



Fiscal Year 2010 Performance Measures By Goal and Objective

In this section, we:

- List our 27 fiscal year (FY) 2010 performance measures, organized by strategic goal and objective. For each performance measure, we provide the FY 2010 target, actual performance, a discussion about our FY 2010 performance, data definition, and data source;
- Provide target and performance historical trend data for prior years in which performance measure data definitions were unchanged;
- Indicate which performance measures are also identified as priority goals;
- Indicate for which measures final FY 2010 performance data were not available at the end of the fiscal year, when the data will become available, and that we will report these data in the *FY 2011 Performance and Accountability Report*;
- Provide performance results for measures cited in our *FY 2009 Performance and Accountability Report* where final data were not available at the end of FY 2009;
- Round actual performance data to the nearest whole number or decimal point, when applicable, using the standard rounding convention;
- List our *Program Performance Measures* and provide FY 2010 targets, actual performance, discussions, data definitions, and data sources (pages 77-84); and
- Discuss our *Program Evaluation* (pages 85-95).

The following is the key we use on pages 49 through 84.

Key	
Target met or exceeded	↑
Target not met	↓
Target not met, but performance improved from previous fiscal year	↓↑
To be determined – final FY 2010 data not available	TBD
<p>PPM – Denotes each of the agency's <i>Government Performance and Results Act</i> performance measures that are also <i>Program Performance Measures</i>. See page 19 for more information on <i>Program Performance Measures</i>.</p> <p>PG – Denotes each of the agency's <i>Government Performance and Results Act</i> performance measures that are also Priority Goals. See page 10 for more information on Priority Goals.</p>	

Strategic Goal 1: Eliminate Our Hearings Backlog and Prevent Its Recurrence

Strategic Objective 1.1: Increase our Capacity to Hear and Decide Cases

1.1a: Complete the budgeted number of hearing requests	(PG)
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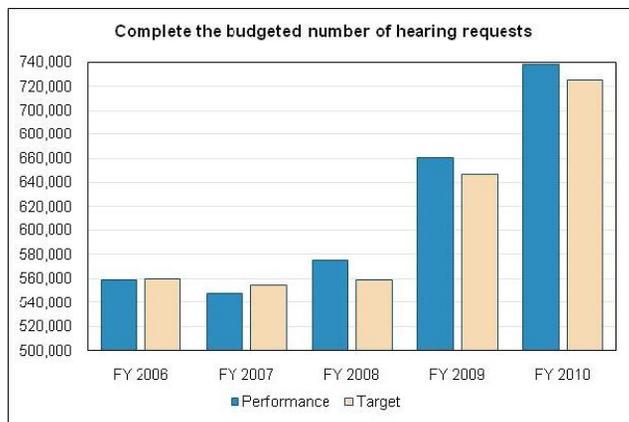
FY 2010 Target:	725,000
Performance:	737,616
Target Achieved:	Yes

Discussion: In FY 2010, we completed 737,616 hearing requests – the largest annual total in our 75-year history and 76,774 more than FY 2009. This was our third consecutive year in which we exceeded our target even though we raised the bar and increased the target almost 30 percent between FY 2008 to FY 2010. We attribute much of the FY 2010 increase to the outcomes of our hearing backlog reduction strategies discussed below:

- In FY 2010, we hired 228 ALJs and approximately 1,100 hearing office support staff. Moreover, most of the 147 new ALJs we hired in FY 2009 completed the estimated 9-month learning curve and have become fully proficient.
- We opened two National Case Assistance Centers in FY 2010 – one in St. Louis, Missouri; the other in McLean, Virginia. These centers provide services to support ALJs, such as preparing cases for hearings and writing ALJs' hearing decisions.

- We expanded our *Attorney Adjudicator Program*. Under this program, some of our most experienced attorneys are authorized to issue fully-favorable decisions in certain cases without the need to conduct an actual hearing. These “on-the-record” decisions provide disability benefits to claimants more quickly than if they had to wait for a hearing. We also established a Virtual Screening Unit where attorney adjudicators located throughout the country screen cases from the most backlogged hearing offices to determine if they warrant an on-the-record decision. In FY 2010, attorney adjudicators issued 54,186 on-the-record decisions, a 49 percent increase from FY 2009. We discuss our evaluation in more detail on page 86 of the *Program Evaluation* section.

Trend:



Fiscal Year	2006	2007	2008	2009	2010
Performance	558,978	547,951	575,380	660,842	737,616
Target	560,000	555,000	559,000	647,000	725,000
Target Met	↓	↓	↑	↑	↑

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

Data Source: Case Processing and Management System

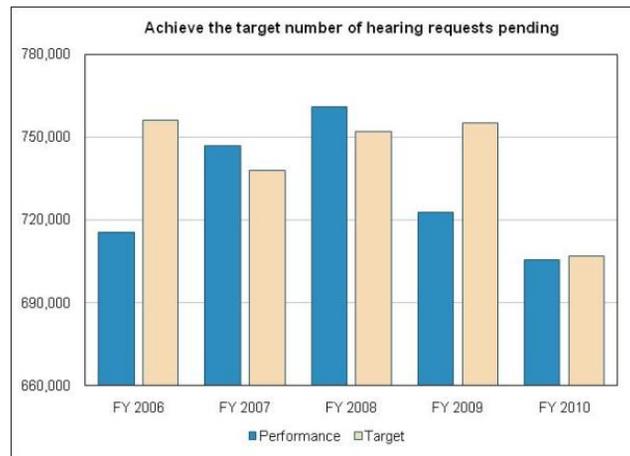
Strategic Objective 1.2: Improve Our Workload Management Practices Throughout the Hearing Process

1.2a: Achieve the target number of hearing requests pending

FY 2010 Target: 707,000
Performance: 705,367
Target Achieved: Yes

Discussion: We were able to complete more hearing requests than we received in FY 2010 despite receiving a record-level of hearing requests (720,161). As a result, we reduced the number of hearing requests pending at the end of FY 2010 by 17,455. This accomplishment was possible due to the efforts we described in 1.1a. above. FY 2010 marked the second consecutive fiscal year in which pending volumes declined since peaking at 767,000 in FY 2008. Eliminating the backlog of hearings requests remains our top priority, and with decreasing pending levels in FYs 2009 and 2010, we remain on track to eliminate our backlog.

Trend:



Fiscal Year	2006	2007	2008	2009	2010
Performance	715,568	746,744	760,813	722,822	705,367
Target	756,000	738,000	752,000	755,000	707,000
Target Met	↑	↓	↓	↑	↑

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

Data Source: Case Processing and Management System

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

FY 2010 Target: Less than 0.5% of hearing requests pending 825 days or older
Performance: .03% of hearing requests pending 825 days or older
Target Achieved: Yes

Discussion: We targeted hearing requests that would have been pending 825 days or more by the end of FY 2010. We identified 139,026 cases meeting this criterion. At the end of the fiscal year, only 47, or .03 percent, remained, well below our targeted 0.5 percent.

We began targeting our oldest hearings cases in FY 2007 when we focused on eliminating hearings pending 1,000 days or longer. We lowered the “aged” threshold in each subsequent fiscal year – 900 days or longer in FY 2008; 850 days or longer in FY 2009, and 825 days or longer in FY 2010 – and exceeded our target each year. We will continue to focus on completing the oldest hearing requests pending by lowering the “aged” threshold in FY 2011 to requests pending 775 days or longer.

Trend:

Fiscal Year	2007	2008	2009	2010
Performance	108 of 63,770 cases remained pending (.17%)	281 of 135,160 cases remained pending (.2%)	228 of 166,838 cases remained pending (.14%)	47 of 139,026 cases remained pending (.03%)
Target	Eliminate all hearings pending 1,000 days or more	Less than 1% of hearings pending 900 days or older	Less than 1% of hearings pending 850 days or older	Less than 0.5% of hearing requests pending 825 days or older
Target Met	Not applicable	↑	↑	↑

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

Data Source: Case Processing and Management System

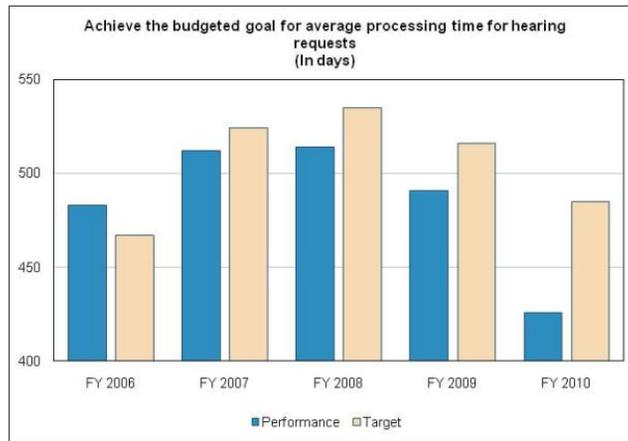
Note: Although this was not a performance measure until FY 2008, we are providing data for FY 2007 for trend purposes only.

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

FY 2010 Target: 485 days
Performance: 426 days
Target Achieved: Yes

Discussion: In FY 2010, we reduced the average processing time for hearing requests to 426 days, more than two months fewer than FY 2009 and almost three months fewer than FY 2008 when the average processing time for hearing requests peaked at 514 days. We remain committed to achieving our long-term objective to reduce the time it takes an individual to receive a hearing decision to an average of 270 days.

Trend:



Fiscal Year	2006	2007	2008	2009	2010
Performance	483	512	514	491	426
Target	467	524	535	516	485
Target Met	↓	↑	↑	↑	↑

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

Data Source: Case Processing and Management System

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

FY 2010 Target: Less than 1% of Appeals Council requests for review pending 700 days or older
Performance: 0.5% of Appeals Council requests for review pending 700 days or older
Target Achieved: Yes

Discussion: We focused on completing the oldest Appeals Council requests pending. In FY 2010, we targeted eliminating 24,297 Appeals Council requests for review that would have been pending for 700 days or longer at the end of the fiscal year. We completed 24,166 of these cases, or 99.5 percent, enabling us to achieve our target for this performance measure. We attribute much of the success to the hiring of 135 additional Appeals Council employees in FY 2010, and to those employees hired and trained the year before. We will continue to lower the “aged” threshold, and in FY 2011, we will focus on decreasing Appeals Council requests for review pending 650 days or longer.

Trend:

Fiscal Year	2009	2010
Performance	10 of 12,184 cases remained pending (.08%)	131 of 24,297 cases remained pending (0.5%)
Target	Less than 1% of Appeals Council cases pending 750 days or older	Less than 1% of Appeals Council requests for review pending 700 days or older
Target Met	↑	↑

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

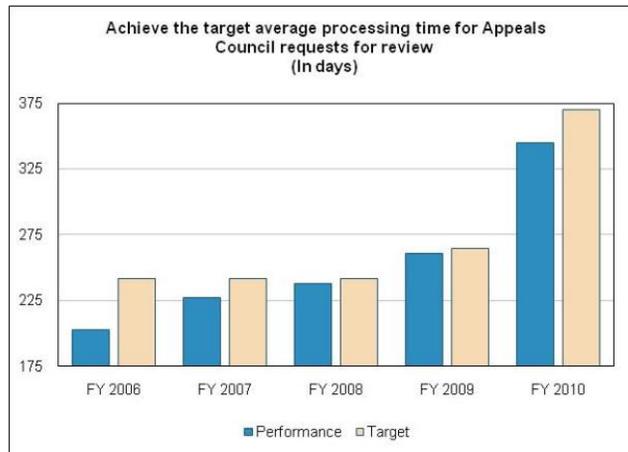
Data Source: Appeals Review Processing System

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

FY 2010 Target: 370 days
Performance: 345 days
Target Achieved: Yes

Discussion: Our successful efforts to complete record-level hearing requests led to an influx of Appeals Council requests for review. In FY 2010, we received a record 128,703 requests for Appeals Council review, a 20 percent increase over FY 2009. Despite completing 102,062 reviews, a 15 percent increase from FY 2009, our pending level steadily grew throughout the fiscal year. We had 106,664 pending Appeals Council requests for review at the end of FY 2010, a 33 percent increase from the previous year. Increasing requests have taken a toll on our average processing time. With additional staffing and the dedicated efforts of our Appeals Council personnel, we kept processing time 25 days below the target.

