



SOCIAL SECURITY

The Commissioner

September 30, 2020

The Honorable Charles E. Grassley
Chair, Committee on Finance
U.S. Senate
Washington, DC 20510

Dear Committee Chair Grassley:

Please find the enclosed report on continuing disability reviews (CDR) for fiscal year (FY) 2016. In FY 2016, we completed 2,107,139 periodic CDRs to ensure that only those beneficiaries who remain disabled continue to receive monthly benefits. Of this total, we completed 853,754 full medical CDRs.

We prioritized the cases that were most likely to have medical improvement so that we used our resources on the CDRs with the best rate of return. Based on these reviews in FY 2016, we made initial determinations that benefits should be ceased in 214,011 cases, most due to medical improvements and the ability to work. Our Office of the Chief Actuary estimates that, after all appeals, we will cease paying benefits to 147,343 individuals and their eligible dependents. We estimate the present value of future net Federal benefits saved for the Old-Age, Survivors, and Disability Insurance (OASDI), Supplemental Security Income (SSI), Medicare, and Medicaid programs to be \$14.4 billion.

We estimate that the CDR process yielded a savings-to-costs ratio averaging \$12.0 to \$1 for FYs 1998 through 2015. For FY 2016, we estimate that the CDR process yielded a savings-to-costs ratio of \$16.1 to \$1. The higher savings-to-costs ratio for FY 2016 is attributable to a variety of factors, including changes in the specific mix of CDR cases conducted, revised economic assumptions, refinements in the models used to estimate the CDR benefit savings, and variation in the cost of conducting these reviews.

The conference report accompanying Public Law 116-94, the *Further Consolidated Appropriations Act, 2020*, included a reporting requirement regarding our CDR process. Specifically, it requested an analysis of medical CDR prioritization by expected savings. To meet this requirement, the FY 2016 report includes this analysis in Appendix F.

If you have any questions, please do not hesitate to contact me or have your staff contact Eric Skidmore, our Deputy Commissioner for Legislation and Congressional Affairs, at (202) 358-6030.

I am also sending this report to the House Committee on Ways and Means.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrew Saul", written in a cursive style.

Andrew Saul
Commissioner

Enclosure

cc:

The Honorable Ron Wyden, Ranking Member



SOCIAL SECURITY

The Commissioner

September 30, 2020

The Honorable Richard E. Neal
Chair, Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Committee Chair Neal:

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Page 2 – The Honorable Richard E. Neal

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A handwritten signature in black ink, appearing to read "Andrew Saul", written in a cursive style.

Andrew Saul
Commissioner

Enclosure

cc:

The Honorable Kevin Brady, Ranking Member

**Annual Report
on
Medical Continuing Disability Reviews**



Fiscal Year 2016

ANNUAL REPORT ON MEDICAL CONTINUING DISABILITY REVIEWS FISCAL YEAR 2016

Overview

We perform medical continuing disability reviews (CDR)¹ to determine if disabled beneficiaries still meet the medical requirements for eligibility. We conduct two types of CDRs: full medical reviews and mailers. Using computer-scoring models, we identify adult cases for which there is a lower likelihood of demonstrating medical improvement. In those cases, we send a questionnaire (mailer) to the beneficiary in order to obtain additional information, which we then use to determine if a full medical review is appropriate. Full medical reviews are expensive because each one requires a new medical evaluation and disability determination.

In fiscal year (FY) 2016, we spent \$895 million² to complete 2,107,139 periodic CDRs. Of this total, we completed 1,253,385 mailer CDRs. We also completed 853,754 full medical reviews that resulted in 214,011 decisions to cease benefit payments, most due to medical improvement and the ability to work. Our Office of the Chief Actuary (OCAct) estimates that, after all appeals, we will cease paying benefits to 147,343 individuals, along with their eligible dependents. OCAct also estimates that the periodic CDRs completed in FY 2016 will result in a present value of \$14.4 billion in lifetime net Federal program benefits saved.^{3,4} For FY 2016, the estimated ratio of net program savings to administrative costs is approximately \$16.1 to \$1.⁵

Statutory Requirements

Section 221(i) of the Social Security Act (Act) requires an annual report to Congress on:

- periodic CDRs on Old-Age, Survivors, and Disability Insurance (OASDI) beneficiaries as mandated by the Social Security Disability Amendments of 1980; and
- determinations that the Commissioner of Social Security has made to waive the requirement that we review the continuing eligibility of disability beneficiaries with nonpermanent disabilities at least once every 3 years.

¹ Throughout this report, the term “CDR” will be used to refer exclusively to medical CDRs. Therefore, this report will not include any aspects concerning work CDRs. Some information on these work CDRs can be found in Appendix D.

² The \$895 million in FY 2016 administrative costs include the fully-loaded costs (including overhead) of periodic CDRs (mailer CDRs and full medical reviews funded from dedicated Program Integrity funding) as well as appeals of CDR cessations (reconsiderations, hearings, and Appeals Council reviews funded from base Limitation on Administrative Expenses funding).

³ Estimated Federal program benefit savings valued as of the end of FY 2016, including Medicare and Medicaid program effects. The Office of the Actuary in the Centers for Medicare and Medicaid Services provided the estimates for these programs.

⁴ Program “savings” in this context, and as used throughout this report, refers to the total amounts of benefits that would have been paid in the absence of the medical CDR process, and so represent total benefit payments that are avoided as a result of the additional consideration attributable to the CDR determination.

⁵ See the “Cost Effectiveness” section for a full description and explanation of this ratio.

This report fulfills the statutory reporting requirements regarding periodic CDRs for FY 2016. We also are reporting on periodic CDRs for Supplemental Security Income (SSI) recipients. Section 1614(a)(4) of the Act gives us discretionary authority to conduct periodic CDRs on SSI recipients. On September 28, 1994, we issued a Federal Register notice that we would begin conducting periodic SSI CDRs on October 1, 1994.

In addition, we provide: (1) data and information on periodic CDRs processed in FY 2016 in Appendix A; (2) detailed historical waterfall data and information on periodic CDRs processed in FYs 1993-2016 in Appendix B; (3) estimated Federal benefit savings resulting from periodic CDRs completed in FY 2016 in Appendix C; (4) data on CDRs initiated as the result of work and reported earnings in Appendix D; (5) a summary of CDR legislation in Appendix E; and (6) an analysis of CDR prioritization by estimated savings in Appendix F.⁶

The CDR Process

We conduct periodic CDRs to ensure that only those beneficiaries who remain disabled continue to receive monthly benefits. For case reviews that we initiate centrally when a medical review diary matures, we conduct periodic CDRs using one of two methods. We send some cases to the State disability determination services (DDS) for a full medical review; we complete others using the mailer process.⁷

We decide whether to initiate a full medical review or send a mailer after profiling all cases to identify the likelihood of medical improvement. We send cases with a higher likelihood of medical improvement to DDSs for full medical reviews. For those cases with a lower likelihood of medical improvement, we send mailers to obtain more information from the beneficiaries, which we evaluate to determine if there is any indication of medical improvement. If we find an indication of potential medical improvement, we send the case to a DDS for a full medical review. Otherwise, we reset a new medical review diary date and schedule the case for a future CDR.

We conduct some CDRs outside the centralized process based on events such as voluntary or third-party reports of medical improvement. We always send these CDRs to the DDSs for a full medical review. In addition, there is a subset of cases where the medical review diary matures but we curtail further development for technical reasons, such as the suspension or termination of benefits for non-medical reasons. We refer to these cases as “administrative closures.”

FY 2016 CDR Workload

In FY 2016, we completed 2,107,139 periodic CDRs, which resulted in 207,813 initial cessations and 6,198 terminations due to beneficiaries’ failure to cooperate (FTC) in the field office (FO) CDR process. Of the total 2,107,139 CDRs, we initiated 2,077,591 reviews under our centrally

⁶ The conference report accompanying Public Law 116-94, the *Further Consolidated Appropriations Act, 2020*, included a reporting requirement regarding our CDR process. Specifically, it requested an analysis of medical CDR prioritization by expected savings. To meet this requirement, we are including this appendix.

⁷ At this time, we do not use the mailer process for SSI disabled children and for SSI child recipients with a medical redetermination upon attainment of age 18 under the adult disability standard.

initiated review process. Of the 6,198 beneficiaries we terminated because of FO FTC, 6,005 were from centrally initiated CDRs and 193 from outside the centralized process. For determining cost effectiveness, we consider only those cases initiated under our centralized release process.

We released approximately 1,501,898 million CDR mailers. After reviewing profile data and the mailer responses, we completed 1,253,385 mailers, deferring a full medical review. We referred the cases we could not complete under the mailer process because of an indication of medical improvement to the DDSs for a full medical review.⁸

We completed 847,556 full medical CDRs. Of this total, we completed 818,201 centrally initiated reviews, 12,061 reviews initiated outside of our centralized process, and 17,294 administrative closures. We also reported 6,198 initial FO FTC terminations.⁹

We issued initial cessation determinations for 204,447 individuals or approximately 9.8 percent of the 2,077,591 centrally initiated reviews. We also terminated benefits in 6,005 FO FTC cases. OCA estimates that, after all appeals, these decisions will result in termination of benefits for 147,343 individuals.

The table in Appendix A shows a breakout by program of periodic CDRs processed in FY 2016 by mailer or full medical review, initial cessations, initial FO FTC terminations, estimated cessations after all appeals, estimated final FO FTC terminations, and estimated total final cessations and terminations after all appeals. See Appendix B for additional information on the results of periodic centrally initiated CDRs.

Section 221(i)(2) of the Act authorizes the Commissioner to waive the requirement to conduct legislatively mandated periodic CDRs on a State-by-State basis after consultation with the State DDS. A waiver in this context refers to our administrative discretion to determine the appropriate number of cases we will review on a State-by-State basis.¹⁰

In determining the appropriate number of CDR cases to review, we consider the backlog of pending reviews, the projected number of new disability applications, the projected staffing levels in each DDS, and the availability of medical consultants and other resources. Thus, our annual budget request, related performance documents, and annual Congressional Operating Plan include the number of CDRs we can complete.

