hearing request to decision, on page 14)</p>	<ul style="list-style-type: none"> • Eliminate our oldest cases first • Expedite cases that do not require a hearing • Enhance electronic tools that improve productivity and quality • Target our national resources to meet workload demands 	<p>Lisa Markowski Executive Coordinator for Backlog Initiatives, Office of Disability Adjudication and Review</p>
<p>Reduce Supplemental Security Income (SSI) overpayments By the end of *FY 2013, we will increase our SSI overpayment accuracy rate from 93.3 percent at the end of FY 2010 to 95 percent. *FY 2013 data will not be available until April 2014.</p> <p>(Refer to performance measure 3.1c, Percent of SSI payments free of overpayment and underpayment error, on page 42)</p>	<ul style="list-style-type: none"> • Develop new tools and automated means for recipients to report changes that may affect their payment amount • Automate internal business processes to make it easier for our employees to make changes quickly and accurately • Pursue additional data sharing agreements with private industry and government agencies • Enhance predictive models and automation tools to help identify elements of eligibility • Explore innovative methods to communicate reporting responsibilities to recipients 	<p>Joanne Gasparini Executive Lead for Improper Payments, Office of Quality Performance</p>

Priority Goals	Strategies to Achieve Priority Goals	Goal Leader(s)
<p>Increase use of our online services By the end of FY 2013, we will increase our online filing rates from 36 percent at the end of 2011 to 48 percent.</p> <p>(Refer to performance measure 2.1a, Increase the percentage of claims filed online, on page 29)</p>	<ul style="list-style-type: none"> • Develop creative outreach strategies to market online services • Enhance usability and continue to incorporate best-in-business features in our existing online services • Explore offering online services through mobile devices • Explore online support options, including click to talk, screen sharing, and instant messaging • Simplify business processes to maximize the benefits of online services 	<p>Sylviane Haldiman Associate Commissioner, Office of Electronic Services</p>

Further, in response to the President's challenge to create a more effective, efficient, innovative, and responsive government, the Office of Management and Budget is establishing Federal Priority Goals. These goals will complement government-wide management improvement goals and agency Priority Goals. Per the GPRA Modernization Act, P.L. 111-352, requirement to address Federal Goals in the agency Strategic Plan and Annual Performance Plan, please refer to performance.gov for information on Federal Priority Goals and the agency's contributions to those goals, where applicable.

In addition, Federal agencies are focusing on ways to eliminate wasteful spending and get the most from taxpayer dollars. To target low-priority activities, agencies are using such criteria as how well programs/activities align with their missions, identification of duplicative efforts with other internal or external programs/activities, and determination of relative consequences or benefits to the public. The 2013 Cuts, Consolidations, and Savings (CCS) Volume of the President's Budget identifies the lower-priority program activities under the GPRA Modernization Act, 31 U.S.C. 1115(b)(10). The public can access the volume at <http://www.whitehouse.gov/omb/budget>.

Appendix B

FY 2012 Major Evaluations

We routinely evaluate our programs by conducting a variety of studies and surveys to determine if they are effective. We continue to build on our collection of program data, research, and analyses to identify our program strengths and weaknesses. We use information from program evaluations to develop strategies to address the major challenges we face and to improve the day-to-day administration of our programs. We complete many of our evaluations annually while others may be one-time efforts.

STRATEGIC GOAL 1 – DELIVER QUALITY DISABILITY DECISIONS AND SERVICES	
EVALUATION	DESCRIPTION
Disability Initial Claims Report Card	Surveys persons who file for disability benefits regarding perceptions of the initial disability application processes
Evaluation of Ticket to Work Program	Evaluates the progress of the Ticket to Work Program as required under the Ticket to Work and Work Incentives Improvement Act of 1999
Hearing Process Report Card Survey	Surveys persons who file for disability benefits regarding perceptions about the entire hearing process
Quality Review Assessment of Senior Attorney Advisor Disability Decisions	Assesses the accuracy of favorable hearing decisions made by non-administrative law judge decision-makers (e.g., Attorney Adjudicators)
The Office of Quality Performance Denial Review	Assesses the accuracy of initial and reconsideration-level medical denials