Trend:



Fiscal Year	2006	2007	2008	2009	2010
Performance	203	227	238	261	345
Target	242	242	242	265	370
Target Met	↑	↑	↑	↑	↑

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

Data Source: Appeals Review Processing System beginning March 2008; Appeals Council Automated Processing System prior to March 2008

Strategic Goal 2: Improve the Speed and Quality of Our Disability Process

Strategic Objective 2.1: Fast-track Cases that Obviously Meet Our Disability Standards

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

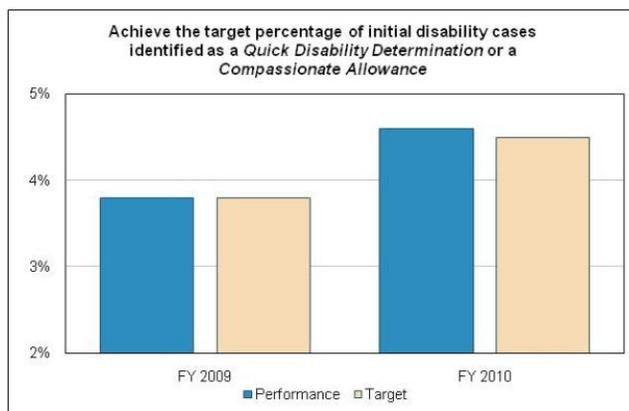
FY 2010 Target: 4.5%
Performance: 4.6%
Target Achieved: Yes

Discussion: One of our most successful initiatives to improve the speed of our disability process is our fast-track effort. Using predictive modeling and computer-based screening tools, we are able to identify electronic disability cases involving medical conditions where a favorable disability determination is highly likely and evidence of the condition can be easily and quickly verified. Consequently, we can complete these disability claims in days compared to months. Our two fast-track initiatives are *Quick Disability Determinations* (QDD) and *Compassionate Allowances*. In FY 2010, our target was to identify 4.5 percent of the initial disability claims filed as a QDD or *Compassionate Allowances*, and we identified 4.6 percent. We fast tracked 20 percent more cases in FY 2010 than in FY 2009.

Examples of conditions identified under QDD include low birth weight babies, certain cancers, and end stage renal disease. We continue to refine and enhance the QDD processes and selection criteria to maximize our capacity to accurately identify these cases

Examples of conditions identified under *Compassionate Allowances* include acute leukemia, pancreatic cancer, and amyotrophic lateral sclerosis (more frequently referred to as Lou Gehrig’s disease). We began processing cases under this initiative in October 2008 with a list of 50 qualifying conditions (25 cancers and 25 other diseases). In FY 2010, we expanded the list significantly, adding another 38 qualifying conditions in March 2010. We are currently working on streamlining the application process for [Compassionate Allowances](#) to make completion less time-consuming and burdensome. See www.socialsecurity.gov/compassionateallowances/ for more information on *Compassionate Allowances*.

Trend:



Fiscal Year	2009	2010
Performance	3.8%	4.6%
Target	3.8%	4.5%
Target Met	↑	↑

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

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

2.1b: Complete the budgeted number of initial disability claims (PG)

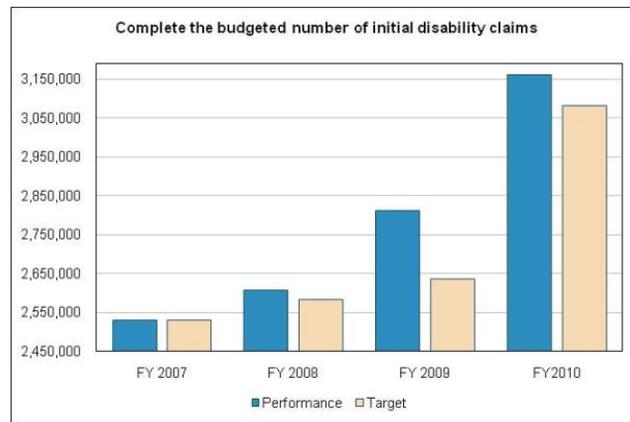
FY 2010 Target: 3,081,000
Performance: 3,161,314
Target Achieved: Yes

Discussion: Our disability workloads continued to grow rapidly in FY 2010. We received 24 percent more claims than we did in FY 2008 and do not expect disability claim volumes to subside anytime soon. In FY 2010, we completed 3,161,314 initial disability claims, 348,396 more than FY 2009 – a 12 percent increase. This accomplishment is particularly noteworthy considering that employees in some State DDSs were unnecessarily furloughed during the fiscal year.

We used automation and technology, such as our *Electronic Claims Analysis Tool* (eCAT) to increase our capacity to complete initial disability claims. eCAT is a web-based tool that guides examiners through the disability

evaluation process to ensure their decisions comply with our program rules and regulations. Usage yielded more consistent and policy-compliant disability decisions. In FY 2010, we rolled out eCAT in 29 State and Federal sites, raising the total number of participating States to 37. We plan to complete a nationwide roll-out in FY 2011.

Trend:



Fiscal Year	2007	2008	2009	2010
Performance	2,529,721	2,607,282	2,812,918	3,161,314
Target	2,530,000	2,582,000	2,637,000	3,081,000
Target Met	↓	↑	↑	↑

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

Data Source: National Disability Determination Services System and Disability Operational Data Store.

Note: Prior to FY 2009, the performance number only included cases processed by the States. Beginning FY 2009, the performance number included cases processed by all components whether Federal or State.

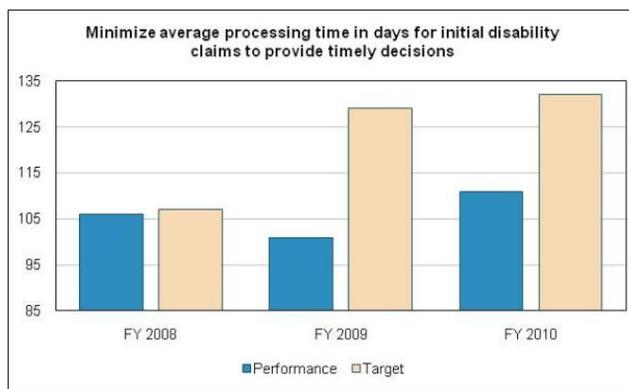
2.1c: Minimize average processing time for initial disability claims to provide timely decisions (PPM)

FY 2010 Target: 132 days
Performance: 111 days
Target Achieved: Yes

Discussion: We anticipated that the increased number of initial disability claims would result in increased processing time. However, even with the record-breaking number of initial disability claims filed, we were able to minimize the increase to just 10 days—from 101 days in FY 2009 to 111 days in FY 2010.

Health Information Technology (IT) continued to show its tremendous potential to decrease average processing times. Using health IT, we were able to access electronic medical records almost instantaneously from participating health providers and medical facilities. In FY 2010, the average processing time in initial disability claims in which health IT was available and used was approximately 15 days shorter when compared to claims where health IT was unavailable. We will continue our efforts to expand health IT usage and increase the number of participants. For more information on our health IT performance, see measure 2.3b on page 61. Additional [health IT information is also available at www.socialsecurity.gov/hit](http://www.socialsecurity.gov/hit).

Trend:



Fiscal Year	2008	2009	2010
Performance	106	101	111
Target	107	129	132
Target Met	↑	↑	↑

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

Data Source: Social Security Unified Measurement Systems

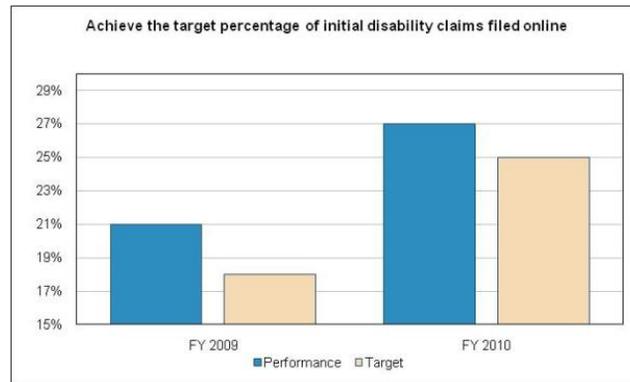
Strategic Objective 2.2: Make it Easier and Faster to File for Disability Benefits Online

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

FY 2010 Target: 25%
Performance: 27%
Target Achieved: Yes

Discussion: In FY 2010, 27 percent of the disability applications we received were filed online compared to 21 percent in FY 2009. We attribute much of the increase to the streamlined and easier to complete disability report we released in January 2010. We will continue our marketing campaign to increase public awareness of both the advantages and availability of filing for disability benefits online, most notably the ability to apply immediately without waiting for an appointment, as well as the ability to file anywhere an Internet connection is available. For more information about [applying online for disability benefits](http://www.socialsecurity.gov/applyfordisability/), see www.socialsecurity.gov/applyfordisability/. We also identified this performance measure as one of our priority goals.

Trend:



Fiscal Year	2009	2010
Performance	21%	27%
Target	18%	25%
Target Met	↑	↑

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

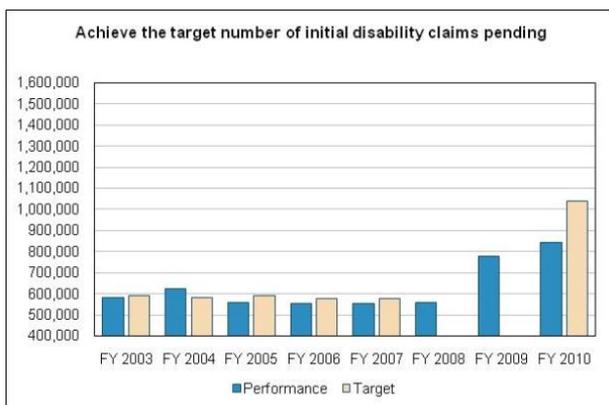
Data Source: Executive and Management Information System, Electronic Service Delivery, Localized Management Information Report

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

FY 2010 Target: 1,041,000
Performance: 842,192
Target Achieved: Yes

Discussion: We reintroduced this performance measure in FY 2010 since it clearly reflects the effect of the increasing number of initial disability claims filed and the outcomes of our efforts to increase productivity. In FY 2010, we received and completed a record number of claims.

Trend:



Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010
Performance	581,929	624,658	560,529	555,071	555,317	556,670	779,854	842,192
Target	593,000	582,000	592,000	577,000	577,000	N/A*	N/A*	1,041,000
Target Met	↑	↓	↑	↑	↑	N/A*	N/A*	↑

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

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

*This performance measure was eliminated after FY 2007; however, we provided historical data for FYs 2008 and 2009 for trend purposes.

Strategic Objective 2.3: Regularly Update Our Disability Policies and Procedures

2.3a: Update the medical *Listing of Impairments*

FY 2010 Target:	Develop and submit at least 3 regulatory actions or <i>Social Security Rulings</i>
Performance:	Published 3 final regulations and 1 Notice of Proposed Rulemaking
Target Achieved:	Yes

Discussion: The [Listings \(www.socialsecurity.gov/disability/professionals/bluebook/listing-impairments.htm\)](http://www.socialsecurity.gov/disability/professionals/bluebook/listing-impairments.htm) describe for each major body system the impairments considered severe enough to prevent a person from working, or for children, impairments that cause marked and severe functional limitations. In FY 2010, we published final rules in the *Federal Register* for malignant neoplastic, special senses, and the extension of expiration date regulation for eight body systems. Also in FY 2010, we published a Notice of Proposed Rulemaking for mental disorders.

Trend:

Fiscal Year	2009	2010
Performance	Published eight <i>Social Security Rulings</i> in the <i>Federal Register</i>	Published three final regulations and one Notice of Proposed Rulemaking
Target	Develop and submit at least three regulatory actions or <i>Social Security Rulings</i>	Develop and submit at least three regulatory actions or <i>Social Security Rulings</i>
Target Met	↑	↑

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

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

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

FY 2010 Target: Establish Baseline
Performance: Baseline Established
Target Achieved: Yes

Discussion: In FY 2009, we became the first Federal agency to use the Department of Health and Human Services' *Nationwide Health Information Network (Exchange)*, a secure, standards-based connection to request and obtain electronic medical records almost instantaneously from participating doctors and medical facilities. This promising technology has shown the potential to significantly reduce the amount of time it takes for us to obtain the more than 15 million medical records we request annually, which in turn would decrease the amount of time it takes us to complete a disability claim. Using money we received under the *American Recovery and Reinvestment Act of 2009*, we funded technological support for a number of healthcare providers, primarily regional health information exchanges, to provide us with electronic medical records via the *Exchange*. In FY 2010, we established a baseline comprised of the medical evidence of record received from our current participants, MedVirginia, which is Virginia's Regional Health Information Organization and Beth Israel Deaconess Medical Center in Boston, Massachusetts. These types of partnerships will substantially increase the volume of initial disability claims using health IT in FY 2011. For more information on health IT, see www.socialsecurity.gov/hit.

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

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

Note: This is a new performance measure for FY 2010. For this measure, "disability cases evaluated" is defined as the number of *Medical Evidence of Record* documents received through health IT over the prior year. Cases evaluated will not be used in the calculation.