Estimated Savings

For the estimated 147,343 final cessations, resulting from centrally initiated periodic CDRs in

⁸ We did not work all mailers released in FY 2016. Because of the time needed to complete a case, we worked some mailers released in FY 2015, and some mailers released in FY 2016 were pending at the end of the fiscal year. We will report these cases in future reports.

⁹ Beneficiaries who failed to comply with our FO's request for necessary information during the CDR have had their eligibility for disability benefits terminated after 12 consecutive months of suspension for non-compliance. We report FTC events that occur after the reviews are underway in the full medical review column of the chart in Appendix A.

¹⁰ 20 C.F.R. §§ 404.1590(g), 416.990(g).

the DDSs and FOs, we estimate:

- Over the period FY 2015-FY 2025, net Federal benefit reductions for the OASDI, SSI, Medicare, and Medicaid programs will be about \$10.1 billion;
- The present value of future net Federal benefits saved for the OASDI, SSI, Medicare, and Medicaid programs is \$14.4 billion, valued as of the end of FY 2016; and
- Net savings for the 25-year and 75-year periods to be less than 0.005 percent of taxable payroll for the OASDI and Medicare programs, for reviews initiated under the OASDI program.

We provide year-by-year estimates and estimates by program in Appendix C. These estimates do not include savings from an additional 3,366 initial DDS cessations resulting from 12,061 CDRs we did not initiate centrally, or from 193 FO terminations that resulted from FO FTC determinations for CDRs that we did not initiate centrally.

Cost Effectiveness

As we have reported to the Congress every year since 1997, our periodic CDR process has consistently yielded a favorable estimated ratio of net benefit savings to administrative costs, although those estimated savings-to-cost ratios have varied over time. That variation is the result of changes in the cost and efficiency of conducting CDRs, the scheduling of CDRs, the distribution of CDRs by program and type of beneficiary (e.g., OASDI vs. SSI; SSI adults vs. SSI children), and the estimates of the resulting net Federal benefit savings for CDRs with an initial decision completed in the year. The ratio of net benefit savings to administrative costs computed for each fiscal year reflects (1) estimated net future lifetime Federal benefit savings for the CDRs with an initial decision completed in that year, and (2) the total administrative cost incurred in that year for conducting all CDRs in process at any stage in the year (including cases in process of an appeal), regardless of when the initial decision has been or will be completed.

Prior to the implementation of the current CDR profiling process for case selection and the addition of SSI-only cases to the CDR process, we estimated that we achieved \$3 in net OASDI and Medicare program savings on average per \$1 in administrative costs invested in full medical CDRs. We estimated that the addition of the mailer process in 1993 doubled this ratio to approximately \$6 to \$1. Beginning in 1996, with the addition of many more SSI-only cases to the CDR workload, the provision for special funding to complete CDRs,¹¹ and accounting for the Federal share of net Medicaid savings that result from conducting CDRs on SSI recipients, the estimated savings-to-cost ratios have fluctuated up and down. From FY 2003 through FY 2008, with no dedicated program integrity (PI) funding our estimated savings-to-cost ratios increased as we processed fewer CDRs and focused our resources on the CDRs scored as most likely to have medical improvement. From FY 2009 through FY 2013, we received a relatively level amount of PI funding with a substantial increase to that funding in FY 2014. With sustained PI funding our estimated savings-to-cost ratios have generally increased over the last few years,

¹¹ Public Law (P.L.) 104-121, the *Contract with America Advancement Act of 1996*, enacted on March 29, 1996, provided for an adjustment in the discretionary spending caps to increase funding for periodic CDRs for FY 1996 through FY 2002.

reaching a level of about \$14.1 to \$1 reported for FY 2014. In FY 2015, the estimated savings-to-cost ratio reached \$19.9 to \$1. As described in our report on CDRs with initial decisions in FY 2015, there were a variety of reasons for the increase from FY 2014 to FY 2015. However, the increase was largely attributable to the timing of the processing of the initial decisions of CDRs in FY 2014 and FY 2015. Over the period FYs 1996 through 2015, these estimated ratios have averaged slightly over \$12.0 to \$1.

For FY 2016, we compute the ratio of Federal benefit program savings from CDR cessations to CDR administrative costs in the year to be approximately \$16.1 to \$1. This ratio is computed by dividing (1) \$14.4 billion—the estimated present value of the total net reduction in lifetime OASDI, Federal SSI, Medicare, and Federal Medicaid benefits from periodic CDRs with an initial cessation in FY 2016, valued as of the end of FY 2016—by (2) the \$895 million we spent in FY 2016 to conduct periodic CDRs.

As noted in our prior CDR reports to the Congress, the ratio of net benefit savings to administrative cost as computed is a rough approximation of the true savings-to-cost ratio for CDRs completed in FY 2016. This is because the administrative costs are not directly aligned with the cases used for the estimates of net program savings. The \$14.4 billion net savings in the numerator of the ratio is the present value of net Federal benefit savings in all future years estimated to result from CDRs with an initial cessation in FY 2016, valued as of the end of FY 2016. By contrast, the \$895 million in administrative costs in the denominator of the ratio is the estimated total amount spent in FY 2016 on all CDR activity resulting from CDRs with any initial cessation year. Therefore, the change in the ratio of net Federal benefit savings to administrative costs should be viewed over a period of several years, understanding that the change from one year to the next will often be more or less than the general trend in the ratio.

Much of the decrease in the savings-to-cost ratio for FY 2016 from the reported ratio for FY 2015 is the result of the timing of the processing of the initial decision of CDRs in FY 2016 returning to more typical patterns in FY 2016. Preliminary work on a CDR at the FO or DDS is often started in the year prior to the year an initial decision is issued, and work associated with the appeal of an initial cessation often occurs in one or more years following the year of the initial cessation. In FY 2015, the number of CDR initial decisions increased substantially. A substantial amount of preparatory work was done in FY 2014 for the initial CDR decisions that were made in FY 2015, more so than is typical in a year, and so the costs of this preparatory work were associated with the FY 2014 initial decisions rather than with the FY 2015 decisions. In FY 2016, due to the substantial increase in the number of CDR initial decisions in FY 2015, the capacity for performing preparatory work in FY 2015 for FY 2016 decisions was significantly reduced and represents a more typical pattern of CDR processing. Relative to FY 2015, the costs associated with the work on CDRs in FY 2016 is more closely aligned to the year in which the initial decision on the CDR is made, and therefore the measure of the savings-to-cost ratio is a closer approximation to the true savings-to-cost ratio.

In addition, costs for all future appeals from the large number of initial cessations in FY 2016 are not fully reflected in the \$895 million administrative cost figure for FY 2016, thus likely understating the costs associated with the initial decisions in FY 2016, and correspondingly overstating the true savings-to-cost ratio for FY 2016 initial CDR decisions. To some extent, this shifting of work and costs between fiscal years happens every fiscal year, and was magnified in FY 2015 with the large increase in CDRs completed in FY 2015. In FY 2016, the number of

CDRs completed increased again, which again contributes to a shifting of costs associated with initial decisions in FY 2016.

Quality Assurance

During FY 2016, our Quality Assurance (QA) review of 23,342 periodic CDRs handled by the DDSs showed an overall performance accuracy rate for continuances and cessations of 97.1 percent. Specifically, FY 2016 QA reviews reflect the following:

QA Review Results		
Program	Number Reviewed	Accuracy Rate
OASDI only	6,828	96.9
SSI only	14,607	97.3
Concurrent (both OASDI and SSI)	1,907	96.7

Conclusion

During the past 21 fiscal years, we completed 29.2 million periodic CDRs. For part of this 21-year period, we completed large numbers of backlogged periodic CDRs in order to become current with our periodic CDR workload by the end of FY 2002. We met this objective without significantly affecting other key workloads because Congress provided additional funding for periodic CDRs outside the discretionary spending caps from FY 1996 to FY 2002. In addition, we made improvements in the periodic CDR profiling process, resulting not only in an increased number of periodic CDRs processed by mailers, but also in the ability to prioritize the initiation of full medical reviews.

The Bipartisan Budget Act (BBA) of 2015¹² includes a provision that authorizes a stream of funding for our agency, which would enable us to significantly expand our program integrity work. In recent years, we have received increased program integrity funding and further reduced the CDR backlog. We are pleased to report that, as of the end of FY 2018, we are now current with CDRs. If that funding continues to be provided to us by future appropriations, the resources would enable us to continue to remain current with full medical CDRs, and thus help ensure that only those individuals eligible for OASDI and SSI disability benefits continue to receive them. Based on the high savings-to-costs ratio yielded from conducting medical CDRs, the BBA funding will help us to continue to yield a significant positive return on that investment.

¹² P. L. 114-74, 129 Stat. 584.