STRATEGIC GOAL 2 – PROVIDE QUALITY SERVICE TO THE PUBLIC	
EVALUATION	DESCRIPTION
Field Office Telephone Service Evaluation	Evaluates our accuracy in handling the publics' calls to field offices
National 800 Number Telephone Service Evaluation	Evaluates our accuracy in handling the publics' calls to the National 800 Number
Overall Service Satisfaction Surveys	<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 offices (including Social Security Card Centers) and hearing offices • Internet Transaction Surveys evaluate users' satisfaction with online transactional services
Prospective Client Survey	Surveys people between the ages of 50 and 64 to identify service expectations and preferences of the upcoming wave of retirees
Special Notice Option Survey	Surveys visually impaired people who have requested their Social Security notices in a special format, such as Braille, to measure satisfaction with notices received in the requested format
STRATEGIC GOAL 3 – PRESERVE THE PUBLIC'S TRUST IN OUR PROGRAMS	
EVALUATION	DESCRIPTION
Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds	Reports on the financial and actuarial status of the two Social Security trust funds – the Old-Age and Survivors Trust Fund and the Disability Trust Fund
Annual Report of the Supplemental Security Income Program	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
Enumeration Quality Review	Assesses the accuracy of original Social Security Numbers assigned during the fiscal year
Pre-effectuation Review of Disability Determinations	Assesses the accuracy of disability initial and reconsideration allowances made by State Disability Determination Services as required in the Social Security Act
Retirement, Survivors, and Disability Insurance Stewardship Review	Measures the accuracy of payments to persons receiving Social Security retirement, survivors, or disability benefits

STRATEGIC GOAL 3 – PRESERVE THE PUBLIC’S TRUST IN OUR PROGRAMS (CONTINUED)

EVALUATION	DESCRIPTION
Safeguard Activity Report	Advises the Internal Revenue Service (IRS) of minor changes to procedures or safeguards described in the Safeguard Procedure Report
Safeguard Review	Evaluates the use of Federal tax information and the measures we employ to protect this information; this is an onsite evaluation completed in collaboration with the IRS
Safeguard Procedures Report	Details the security measures we are taking to ensure the confidentiality of the Federal tax information provided to us by the IRS
Supplemental Security Income (SSI) Stewardship Review	Reviews non-medical factors of eligibility; conducted to measure the accuracy of payments made to persons receiving SSI benefits

STRATEGIC GOAL 4 – STRENGTHEN OUR WORKFORCE AND INFRASTRUCTURE

EVALUATION	DESCRIPTION
Federal Employee Viewpoint Survey (formerly the Annual Employee Survey/Federal Human Capital Survey)	Assesses employee perspectives of organizational performance across several major human capital areas; including recruitment, development, performance culture, leadership, job satisfaction, and personal work experiences
Federal Information Security Management Act Report	Reports to Congress whether our overall information technology security programs and practices comply with the Federal Information Security Management Act of 2002
Human Capital Accountability System	Monitors and evaluates the results of our human capital strategies, policies, and programs, as well as our adherence to merit system principles; it includes cyclical Human Resources Management and Delegated Examining Unit Assessments of components across the agency and an annual Human Capital Management Report
Management Directive (MD)-715	Provides policy guidance and standards for establishing and maintaining effective affirmative action programs
New Hire Survey	Monitors employee perspectives on recruitment, hiring, on-boarding and training activities
Office of Civil Rights and Equal Opportunity Quality Assurance Program	Assesses the effectiveness of our Equal Employment Opportunity programs and our compliance with regulatory requirements, policy, and directives

Appendix C

How We Manage Performance

The Government Performance and Results Act of 1993 (GPRA), as amended by the Government Performance and Results Modernization Act of 2010, provides a foundation for performance planning, reporting, and budgeting. GPRA requires each Federal agency to prepare an Annual Performance Plan (APP) outlining how it will use the budget to achieve its mission. In our APP, we established high-level, agency-wide performance measures and targets linked directly to the strategic goals in our Agency Strategic Plan (ASP):

- Goal 1 – Deliver Quality Disability Decisions and Services;
- Goal 2 – Provide Quality Service to the Public;
- Goal 3 – Preserve the Public’s Trust in Our Programs; and
- Goal 4 – Strengthen Our Workforce and Infrastructure.

Our FY 2013 APP outlines our performance measures and targets. These measures provide a balanced view of overall agency performance, which is achieved through close coordination among our executive leadership and with other local, State, and Federal agencies and stakeholders. We will report our actual performance each year in the Performance and Accountability Report. This APP, modeled after our ASP, conforms to the following hierarchy:

- Strategic Goal – Our four strategic goals reflect the Commissioner’s key priorities and provide a roadmap to achieving our mission.
- Strategies – Our strategies represent what we plan to achieve over the span of our ASP.
- Strategic Objective – We have 14 strategic objectives that articulate what we want to achieve.
- Performance Measure – We have 35 performance measures to determine our progress towards achieving our strategic objectives and goals.
- Performance Target – Our targets indicate the level of performance we expect to achieve each year.