Strategic Goal 3: Improve Our Retiree and Other Core Services

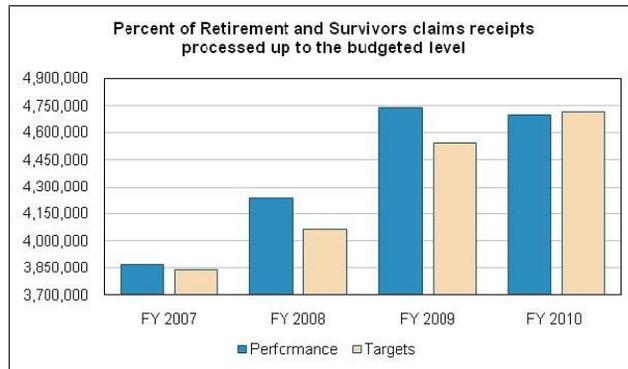
Strategic Objective 3.1: Dramatically Increase Baby Boomers' Use of Our Online Retirement Services

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

FY 2010 Target:	100% (4,718,000 budgeted; 4,658,124 received)
Performance:	101% (4,700,990)
Target Achieved:	Yes

Discussion: In FY 2010, our performance was 101 percent because we completed 42,866 more retirement and survivors insurance claims than we received. As a result, we were able to reduce the number of pending retirement and survivor claims carried over from FY 2009.

Trend:



Fiscal Year	2007	2008	2009	2010
Performance	101% (3,863,813)	101% (4,236,455)	104% (4,742,218)	101% (4,700,990)
Target	100% (3,837,000)	100% (4,065,000)	100% (4,543,000)	100% (4,718,000; 4,658,124 rec'd)
Target Met	↑	↑	↑	↑

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

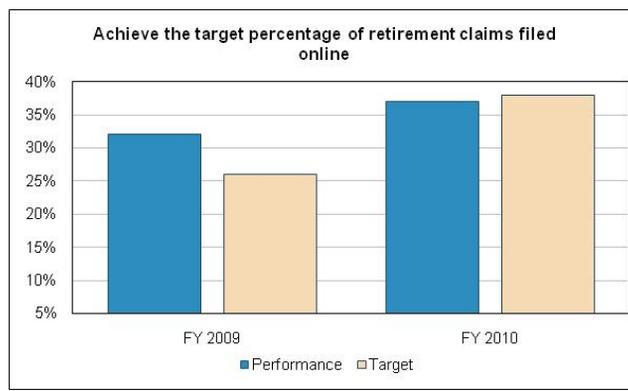
Data Source: Work Measurement Transitional Database

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

FY 2010 Target: 38%
Performance: 37%
Target Achieved: No

Discussion: Online retirement claims accounted for 37 percent of all retirement applications filed in FY 2010 that were eligible for online filing. This was a 16 percent increase over FY 2009. Although we barely missed our target, we will continue to encourage more people to use our online services. We are also conducting several surveys with people who have filed for benefits online to assess how we can better address the public’s needs (see page 91 for more information on these surveys). We identified this performance measure as one of our priority goals.

Trend:



Fiscal Year	2009	2010
Performance	32%	37%
Target	26%	38%
Target Met	↑	↓ ↑

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

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

Strategic Objective 3.2: Provide Individuals with Accurate, Clear, Up-to-Date Information

FY 2010 Performance Measure: None

We do not have an FY 2010 performance measure under this strategic objective. However, we did advance this strategic objective in FY 2010 with the initiatives outlined on pages 30-31.

Strategic Objective 3.3: Improve Our Telephone Service

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

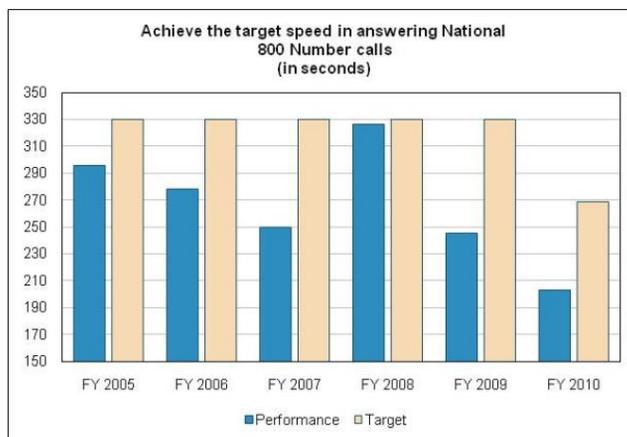
(PG)

FY 2010 Target: 269 seconds
Performance: 203 seconds
Target Achieved: Yes

Discussion: Calls to our National 800 Number continued to be the primary option the public chooses to access our services. In FY 2010, our telephone agents handled almost 42 million calls, 10 percent more than they handled in FY 2009. We were able to answer calls 42 seconds faster than we did in FY 2009, the fastest speed of answering since we began reporting this data in FY 2005. Moreover, the speed in answering National 800 Number calls in FY 2010 was our best since we began reporting our performance in FY 2005.

We attribute much of our improved performance to the increased staffing. In FY 2010, we hired 589 additional telephone agents, increasing our corps to 4,871 dedicated telephone agents. We have implemented several technological advancements to make our National 800 Number more efficient, such as improving and increasing our call-routing capabilities. To further improve our service to National 800 Number callers in FY 2011 and beyond, we began construction of a new teleservice center in Jackson, Tennessee. This facility, the first to be added in more than a decade, is scheduled to open in FY 2011. We also identified this performance measure as one of our priority goals.

Trend:



Fiscal Year	2005	2006	2007	2008	2009	2010
Performance	296	278	250	326	245	203
Target	330	330	330	330	330	269
Target Met	↑	↑	↑	↑	↑	↑

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

Data Source: Report generated by Cisco router software

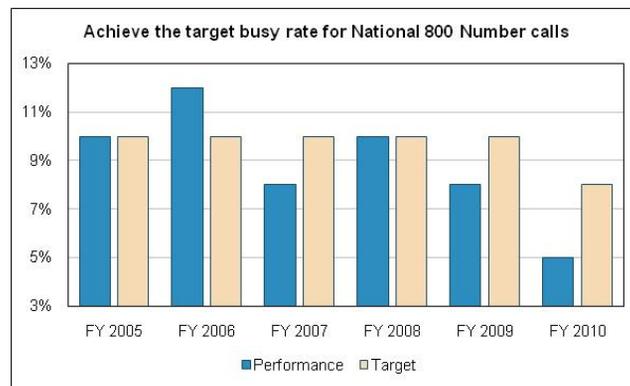
3.3b: Achieve the target busy rate for National 800 Number calls

(PG)

FY 2010 Target: 8%
Performance: 5%
Target Achieved: Yes

Discussion: FY 2010 was the third consecutive fiscal year that our busy rate declined, achieving the lowest busy rate for National 800 Number calls since we began reporting on them in FY 2005. Over this five-year period, we have reduced our busy rate by over 40 percent since 2009. We have enhanced our automated telephone services so more callers can successfully complete their business by phone without the assistance of one of our agents. Speech recognition technology allows callers to speak their request into an interactive voice prompt system enabling them to complete an array of actions, such as changing addresses, requesting verification of benefits, and replacing Medicare cards. We identified this performance measure as one of our priority goals.

Trend:



Fiscal Year	2005	2006	2007	2008	2009	2010
Performance	10%	12%	8%	10%	8%	5%
Target	10%	10%	10%	10%	10%	8%
Target Met	↑	↓	↑	↑	↑	↑

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

Data Source: Report generated by Cisco router software

Strategic Objective 3.4: Improve Service for Individuals who Visit Our Field Offices

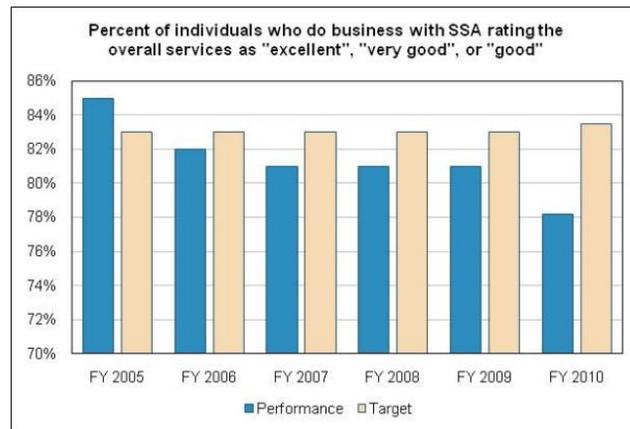
3.4a: Percent of individuals who do business with SSA rating the overall service as **“excellent,” “very good,” or “good”** (PPM, PG)

FY 2010 Target: 83.5%
Performance: 78.2%
Target Achieved: No

Discussion: We conduct surveys each year to evaluate various aspects of our service. The outcome of this performance measure is based on the combined results of annual service satisfaction surveys of callers to our National 800 Number and field offices, visitors to our field and hearing offices, and since FY 2009, people who have used our online services to complete a transaction. The results of these surveys allow us to identify the specific aspects of service where improvements would have the greatest affect on overall satisfaction. We discuss these surveys in more detail on pages 85-95 in the *Program Evaluation Section*.

The public was very satisfied with our online services in FY 2010. In April 2010, the [American Customer Satisfaction Index \(ACSI\) e-Government Satisfaction Index](#), widely used in both the Federal and private sectors to measure public satisfaction with features of websites, ranked our online services as the best in Government, exceeding the top private sector sites in customer satisfaction. On a 100-point scale, our online *Retirement Estimator* and *iClaims* benefit applications scored 90 and ranked in the top spots. Our online *Help with Medicare Prescription Drug Plan Costs* ranked third with a score of 87. For more information on ACSI government satisfaction scores see www.theacsi.org/index.php?option=com_content&task=view&id=12&Itemid=26. We will continue to examine ways to improve the public’s overall satisfaction with our services by simplifying policies, enhancing online services, and improving our automated systems. We also identified this performance measure as one of our priority goals.

Trend:



Fiscal Year	2005	2006	2007	2008	2009	2010
Performance	85%	82%	81%	81%	81%	78.2%*
Target	83%	83%	83%	83%	83%	83.5%*
Target Met	↑	↓	↓	↓	↓	↓

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

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

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 people who filed an application online.

*Beginning FY 2010, trend and performance data for this measure were rounded to one-tenth percent instead of whole number.

Strategic Objective 3.5: Process Our Social Security Number Workload More Effectively and Efficiently

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

FY 2010 Target: 99%
Performance: Data available
 April 2011
Target Achieved: TBD

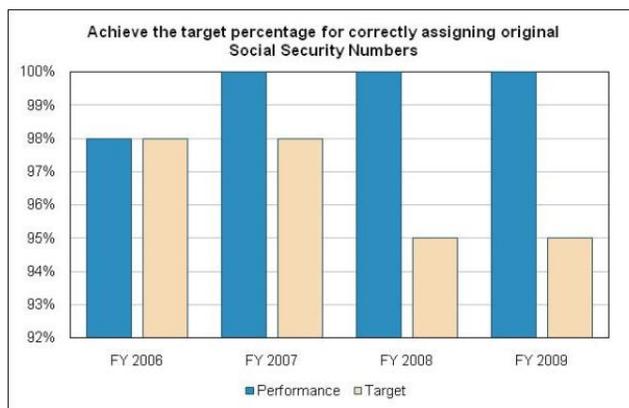
Discussion: FY 2010 data for this performance measure will not be available until April 2011 and we will discuss FY 2010’s performance in the *FY 2011 Performance and Accountability Report*. Our discussion below relates to the

FY 2009 performance data that was unavailable when we published the *FY 2009 Performance and Accountability Report*.

In FY 2009, we correctly assigned 100 percent of the Social Security numbers, exceeding the FY 2009 target of 95 percent. We expanded the use of *Social Security Verification Services* and *E-Verify*, which enables employers to verify in real time if reported names and Social Security numbers of employees match our records. Also, in FY 2009, we opened two additional Social Security Card Centers in Sacramento, California and Minneapolis, Minnesota, bringing our total to eight card centers nationwide. Because of their specialized service and expertise, card center employees complete Social Security number applications with a high degree of accuracy and efficiency.

We continued our *Social Security Number Application Process* (SSNAP) initiative, a new system that will enhance the application process and the accuracy of the data we collect.