Periodic Continuing Disability Reviews (CDR) Processed in FY 2016

Program involvement	CDRs Processed				CDR cessations/terminations			
	Total CDRs processed	Mailers only	Initial FO FTC terminations ^a	Full medical reviews	Cessations from full medical reviews	Estimated cessations after appeals	Estimated final FO FTC terminations	Estimated total final cessations/terminations
I. Periodic CDRs (initiated centrally)								
Total OASDI ^b	1,257,823	974,948	2,068	280,807	43,940	21,354	1,968	23,322
OASDI Only	1,005,338	797,658	1,553	206,127	31,411	15,182	1,493	16,675
Disabled workers	920,036	721,198	1,436	197,402	30,308	14,566	1,385	15,951
Auxiliaries and survivors	85,302	76,460	117	8,725	1,103	616	108	724
Concurrent OASDI and SSI	252,485	177,290	515	74,680	12,529	6,172	475	6,647
Disabled workers	185,623	122,945	360	62,318	10,436	5,059	323	5,382
Auxiliaries and survivors	66,862	54,345	155	12,362	2,093	1,113	152	1,265
Total SSI Only	819,768	278,437	3,937	537,394	160,507	120,119	3,902	124,021
Disabled adults	459,026	278,437	688	179,901	27,562	14,693	675	15,368
Disabled children	360,742	0	3,249	357,493	132,945	105,426	3,227	108,653
Low birth weight	15,680	0	397	15,283	8,880	7,751	397	8,148
Age 18 redeterminations	82,230	0	1,205	81,025	46,101	38,578	1,196	39,774
Other SSI children	262,832	0	1,647	261,185	77,964	59,097	1,634	60,731
Total OASDI and SSI (initiated)	2,077,591	1,253,385	6,005	818,201	204,447	141,473	5,870	147,343

Periodic Continuing Disability Reviews (CDR) Processed in FY 2016

	CDRs Processed				CDR cessations/terminations			
	Total CDRs processed	Mailers only	Initial FO FTC terminations ^a	Full medical reviews	Cessations from full medical reviews		Estimated final FO FTC terminations	Estimated total final cessations/terminations
Program involvement centrally)					Initial cessations	Estimated cessations after appeals		
.....								
II. Other Periodic CDRs ^c (not initiated centrally)								
.....	12,254	0	193	12,061	3,366	(d)	(d)	(d)
III. Administrative Closures ^e								
.....	17,294	0	0	17,294	0	N/A	N/A	N/A
Total Periodic CDRs	2,107,139	1,253,385	6,198	847,556	207,813	N/A	N/A	N/A

- a Beneficiaries who failed to comply with our request for necessary information during the CDR have had their eligibility for disability benefits terminated after 12 consecutive months of suspension for noncompliance. We report failure to cooperate (FTC) events that occur after the reviews are underway in the full medical review column.
- b Old-Age, Survivors, and Disability Insurance (OASDI) program under title II of the Social Security Act.
- c Other periodic CDR cases are reviews initiated for reasons other than the maturing of a medical review diary. Examples of such cases are voluntary beneficiary/recipient reports or third party reports indicating that the individual may no longer be disabled.
- d Due to the unavailability of appellate information for the other periodic CDRs, we have not estimated final cessations.
- e Administrative closures are cases initiated as periodic CDRs, but for which we curtailed development for technical reasons, such as the suspension or termination of benefits for other reasons, including the death of the beneficiary.

HISTORICAL EXPERIENCE UNDER THE CONTINUING DISABILITY REVIEW PROCESS

Following enactment of the Social Security Disability Amendments of 1980, section 221(i) of the Social Security Act (Act) generally requires us to review the continuing eligibility of disabled beneficiaries entitled to benefits under the Old-Age, Survivors, and Disability Insurance (OASDI) programs (title II of the Act) at least once every 3 years. A similar requirement was not established at that time for disabled Supplemental Security Income (SSI) recipients under title XVI of the Act. Although the Committee on Finance of the Senate stated in its report on this legislation that we should apply the same continuing disability review (CDR) procedures with respect to both the OASDI and SSI programs, the Act does not specifically require SSI adult CDRs similar to OASDI. The Act, however, does mandate certain types of SSI reviews including: (1) using adult eligibility criteria to redetermine the eligibility of all SSI child recipients who reach age 18; and (2) conducting CDRs for SSI low birth weight children not later than 12 months after birth. Under both the OASDI and SSI programs, we cannot initiate CDRs for individuals actively participating in certain return to work programs.

In order to handle the large CDR workload mandated under these various provisions, beginning in 1993 we developed a procedure to screen certain cases scheduled for a CDR using the results of a profiling process including a mailer questionnaire for some cases. Table B1 indicates the numbers of cases for which we completed a scheduled CDR with a mailer questionnaire that resulted in the deferral of a full medical review. These numbers of mailer deferrals are shown graphically, along with the annual number of all centrally initiated full medical reviews, in figure B1. In 2007, we implemented a streamlined failure to cooperate (FTC) process for medical CDRs. Under this process beneficiaries who fail to comply with field office requests for information necessary for completing their medical CDRs have their benefits suspended. Subsequently, we terminate their eligibility for disability benefits after 12 consecutive months of suspension of benefits for noncompliance. The streamlined FTC process resulted in the initial termination of 6,005 centrally initiated medical CDRs in fiscal year (FY) 2016.

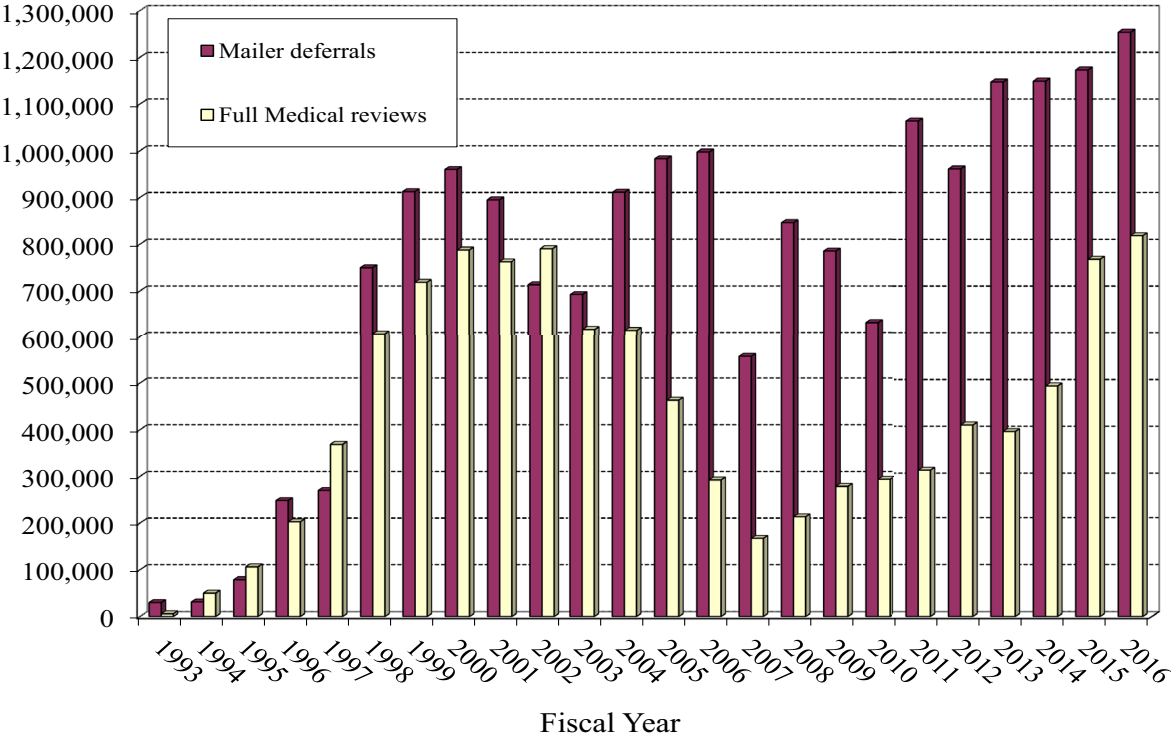
**Table B1.—Cases for Which a Full Medical Review Was Deferred
Based on the Results of the Mailer Profile Process**

Fiscal year	Title II	Title XVI	Total
1993.....	29,691	—	29,691
1994.....	30,995	—	30,995
1995.....	78,435	—	78,435
1996.....	191,738	56,290	248,028
1997.....	167,759	101,856	269,615
1998.....	585,267	164,116	749,383
1999.....	503,186	409,111	912,297
2000.....	698,579	261,129	959,708
2001.....	541,491	353,138	894,629
2002.....	508,028	204,872	712,900
2003.....	569,093	122,853	691,946
2004.....	725,478	185,522	911,000
2005.....	637,226	345,402	982,628
2006.....	782,008	215,050	997,058
2007.....	454,096	103,119	557,215
2008.....	696,326	149,589	845,915
2009.....	537,373	247,650	785,023
2010.....	455,257	176,358	631,615
2011.....	889,284	174,121	1,063,405
2012.....	711,643	249,426	961,069
2013.....	939,470	207,477	1,146,947
2014.....	889,603	259,235	1,148,838
2015.....	983,332	189,467	1,172,799
2016.....	974,948	278,437	1,253,385

Tables B2-B6 present the latest available summary of results on centrally initiated full medical reviews performed under titles II and XVI since 1993. We tabulate the data shown in these tables on a cohort basis by the date of initial decision. In particular the tables do not include:

- administrative closures—cases for which we curtail development for technical reasons;
- CDRs initiated as the result of work activity on the part of the beneficiary/recipient; and
- miscellaneous other CDRs processed by the State disability determination services (DDS) but not as part of the centrally initiated CDR scheduling process (e.g., voluntary and third-party reports of medical improvement, post-transplant end-stage renal disease cases, and vocational rehabilitation reports).

Figure B1.—Periodic CDRs Processed in FYs 1993-2016 ^a



^a Excludes FTC terminations processed in FYs 2007 and later (6,005 in FY 2016).