To effectively and efficiently carry out our mission, we use a mixture of output and outcome-oriented performance measures to assist our executive leadership in their decision making process. We consistently review progress, overall trend data, and the likelihood of meeting planned performance levels. Quarterly data-driven management reviews ensure that executives regularly review agency performance on top priorities and make changes if necessary.

Monthly, our Performance Improvement Officer provides our executive leadership with an Agency Tracking Report. The Report uses a “stop light” approach to display the status of monthly progress towards achieving performance targets established at the beginning of the fiscal year. The Report helps executives quickly diagnose potential problem areas and take corrective action. The executive responsible for an underperforming measure then provides a brief explanation of why performance is behind expectation and the possible solutions. We will ensure the accuracy, credibility, and reliability of the data used to measure progress towards our performance goals.

Social Security Administration Data Integrity Systems and Controls: We generate performance data for the Annual Performance Plan's quantifiable measures, including the budgeted output measures, through automated management information and workload measurement systems, as a by-product of programmatic and administrative operations. The performance data for several accuracy and public satisfaction indicators comes from surveys and workload samples designed to achieve very high levels (usually 95 percent confidence level) of statistical validity.

SSA's Office of Quality Performance (OQP) performs stewardship reviews, which are the primary measure of quality of the Old-Age, Survivors, and Disability Insurance (OASDI) and Supplemental Security Income (SSI) programs. Review findings provide the basis for reports to Congress and other monitoring authorities. The review provides an overall accuracy measurement of payments to all beneficiaries currently on the rolls. We base the review on a monthly sample selection from the payment rolls consisting of beneficiaries receiving a payment in the sample month. For each sampled case, we interview the recipient or representative payee, make collateral contacts as needed, and redevelop all non-medical factors of eligibility as of the current sample month.

OQP's *Transaction Accuracy Reviews* (TAR) focus on field office (FO) and Program Service Center quality and measure operational compliance with procedural requirements, as defined by the Program Operations Manual System (POMS). When POMS instructions are not followed and further development of the case is needed, OQP completes the required development action to bring the issue in question into compliance with POMS and determines whether there is a payment effect. If an error is apparent from the material in the FO file that does not require any further development, the OQP reviewer cites an error and determines the payment impact.

We provide feedback about quality to the adjudicating FO in all cases. In FY 2011, the TAR sample totaled approximately 3,850 for Social Security (Title II) and 8,500 for the SSI (Title XVI) program. These reviews produce national data on the adjudicative quality of approximately 8 million Title II claims and 3 million Title XVI claims, and scheduled and unscheduled redeterminations processed each year. Please note that in FY 2011, the OASDI TAR reduced the Title II sample to 3,850 cases and added a validation review of policy that streamlines issues such as proof of age, citizenship, month of election, etc. The results of this review will provide us with data to validate whether or not the new policy streamlining procedures achieve the desired outcome.

Based on TAR findings, targeted reviews will focus on specific problems that we identify and for which we test solutions at the national or regional level. Targeted samples may not be limited to a POMS compliance standard, depending on the nature of the issue. We issue an annual report covering the entire fiscal year. We will also generate on a flow basis analytical reports focusing on specific subject areas.

Program Performance Report: We issue an annual Performance and Accountability Report (PAR) to report our progress in meeting the Government Performance and Results Act goals and performance measures. The PAR describes our comprehensive review of management and security controls for administrative and programmatic processes, as well as accounting controls in our financial management systems. We use the results to ensure that appropriate controls are in place to prevent unauthorized systems access and to increase confidence in the reliability of performance data. Also, in the PAR are the results of the audit of our financial statements and internal controls by an independent accounting firm under contract with SSA's Office of the Inspector General.

Role of SSA's Office of the Inspector General (OIG): OIG improves our programs and operations and protects them against fraud, waste, and abuse by conducting independent and objective audits, evaluations, and investigations. The Inspector General provides timely, useful, and reliable information and recommendations to Administration officials, the Congress, and the public. The Office of Audit

conducts performance audits of our programs and operations and makes recommendations to ensure the effective and efficient achievement of program objectives.