Trend:



Fiscal Year	2006	2007	2008	2009	2010
Performance	98%	100%	100%	100%	Data available April 2011
Target	98%	98%	95%	95%	99%
Target Met	↑	↑	↑	↑	TBD

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

Data Source: Enumeration Quality Review

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

Strategic Goal 4: Preserve the Public’s Trust in Our Programs

Strategic Objective 4.1: Curb improper payments

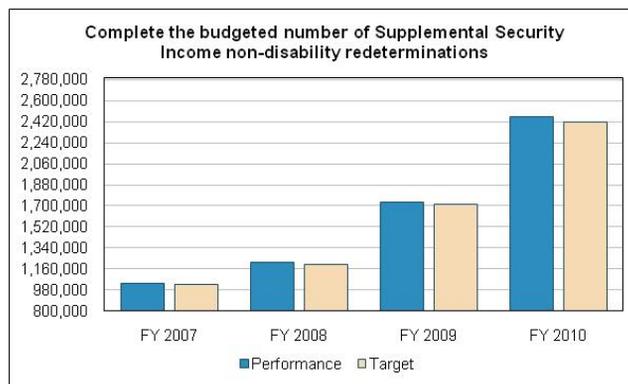
4.1a: Complete the budgeted number of Supplemental Security Income non-disability redeterminations (PG)

FY 2010 Target: 2,422,000
Performance: 2,465,878
Target Achieved: Yes

Discussion: Redeterminations are periodic reviews of non-medical factors of entitlement to ensure we make accurate payments to people receiving SSI payments. As a needs-based program, factors such as income, resources, and living arrangements can affect entitlement to or the amount of a person’s SSI payment. Redeterminations are cost effective. We currently estimate that they have a return on investment over 10 years of \$8 in program savings for each \$1 spent, including accrued Medicaid savings. In FY 2010, we conducted 735,303 more redeterminations than in FY 2009, an increase of 42 percent.

Since we do not have the resources to conduct an annual redetermination on every SSI recipient every year, we use a statistical model to target SSI redeterminations. This model, which has been in place for nearly two decades, uses various income, resource, and living arrangement variables obtained from our SSI payment and claims-processing systems to predict likely SSI overpayments and underpayments for each recipient on the SSI rolls each year. Based on the predicted dollar amounts of SSI overpayments, we prioritize SSI redeterminations so that we can target the most error-prone cases. From these targeted cases, we select cases for redetermination based on the resources we have available. We also identified this performance measure as one of our priority goals.

Trend:



Fiscal Year	2007	2008	2009	2010
Performance	1,038,948	1,220,664	1,730,575	2,465,878
Target	1,026,000	1,200,000	1,711,000	2,422,000
Target Met	↑	↑	↑	↑

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

Data Source: Redeterminations Service Delivery Objective Report, Limited Issue Service Delivery Objective Report, Post-eligibility Operational Data Store

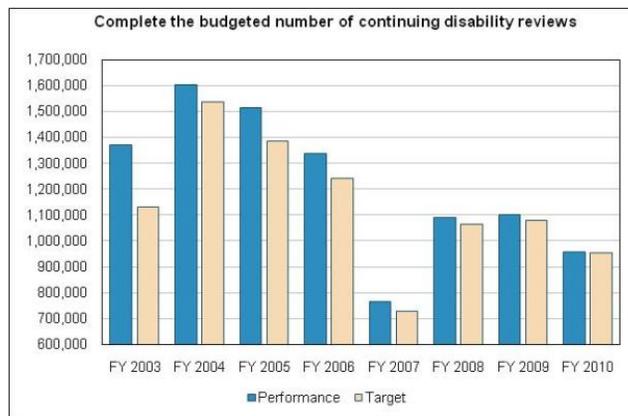
4.1b: Complete the budgeted number of continuing disability reviews (PG)

FY 2010 Target: 954,000*
Performance: 956,182
Target Achieved: Yes

Discussion: We conduct continuing disability reviews (CDR) to determine if disabled beneficiaries continue to meet the medical requirements to support their disability entitlement. CDRs are highly cost-effective; historically every \$1 spent on CDRs produces at least \$10 in lifetime program savings. In FY 2010, we conducted 956,182 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). In FY 2010, we completed 631,615 mailer CDRs. We also conducted 324,567 full medical reviews, an increase of 7,607 from FY 2009. Full CDRs require a new medical evaluation and disability determination by our examiners in the State DDSs. Full medical CDRs are expensive; we estimate each review costs approximately \$1,000 to complete. With the additional funding we received, we dedicated more resources for full medical CDRs in FY 2010. Doing so, however, required us to reduce the overall CDR target from about 1 million in FY 2009 to 954,000 in FY 2010. We identified the full medical CDR subset of this performance measure as one of our priority goals.

Trend:



Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010
Performance	1,371,255	1,604,680	1,515,477	1,337,638	764,852	1,091,303	1,101,983	956,182
Target	1,129,000	1,537,000	1,384,000	1,242,000	729,000	1,065,000	1,079,000	954,000*
Target Met	↑	↑	↑	↑	↑	↑	↑	↑

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

Data Source: Continuing Disability Review Tracking Files

**Note:* Below we provide a fiscal-year breakdown of full medical CDRs and mailers completed since FY 2003:

Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010
Full Medical	679,309	693,680	532,849	340,580	207,637	245,388	316,960	324,567
Mailers	691,946	911,000	982,628	997,058	557,215	845,915	785,023	631,615

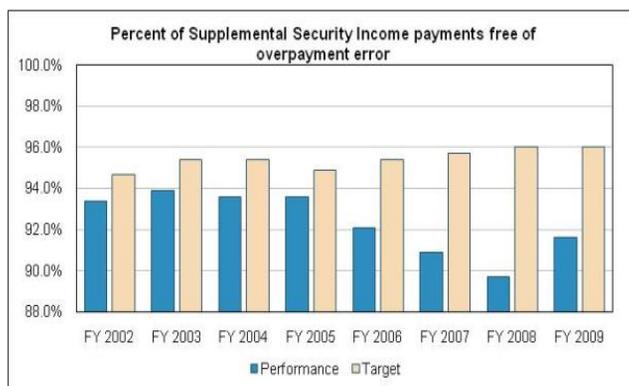
4.1c: Percent of Supplemental Security Income payments free of overpayment (O/P) and underpayment (U/P) error (PPM)

FY 2010 Target: O/P accuracy: 91.6%
 U/P accuracy: 98.8%
Performance: Data available June 2011
Target Achieved: TBD

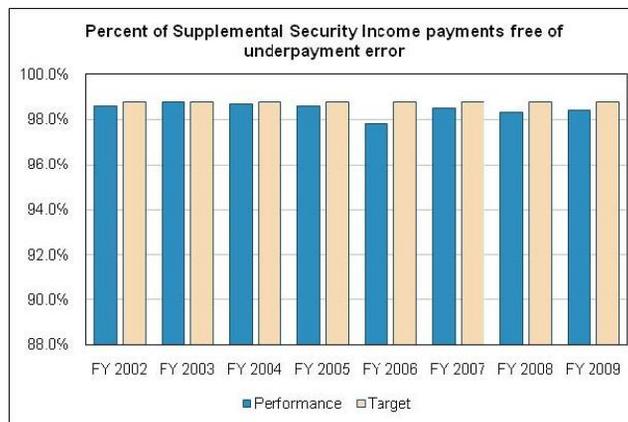
Discussion: FY 2010 data for this performance measure will not be available until June 2011, and we will discuss FY 2010’s performance in the *FY 2011 Performance and Accountability Report*. Our discussion below relates to the FY 2009 performance data that was unavailable when we published the *FY 2009 Performance and Accountability Report*.

In FY 2009, we were unable to meet our SSI overpayment or underpayment accuracy targets; however, accuracy in both categories improved from FY 2008. As we explain on page 69, improper payments under the SSI program are particularly challenging because the amount of the payments can fluctuate monthly depending on changes in a person’s income, resources, or living arrangements, thus making SSI payments very susceptible to error. With our commitment to increase funding for program integrity efforts, including increasing the number of redeterminations we complete, and our dedication to reducing improper SSI payments under our *Access to Financial Institutions Project and SSI Telephone Wage Reporting System* outlined on pages 32-33, we are confident our SSI payment accuracy will continue to improve. For more information on our SSI payment accuracy rates, see *Improper Payments Information Act of 2002 Detailed Report* in the *Other Accompanying Information* section.

Trend:



Overpayment									
Fiscal Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Performance	93.4%	93.9%	93.6%	93.6%	92.1%	90.9%	89.7%	91.6%	Data available June 2011
Target	94.7%	95.4%	95.4%	94.9%	95.4%	95.7%	96.0%	96.0%	91.6%
Target Met	↓	↓↑	↓	↓	↓	↓	↓	↓↑	TBD



Underpayment									
Fiscal Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Performance	98.6%	98.8%	98.7%	98.6%	97.8%	98.5%	98.3%	98.4%	Data available June 2011
Target	98.8%	98.8%	98.8%	98.8%	98.8%	98.8%	98.8%	98.8%	98.8%
Target Met	↓	↑	↓	↓	↓	↓ ↑	↓	↓ ↑	TBD

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

Data Source: Supplemental Security Income Stewardship Report

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

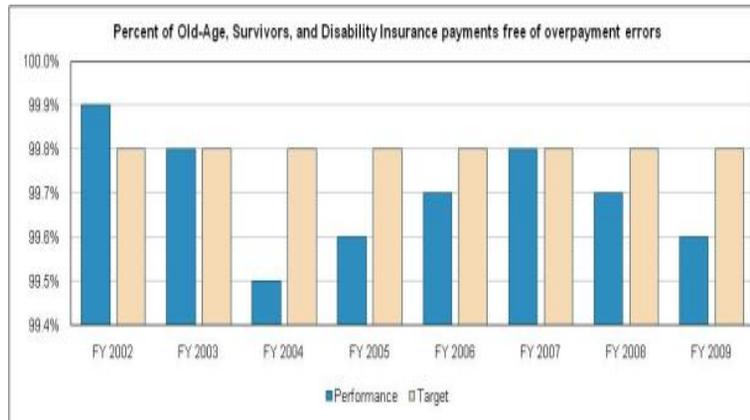
FY 2010 Target: O/P accuracy: 99.8%
U/P accuracy: 99.8%
Performance: Data available June 2011
Target Achieved: TBD

Discussion: FY 2010 data for this performance measure will not be available until June 2011. We will discuss FY 2010’s performance in the *FY 2011 Performance and Accountability Report*. Our discussion below relates to the FY 2009 performance data that was unavailable when we published the *FY 2009 Performance and Accountability Report*.

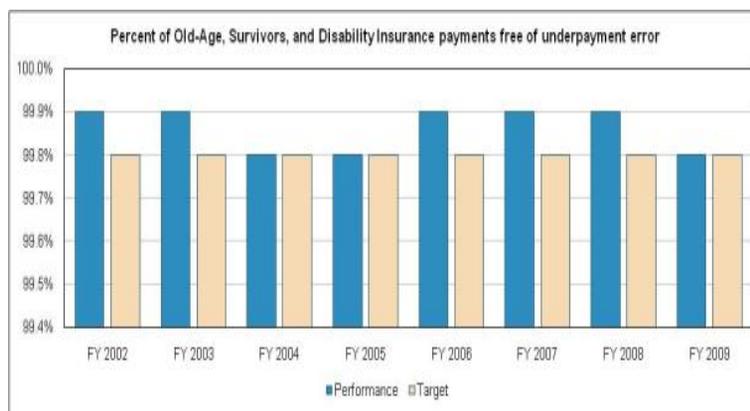
Our FY 2009 Old-Age, Survivors, and Disability Insurance (OASDI) underpayment accuracy rate (99.9 percent) exceeded our target (99.8 percent); however, we did not meet our OASDI overpayment accuracy target of 99.8 percent. In FY 2009, our OASDI overpayment accuracy was 99.6 percent, and while it fell slightly from FY 2008, the decrease was not statistically significant. There are many causes for improper OASDI payments; for example, disabled beneficiaries failing to report work activity, beneficiaries incorrectly estimating annual wages. These and other causes resulted in approximately \$3.2 billion in improper OASDI payments in FY 2009. We

are committed to reducing payment errors and eliminating waste, fraud, and abuse in our OASDI program by intensifying our program integrity efforts. For more information on [improper payments and our efforts to reduce them](http://www.socialsecurity.gov/improperpayments), see www.socialsecurity.gov/improperpayments. To learn more about how we determine OASDI payment accuracy rates, see *Improper Payments Information Act of 2002 Detailed Report* in the *Other Accompanying Information* section.

Trend:



Overpayment									
Fiscal Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Performance	99.9%	99.8%	99.5%	99.6%	99.7%	99.8%	99.7%	99.6%	Data available June 2011
Target	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%
Target Met	↑	↑	↓	↓ ↑	↓ ↑	↑	↓	↓	TBD



Underpayment									
Fiscal Year	2002	2003	2004	2005	2006	2007	2008	2009	2010
Performance	99.9%	99.9%	99.8%	99.8%	99.9%	99.9%	99.9%	99.9%	Data available June 2011
Target	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%
Target Met	↑	↑	↑	↑	↑	↑	↑	↑	TBD

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

total dollars paid for the fiscal year and subtracting this percentage from 100 percent. The underpayment accuracy rate is determined by dividing the total underpayment error dollars by the total dollars paid for the fiscal year and subtracting this percentage from 100 percent.