Table B2.—Title II Disabled Worker Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement

Fiscal year of initial DDS decision	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c
Title II only reviews							
1993	4,584	4,228	92.2	356	7.8	227	63.8
1994	37,649	31,016	82.4	6,633	17.6	4,310	65.0
1995	77,105	59,775	77.5	17,330	22.5	11,870	68.5
1996	101,297	82,572	81.5	18,725	18.5	12,434	66.4
1997	191,298	161,537	84.4	29,761	15.6	20,581	69.2
1998	300,992	265,545	88.2	35,447	11.8	24,418	68.9
1999	227,060	204,390	90.0	22,670	10.0	14,131	62.3
2000	282,672	259,315	91.7	23,357	8.3	14,252	61.0
2001	333,894	311,140	93.2	22,754	6.8	13,543	59.5
2002	266,844	243,161	91.1	23,683	8.9	13,609	57.5
2003	134,441	118,671	88.3	15,770	11.7	8,531	54.1
2004	132,993	117,449	88.3	15,544	11.7	8,320	53.5
2005	133,945	117,147	87.5	16,798	12.5	8,940	53.2
2006	103,645	91,210	88.0	12,435	12.0	6,647	53.5
2007	40,703	35,162	86.4	5,541	13.6	3,092	55.8
2008	71,150	64,057	90.0	7,093	10.0	4,208	59.3
2009	77,551	71,308	91.9	6,243	8.1	3,745	60.0
2010	84,835	76,965	90.7	7,870	9.3	4,900	62.3
2011	97,696	86,041	88.1	11,655	11.9	6,930	59.5
2012	139,251	119,297	85.7	19,954	14.3	12,063	60.5
2013	136,828	118,862	86.9	17,966	13.1	11,904	66.3
2014	180,706	156,280	86.5	24,426	13.5	17,343	71.0
2015	201,981	169,930	84.1	32,051	15.9	22,595	70.5
2016	197,402	167,094	84.6	30,308	15.4	20,229	66.7
Title II reviews involving title XVI recipients							
1993	1,143	1,083	94.8	60	5.2	52	86.7
1994	10,945	9,127	83.4	1,818	16.6	1,253	68.9
1995	16,736	12,484	74.6	4,252	25.4	2,905	68.3
1996	26,884	20,636	76.8	6,248	23.2	4,119	65.9
1997	51,466	40,741	79.2	10,725	20.8	7,344	68.5
1998	81,185	68,533	84.4	12,652	15.6	8,723	68.9
1999	60,864	51,928	85.3	8,936	14.7	5,432	60.8
2000	81,824	71,924	87.9	9,900	12.1	5,817	58.8
2001	91,817	82,540	89.9	9,277	10.1	5,589	60.2
2002	87,893	77,305	88.0	10,588	12.0	6,395	60.4
2003	61,548	53,480	86.9	8,068	13.1	4,860	60.2
2004	73,839	65,249	88.4	8,590	11.6	5,331	62.1
2005	70,371	61,436	87.3	8,935	12.7	5,399	60.4
2006	62,642	55,469	88.5	7,173	11.5	4,298	59.9
2007	23,237	19,991	86.0	3,246	14.0	1,998	61.6
2008	35,914	32,125	89.4	3,789	10.6	2,467	65.1
2009	35,099	32,191	91.7	2,908	8.3	1,948	67.0
2010	32,419	29,000	89.5	3,419	10.5	2,287	66.9
2011	28,597	25,017	87.5	3,580	12.5	2,318	64.7
2012	38,306	32,488	84.8	5,818	15.2	3,824	65.7
2013	39,475	34,044	86.2	5,431	13.8	3,833	70.6
2014	49,898	42,699	85.6	7,199	14.4	5,296	73.6
2015	58,623	48,103	82.1	10,520	17.9	7,636	72.6
2016	62,318	51,882	83.3	10,436	16.7	7,395	70.9

Table B2.—Title II Disabled Worker Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c
Total reviews, title II disabled workers							
1993	5,727	5,311	92.7	416	7.3	279	67.1
1994	48,594	40,143	82.6	8,451	17.4	5,563	65.8
1995	93,841	72,259	77.0	21,582	23.0	14,775	68.5
1996	128,181	103,208	80.5	24,973	19.5	16,553	66.3
1997	242,764	202,278	83.3	40,486	16.7	27,925	69.0
1998	382,177	334,078	87.4	48,099	12.6	33,141	68.9
1999	287,924	256,318	89.0	31,606	11.0	19,563	61.9
2000	364,496	331,239	90.9	33,257	9.1	20,069	60.3
2001	425,711	393,680	92.5	32,031	7.5	19,132	59.7
2002	354,737	320,466	90.3	34,271	9.7	20,004	58.4
2003	195,989	172,151	87.8	23,838	12.2	13,391	56.2
2004	206,832	182,698	88.3	24,134	11.7	13,651	56.6
2005	204,316	178,583	87.4	25,733	12.6	14,339	55.7
2006	166,287	146,679	88.2	19,608	11.8	10,945	55.8
2007	63,940	55,153	86.3	8,787	13.7	5,090	57.9
2008	107,064	96,182	89.8	10,882	10.2	6,675	61.3
2009	112,650	103,499	91.9	9,151	8.1	5,693	62.2
2010	117,254	105,965	90.4	11,289	9.6	7,187	63.7
2011	126,293	111,058	87.9	15,235	12.1	9,248	60.7
2012	177,557	151,785	85.5	25,772	14.5	15,887	61.6
2013	176,303	152,906	86.7	23,397	13.3	15,737	67.3
2014	230,604	198,979	86.3	31,625	13.7	22,639	71.6
2015	260,604	218,033	83.7	42,571	16.3	30,231	71.0
2016	259,720	218,976	84.3	40,744	15.7	27,624	67.8

Table B2.—Title II Disabled Worker Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Reconsiderations						Appeals beyond reconsideration ^d			
	Continuations			Cessations	Appeals to beyond reconsideration		Continuations			Cessations
	Pending	Number	Percent ^b		Number ^c	Percent ^c	Pending	Number	Percent	
Title II only reviews										
1993	—	86	37.9	141	66	46.8	—	37	56.1	29
1994	—	1,799	41.7	2,511	1,399	55.7	—	736	52.6	663
1995	—	5,407	45.6	6,463	3,781	58.5	—	1,763	46.6	2,018
1996	—	6,181	49.7	6,253	3,752	60.0	—	1,692	45.1	2,060
1997	—	13,243	64.3	7,338	5,587	76.1	—	2,795	50.0	2,792
1998	—	16,849	69.0	7,569	5,867	77.5	—	3,123	53.2	2,744
1999	—	10,045	71.1	4,086	2,999	73.4	—	1,557	51.9	1,442
2000	—	10,112	71.0	4,140	2,771	66.9	—	1,382	49.9	1,389
2001	—	9,694	71.6	3,849	2,316	60.2	—	1,141	49.3	1,175
2002	—	9,676	71.1	3,933	2,577	65.5	—	1,273	49.4	1,304
2003	—	5,865	68.7	2,666	1,746	65.5	—	824	47.2	922
2004	—	5,518	66.3	2,802	1,893	67.6	—	902	47.6	991
2005	—	6,087	68.1	2,853	1,969	69.0	—	996	50.6	973
2006	—	4,364	65.7	2,283	1,699	74.4	—	863	50.8	836
2007	—	2,160	69.9	932	676	72.5	—	322	47.6	354
2008	—	2,946	70.0	1,262	996	78.9	—	504	50.6	492
2009	1	2,710	72.4	1,034	752	72.7	—	326	43.4	426
2010	1	3,443	70.3	1,456	1,125	77.3	—	479	42.6	646
2011	—	4,585	66.2	2,345	1,784	76.1	1	701	39.3	1,082
2012	1	7,740	64.2	4,322	3,223	74.6	18	1,221	38.1	1,984
2013	14	7,845	66.0	4,045	2,987	73.8	205	1,019	36.6	1,763
2014	105	11,405	66.2	5,833	4,220	72.3	1,180	1,175	38.7	1,865
2015	1,164	14,089	65.7	7,342	4,875	66.4	3,442	512	35.7	921
2016	7,817	9,156	73.8	3,256	1,785	54.8	1,670	42	36.5	73
Title II reviews involving title XVI recipients										
1993	—	22	42.3	30	14	46.7	—	9	64.3	5
1994	—	541	43.2	712	399	56.0	—	177	44.4	222
1995	—	1,245	42.9	1,660	1,007	60.7	—	382	37.9	625
1996	—	1,875	45.5	2,244	1,313	58.5	—	427	32.5	886
1997	—	4,297	58.5	3,047	2,257	74.1	—	973	43.1	1,284
1998	—	5,503	63.1	3,220	2,466	76.6	—	1,158	47.0	1,308
1999	—	3,464	63.8	1,968	1,388	70.5	—	632	45.5	756
2000	—	3,778	64.9	2,039	1,315	64.5	—	578	44.0	737
2001	—	3,754	67.2	1,835	1,076	58.6	—	429	39.9	647
2002	—	4,330	67.7	2,065	1,312	63.5	—	554	42.2	758
2003	—	3,201	65.9	1,659	1,062	64.0	—	445	41.9	617
2004	—	3,411	64.0	1,920	1,304	67.9	—	551	42.3	753
2005	—	3,484	64.5	1,915	1,374	71.7	—	612	44.5	762
2006	—	2,742	63.8	1,556	1,156	74.3	—	528	45.7	628
2007	—	1,350	67.6	648	502	77.5	—	223	44.4	279
2008	—	1,671	67.7	796	618	77.6	—	269	43.5	349
2009	—	1,336	68.6	612	484	79.1	—	180	37.2	304
2010	—	1,538	67.2	749	573	76.5	—	200	34.9	373
2011	—	1,428	61.6	890	688	77.3	—	205	29.8	483
2012	—	2,282	59.7	1,542	1,187	77.0	3	353	29.8	831
2013	3	2,318	60.5	1,512	1,115	73.7	92	291	28.4	732
2014	36	3,159	60.1	2,101	1,547	73.6	442	293	26.5	812
2015	380	4,418	60.9	2,838	1,913	67.4	1,397	122	23.6	394
2016	2,816	3,221	70.3	1,358	730	53.8	700	6	20.0	24