In terms of data integrity, the Office of Audit completes audits of selected performance measures and the performance data that supports them. In FY 2011, the OIG contracted with KPMG LLP to review three performance indicators (PIs). The objectives of the reviews were to:

- Comprehend and document the sources of data collected to report on the specified PIs.
- Identify and test critical controls (both electronic data processing and manual) of systems from which the specified performance data were gathered.
- Test the adequacy, accuracy, reasonableness, completeness, and consistency of the underlying data for each of the specified PIs.
- Recalculate each measure to ascertain its accuracy.

For the three measures reviewed, KPMG did not identify any significant findings related to the internal controls, adequacy, accuracy, reasonableness, completeness, and consistency of the underlying data for the audited PIs.

Appendix D

Agency Challenges

Our programs provide a safety net for the public and contribute to the increased financial security for the elderly and disabled. Each month, we pay more than \$60 billion in benefits to almost 60 million beneficiaries. These benefits not only provide a lifeline to our beneficiaries and their families, but also are vital to the Nation's economy. In the chart below, we show the major challenges we face as we look toward the future. We also align the Commissioner's priorities with the Office of the Inspector General's (OIG) top issues facing our management, located at www.ssa.gov/oig/ADOBEPDF/mgmt%20challenges%202011.pdf. In addition, we identify the performance measures that help us gauge progress toward resolving these challenges, as well as show the agency official responsible for resolving them. For a detailed description of how we address these challenges, see pages 11–59.

OIG Major Management Challenges	Strategic Goals and Performance Measures to Address Challenges with Responsible Official
<p>Reduce the Hearings Backlog and Prevent Its Recurrence</p> <p>Improve the Timeliness and Quality of the Disability Process</p>	<p>Strategic Goal 1 – Deliver Quality Disability Decisions and Services</p> <p><u>DCDAR</u></p> <ul style="list-style-type: none"> • 1.1a Complete the budgeted number of hearing requests • 1.1b Achieve the budgeted goal for SSA hearings case production per workyear • 1.1c Minimize average wait time from hearing request to decision • 1.1d Eliminate the oldest pending hearing requests • 1.1e Reduce the percentage of Appeals Council cases pending 365 days or over <p><u>DCO</u></p> <ul style="list-style-type: none"> • 1.2a Minimize average processing time for initial disability claims • 1.2b Complete the budgeted number of initial disability claims • 1.2c Disability Determination Services cases production per workyear • 1.2d Complete the budgeted number of disability claims at the reconsideration level • 1.2e Achieve the target number of initial disability claims pending • 1.2f Achieve the target number of disability claims pending at the reconsideration level <p><u>DCRDP</u></p> <ul style="list-style-type: none"> • 1.2g Update the medical Listing of Impairments • 1.2i Number of Disability Insurance and Supplemental Security Income disability beneficiaries, with Tickets assigned, who work • 1.3a Achieve the target percentage of initial disability cases identified as Quick Disability Determinations or Compassionate Allowances <p><u>DCS</u></p> <ul style="list-style-type: none"> • 1.2h Increase the percentage of disability cases evaluated using health Information Technology <p><u>DCQP</u></p> <ul style="list-style-type: none"> • 1.2j Improve Disability Determination Services decisional accuracy rate for initial disability decisions

OIG Major Management Challenges	Strategic Goals and Performance Measures to Address Challenges with Responsible Official
<p>Improve Customer Service</p>	<p>Strategic Goal 2 – Provide Quality Service to the Public</p> <p><u>DCO</u></p> <ul style="list-style-type: none"> • 2.1a Increase the percentage of claims filed online • 2.1b Complete the budgeted number of retirement, survivors, and Medicare claims • 2.2a Achieve the target speed in answering National 800 Number calls • 2.2b Achieve the target busy rate for National 800 Number calls <p><u>DCQP</u></p> <ul style="list-style-type: none"> • 2.2c Maintain the percent of people rating our services as “excellent,” “very good,” or “good” <p><u>DCDAR</u></p> <ul style="list-style-type: none"> • 2.3a Complete the planned number of video hearings
<p>Reduce Improper Payments and Increase Overpayment Recoveries</p> <p>Strengthen the Integrity and Protection of the Social Security Number</p> <p>Improve Transparency and Accountability</p>	<p>Strategic Goal 3 – Preserve the Public’s Trust in Our Programs</p> <p><u>DCO</u></p> <ul style="list-style-type: none"> • 3.1a Complete the budgeted number of SSI non-disability redeterminations • 3.3a Reduce the percentage of paper Forms W-2 completed • 3.3b Achieve the target percentage of correctly assigning original Social Security Numbers <p><u>DCO and DCQP</u></p> <ul style="list-style-type: none"> • 3.1b Complete the budgeted number of full medical continuing disability reviews <p><u>DCQP</u></p> <ul style="list-style-type: none"> • 3.1c Percent of SSI payments free of overpayment and underpayment error • 3.1d Maintain percent of Old-Age, Survivors, and DI payments free of overpayment and underpayment error • 3.2a Expand and enhance our debt collection tools <p><u>DCBFM</u></p> <ul style="list-style-type: none"> • 3.4a Receive an unqualified audit opinion on SSA’s financial statements
<p>Invest in Information Technology Infrastructure to Support Current and Future Workloads</p> <p>Implement the American Recovery and Reinvestment Act Effectively and Efficiently</p>	<p>Strategic Goal 4 – Strengthen our workforce and infrastructure</p> <p><u>DCHR</u></p> <ul style="list-style-type: none"> • 4.1a Recruit and hire veterans and disabled veterans • 4.1b Employ individuals with disabilities • 4.1c Conduct employee training on diffusing difficult encounters with the public <p><u>DCS</u></p> <ul style="list-style-type: none"> • 4.2a Percentage of enterprise-wide systems availability <p><u>DCBFM</u></p> <ul style="list-style-type: none"> • 4.3a Reduce energy intensity by 30 percent by 2015