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

Strategic Goal 4.2: Ensure Privacy and Security of Personal Information

FY 2010 Performance Measure: None

We do not have a FY 2010 performance measure under this strategic objective. However, we will continue to engage in a variety of practices to ensure privacy and security of personal information. We discuss this objective in more detail on page 33.

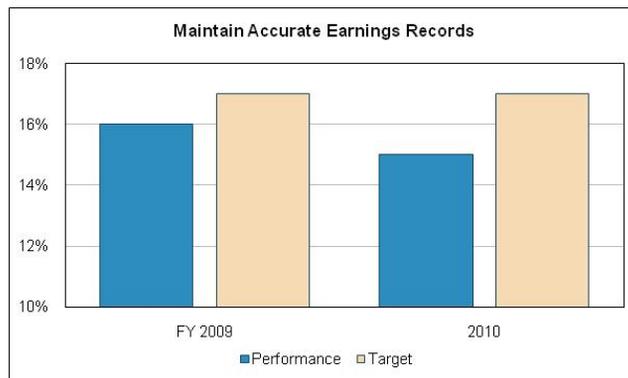
Strategic Objective 4.3: Maintain Accurate Earnings Records

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

FY 2010 Target: 17%
Performance: 15%
Target Achieved: Yes

Discussion: We strive to accurately post all the annual wage reports we receive to workers' earning records. Although the vast majority of wage reports are submitted electronically, we continue to receive some paper reports. Paper wage reports are generally more error-prone, labor intensive, and expensive to process. Consequently, we encourage employers to increase their electronic wage reporting. In FY 2010, we exceeded our target to have no more than 17 percent of our annual wage reports be paper. We conducted many outreach efforts to encourage employers to register and use [Business Services Online](http://www.businessservicesonline.gov), a feature accessed from the Social Security website that enables employers to electronically file *Forms W-2s* (see www.socialsecurity.gov/bsowelcome.htm).

Trend:



Fiscal Year	2009	2010
Performance	16%	15%
Target	17%	17%
Target Met	↑	↑

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

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

Strategic Objective 4.4: Simplify and Streamline How We Do Our Work

FY 2010 Performance Measure: None

We do not have a FY 2010 performance measure under this strategic objective. However, we will continue to simplify and streamline our policies and procedures and move more of our business processes to an electronic environment. We discuss this initiative in more detail on page 34.

Strategic Objective 4.5: Protect Our Programs from Waste, Fraud, and Abuse

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

FY 2010 Target:	Receive an unqualified opinion
Performance:	Received an unqualified opinion
Target Achieved:	Yes

Discussion: For the 17th successive year, we received an unqualified opinion on our financial statements. In accordance with the *Chief Financial Officers Act*, the Office of the Inspector General contracted with Grant Thornton, LLP to independently audit our financial statements. In its audit, Grant Thornton, LLP found that our financial statements, as contained in this *FY 2010 Performance and Accountability Report* are presented fairly in all material respects, in conformity with accounting principles generally accepted in the United States of America. We take our stewardship responsibility of our programs very seriously, and we will continue to demonstrate an unyielding dedication to sound financial management practices.

Trend: We have received an unqualified audit opinion every year from FY 1994 to FY 2010.

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

Data Source: The independent auditor report

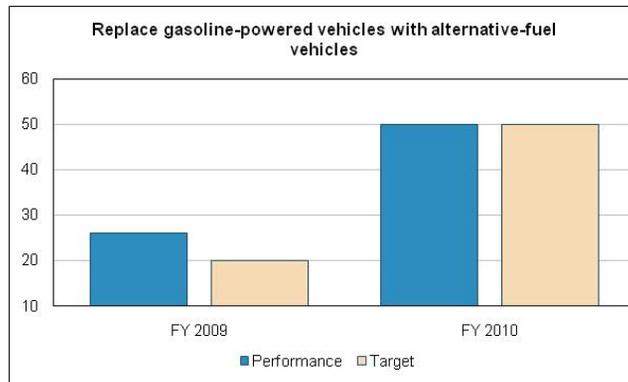
Strategic Objective 4.6: Use “Green” Solutions to Improve Our Environment

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

FY 2010 Target: 50 vehicles
Performance: 50 vehicles
Target Achieved: Yes

Discussion: In FY 2010, we replaced 50 gasoline-powered vehicles in our inventory with alternative-fuel vehicles nationwide. In addition, we provided recurring training to fleet liaisons to ensure that all components assigned government leased/owned vehicles comply with [Executive Order 13423, Strengthening Federal Environmental, Energy, and Transportation Management \(www.edocket.access.gpo.gov/2007/pdf/07-374.pdf\)](#). We also reduced petroleum consumption by 25,468 gallons, and increased alternative-fuel consumption by 30,806 gallons from FY 2009. As a result, we ranked third among 21 agencies for reducing petroleum consumption by 26.4 percent and fourth for increasing alternative fuel by 85.4 percent.

Trend:



Fiscal Year	2009	2010
Performance	26 vehicles	50 vehicles
Target	20 vehicles	50 vehicles
Target Met	↑	↑

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

Data Source: Agency Fleet Vehicle Inventory

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

FY 2010 Target:	Provide training needed for implementation
Performance:	Provided training needed for implementation
Target Achieved:	Yes

Discussion: We provided training to staff on the requirements to establish our *Environmental Management System* (EMS). The EMS will ensure that we continue to make environmentally conscious decisions when purchasing equipment, disposing of old equipment, renovating or constructing new buildings, and implementing a variety of other “green” improvements. We will continue to develop our EMS and aim to have it in place by FY 2012. See www.socialsecurity.gov/budget/sspp/SSASustainabilityPlan.pdf for our *Strategic Sustainability Plan containing our Environmental Policy Statement* and additional information on our EMS.

Trend:

Fiscal Year	2009	2010
Performance	Developed a high-level project plan	Provided training needed for implementation
Target	Develop a high-level project plan	Provide training needed for implementation
Target Met	↑	↑

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

Data Source: Office of Management and Budget Environmental Scorecard Workgroup

Program Performance Measures

In FY 2010, we had 16 Program Performance Measures, 8 of which were also *Government Performance and Results Act* performance measures. We annotated on pages 14-18 those *Government Performance and Results Act* measures that were also *Program Performance Measures*. Below, we discuss our FY 2010 performance for the remaining eight *Program Performance Measures*.

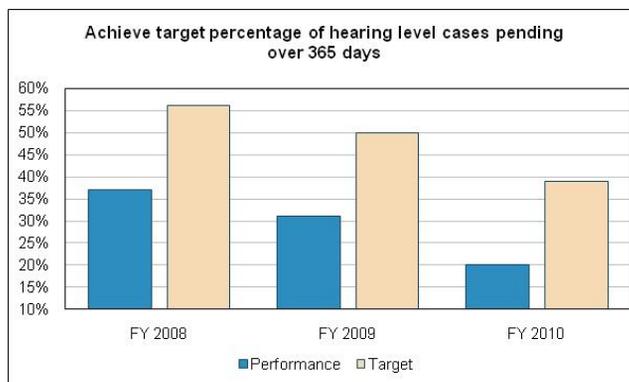
Achieve target percentage of hearing level cases pending over 365 days

FY 2010 Target:	39%
Performance:	20%
Target Achieved:	Yes

In FY 2010, we continued to focus on the oldest hearing requests pending (see 1.2b on page 51). In addition to eliminating hearing requests pending 825 or more days, we decreased the percentage of hearing requests pending

one year or longer. FY 2010 marked the second consecutive year we have lowered the percentage, and in doing so, exceeded our targeted percentage levels. At the end of FY 2010, one-fifth of our hearings were pending for one year or more compared to more than one-third in FY 2008.

Trend:



Fiscal Year	2008	2009	2010
Performance	37%	31%	20%
Target	56%	50%	39%
Target Met	↑	↑	↑

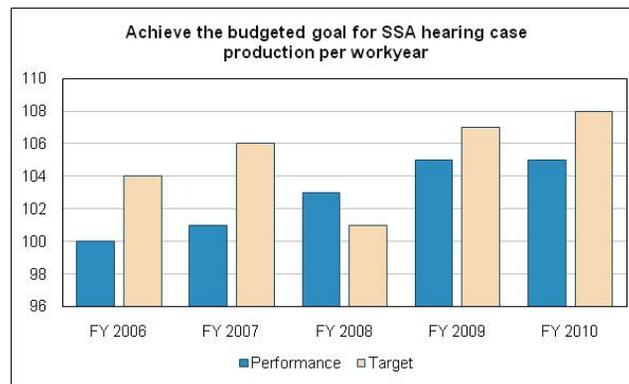
Data Definition: Measured from the date of request for hearing, this represents the number of cases that have been pending for more than 365 days as a percentage of the total number of cases pending at the hearing level. Included in the pending caseload are remands, as well as postentitlement actions. Remands are measured from the remand order date. A remand is an order by either the Appeals Council or a Federal Court returning a claim to a previous level decision maker for further action. Cases may be remanded for various reasons, including new evidence submitted with an appeal; a change in regulations; an error of law by the previous decision maker; or an abuse of discretion.

Data Source: *Case Processing and Management System and Disability Adjudication Reporting Tools*

Achieve the budgeted goal for SSA hearings cases production per workyear

FY 2010 Target: 108
Performance: 105
Target Achieved: No

Discussion: Production per workyear is a measurement we use to quantify the average annual number of hearings dispositions by employees in our hearing offices. Using such a broad spectrum, PPWY fluctuations tend to be slight; performance has remained between 100 and 106 since FY 2003. Despite our efforts to maximize hearings productivity, we were unable to meet our FY 2010 target. The initiatives we continue to take to reduce our hearings backlog, some of which initiatives discussed on pages 49-50, will contribute to future PPWY increases.

Trend:

Fiscal Year	2006	2007	2008	2009	2010
Performance	100	101	103	105	105
Target	104	106	101	107	108
Target Met	↓	↓	↑	↓	↓

Data Definition: 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.

Data Source: *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).

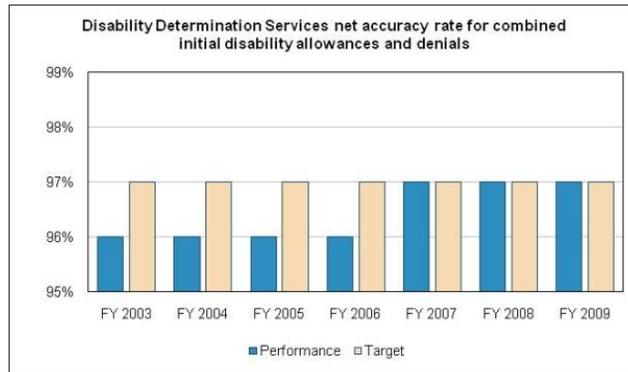
Disability Determination Services net accuracy rate for combined initial disability allowances and denials

FY 2010 Target: 97%
Performance: Data available January 2011
Target Achieved: TBD

Discussion: FY 2010 data for this performance measure will not be available until January 2011. We will discuss FY 2010's performance in the *FY 2011 Performance and Accountability Report*. Our discussion below relates to the FY 2009 performance data that was unavailable when we published the *FY 2009 Performance and Accountability Report*.

In FY 2009, we achieved the targeted Disability Determination Services (DDS) net accuracy rate of 97 percent. Beginning in late 2008, we began to experience a significant increase in initial disability applications due to the economy and rise in unemployment. The number of initial disability claims applications increased almost 17 percent between FYs 2008 and 2009, and the backlog of disability claims in DDSs increased 40 percent. Despite these increases, we maintained accuracy at 97 percent for combined initial disability allowances and denials.

Trend:



Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010
Performance	96%	96%	96%	96%	97%	97%	97%	Data available January 2011
Target	97%	97%	97%	97%	97%	97%	97%	97%
Target Met	↓	↓	↓	↓	↑	↑	↑	TBD

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

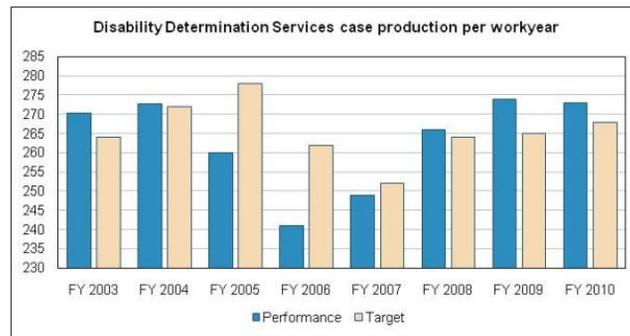
Note: Deficient cases corrected after the 90-day period are still counted as a deficiency.