Table B2.—Title II Disabled Worker Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Reconsiderations						Appeals beyond reconsideration ^d			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^b		Number ^c	Percent ^c		Number	Percent	
Total reviews, title II disabled workers										
1993	—	108	38.7	171	80	46.8	—	46	57.5	34
1994	—	2,340	42.1	3,223	1,798	55.8	—	913	50.8	885
1995	—	6,652	45.0	8,123	4,788	58.9	—	2,145	44.8	2,643
1996	—	8,056	48.7	8,497	5,065	59.6	—	2,119	41.8	2,946
1997	—	17,540	62.8	10,385	7,844	75.5	—	3,768	48.0	4,076
1998	—	22,352	67.4	10,789	8,333	77.2	—	4,281	51.4	4,052
1999	—	13,509	69.1	6,054	4,387	72.5	—	2,189	49.9	2,198
2000	—	13,890	69.2	6,179	4,086	66.1	—	1,960	48.0	2,126
2001	—	13,448	70.3	5,684	3,392	59.7	—	1,570	46.3	1,822
2002	—	14,006	70.0	5,998	3,889	64.8	—	1,827	47.0	2,062
2003	—	9,066	67.7	4,325	2,808	64.9	—	1,269	45.2	1,539
2004	—	8,929	65.4	4,722	3,197	67.7	—	1,453	45.4	1,744
2005	—	9,571	66.7	4,768	3,343	70.1	—	1,608	48.1	1,735
2006	—	7,106	64.9	3,839	2,855	74.4	—	1,391	48.7	1,464
2007	—	3,510	69.0	1,580	1,178	74.6	—	545	46.3	633
2008	—	4,617	69.2	2,058	1,614	78.4	—	773	47.9	841
2009	1	4,046	71.1	1,646	1,236	75.1	—	506	40.9	730
2010	1	4,981	69.3	2,205	1,698	77.0	—	679	40.0	1,019
2011	—	6,013	65.0	3,235	2,472	76.4	1	906	36.7	1,565
2012	1	10,022	63.1	5,864	4,410	75.2	21	1,574	35.9	2,815
2013	17	10,163	64.7	5,557	4,102	73.8	297	1,310	34.4	2,495
2014	141	14,564	64.7	7,934	5,767	72.7	1,622	1,468	35.4	2,677
2015	1,544	18,507	64.5	10,180	6,788	66.7	4,839	634	32.5	1,315
2016	10,633	12,377	72.8	4,614	2,515	54.5	2,370	48	33.1	97

Table B2.—Title II Disabled Worker Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Title II only reviews							
1993	4,584	4,351	—	233	94.9	—	5.1
1994	37,649	33,551	—	4,098	89.1	—	10.9
1995	77,105	66,945	—	10,160	86.8	—	13.2
1996	101,297	90,445	—	10,852	89.3	—	10.7
1997	191,298	177,575	—	13,723	92.8	—	7.2
1998	300,992	285,517	—	15,475	94.9	—	5.1
1999	227,060	215,992	—	11,068	95.1	—	4.9
2000	282,672	270,809	—	11,863	95.8	—	4.2
2001	333,894	321,975	—	11,919	96.4	—	3.6
2002	266,844	254,110	—	12,734	95.2	—	4.8
2003	134,441	125,360	—	9,081	93.2	—	6.8
2004	132,993	123,869	—	9,124	93.1	—	6.9
2005	133,945	124,230	—	9,715	92.7	—	7.3
2006	103,645	96,437	—	7,208	93.0	—	7.0
2007	40,703	37,644	—	3,059	92.5	—	7.5
2008	71,150	67,507	—	3,643	94.9	—	5.1
2009	77,551	74,344	1	3,206	95.9	f	4.1
2010	84,835	80,887	1	3,947	95.3	f	4.7
2011	97,696	91,327	1	6,368	93.5	f	6.5
2012	139,251	128,258	19	10,974	92.1	f	7.9
2013	136,828	127,726	219	8,883	93.3	0.2	6.5
2014	180,706	168,860	1,285	10,561	93.4	.7	5.8
2015	201,981	184,531	4,606	12,844	91.4	2.3	6.4
2016	197,402	176,292	9,487	11,623	89.3	4.8	5.9
Title II reviews involving title XVI recipients							
1993	1,143	1,114	—	29	97.5	—	2.5
1994	10,945	9,845	—	1,100	89.9	—	10.1
1995	16,736	14,111	—	2,625	84.3	—	15.7
1996	26,884	22,938	—	3,946	85.3	—	14.7
1997	51,466	46,011	—	5,455	89.4	—	10.6
1998	81,185	75,194	—	5,991	92.6	—	7.4
1999	60,864	56,024	—	4,840	92.0	—	8.0
2000	81,824	76,280	—	5,544	93.2	—	6.8
2001	91,817	86,723	—	5,094	94.5	—	5.5
2002	87,893	82,189	—	5,704	93.5	—	6.5
2003	61,548	57,126	—	4,422	92.8	—	7.2
2004	73,839	69,211	—	4,628	93.7	—	6.3
2005	70,371	65,532	—	4,839	93.1	—	6.9
2006	62,642	58,739	—	3,903	93.8	—	6.2
2007	23,237	21,564	—	1,673	92.8	—	7.2
2008	35,914	34,065	—	1,849	94.9	—	5.1
2009	35,099	33,707	—	1,392	96.0	—	4.0
2010	32,419	30,738	—	1,681	94.8	—	5.2
2011	28,597	26,650	—	1,947	93.2	—	6.8
2012	38,306	35,123	3	3,180	91.7	f	8.3
2013	39,475	36,653	95	2,727	92.9	.2	6.9
2014	49,898	46,151	478	3,269	92.5	1.0	6.6
2015	58,623	52,643	1,777	4,203	89.8	3.0	7.2
2016	62,318	55,109	3,516	3,693	88.4	5.6	5.9

Table B2.—Title II Disabled Worker Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Total reviews, title II disabled workers							
1993	5,727	5,465	—	262	95.4	—	4.6
1994	48,594	43,396	—	5,198	89.3	—	10.7
1995	93,841	81,056	—	12,785	86.4	—	13.6
1996	128,181	113,383	—	14,798	88.5	—	11.5
1997	242,764	223,586	—	19,178	92.1	—	7.9
1998	382,177	360,711	—	21,466	94.4	—	5.6
1999	287,924	272,016	—	15,908	94.5	—	5.5
2000	364,496	347,089	—	17,407	95.2	—	4.8
2001	425,711	408,698	—	17,013	96.0	—	4.0
2002	354,737	336,299	—	18,438	94.8	—	5.2
2003	195,989	182,486	—	13,503	93.1	—	6.9
2004	206,832	193,080	—	13,752	93.4	—	6.6
2005	204,316	189,762	—	14,554	92.9	—	7.1
2006	166,287	155,176	—	11,111	93.3	—	6.7
2007	63,940	59,208	—	4,732	92.6	—	7.4
2008	107,064	101,572	—	5,492	94.9	—	5.1
2009	112,650	108,051	1	4,598	95.9	f	4.1
2010	117,254	111,625	1	5,628	95.2	f	4.8
2011	126,293	117,977	1	8,315	93.4	f	6.6
2012	177,557	163,381	22	14,154	92.0	f	8.0
2013	176,303	164,379	314	11,610	93.2	0.2	6.6
2014	230,604	215,011	1,763	13,830	93.2	.8	6.0
2015	260,604	237,174	6,383	17,047	91.0	2.4	6.5
2016	259,720	231,401	13,003	15,316	89.1	5.0	5.9

^a Data reflect results as of February 2017. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b Percentage of decisions at this level.

^c Percentage of cessations at this level appealed to next level.

^d We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^e Number of persons appealing beyond the reconsideration level.

^f Less than 0.05 percent.

Source: Social Security Administration, Office of Operations.

Table B3.—Title II Disabled Adult Children Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement

Fiscal year of initial DDS decision	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c
Title II only reviews							
1999	26,006	24,611	94.6	1,395	5.4	642	46.0
2000	21,341	20,040	93.9	1,301	6.1	671	51.6
2001	18,878	18,056	95.6	822	4.4	412	50.1
2002	14,528	13,770	94.8	758	5.2	389	51.3
2003	8,112	7,393	91.1	719	8.9	367	51.0
2004	7,104	6,504	91.6	600	8.4	298	49.7
2005	7,767	7,113	91.6	654	8.4	322	49.2
2006	7,485	6,954	92.9	531	7.1	245	46.1
2007	2,582	2,376	92.0	206	8.0	100	48.5
2008	3,519	3,314	94.2	205	5.8	117	57.1
2009	5,554	5,307	95.6	247	4.4	137	55.5
2010	6,979	6,560	94.0	419	6.0	219	52.3
2011	8,582	7,769	90.5	813	9.5	471	57.9
2012	13,012	11,797	90.7	1,215	9.3	741	61.0
2013	10,779	9,772	90.7	1,007	9.3	647	64.3
2014	10,181	9,017	88.6	1,164	11.4	753	64.7
2015	11,232	9,623	85.7	1,609	14.3	1,036	64.4
2016	8,178	7,118	87.0	1,060	13.0	610	57.5
Title II reviews involving title XVI recipients							
1999	19,524	18,015	92.3	1,509	7.7	759	50.3
2000	23,146	21,254	91.8	1,892	8.2	1,014	53.6
2001	17,766	16,406	92.3	1,360	7.7	673	49.5
2002	15,436	14,173	91.8	1,263	8.2	677	53.6
2003	10,336	9,269	89.7	1,067	10.3	570	53.4
2004	10,547	9,571	90.7	976	9.3	554	56.8
2005	9,943	8,981	90.3	962	9.7	519	54.0
2006	8,987	8,138	90.6	849	9.4	467	55.0
2007	3,172	2,847	89.8	325	10.2	152	46.8
2008	4,051	3,690	91.1	361	8.9	190	52.6
2009	6,263	5,803	92.7	460	7.3	260	56.5
2010	7,212	6,612	91.7	600	8.3	352	58.7
2011	8,889	7,876	88.6	1,013	11.4	621	61.3
2012	12,129	10,660	87.9	1,469	12.1	962	65.5
2013	12,034	10,569	87.8	1,465	12.2	1,015	69.3
2014	12,138	10,439	86.0	1,699	14.0	1,176	69.2
2015	15,432	12,741	82.6	2,691	17.4	1,836	68.2
2016	12,038	9,983	82.9	2,055	17.1	1,286	62.6
Total reviews, title II disabled adult children							
1999	45,530	42,626	93.6	2,904	6.4	1,401	48.2
2000	44,487	41,294	92.8	3,193	7.2	1,685	52.8
2001	36,644	34,462	94.0	2,182	6.0	1,085	49.7
2002	29,964	27,943	93.3	2,021	6.7	1,066	52.7
2003	18,448	16,662	90.3	1,786	9.7	937	52.5
2004	17,651	16,075	91.1	1,576	8.9	852	54.1
2005	17,710	16,094	90.9	1,616	9.1	841	52.0
2006	16,472	15,092	91.6	1,380	8.4	712	51.6
2007	5,754	5,223	90.8	531	9.2	252	47.5
2008	7,570	7,004	92.5	566	7.5	307	54.2
2009	11,817	11,110	94.0	707	6.0	397	56.2
2010	14,191	13,172	92.8	1,019	7.2	571	56.0
2011	17,471	15,645	89.5	1,826	10.5	1,092	59.8
2012	25,141	22,457	89.3	2,684	10.7	1,703	63.5
2013	22,813	20,341	89.2	2,472	10.8	1,662	67.2
2014	22,319	19,456	87.2	2,863	12.8	1,929	67.4
2015	26,664	22,364	83.9	4,300	16.1	2,872	66.8
2016	20,216	17,101	84.6	3,115	15.4	1,896	60.9