Appendix E

Changes to Performance Measures, Data Definitions, and Data Sources

FY 2012 New Performance Measures	
Number	Performance Measure Title
1.1c	Minimize average wait time from hearing request to decision
1.1e	Reduce the percentage of Appeals Council cases pending 365 days or over
1.2d	Complete the budgeted number of disability claims at the reconsideration level
1.2f	Achieve the target number of disability claims pending at the reconsideration level
2.1a	Increase the percentage of claims filed online
2.3a	Complete the planned number of video hearings
3.2a	Expand and enhance our debt collection tools
4.1a	Recruit and hire veterans and disabled veterans
4.1b	Employ individuals with targeted disabilities
4.1c	Conduct mandatory employee training on diffusing difficult encounters with the public
4.2a	Percentage of enterprise-wide systems availability
4.3a	Reduce energy intensity by 30 percent by 2015

Performance Measures Eliminated in FY 2012	
Achieve the target number of hearing requests pending	We eliminated this measure because it did not indicate whether we were achieving our strategic objective to improve our workload management practices throughout the hearing process. Additionally, this measure was overly influenced by hearing receipts, a factor outside of our control
Achieve the budgeted goal for average processing time for hearing requests	This measure was replaced by "Minimize average wait time from hearing request to decision"
Achieve the target to eliminate the oldest Appeals Council requests for review pending	We have successfully eliminated the oldest Appeals Council requests for review pending over the last few years. This measure was replaced by "Reduce the percentage of Appeals Council cases pending 365 days or over"
Achieve the target average processing time for Appeals Council requests for review	We have successfully reduced Appeals Council average processing time over the last few years and want to now focus on eliminating Appeals Council cases pending 365 days or over
Achieve the target percentage of disability claims filed online	We are now measuring all online claims, including disability claims
Increase the number of Disability Insurance and Supplemental Security Income disability beneficiaries who earn four quarters of work credit during the calendar year	This measure does not fully convey the success of our return-to-work programs
Achieve the target percentage of retirement claims filed online	We are now measuring all online claims, including retirement claims
Increase the number of responses received through the Access to Financial Institutions program	The outcome of this program is reflected in SSI overpayment accuracy
Replace gasoline-powered vehicles with alternative-fuel vehicles	The success of this effort reduced our targets to 10 vehicles or less
Develop and implement an agency Environmental Management System	In FY 2012, will meet our milestone for developing and implementing an agency Environmental Management System

Carryover Performance Measures with Title Changes		
Number	FY 2012 New Title	FY 2011 Old Title
1.1d	Eliminate the oldest pending hearing requests	Achieve the target to eliminate the oldest hearing requests pending
1.2a	Minimize average processing time for initial disability claims	Minimize average processing time for initial disability claims to provide timely decisions
1.2j	Improve Disability Determination Services decisional accuracy rate for initial disability decisions	Disability Determination Services net accuracy rate for combined initial disability allowances and denials
2.1b	Complete the budgeted number of retirement, survivors, and Medicare claims	Percent of retirement, survivors, and health insurance claims receipts completed up to the budgeted level
2.2c	Maintain the percent of people rating our services as "excellent," "very good," or "good"	Percent of individuals who do business with SSA rating the overall services as "excellent," "very good," or "good"
3.1b	Complete the budgeted number of full medical continuing disability reviews	Increase the budgeted number of continuing disability reviews
3.1d	Maintain percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment and underpayment error	Percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment and underpayment error
3.3a	Reduce the percentage of paper Forms W-2 completed	Reduce the target percentage of paper Forms W-2 completed