Disability Determination Services case production per workyear

FY 2010 Target: 268
Performance: 273
Target Achieved: Yes

Discussion: Production per workyear (PPWY) is a measurement we use to quantify the average annual number of disability determinations by each employee in our Disability Determination Services (DDS). We met our FY 2010 target. Our FY 2010 PPWY is even more impressive considering several states imposed hiring freezes and furloughs that adversely affected some DDS staffing and performance. Despite these obstacles, we maintained a high PPWY with the efforts we describe on pages 55-57.

Trend:



Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010
Performance	270.4	272.6	260	241	249	266	274	273
Target	264	272	278	262	252	264	265	268
Target Met	↑	↑	↓	↓	↓	↑	↑	↑

Data Definition: This indicator represents the average number of Disability Determination Services case production per workyear expended for all work. A workyear represents both direct and indirect time, including overhead (time spent on training, travel, leave, holidays, etc.). It is inclusive of everyone on the Disability Determination Services payroll, including doctors under contract to the Disability Determination Services.

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

Number of Disability Insurance and Supplemental Security Income beneficiaries, with Tickets assigned, who work

FY 2010 Target: 98,940
Performance: Data available July 2011
Target Achieved: TBD

Discussion: FY 2010 data for this performance measure will not be available until July 2011, and we will discuss FY 2010's performance in the *FY 2011 Performance and Accountability Report*. Our discussion below relates to the FY 2009 performance data that was unavailable when we published the *FY 2009 Performance and Accountability Report*.

There were 105,843 people with *Tickets to Work (Tickets)* in use who worked in FY 2009. This number was a 9 percent increase over the number of people who worked in 2008. We set a target of 97,000 people who had *Tickets* in use and who worked. We made this conservative projection because employment of beneficiaries with disabilities is historically sensitive to macroeconomic trends. Rates of employment tend to be affected by changes in the unemployment rate. See page 87 for our evaluation of the *Ticket to Work Program*.

Trend:

Fiscal Year	2008	2009	2010
Performance	96,993	105,843	Data available July 2011
Target	Establish a new baseline from which to measure future performance	97,000	98,940
Target Met	↑	↑	TBD

Data Definition: Count the number of DI, SSI, and concurrent beneficiaries who have used their *Ticket* to sign up with an Employment Network (EN) or state vocational rehabilitation agency and who have recorded earnings in the *Disability Control File* in any month of the calendar year. The data are provided on a calendar year basis and reported in June of the following year. Performance measure language has been changed from “assigned” to “in use” to be consistent with this data definition. Beginning with 2008, under new regulations, *Tickets* are counted as “in use” when they are being used with an EN or state vocational rehabilitation agency, whereas under the pre-FY 2008 system they were counted when assigned.

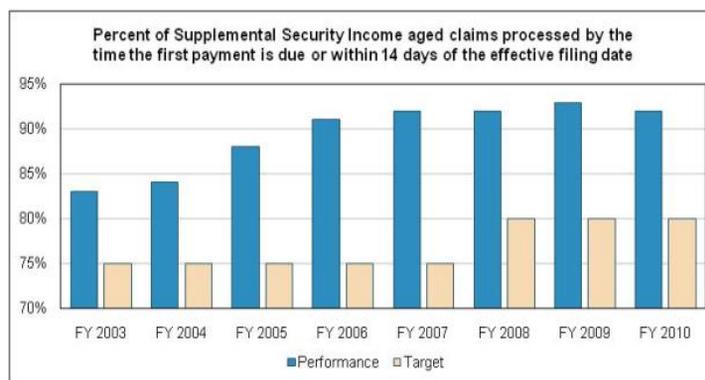
Data Source: The “Verify Update Earnings Screen’s Work and Earnings Reports” data field in the *Disability Control File*

Percent of Supplemental Security Income aged claims processed by the time the first payment is due or within 14 days of the effective filing date

FY 2010 Target: 80%
Performance: 92%
Target Achieved: Yes

Discussion: The nature of the SSI program implores us to complete and make payments on these claims as quickly as possible. We strive to complete and make the first SSI payment to qualifying aged people within 14 days of the application filing date. In FY 2010, we accomplished this endeavor in 92 percent of the SSI aged claims we handled, well exceeding our targeted 80 percent.

Trend:



Fiscal Year	2003	2004	2005	2006	2007	2008	2009	2010
Performance	83%	84%	88%	91%	92%	92%	93%	92%
Target	75%	75%	75%	75%	75%	80%	80%	80%
Target Met	↑	↑	↑	↑	↑	↑	↑	↑

Data Definition: This rate reflects the number of SSI aged applications completed through the SSA operational system (i.e., award or denial notices are triggered) before the first regular continuing payment is due or not more than 14 days from the effective filing date, if later, divided by the total number of SSI Aged applications processed. The first regular continuing payment due date is based on the first day of the month that all eligibility factors are met and payment is due.

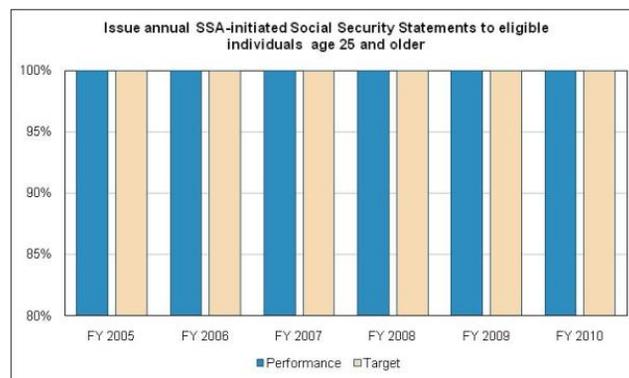
Data Source: Title XVI Operational Data Store

Issue annual SSA-initiated *Social Security Statements* to eligible individuals age 25 and older

FY 2010 Target: 100%
Performance: 100%
Target Achieved: Yes

Discussion: We are required by law to issue *Social Security Statements* annually to all workers age 25 and older who are not yet receiving Social Security benefits. *Social Security Statements* provide workers' their earnings histories and estimates of the benefits they and their families may receive as a result of their retirement, death or disability. We mail *Statements* to qualifying workers 2 to 3 months before their birthday using addresses provided to us by the Internal Revenue Service. In FY 2010, we mailed almost 152 million *Statements*. We also conduct an annual survey to measure the satisfaction of people who received a *Social Security Statement*. We discuss the results of the survey on page 93. See www.socialsecurity.gov/mystatement for more information about the *Social Security Statement*.

Trend:



Fiscal Year	2005	2006	2007	2008	2009	2010
Performance	100%	100%	100%	100%	100%	100%
Target	100%	100%	100%	100%	100%	100%
Target Met	↑	↑	↑	↑	↑	↑

Data Definition: The percentage of *Social Security Statements* mailed to eligible individuals (Social Security number holders age 25 and older who are not yet in benefit status and for whom a mailing address can be determined) during the fiscal year.

Data Source: Executive and Management Information System.

Through the changes in the law, achieve and maintain sustainable solvency such that today’s and tomorrow’s workers can expect to receive the benefits scheduled in law as reformed rather than as determined by Trust fund solvency, while continuing to protect those who depend on Social Security the most

FY 2010 Target: Conduct Analysis
Performance: Completed
Target Achieved: Yes

Discussion: To assist the Administration and Congress in making informed decisions on major policy issues, we provided policymakers with the information they need to understand the broad impact and effects of potential reform proposals. In FY 2010, we met this target as we continued to provide analysis and research on policy initiatives, produced briefing materials, and provided technical assistance in response to Congressional requests. We also continued to use retirement modeling as one of our most important tools for evaluating the effects of Social Security reform proposals and produced numerous periodic reports that provide detailed statistical data on program size and trends.

Trend: We met this target every year from FY 2003- FY 2010 by conducting analyses related to Social Security reform.

Fiscal Year	2009	2010
Performance	Completed	Completed
Target	Conduct Analysis	Conduct Analysis
Target Met	↑	↑

Data Definition: Completed reports and analysis of present law provisions, as well as proposed and pending legislation and other proposals relating to solvency of the system.

Data Source: Office of Retirement and Disability Policy records (consists primarily of various micro simulation models, e.g., *Modeling Income in the Near Term*, *Financial Eligibility Model*, *Social Security and Accounts Simulator*, and surveys, e.g., *Survey of Income and Program Participation*, *Health and Retirement Study*).

Program Evaluation

The following are brief summaries of selected program evaluations we completed during FY 2010 to assess how well our programs are working. We list the evaluations under the strategic goal they support in our *Fiscal Years 2008-2013 Agency Strategic Plan*. To obtain copies of the results of completed evaluations write to:

Social Security Administration
 Chief Information Officer
 Office of Vision and Strategy
 Division of Strategic Services
 3124 West High Rise
 6401 Security Boulevard
 Baltimore, MD 21235

Strategic Goal 1: Eliminate Our Hearings Backlog and Prevent Its Recurrence

Hearing Process Report Card

The *Hearing Process Report Card* is an annual survey we began in FY 2008 to assess customer satisfaction with our hearing process. Here we discuss the results from our FY 2009 survey. We will discuss the FY 2010 survey results in the *FY 2011 Performance and Accountability Report*.

In FY 2009, we surveyed both Social Security and Supplemental Security Income claimants who recently received a decision following a hearing. Surveyed participants were asked to rate the service we provided throughout the hearing process, starting with ease of finding information about how to file the hearing request and continuing through receipt of the decision. We found that the outcome of a person's hearing greatly influenced their satisfaction level. Eighty-two percent of respondents who received a favorable decision rated the hearing process as "excellent," "very good," or "good" (E/VG/G) compared to 31 percent of respondents who received an unfavorable decision. Both of these results improved from FY 2008, when 80 percent of the respondents who received a favorable decision rated the hearing process as E/VG/G, compared 29 percent of the respondents who received an unfavorable decision.

We also asked those surveyed to rate our service overall. Once again, we found that the successful outcome of a hearing greatly influenced their opinion. When respondents received a favorable decision, 76 percent rated their overall perception of our service as E/VG/G compared to 37 percent of the respondents who received an unfavorable decision. Both ratings exceeded FY 2008 survey results (74 percent and 34 percent, respectively). The following chart summarizes our *Hearing Process Report Card* results and provides a comparison between FY 2008 and FY 2009 results in the following chart:

Hearing Process Report Card Percent of Respondents Reporting Customer Satisfaction as "Excellent," "Very Good," or "Good"				
Fiscal Year	Satisfaction with the Entire Hearings Process		Overall Opinion of Our Service	
	Awards	Denials	Awards	Denials
2009	82%	31%	76%	37%
2008	80%	29%	74%	34%

Disability Appeals -*Attorney Adjudicator Quality Assessment*

To help eliminate our hearings backlog, we continued to utilize some of our most experienced attorney adjudicators to issue fully favorable decisions without the need to conduct an actual hearing in front of an administration law judge. See page 50 for more information on our *Attorney Adjudicator Program*.

In FY 2009, we conducted a random review of more than 1,020 attorney adjudicators' decisions to evaluate their accuracy. Our quality review agreement rate was 96 percent. We continued our *Attorney Adjudicator Quality Assessment* in FY 2010, and we will discuss our findings in the *FY 2011 Performance and Accountability Report*.

Hearing Quality Assurance Review

We developed a Quality Assurance Program for the hearing process designed to provide an in-line review of the case preparation process and decision drafting to ensure that we are following our electronic business process, providing timely hearings, and issuing legally sufficient decisions. We have developed an electronic tool to determine the appropriate sampling rate and for capturing data from case reviews. We will use information obtained from the reviews to improve the electronic business process as well as to identify areas where training may be needed. In July 2010, we began piloting the Quality Assurance Program in 6 of our 10 regions. We reviewed 206 cases in FY 2010, and we will discuss our findings in the *FY 2011 Performance and Accountability Report*.

Appeals Council Assurance Review

At the end of FY 2010, the Appeals Council began a review of 3,500 randomly selected favorable and partially favorable ALJ decisions. The purpose of this new and ongoing review is to ensure policy compliance and legal sufficiency of hearing decisions and to take corrective action, as needed. We will provide more information on this review in the *FY 2011 Performance and Accountability Report*.