Table B3.—Title II Disabled Adult Children Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Reconsiderations						Appeals beyond reconsideration ^d			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^b		Number ^c	Percent ^c		Number	Percent	
Title II only reviews										
1999	—	431	67.1	211	124	58.8	—	53	42.7	71
2000	—	445	66.3	226	134	59.3	—	50	37.3	84
2001	—	292	70.9	120	61	50.8	—	27	44.3	34
2002	—	256	65.8	133	68	51.1	—	36	52.9	32
2003	—	276	75.2	91	41	45.1	—	13	31.7	28
2004	—	191	64.1	107	60	56.1	—	26	43.3	34
2005	—	224	69.6	98	62	63.3	—	23	37.1	39
2006	—	173	70.6	72	36	50.0	—	16	44.4	20
2007	—	66	66.0	34	19	55.9	—	14	73.7	5
2008	—	84	71.8	33	20	60.6	—	9	45.0	11
2009	—	96	70.1	41	27	65.9	—	12	44.4	15
2010	—	139	63.5	80	57	71.3	—	23	40.4	34
2011	—	304	64.5	167	119	71.3	—	37	31.1	82
2012	—	491	66.3	250	171	68.4	2	45	26.6	124
2013	1	418	64.7	228	150	65.8	18	41	31.1	91
2014	7	457	61.3	289	180	62.3	55	32	25.6	93
2015	68	606	62.6	362	191	52.8	143	14	29.2	34
2016	226	270	70.3	114	50	43.9	46	2	50.0	2
Title II reviews involving title XVI recipients										
1999	—	502	66.1	257	152	59.1	—	46	30.3	106
2000	—	636	62.7	378	235	62.2	—	76	32.3	159
2001	—	401	59.6	272	159	58.5	—	64	40.3	95
2002	—	447	66.0	230	136	59.1	—	39	28.7	97
2003	—	362	63.5	208	117	56.3	—	37	31.6	80
2004	—	362	65.3	192	109	56.8	—	43	39.4	66
2005	—	336	64.7	183	117	63.9	—	40	34.2	77
2006	—	286	61.2	181	123	68.0	—	43	35.0	80
2007	—	106	69.7	46	29	63.0	—	15	51.7	14
2008	—	116	61.1	74	61	82.4	—	19	31.1	42
2009	—	172	66.2	88	77	87.5	—	28	36.4	49
2010	1	215	61.3	136	106	77.9	—	35	33.0	71
2011	—	337	54.3	284	207	72.9	—	54	26.1	153
2012	—	586	60.9	376	290	77.1	2	77	26.7	211
2013	2	606	59.8	407	272	66.8	22	53	21.2	197
2014	6	700	59.8	470	315	67.0	89	53	23.5	173
2015	143	1,003	59.2	690	415	60.1	303	25	22.3	87
2016	479	551	68.3	256	103	40.2	94	1	11.1	8
Total reviews, title II disabled adult children										
1999	—	933	66.6	468	276	59.0	—	99	35.9	177
2000	—	1,081	64.2	604	369	61.1	—	126	34.1	243
2001	—	693	63.9	392	220	56.1	—	91	41.4	129
2002	—	703	65.9	363	204	56.2	—	75	36.8	129
2003	—	638	68.1	299	158	52.8	—	50	31.6	108
2004	—	553	64.9	299	169	56.5	—	69	40.8	100
2005	—	560	66.6	281	179	63.7	—	63	35.2	116
2006	—	459	64.5	253	159	62.8	—	59	37.1	100
2007	—	172	68.3	80	48	60.0	—	29	60.4	19
2008	—	200	65.1	107	81	75.7	—	28	34.6	53
2009	—	268	67.5	129	104	80.6	—	40	38.5	64
2010	1	354	62.1	216	163	75.5	—	58	35.6	105
2011	—	641	58.7	451	326	72.3	—	91	27.9	235
2012	—	1,077	63.2	626	461	73.6	4	122	26.7	335
2013	3	1,024	61.7	635	422	66.5	40	94	24.6	288
2014	13	1,157	60.4	759	495	65.2	144	85	24.2	266
2015	211	1,609	60.5	1,052	606	57.6	446	39	24.4	121
2016	705	821	68.9	370	153	41.4	140	3	23.1	10

Table B3.—Title II Disabled Adult Children Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Title II only reviews							
1999	26,006	25,095	—	911	96.5	—	3.5
2000	21,341	20,535	—	806	96.2	—	3.8
2001	18,878	18,375	—	503	97.3	—	2.7
2002	14,528	14,062	—	466	96.8	—	3.2
2003	8,112	7,682	—	430	94.7	—	5.3
2004	7,104	6,721	—	383	94.6	—	5.4
2005	7,767	7,360	—	407	94.8	—	5.2
2006	7,485	7,143	—	342	95.4	—	4.6
2007	2,582	2,456	—	126	95.1	—	4.9
2008	3,519	3,407	—	112	96.8	—	3.2
2009	5,554	5,415	—	139	97.5	—	2.5
2010	6,979	6,722	—	257	96.3	—	3.7
2011	8,582	8,110	—	472	94.5	—	5.5
2012	13,012	12,333	2	677	94.8	f	5.2
2013	10,779	10,231	19	529	94.9	0.2	4.9
2014	10,181	9,506	62	613	93.4	.6	6.0
2015	11,232	10,243	211	778	91.2	1.9	6.9
2016	8,178	7,390	272	516	90.4	3.3	6.3
Title II reviews involving title XVI recipients							
1999	19,524	18,563	—	961	95.1	—	4.9
2000	23,146	21,966	—	1,180	94.9	—	5.1
2001	17,766	16,871	—	895	95.0	—	5.0
2002	15,436	14,659	—	777	95.0	—	5.0
2003	10,336	9,668	—	668	93.5	—	6.5
2004	10,547	9,976	—	571	94.6	—	5.4
2005	9,943	9,357	—	586	94.1	—	5.9
2006	8,987	8,467	—	520	94.2	—	5.8
2007	3,172	2,968	—	204	93.6	—	6.4
2008	4,051	3,825	—	226	94.4	—	5.6
2009	6,263	6,003	—	260	95.8	—	4.2
2010	7,212	6,862	1	349	95.1	f	4.8
2011	8,889	8,267	—	622	93.0	—	7.0
2012	12,129	11,323	2	804	93.4	f	6.6
2013	12,034	11,228	24	782	93.3	.2	6.5
2014	12,138	11,192	95	851	92.2	.8	7.0
2015	15,432	13,769	446	1,217	89.2	2.9	7.9
2016	12,038	10,535	573	930	87.5	4.8	7.7

Table B3.—Title II Disabled Adult Children Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Total reviews, title II disabled adult children							
1999	45,530	43,658	—	1,872	95.9	—	4.1
2000	44,487	42,501	—	1,986	95.5	—	4.5
2001	36,644	35,246	—	1,398	96.2	—	3.8
2002	29,964	28,721	—	1,243	95.9	—	4.1
2003	18,448	17,350	—	1,098	94.0	—	6.0
2004	17,651	16,697	—	954	94.6	—	5.4
2005	17,710	16,717	—	993	94.4	—	5.6
2006	16,472	15,610	—	862	94.8	—	5.2
2007	5,754	5,424	—	330	94.3	—	5.7
2008	7,570	7,232	—	338	95.5	—	4.5
2009	11,817	11,418	—	399	96.6	—	3.4
2010	14,191	13,584	1	606	95.7	^f	4.3
2011	17,471	16,377	—	1,094	93.7	—	6.3
2012	25,141	23,656	4	1,481	94.1	^f	5.9
2013	22,813	21,459	43	1,311	94.1	0.2	5.7
2014	22,319	20,698	157	1,464	92.7	.7	6.6
2015	26,664	24,012	657	1,995	90.1	2.5	7.5
2016	20,216	17,925	845	1,446	88.7	4.2	7.2

^a Data reflect results as of February 2017. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b Percentage of decisions at this level.

^c Percentage of cessations at this level appealed to next level.

^d We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^e Number of persons appealing beyond the reconsideration level.

^f Less than 0.05 percent.

Source: Social Security Administration, Office of Operations.