Carryover Performance Measures with Data Definition Changes		
Number	FY 2012 New Data Definition	FY 2011 Old Data Definition
1.1a	The number of hearing requests completed in the current fiscal year.	The number of hearing requests completed in the current fiscal year up to the number budgeted.
1.1b	This indicator represents the average number of hearings completed per direct workyear used. A direct workyear represents actual time spent processing cases. It does not include time spent on training, ALJ travel, leave, holidays, etc.	This indicator represents the average number of SSA hearings case production per workyear expended. A direct workyear represents actual time spent processing cases. It does not include time spent on training, ALJ travel, leave, holidays, etc.
1.2a	The average processing time is the overall, cumulative number of elapsed days, (including processing times for transit, technical determinations, medical determinations, and quality review 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.	The average processing time is the overall, cumulative number of elapsed days, including State Disability Determination Services, Federal Assistance Units, 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.

Carryover Performance Measures with Data Definition Changes (continued)		
Number	FY 2012 New Data Definition	FY 2011 Old Data Definition
1.2i	The total number of Social Security, Supplemental Security Income, and concurrent beneficiaries who used their Ticket to sign up with an Employment Network or State Vocational Rehabilitation Agency and who have recorded earnings in the Disability Control File in any month of the calendar year.	The total number of Disability Insurance, Supplemental Security Income, and Concurrent beneficiaries who used their Ticket to sign up with an Employment Network or State Vocational Rehabilitation Agency and who have recorded earnings in the Disability Control File in any month of the calendar year.
2.1b	The percent of retirement, survivors, and Medicare claims completed in the current fiscal year up to the budgeted number.	The percent of retirement, survivors, and health insurance claims receipts completed in the current fiscal year up to the budgeted number.
2.2a	We calculate the speed of answer by dividing the wait time of all National 800 Number calls answered by agents by the number of all National 800 Number calls answered by agents in the fiscal year. Wait time begins from the time the caller is transferred to the agent queue (waiting for an agent) and continues until an agent answers the call.	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 by agents 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.
2.2b	We calculate the Agent Busy Rate as the number of National 800 Number busy messages divided by the number of National 800 Number calls requesting agent service in the fiscal year. The caller receives a busy message when the number of calls offered exceeds the number of telephone lines available or when the agent queue has reached its maximum capacity of waiting calls.	The Agent Busy Rate is calculated as the number of National 800 Number busy messages divided by the number of National 800 Number calls requesting agent service 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 provide the option of returning to the Main Menu or calling back at another time.

Carryover Performance Measures with Data Definition Changes (continued)		
Number	FY 2012 New Data Definition	FY 2011 Old Data Definition
3.1b	The number of full medical continuing disability reviews (CDRs) completed in the fiscal year up to the target. This number represents only full medical reviews completed by the State Disability Determination Services and other agency components 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) completed in the fiscal year up to the target. This number includes medical reviews completed by the State 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.
3.3a	The percentage of paper Forms W-2 processed to completion. We derived the percentage by dividing the number of paper Forms W-2 processed to completion by the total number of Forms W-2 processed to completion. Data are reported cumulatively for the current calendar year, as Forms W-2 are processed for the prior tax year.	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.