Strategic Goal 2: Improve the Speed and Quality of Our Disability Process

Disability Claim Pre-Effectuation Accuracy Reports

We have three major ongoing accuracy reviews of proposed disability determinations at the initial and reconsideration levels. One review assesses the accuracy of randomly selected proposed allowances and denial cases to determine National and State-based accuracy rates. The other two reviews target proposed allowances and denials that are more likely to contain errors. We conduct these reviews before the decision is processed. We will provide more information on this review in the *FY 2011 Performance and Accountability Report*.

Disability Initial Claims Report Card

The *Disability Initial Claims Report Card* is an annual survey we began in FY 2007 to measure customer satisfaction with our initial disability application process. We survey disability claimants – both Social Security and Supplemental Security Income (SSI) – during the following stages of the application process:

- Mid-process claimants, selected after the application is filed but before a decision is made;
- Post- adjudicative awards, selected after the application is filed and after the decision awarding benefits; and
- Post-adjudicative denials, selected after the application is filed and after the decision denying benefits is processed.

We asked the people surveyed to rate their level of satisfaction for two categories – ease of filing the disability application and their overall opinion of our service. Below we summarize the *Disability Initial Claims Report Card* results for FY 2009, showing the percentage of respondents rating our service “excellent,” “very good,” or “good” for each. Perceptions of service remained stable from FY 2008.

Disability Initial Claims Report Card Survey Results						
Fiscal Year	Ease of Filing the Disability Application			Overall Opinion of Our Service		
	Mid-Process	Awards	Denials	Mid-Process	Awards	Denials
2009	83%	90%	56%	84%	92%	51%

We will publish the results from our *FY 2010 Disability Initial Claims Report Card* in our *Fiscal Year 2011 Performance and Accountability Report*.

Evaluation of *Ticket to Work* Programs and Adequacy of Incentives

The [Ticket to Work](#) program is one of our return-to-work initiatives. The purpose of the program is to expand the universe of service providers available to people with disabilities who are seeking vocational rehabilitation, employment, and other related support services. *The Work Site* (www.socialsecurity.gov/work) provides a host of resources for *Ticket to Work* participants.

An independent evaluation of the program is providing us with ongoing feedback on the program’s effectiveness and potential. The findings from the first four evaluation reports have already had a significant impact on improving the program and were instrumental in the redesign of *Ticket to Work* that resulted in the new *Ticket to Work* regulations in FY 2008.

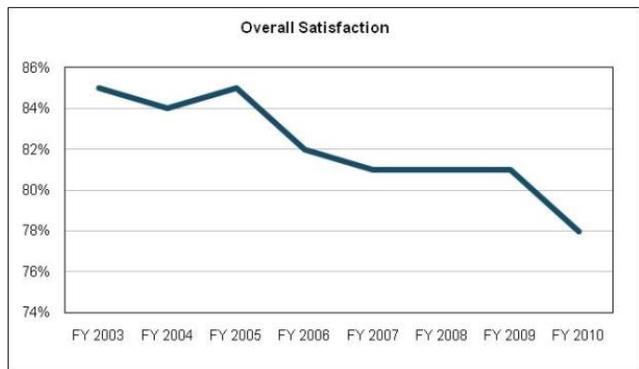
The fifth report, which is a series of ten papers on special topics, will be published at the beginning of FY 2011. An example of information in this report includes the finding that many beneficiaries are interested in working (40 percent), and that about half of these beneficiaries ended up working within 3 ½ years after they were interviewed. We use the information and feedback from our ongoing evaluation to improve the future development of our return to work programs.

For a [full discussion of the program and the evaluation findings from the first four reports, see www.socialsecurity.gov/disabilityresearch/research.htm#Ticket](http://www.socialsecurity.gov/disabilityresearch/research.htm#Ticket). We will post the fifth report at the same site when it is available.

Strategic Goal 3: Improve Our Retiree and Other Core Services

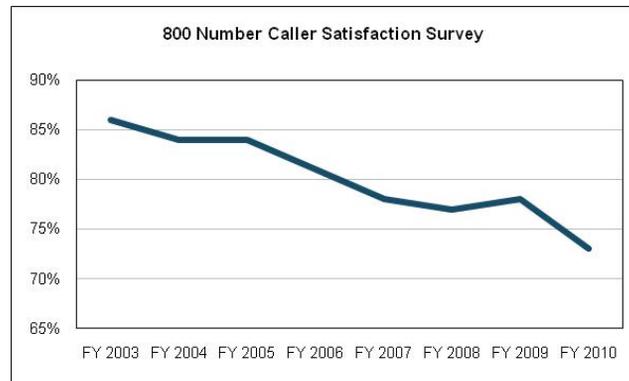
Overall Service Satisfaction Surveys

We continually evaluate our retirement and other core services by surveying the people who use them. These surveys reflect the public’s perception of the services we provide whether they contact us via the Internet, telephone, or in-person visits to our offices. In addition, public feedback helps us identify strengths and weaknesses in our programs and processes so we can make necessary improvements. We combined the results of the separate surveys, discussed in more detail below, to produce a single customer satisfaction measure. In FY 2010, the combined results indicated 78 percent of the respondents rated our overall service as “excellent,” “very good,” or “good” (E/VG/G). This rate reflects a statistically significant drop in satisfaction compared to FY 2009, when 81 percent of the respondents rated our service as E/VG/G. We illustrate our service satisfaction ratings from FY 2003 through FY 2010 in the following graph:



800 Number Caller Survey

Our telephone service remains a primary option for providing service to the public. In FY 2010, our telephone agents handled nearly 42 million calls to our National 800 Number. In FY 2010, 73 percent of survey respondents rated the service they received during their National 800 Number call as E/VG/G, significantly lower than FY 2009 when the satisfaction rating was 78 percent. We illustrate our overall satisfaction rates from FY 2003 through FY 2010 in the following graph:



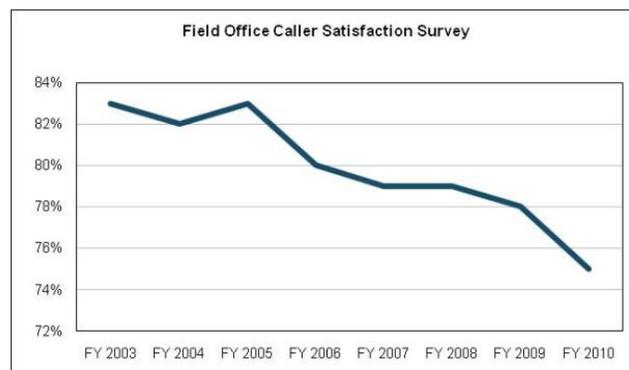
In our FY 2009 survey, overall satisfaction with the National 800 Number telephone service remained stable at 78 percent. Survey results indicated “access,” i.e., getting through to be served, was the aspect of service that consistently received the lowest ratings and had the strongest effect on overall satisfaction. Sixty-eight percent of survey respondents rated access E/VG/G. This was consistent with the FY 2008 access rating (67 percent), but continued to be significantly lower than the 75-percent rate sustained from FY 2002 to FY 2006. Nearly half of the respondents surveyed in FY 2009 said that it was somewhat or very hard to reach the type of service they needed through the speech recognition system. For those callers placed on hold prior to speaking with an agent, just over half (55 percent) rated the length of time they waited as E/VG/G, not a statistically significant difference from FY 2008 (58 percent).

FY 2009 respondents rated various aspects of staff performance, such as helpfulness, courtesy, and job knowledge much more favorably than access to service. Ratings of these aspects of staff performance ranged from 88 to 91 percent E/VG/G and were comparable to ratings in FY 2008 (90 to 93 E/VG/G).

We will discuss the FY 2010 survey results in more detail in our *FY 2011 Performance and Accountability Report*.

Field Office Caller Survey

In FY 2010, 75 percent of the respondents to our *Field Office Caller Survey* rated the overall service they received when they called an office as E/VG/G. This rating is not a statistically significant difference than the rating given by FY 2009 respondents (78 percent). However, over time small annual declines in the overall service ratings have resulted in a level of satisfaction that is significantly lower than the high point of 83 percent achieved in FYs 2003 and 2005. The chart below illustrates our field office caller satisfaction rates from FY 2003 through FY 2010:



Seventy-eight percent of respondents to our FY 2009 *Field Office Caller Survey*, rated our field office telephone service overall as E/VG/G. Respondents who rated overall service as less than E/VG/G often attributed their dissatisfaction to “access,” mainly because of trouble getting through to a field office. Sixty-six percent of the FY 2009 respondents rated “access” as E/VG/G, continuing the gradual decline in this area over the last few years. More than half of our survey respondents reported they had tried to call our field offices previously but were unable

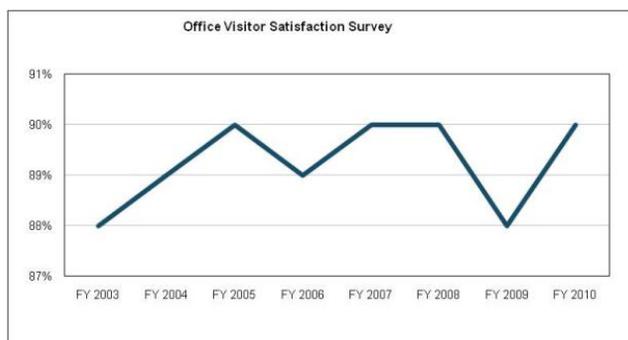
to get through. Almost 40 percent of survey respondents who waited on hold were dissatisfied with the amount of time it took to be connected to a field office employee. Failure to receive a return call in response to a voicemail was another source of dissatisfaction for respondents. Among callers who expected a return call to their voicemail, 92 percent said they asked for a call back, but only 58 percent reported they received a return call.

As in our *800 Number Caller Survey*, FY 2009 *Field Office Caller Survey* respondents were very satisfied with the various aspects of office staff performance. Respondents rated aspects of staff performance, such as helpfulness, courtesy, and job knowledge, between 89 to 93 percent E/VG/G. For the most part, these ratings were higher than the FY 2008 ratings that ranged from 87 to 90 percent E/VG/G.

We will discuss the FY 2010 survey results in more detail in our *FY 2011 Performance and Accountability Report*.

Office Visitor Survey

We conduct an annual *Office Visitor Survey* to measure satisfaction of people who visit our field and hearing offices. In FY 2010, 90 percent of the respondents rated the overall service they received during their office visit as E/VG/G. This rating, which was higher than the overall service rating of 88 percent in FY 2009, returns satisfaction levels to those recorded from FYs 2006 through 2008. The chart below shows our office visitors' overall service ratings from FY 2003 through FY 2010:



We will discuss the FY 2010 survey results in more detail in our *FY 2011 Performance and Accountability Report*. Here we provide *Office Visitor Survey* results for FY 2009.

Results from our FY 2009 *Office Visitor Survey* were based on visitors to randomly selected field and hearing offices during a 4-week period in October and November 2008. Selected visitors completed a “Report Card” about their satisfaction with service. Eighty-eight percent of respondents rated overall service as E/VG/G, a small, but statistically significant decline, compared to 90 percent in our FY 2008 *Office Visitor Survey*. One of the lower rated aspects of service was the time spent waiting to be served in the office.

All together, 76 percent of those surveyed rated waiting time as E/VG/G. However, satisfaction with waiting time was lower among field office visitors (75 percent) compared to hearing office visitors (90 percent). The waiting time rating from field office respondents in FY 2009 was lower than it was in FY 2008 (78 percent).

Respondents' perceptions of office environment, such as location, hours, and comfort, were favorable with E/VG/G ratings ranging from 88 to 91 percent. Of all aspects of service, office privacy received the lowest rating, 75 percent E/VG/G. Survey results indicate visitors view office staff favorably; employee helpfulness, courtesy, knowledge, and clarity of explanations were all rated at 90 percent E/VG/G.

Internet Report Card Survey

In FY 2010, we conducted our first annual *Internet Report Card Survey*. This year, the survey included people who used one of our online applications to file for retirement benefits, Social Security disability benefits, or a Medicare Part D subsidy. Survey respondents gave these online applications an overall rating of 91 percent E/VG/G. We will discuss the FY 2010 survey results in more detail in our *FY 2011 Performance and Accountability Report*.

In subsequent years, we plan to expand the *Internet Report Card Survey* to include three other categories of transactions currently offered on our website: reports of changes in personal information for people receiving benefits (change of address or direct deposit), requests for information (such as verification of benefits received), and disability report forms. In addition to assessing overall satisfaction with our online application, the survey covers aspects of online services that influence customer satisfaction, such as ease of finding the online application on the website and how easy it is to complete the application.

Internet Satisfaction Surveys

Internet Benefit Application Survey

This special-study survey measured satisfaction of people who used our new *iClaim* to file for retirement or disability benefits. This year we are reporting a more detailed analysis of our FY 2009 survey results, which were not available when we published the *FY 2009 Performance and Accountability Report*. For retirement claims, the survey explored satisfaction with the entire process, from filing online through receiving the decision. We selected claimants who recently filed for disability benefits; they provided their opinions while a decision was still pending.