Table B4.—Title II Disabled Widow(er) Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement

Fiscal year of initial DDS decision	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c
Title II only reviews							
1999	1,237	1,178	95.2	59	4.8	36	61.0
2000	1,314	1,267	96.4	47	3.6	34	72.3
2001	1,003	963	96.0	40	4.0	27	67.5
2002	751	726	96.7	25	3.3	15	60.0
2003	280	261	93.2	19	6.8	13	68.4
2004	261	253	96.9	8	3.1	6	75.0
2005	306	280	91.5	26	8.5	15	57.7
2006	209	199	95.2	10	4.8	6	60.0
2007	70	63	90.0	7	10.0	5	71.4
2008	121	113	93.4	8	6.6	6	75.0
2009	326	319	97.9	7	2.1	5	71.4
2010	834	817	98.0	17	2.0	12	70.6
2011	1,179	1,140	96.7	39	3.3	33	84.6
2012	971	918	94.5	53	5.5	38	71.7
2013	976	931	95.4	45	4.6	33	73.3
2014	870	806	92.6	64	7.4	52	81.3
2015	748	685	91.6	63	8.4	51	81.0
2016	547	504	92.1	43	7.9	37	86.0
Title II reviews involving title XVI recipients							
1999	428	410	95.8	18	4.2	10	55.6
2000	817	784	96.0	33	4.0	20	60.6
2001	758	720	95.0	38	5.0	29	76.3
2002	618	591	95.6	27	4.4	15	55.6
2003	291	272	93.5	19	6.5	13	68.4
2004	236	227	96.2	9	3.8	6	66.7
2005	283	270	95.4	13	4.6	9	69.2
2006	196	182	92.9	14	7.1	11	78.6
2007	60	55	91.7	5	8.3	5	100.0
2008	80	76	95.0	4	5.0	2	50.0
2009	247	244	98.8	3	1.2	2	66.7
2010	277	267	96.4	10	3.6	7	70.0
2011	313	301	96.2	12	3.8	8	66.7
2012	280	261	93.2	19	6.8	17	89.5
2013	335	311	92.8	24	7.2	22	91.7
2014	364	340	93.4	24	6.6	20	83.3
2015	367	339	92.4	28	7.6	22	78.6
2016	324	286	88.3	38	11.7	30	78.9
Total reviews, title II disabled widow(er)s							
1999	1,665	1,588	95.4	77	4.6	46	59.7
2000	2,131	2,051	96.2	80	3.8	54	67.5
2001	1,761	1,683	95.6	78	4.4	56	71.8
2002	1,369	1,317	96.2	52	3.8	30	57.7
2003	571	533	93.3	38	6.7	26	68.4
2004	497	480	96.6	17	3.4	12	70.6
2005	589	550	93.4	39	6.6	24	61.5
2006	405	381	94.1	24	5.9	17	70.8
2007	130	118	90.8	12	9.2	10	83.3
2008	201	189	94.0	12	6.0	8	66.7
2009	573	563	98.3	10	1.7	7	70.0
2010	1,111	1,084	97.6	27	2.4	19	70.4
2011	1,492	1,441	96.6	51	3.4	41	80.4
2012	1,251	1,179	94.2	72	5.8	55	76.4
2013	1,311	1,242	94.7	69	5.3	55	79.7
2014	1,234	1,146	92.9	88	7.1	72	81.8
2015	1,115	1,024	91.8	91	8.2	73	80.2
2016	871	790	90.7	81	9.3	67	82.7

Table B4.—Title II Disabled Widow(er) Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Reconsiderations						Appeals beyond reconsideration ^d			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^b		Number ^c	Percent ^c		Number	Percent	
Title II only reviews										
1999	—	32	88.9	4	3	75.0	—	1	33.3	2
2000	—	29	85.3	5	4	80.0	—	3	75.0	1
2001	—	23	85.2	4	2	50.0	—	—	—	2
2002	—	12	80.0	3	2	66.7	—	1	50.0	1
2003	—	13	100.0	—	—	—	—	—	—	—
2004	—	4	66.7	2	2	100.0	—	—	—	2
2005	—	11	73.3	4	3	75.0	—	2	66.7	1
2006	—	6	100.0	—	—	—	—	—	—	—
2007	—	3	60.0	2	2	100.0	—	2	100.0	—
2008	—	6	100.0	—	—	—	—	—	—	—
2009	—	4	80.0	1	1	100.0	—	—	—	1
2010	—	10	83.3	2	1	50.0	—	1	100.0	—
2011	—	33	100.0	—	—	—	—	—	—	—
2012	—	31	81.6	7	7	100.0	—	4	57.1	3
2013	—	26	78.8	7	5	71.4	2	2	66.7	1
2014	—	44	84.6	8	8	100.0	3	3	60.0	2
2015	1	41	82.0	9	8	88.9	6	2	100.0	—
2016	15	18	81.8	4	3	75.0	2	—	—	1
Title II reviews involving title XVI recipients										
1999	—	8	80.0	2	2	100.0	—	1	50.0	1
2000	—	13	65.0	7	6	85.7	—	5	83.3	1
2001	—	22	75.9	7	5	71.4	—	3	60.0	2
2002	—	10	66.7	5	3	60.0	—	1	33.3	2
2003	—	12	92.3	1	—	—	—	—	—	—
2004	—	6	100.0	—	—	—	—	—	—	—
2005	—	7	77.8	2	1	50.0	—	1	100.0	—
2006	—	10	90.9	1	—	—	—	—	—	—
2007	—	5	100.0	—	—	—	—	—	—	—
2008	—	2	100.0	—	—	—	—	—	—	—
2009	—	2	100.0	—	—	—	—	—	—	—
2010	—	6	85.7	1	1	100.0	—	1	100.0	—
2011	—	5	62.5	3	2	66.7	—	1	50.0	1
2012	—	14	82.4	3	2	66.7	—	1	50.0	1
2013	—	20	90.9	2	1	50.0	—	—	—	1
2014	—	12	60.0	8	6	75.0	1	3	60.0	2
2015	—	20	90.9	2	1	50.0	—	—	—	1
2016	6	20	83.3	4	3	75.0	2	1	100.0	—
Total reviews, title II disabled widow(er)s										
1999	—	40	87.0	6	5	83.3	—	2	40.0	3
2000	—	42	77.8	12	10	83.3	—	8	80.0	2
2001	—	45	80.4	11	7	63.6	—	3	42.9	4
2002	—	22	73.3	8	5	62.5	—	2	40.0	3
2003	—	25	96.2	1	—	—	—	—	—	—
2004	—	10	83.3	2	2	100.0	—	—	—	2
2005	—	18	75.0	6	4	66.7	—	3	75.0	1
2006	—	16	94.1	1	—	—	—	—	—	—
2007	—	8	80.0	2	2	100.0	—	2	100.0	—
2008	—	8	100.0	—	—	—	—	—	—	—
2009	—	6	85.7	1	1	100.0	—	—	—	1
2010	—	16	84.2	3	2	66.7	—	2	100.0	—
2011	—	38	92.7	3	2	66.7	—	1	50.0	1
2012	—	45	81.8	10	9	90.0	—	5	55.6	4
2013	—	46	83.6	9	6	66.7	2	2	50.0	2
2014	—	56	77.8	16	14	87.5	4	6	60.0	4
2015	1	61	84.7	11	9	81.8	6	2	66.7	1
2016	21	38	82.6	8	6	75.0	4	1	50.0	1

Table B4.—Title II Disabled Widow(er) Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Title II only reviews							
1999	1,237	1,211	—	26	97.9	—	2.1
2000	1,314	1,299	—	15	98.9	—	1.1
2001	1,003	986	—	17	98.3	—	1.7
2002	751	739	—	12	98.4	—	1.6
2003	280	274	—	6	97.9	—	2.1
2004	261	257	—	4	98.5	—	1.5
2005	306	293	—	13	95.8	—	4.2
2006	209	205	—	4	98.1	—	1.9
2007	70	68	—	2	97.1	—	2.9
2008	121	119	—	2	98.3	—	1.7
2009	326	323	—	3	99.1	—	.9
2010	834	828	—	6	99.3	—	.7
2011	1,179	1,173	—	6	99.5	—	.5
2012	971	953	—	18	98.1	—	1.9
2013	976	959	2	15	98.3	0.2	1.5
2014	870	853	3	14	98.0	.3	1.6
2015	748	728	7	13	97.3	.9	1.7
2016	547	522	17	8	95.4	3.1	1.5
Title II reviews involving title XVI recipients							
1999	428	419	—	9	97.9	—	2.1
2000	817	802	—	15	98.2	—	1.8
2001	758	745	—	13	98.3	—	1.7
2002	618	602	—	16	97.4	—	2.6
2003	291	284	—	7	97.6	—	2.4
2004	236	233	—	3	98.7	—	1.3
2005	283	278	—	5	98.2	—	1.8
2006	196	192	—	4	98.0	—	2.0
2007	60	60	—	—	100.0	—	—
2008	80	78	—	2	97.5	—	2.5
2009	247	246	—	1	99.6	—	.4
2010	277	274	—	3	98.9	—	1.1
2011	313	307	—	6	98.1	—	1.9
2012	280	276	—	4	98.6	—	1.4
2013	335	331	—	4	98.8	—	1.2
2014	364	355	1	8	97.5	.3	2.2
2015	367	359	—	8	97.8	—	2.2
2016	324	307	8	9	94.8	2.5	2.8

Table B4.—Title II Disabled Widow(er) Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision, Level of Decision, and Program Involvement (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Total reviews, title II disabled widow(er)s							
1999	1,665	1,630	—	35	97.9	—	2.1
2000	2,131	2,101	—	30	98.6	—	1.4
2001	1,761	1,731	—	30	98.3	—	1.7
2002	1,369	1,341	—	28	98.0	—	2.0
2003	571	558	—	13	97.7	—	2.3
2004	497	490	—	7	98.6	—	1.4
2005	589	571	—	18	96.9	—	3.1
2006	405	397	—	8	98.0	—	2.0
2007	130	128	—	2	98.5	—	1.5
2008	201	197	—	4	98.0	—	2.0
2009	573	569	—	4	99.3	—	.7
2010	1,111	1,102	—	9	99.2	—	.8
2011	1,492	1,480	—	12	99.2	—	.8
2012	1,251	1,229	—	22	98.2	—	1.8
2013	1,311	1,290	2	19	98.4	0.2	1.4
2014	1,234	1,208	4	22	97.9	.3	1.8
2015	1,115	1,087	7	21	97.5	.6	1.9
2016	871	829	25	17	95.2	2.9	2.0

^a Data reflect results as of February 2017. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b Percentage of decisions at this level.

^c Percentage of cessations at this level appealed to next level.

^d We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^e Number of persons appealing beyond the reconsideration level.

Source: Social Security Administration, Office of Operations.