Carryover Performance Measures with Data Source Changes		
Number	FY 2012 New Data Source	FY 2011 Old Data Source
1.1b	Office of Disability Adjudication and Review, Monthly Activity Report, the Case Processing and Management System, Payroll Analysis Recap Report, Travel Formula, and Training Reports (Regional reports on new staff training, ongoing training, and special training)	Office of Disability Adjudication and Review, Monthly Activity Report, the Case Processing and Management System, Payroll Analysis Recap Report, Travel Formula (based on the assumption that ALJs spend an average of 10 percent of their time in travel status), and Training Reports (Regional reports on new staff training, ongoing training, and special training)
1.2a	Chicago Claims Goals Report sourced by Social Security Unified Measurement System Title 2 and Title 16 Processing Time	Old-Age, Survivors, and Disability Insurance Initial Claims Operational Data Store and Supplemental Security Income Initial Claims Operational Data Store
2.2c	We base the overall satisfaction rating is based on Service Satisfaction Surveys of National 800 Number callers; field office callers; visitors to field offices (including Social Security Card Centers beginning in FY 2011) and hearings offices; and individuals who used one of our transactional Internet services. The Internet Report Card Survey, which began in FY 2010 with iClaim and Medicare Part D Subsidy applications, added online change of address and direct deposit actions to the types of transactions sampled in FY 2011. The FY 2012 Internet Report Card Survey will add a sample of individuals who completed the online medical form for a disability initial claim or appeal. The FY 2013 survey will incorporate online request for information, such as a benefit verification	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 used one of our transactional Internet services. In FY 2009, we included results of a special survey of applicants who filed for benefits online. The FY 2010 performance indicator included results of the first annual Internet Report Card Survey, which added online applicants for Medicare Part D Subsidy along with iClaim filers. Additional cohorts of individuals using transactional Internet services are to be added incrementally to Internet Report Card Survey 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)

Appendix F

Key Management Officials and Board Members

Commissioner	Michael J. Astrue
Deputy Commissioner	Carolyn W. Colvin
Chief Actuary	Stephen C. Goss
General Counsel	David F. Black
Inspector General	Patrick P. O’Carroll, Jr.
Deputy Commissioner, Budget, Finance, and Management	Michael G. Gallagher
Deputy Commissioner, Communications	James J. Courtney
Deputy Commissioner, Disability Adjudication and Review	Glenn E. Sklar
Deputy Commissioner, Human Resources	Reginald F. Wells, Ph.D
Deputy Commissioner, Legislation and Congressional Affairs	Scott L. Frey
Deputy Commissioner, Operations	Mary E. Glenn-Croft
Deputy Commissioner, Quality Performance	Ronald T. Raborg
Deputy Commissioner, Retirement and Disability Policy	David A. Rust
Deputy Commissioner, Systems	G. Kelly Croft

BOARD OF TRUSTEES

Timothy F. Geithner
Secretary of the Treasury, and
Managing Trustee of the Trust Funds

Kathleen Sebelius
Secretary of Health and
Human Services, and Trustee

Charles P. Blahous III
Trustee

Carolyn W. Colvin
Deputy Commissioner of Social Security
and Secretary, Board of Trustees

Hilda L. Solis
Secretary of Labor, and
Trustee

Michael J. Astrue
Commissioner of Social
Security, and Trustee

Robert D. Reischauer
Trustee

SOCIAL SECURITY ADVISORY BOARD

Marsha Rose Katz, Acting Chair
Jagadeesh Gokhale

Dorcas R. Hardy
Mark J. Warshawsky

Summary of Key Management Officials' Responsibilities

Commissioner of Social Security (COSS) —manages all agency programs and staff.

Deputy Commissioner of Social Security (DCOSS) — serves as the alter ego for the Commissioner. In addition, the DCOSS is the accountable official for improper payments and serves as the Chief Operating Officer responsible for improving agency management and performance.

Chief Actuary (CAct) — plans and directs program actuarial estimates and analyses for the retirement, survivors, disability, and Supplemental Security Income programs and for any proposed changes in those programs and trust funds. CAct provides technical and consultative services to the Commissioner, to the Board of Trustees of the Social Security Trust Funds, and to its staff.

General Counsel (GC) — advises the Commissioner, Deputy Commissioner, and all subordinate organizational components (except the Inspector General) on legal matters.

Inspector General (IG) —promotes economy, efficiency, and effectiveness in the administration of our programs and operations and prevents and detects fraud, waste, abuse, and mismanagement.

Deputy Commissioner for Budget, Finance and Management (DCBFM) —directs our comprehensive management programs including budget, acquisition and grants, facilities and supply management, and security and emergency preparedness.

Deputy Commissioner for Communications (DCCOMM) — conducts our national public information and outreach programs, leads our efforts to improve the clarity, tone, and readability of our notices, and fosters the transparency of our operations.

Deputy Commissioner for Disability Adjudication and Review (DCDAR) — administers our nationwide appeal and review program in accordance with relevant Federal laws.

Deputy Commissioner for Human Resources (DCHR) — administers our human resources programs, including training, human capital initiatives, personnel and employee relations, labor management, and civil rights and equal opportunity.

Deputy Commissioner for Legislation and Congressional Affairs (DCLCA) — develops and conducts our legislative program, serves as our liaison to Congress, and analyzes legislative and regulatory initiatives.