Ninety-four percent of respondents who filed for retirement or disability benefits online rated their experience as E/VG/G. Respondents who filed for retirement benefits were the most satisfied, with 98 percent giving the online application a positive rating. Respondents who filed for disability benefits also viewed *iClaim* very favorably, although their 88 percent E/VG/G rating was significantly lower than the rating from claimants filing for retirement benefits, which may be explained in part by the status of their claim.

Respondents filing for retirement benefits were much more satisfied with the amount of time it took to complete *iClaim* (97 percent E/VG/G rating) than disability claimant respondents (78 percent). The perception of time it took to complete *iClaim* had a strong effect on respondents who filed for disability benefits online. Among the disability claimant respondents who rated the amount of time spent as E/VG/G, satisfaction with *iClaim* was the same as respondents filing for retirement benefits – 97 percent rated their experience filing online as E/VG/G. On the other hand, respondents who were dissatisfied with the time they spent completing the disability application gave the online application an overall rating of 56 percent E/VG/G.

Quality Reviews and Service Evaluations

800 Number Telephone Service Evaluation

We monitor calls to our National 800-Number to evaluate both the accuracy of the information our telephone agents provide and the actions they take. Each year we listen to about 3,000 calls handled by agents in our 41 call centers nationwide. We randomly select and monitor calls throughout the year based on a statistical sampling methodology. Our agents do not know when their calls are monitored. We use the results of our annual *800 Number Service Evaluation*, which we have conducted on an ongoing basis since 1989, to identify training needs and clarify operating instructions for our agents.

We assess the accuracy of the information agents provide and the actions they take based on our program policy and operating guidelines. We use two measures of accuracy in evaluating our 800 number service. Payment accuracy indicates the percentage of calls free of payment error. A payment error occurs when an agent's information or action (or failure to give information or take action) has the potential to improperly affect a caller's payment or eligibility for benefits. The second accuracy measure we use is service accuracy, which reflects the percentage of calls free of service error. A service error occurs when an agent does not meet the caller's need for information, causes the caller inconvenience, or creates an unnecessary additional workload.

Our latest published accuracy rates are for FY 2009. Payment accuracy was 95.8 percent and service accuracy was 86.7 percent. In addition to recording payment and service accuracy, our review identifies the specific causes of error and the operating policies that were not followed.

Field Office Telephone Service

We conduct an annual evaluation of the telephone service in our field offices. Each year we select a random sample of over 100 field offices across the country for the evaluation. We monitor about 2,000 randomly selected calls over the course of the year to assess the accuracy of the information agents provide and the actions they take. The agents do not know when we monitor their calls. We use the results of our Field Office Telephone Service Evaluation, which we have conducted since 1999, to identify training needs and clarify operating instructions for our agents.

This evaluation identifies the specific causes of error and the operating policies that were not followed. It uses the same standards of payment and service accuracy as our *800 Number Service Evaluation* discussed above. We assess a payment error when the information or action (or failure to provide information or take action) has the potential to improperly affect a caller's payment or eligibility to benefits. We assess a service error when an agent does not meet the caller's need for information, causes the caller inconvenience or creates an unnecessary additional workload.

Our latest published accuracy rates are for FY 2009. Payment accuracy was 94.4 percent and service accuracy was 79.2 percent.

Enumeration Quality Review

Each year we process approximately 6 million original and 12 million replacement Social Security card applications. We also verify Social Security numbers more than one billion times a year through a variety of electronic data exchanges with public and private organizations. We refer to the process of assigning and issuing Social Security numbers as enumeration. To assess the accuracy of our enumeration process, we conduct annual reviews using a random sample of original Social Security numbers assigned during the fiscal year by one of the following means:

- *Enumeration-at-Birth*: Parents can apply for a Social Security number for their newborn child at the same time they apply for their newborn's birth certificate. The state agency that issues the birth certificate will share the information with us, at which time we assign a Social Security number and issue a Social Security card;
- *Enumeration-at-Entry*: Certain non-citizens can apply for a Social Security number as part of the Department of State's immigration process. When the immigrant enters the United States, the Department of Homeland Security electronically transmits the enumeration information to us. If the immigrant qualifies, we assign a Social Security number and issue a Social Security card; and
- *Paper Social Security number applications*: People complete *Form SS-5, Application for a Social Security Card*, and submit it to a local field office or Social Security Card Center.

In FY 2009, enumeration accuracy for the assignment of a Social Security number was 99.9 percent. The most commonly cited error was applicants who received two different Social Security numbers: one through the *Enumeration-at-Entry* process and one through the SS-5 process. The results from our FY 2010 *Enumeration*

Quality Review will not be available until May 2011, and we will report them in our *FY 2011 Performance and Accountability Report*.

Social Security Statement Survey

Each year we issue *Social Security Statements* to more than 150 million people. The *Social Security Statement* is a concise, easy-to-read personal record of workers' earnings, the amount of Social Security taxes they paid, and a summary of the estimated benefits they and their families may receive.

The *Social Security Statement Survey* measures the satisfaction of people who received a *Social Security Statement*. Respondents to our FY 2009 *Social Security Statement Survey* confirmed the *Statement* is well received and that most considered it an important financial planning document. Survey results also showed that revisions in some areas would help make the *Statement* an easily understandable, useful, and viable tool for retirement planning. We will discuss the FY 2010 survey results in the *FY 2011 Performance and Accountability Report*.

Strategic Goal 4: Preserve the Public's Trust in Our Programs

Retirement, Survivors, and Disability Insurance Stewardship Review

We have conducted the Old-Age and Survivors Insurance (OASI) Stewardship review since 1981 and the Disability Insurance (DI) Stewardship review since 1998. These annual reviews provide an accuracy measurement of Social Security benefit payments, and the findings meet the reporting requirements contained in the [Improper Payments Information Act of 2002](http://www.whitehouse.gov/sites/default/files/omb/financial/improper/PL_107-300.pdf) (see www.whitehouse.gov/sites/default/files/omb/financial/improper/PL_107-300.pdf). We will provide the results of the *FY 2010 Stewardship Review* in our *FY 2011 Performance and Accountability Report*.

Our findings under this Stewardship Review are based on a monthly sample of people receiving Social Security benefits. We randomly select samples of about 80 OASI cases and about 40 DI cases each month. In all sampled cases, we interview the beneficiary or representative payee, make collateral contacts as needed, and redevelop all nonmedical factors of eligibility as of the month the case was selected for review.

Total benefit payments for the Title II OASDI program in FY 2009 totaled about \$660 billion and there were 52.2 million people receiving benefits at the end of the fiscal year. Our payment accuracy with respect to overpayments was 99.6 percent based on improper payments totaling a projected \$2.5 billion (i.e. 99.6 percent of all payments are free of overpayment errors.) We refer to this as the overpayment accuracy rate. Payment accuracy with respect to underpayments, referred to as the underpayment accuracy rate, was 99.9 percent based on unpaid dollars projected at \$619 million (i.e., underpayment dollars as a percentage of total dollars paid were 0.08 percent).

For FY 2009, each tenth of a percentage point in the payment accuracy represents about \$660 million in program spending for the Title II program. Overall, Title II OASDI accuracy rates have remained steady over the past five years. In the OASDI program, errors involving substantial gainful activity are the leading category of overpayments. The leading categories of underpayment error dollars in the OASDI programs involve computational problems with the primary insurance amount computation. The sheer magnitude of the payments made in the Title II program, approximately \$660 billion in FY 2009, means that even a small percentage in error will result in a substantial dollar error.

Supplemental Security Income Stewardship Review

Under the *Supplemental Security Income (SSI) Stewardship Review*, we measure the accuracy of payments to people who received SSI payments during the fiscal year. We review a random sample of approximately 4,000 SSI cases and project the findings to the universe of all people receiving SSI. In conducting the review, we interviewed recipients (or their representative payees) and contacted other sources, such as employers and financial institutions to obtain supporting information. We recreated all non-medical factors of SSI eligibility to measure the accuracy of the payments. We report our findings as a percent of SSI dollars paid that are free of overpayment and underpayment errors.

In FY 2009, the SSI overpayment accuracy rate was 91.6 percent, and the underpayment accuracy rate was 98.4 percent. The overpayment rate was higher than the FY 2008 rate (89.7 percent) and the underpayment rate was higher than the FY 2008 rate (98.3 percent). The difference in the SSI overpayment accuracy rate from FY 2008 to FY 2009 is statistically significant; the difference in the SSI underpayment accuracy rate from FY 2008 to FY 2009 is not statistically significant. In FY 2009, the leading cause of SSI overpayments was inaccurate or unreported financial data and the leading cause for underpayments was errors for in-kind support and maintenance (that is, income in the form of food or shelter).

We will report the results of our *FY 2010 Supplemental Security Insurance Stewardship Review* in our *FY 2011 Performance and Accountability Report*.

The Federal Information Security Management Act of 2002 Report to Congress

The *Federal Information Security Management Act (FISMA)* was introduced as part of the *eGov Act of 2002*. FISMA is a security framework that requires Federal agencies to ensure that adequate protections are provided for Federal information systems and information. Federal agencies included in the *eGov Act* must submit annual FISMA reports to the Office of Management and Budget (OMB) by November 15, 2010. Our report summarizes the results of the agency's security reviews of major information systems and programs, progress on correcting identified weaknesses, and the results of other work performed during the reporting period using OMB's performance measures. There are currently several bills pending in Congress to strengthen FISMA. As Congress considers revamped cyber security legislation, we will strive to meet and exceed existing information security requirements for protecting Federal information systems and information to include personally identifiable information. See www.whitehouse.gov/sites/default/files/omb/assets/egov_docs/FY09_FISMA.pdf for the *FY 2009 FISMA Report to Congress*.

Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds

The *Social Security Act* requires the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds to report annually to Congress on the financial and actuarial status of the two Social Security trust funds – OASI and DI. The 2010 *OASDI Trustees Report*, issued in August 2010, showed improvements in the projected long-term financial status of the Social Security program compared to the Trustees' 2009 report. The primary reasons for this improvement were legislative changes, particularly the estimated effects of the *Patient Protection and Affordable Care Act* and the *Health Care and Education Reconciliation Act of 2010*. Other report highlights included:

- The projected point at which tax revenues will permanently fall below program costs in 2015 – 1 year sooner than the estimate in last year's report;

- The projected point at which the trust funds will be exhausted is 2037 – the same as the estimate in last year’s report;
- The projected actuarial deficit over the 75-year long-range period is 1.92 percent of taxable payroll – down from 2 percent in last year’s report; and
- Over the 75-year period, the trust funds would require additional revenue equivalent to \$5.4 trillion in present value as of January 1, 2010, to pay all scheduled benefits.

See www.socialsecurity.gov/OACT/TR/2010 for the full [2010 Trustees Report](#).

Annual Report of the Supplemental Security Income Program

By law, we must report annually to the President and to Congress on the status of the Supplemental Security Income (SSI) program. The 2010 report, issued in August 2010, covered the 25-year period, 2010 to 2034. Significant findings stemming from our evaluation included:

- By 2034, the end of the 25-year projection period, we estimated the federal SSI recipient population will reach 9.9 million. The projected growth in the SSI program over the 25-year period is largely due to the overall growth in the U.S. population, although we expect the current fluctuating economy will temporarily generate additional growth beyond what we anticipated from historical trends. The percentage of the population receiving SSI is projected to vary somewhat by age group, with the percentage of those age 65 or older projected to decline, and the percentage for those under 65 projected to slightly increase;
- Expressed as a percentage of the total U.S. population, the number of federal SSI recipients increased slightly from 2.31 percent in 2008 to 2.36 percent in 2009 and is projected to increase gradually to 2.59 percent of the population by 2034 due largely to the changing age distribution of the population;
- Federal expenditures for the SSI payments in calendar year 2010 are estimated to increase by \$2.1 billion to \$48 billion, an increase of 4.5 percent from 2009 levels;

In constant 2010 dollars, federal expenditures for SSI payments are projected to increase to \$59.9 billion in 2034, a real increase of one percent per year; and Federal SSI expenditures expressed as a percentage of Gross Domestic Product (GDP) were 0.291 percent of GDP in 2008. Due to the fluctuating economy, expenditures as a percentage of GDP increased to 0.322 in 2009. We project these to increase slightly to 0.325 percent of GDP in 2010, but decline thereafter to 0.247 percent of the GDP by 2034.

To review the FY 2010 [Annual Report of the Supplemental Security Income Program](#), see www.socialsecurity.gov/OACT/ssir/SSI10/index.html.

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