Deputy Commissioner for Operations (DCO) — directs our national network of field offices, National 800 Number teleservice centers, and processing centers. Oversees the State Disability Determination Services.

Deputy Commissioner for Quality Performance (DCQP) — directs our quality management program by conducting quality reviews, studies and statistical analyses of our programs, business processes, and service delivery. The DCQP also serves as the Performance Improvement Officer.

Deputy Commissioner for Retirement and Disability Policy (DCRDP) — advises the COSS on major policy issues and is responsible for all major activities in the areas of program policy planning, policy research and evaluation, statistical programs and overall policy development, analysis and implementation.

Deputy Commissioner for Systems (DCS) — Serves as the Chief Information Officer. Directs the strategic management of our systems and databases and the development, validation, and implementation of any new systems. Directs the conduct of systems and operational integration and

strategic planning processes, and the implementation of a comprehensive systems configuration management, data base management, and data administration program.

Appendix G

Glossary of Acronyms

A

AFI	Access to Financial Institutions
ALJ	Administrative Law Judge
ALP	Advanced Leadership Program
APP	Annual Performance Plan
ARPS	Appeals Review Processing System
ASP	Agency Strategic Plan

C

CARE2020	Citizens Access Routing Enterprise through 2020
C2C	Click-to-communicate
CAct	Chief Actuary
CAL	Compassionate Allowances
CCS	Cuts, Consolidations, and Savings
CDI	Cooperative Disability Investigation
CDR	Continuing Disability Review
COSS	Commissioner of Social Security

D

DCBFM	Deputy Commissioner for Budget, Finance and Management
DCCOMM	Deputy Commissioner for Communications
DCDAR	Deputy Commissioner for Disability Adjudication and Review
DCHR	Deputy Commissioner for Human Resources
DCLCA	Deputy Commissioner for Legislation and Congressional Affairs
DCO	Deputy Commissioner for Operations
DCOSS	Deputy Commissioner of Social Security
DCPS	Disability Case Processing System
DCQP	Deputy Commissioner for Quality Performance
DCRDP	Deputy Commissioner for Retirement and Disability Policy
DCS	Deputy Commissioner for Systems
DDS	Disability Determination Service
DHS	Department of Homeland Security
DI	Disability Insurance
DOD	Department of Defense
DOL	Department of Labor
DOS	Department of State
DOT	Dictionary of Occupational Titles
D&I	Diversity and Inclusion

E

EAE	Enumeration-at-Entry
eCAT	Electronic Claims Analysis Tool
eDib	Electronic Disability
eFolder	Electronic Disability Folder
EN	Employment Network

EO	Executive Order
EWR	Electronic Wage Reporting
F	
FO	Field Office
FOAP	Field Office Automation Project
FY	Fiscal Year
G	
GC	General Counsel
GPRA	Government Performance and Results Act
GPRAMA	Government Performance and Results Modernization Act
H	
health IT	Health Information Technology
HIV	Human Immunodeficiency Virus
I	
iAppeals	Internet Appeal Application
iClaim	Internet Benefit Application
IG	Inspector General
IOM	Institute of Medicine
IRS	Internal Revenue Service
IT	Information Technology
L	
LDP	Leadership Development Program
Listings	Listing of Impairments
M	
MPR	Mathematica Policy Research, Inc
N	
NCAC	National Case Assistance Center
NCC	National Computer Center
NHC	National Hearing Center
NOW	Network Online Web
NPRM	Notice of Proposed Rulemaking
O	
OASDI	Old-Age, Survivors, and Disability Insurance
OIG	Office of Inspector General
OIS	Occupational Information System
OQP	Office of Quality Performance
P	
PAR	Performance and Accountability Report
PI	Performance Indicator
POMS	Program Operations Manual Systems
Q	
QDD	Quick Disability Determinations

R

RVP Representative Video Project

S

SES CDP Senior Executive Service Candidate Development Program

SOA Service-Oriented Architecture

SSA Social Security Administration

SSDI Social Security Disability Insurance

SSI Supplemental Security Income

SSITWR SSI Telephone Wage Reporting System

SSN Social Security Number

SSNAP Social Security Number Application Process

SSNVS Social Security Number Verification Services

SVC Schedule Voice Callback

T

TAR Transaction Accuracy Review

TBD To Be Determined

TOP Treasury Offset Program

TSRP Telephone System Replacement Project

V

VA Department of Veterans Affairs

VR Vocational Rehabilitation

VSD Video Service Delivery

VSU Virtual Screening Unit



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