Table B5.—Title XVI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision and Level of Decision

Fiscal year of initial DDS decision	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c
Reviews of low birth weight children							
1994	1,225	771	62.9	454	37.1	159	35.0
1995	4,231	2,083	49.2	2,148	50.8	665	31.0
1996	5,709	2,491	43.6	3,218	56.4	904	28.1
1997	7,091	4,482	63.2	2,609	36.8	821	31.5
1998	17,620	6,092	34.6	11,528	65.4	3,640	31.6
1999	9,773	4,114	42.1	5,659	57.9	1,639	29.0
2000	10,178	4,566	44.9	5,612	55.1	1,561	27.8
2001	9,086	4,152	45.7	4,934	54.3	1,403	28.4
2002	12,732	5,869	46.1	6,863	53.9	1,953	28.5
2003	7,283	3,516	48.3	3,767	51.7	1,026	27.2
2004	12,060	6,075	50.4	5,985	49.6	1,782	29.8
2005	13,710	6,540	47.7	7,170	52.3	1,995	27.8
2006	8,303	4,030	48.5	4,273	51.5	1,229	28.8
2007	3,175	1,368	43.1	1,807	56.9	510	28.2
2008	5,272	2,231	42.3	3,041	57.7	924	30.4
2009	12,511	5,741	45.9	6,770	54.1	2,092	30.9
2010	22,396	9,048	40.4	13,348	59.6	4,425	33.2
2011	19,359	7,608	39.3	11,751	60.7	3,794	32.3
2012	16,416	6,487	39.5	9,929	60.5	3,020	30.4
2013	19,299	7,672	39.8	11,627	60.2	3,948	34.0
2014	18,126	7,174	39.6	10,952	60.4	3,922	35.8
2015	14,321	5,840	40.8	8,481	59.2	3,007	35.5
2016	15,283	6,403	41.9	8,880	58.1	2,903	32.7
Redeterminations at age 18							
1994	—	—	—	—	—	—	—
1995	71	64	90.1	7	9.9	5	71.4
1996	12,640	8,158	64.5	4,482	35.5	2,055	45.9
1997	48,834	22,431	45.9	26,403	54.1	16,741	63.4
1998	40,945	21,453	52.4	19,492	47.6	10,915	56.0
1999	49,557	27,413	55.3	22,144	44.7	10,879	49.1
2000	51,713	28,863	55.8	22,850	44.2	11,021	48.2
2001	48,944	28,167	57.5	20,777	42.5	10,049	48.4
2002	54,947	32,388	58.9	22,559	41.1	11,549	51.2
2003	53,905	31,862	59.1	22,043	40.9	11,742	53.3
2004	53,232	31,890	59.9	21,342	40.1	11,585	54.3
2005	55,331	31,434	56.8	23,897	43.2	12,403	51.9
2006	40,640	21,796	53.6	18,844	46.4	9,340	49.6
2007	71,359	36,339	50.9	35,020	49.1	17,773	50.8
2008	69,430	34,547	49.8	34,883	50.2	17,650	50.6
2009	100,986	51,712	51.2	49,274	48.8	27,205	55.2
2010	87,310	41,545	47.6	45,765	52.4	24,842	54.3
2011	93,256	42,772	45.9	50,484	54.1	26,498	52.5
2012	81,568	36,585	44.9	44,983	55.1	22,869	50.8
2013	91,519	40,507	44.3	51,012	55.7	27,540	54.0
2014	85,708	37,022	43.2	48,686	56.8	26,499	54.4
2015	84,499	36,463	43.2	48,036	56.8	25,162	52.4
2016	81,025	34,924	43.1	46,101	56.9	22,826	49.5

Table B5.—Title XVI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial DDS decision	Initial decisions						
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration	
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c
All other reviews of title XVI disabled children							
1994	—	—	—	—	—	—	—
1995	3,535	2,501	70.7	1,034	29.3	541	52.3
1996	789	399	50.6	390	49.4	210	53.8
1997	14	8	57.1	6	42.9	3	50.0
1998	91,157	67,203	73.7	23,954	26.3	13,267	55.4
1999	183,211	129,420	70.6	53,791	29.4	28,410	52.8
2000	140,699	106,583	75.8	34,116	24.2	17,014	49.9
2001	95,835	72,896	76.1	22,939	23.9	11,808	51.5
2002	163,768	130,434	79.6	33,334	20.4	17,888	53.7
2003	127,444	100,522	78.9	26,922	21.1	14,876	55.3
2004	103,437	80,748	78.1	22,689	21.9	12,852	56.6
2005	61,387	45,597	74.3	15,790	25.7	8,400	53.2
2006	19,384	14,428	74.4	4,956	25.6	2,591	52.3
2007	4,440	3,161	71.2	1,279	28.8	668	52.2
2008	4,707	3,473	73.8	1,234	26.2	671	54.4
2009	10,637	8,355	78.5	2,282	21.5	1,200	52.6
2010	16,677	12,501	75.0	4,176	25.0	2,143	51.3
2011	25,166	17,157	68.2	8,009	31.8	3,932	49.1
2012	64,834	41,269	63.7	23,565	36.3	12,308	52.2
2013	52,998	33,760	63.7	19,238	36.3	10,549	54.8
2014	88,993	57,060	64.1	31,933	35.9	18,949	59.3
2015	223,607	150,118	67.1	73,489	32.9	43,113	58.7
2016	261,185	183,221	70.1	77,964	29.9	44,327	56.9
Total reviews, all title XVI disabled children							
1994	1,225	771	62.9	454	37.1	159	35.0
1995	7,837	4,648	59.3	3,189	40.7	1,211	38.0
1996	19,138	11,048	57.7	8,090	42.3	3,169	39.2
1997	55,939	26,921	48.1	29,018	51.9	17,565	60.5
1998	149,722	94,748	63.3	54,974	36.7	27,822	50.6
1999	242,541	160,947	66.4	81,594	33.6	40,928	50.2
2000	202,590	140,012	69.1	62,578	30.9	29,596	47.3
2001	153,865	105,215	68.4	48,650	31.6	23,260	47.8
2002	231,447	168,691	72.9	62,756	27.1	31,390	50.0
2003	188,632	135,900	72.0	52,732	28.0	27,644	52.4
2004	168,729	118,713	70.4	50,016	29.6	26,219	52.4
2005	130,428	83,571	64.1	46,857	35.9	22,798	48.7
2006	68,327	40,254	58.9	28,073	41.1	13,160	46.9
2007	78,974	40,868	51.7	38,106	48.3	18,951	49.7
2008	79,409	40,251	50.7	39,158	49.3	19,245	49.1
2009	124,134	65,808	53.0	58,326	47.0	30,497	52.3
2010	126,383	63,094	49.9	63,289	50.1	31,410	49.6
2011	137,781	67,537	49.0	70,244	51.0	34,224	48.7
2012	162,818	84,341	51.8	78,477	48.2	38,197	48.7
2013	163,816	81,939	50.0	81,877	50.0	42,037	51.3
2014	192,827	101,256	52.5	91,571	47.5	49,370	53.9
2015	322,427	192,421	59.7	130,006	40.3	71,282	54.8
2016	357,493	224,548	62.8	132,945	37.2	70,056	52.7

Table B5.—Title XVI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial decision	Reconsiderations						Appeals beyond reconsideration ^d			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^b		Number ^c	Percent ^c		Number	Percent	
Reviews of low birth weight children										
1994	—	44	27.7	115	51	44.3	—	15	29.4	36
1995	—	184	27.7	481	219	45.5	—	53	24.2	166
1996	—	329	36.4	575	232	40.3	—	44	19.0	188
1997	—	292	35.6	529	235	44.4	—	50	21.3	185
1998	—	1,231	33.8	2,409	1,142	47.4	—	244	21.4	898
1999	—	607	37.0	1,032	488	47.3	—	83	17.0	405
2000	—	609	39.0	952	452	47.5	—	99	21.9	353
2001	—	504	35.9	899	405	45.1	—	61	15.1	344
2002	—	698	35.7	1,255	549	43.7	—	112	20.4	437
2003	—	364	35.5	662	301	45.5	—	60	19.9	241
2004	—	643	36.1	1,139	554	48.6	—	84	15.2	470
2005	—	702	35.2	1,293	626	48.4	—	104	16.6	522
2006	—	421	34.3	808	415	51.4	—	78	18.8	337
2007	—	173	33.9	337	189	56.1	—	38	20.1	151
2008	—	264	28.6	660	361	54.7	—	64	17.7	297
2009	—	592	28.3	1,500	869	57.9	—	155	17.8	714
2010	—	1,190	26.9	3,235	1,884	58.2	—	283	15.0	1,601
2011	1	1,068	28.2	2,725	1,679	61.6	—	233	13.9	1,446
2012	—	868	28.7	2,152	1,222	56.8	13	155	12.8	1,054
2013	7	1,095	27.8	2,846	1,557	54.7	167	188	13.5	1,202
2014	20	1,165	29.9	2,737	1,382	50.5	508	97	11.1	777
2015	190	884	31.4	1,933	878	45.4	673	23	11.2	182
2016	1,345	670	43.0	888	336	37.8	300	3	8.3	33
Redeterminations at age 18										
1994	—	—	—	—	—	—	—	—	—	—
1995	—	2	40.0	3	2	66.7	—	1	50.0	1
1996	—	707	34.4	1,348	584	43.3	—	119	20.4	465
1997	—	4,591	27.4	12,150	6,429	52.9	—	1,517	23.6	4,912
1998	—	3,070	28.1	7,845	4,388	55.9	—	1,026	23.4	3,362
1999	—	3,356	30.8	7,523	4,304	57.2	—	1,059	24.6	3,245
2000	—	3,575	32.4	7,446	4,034	54.2	—	1,017	25.2	3,017
2001	—	3,256	32.4	6,793	3,723	54.8	—	969	26.0	2,754
2002	—	3,819	33.1	7,730	4,125	53.4	—	1,100	26.7	3,025
2003	—	3,818	32.5	7,924	4,295	54.2	—	1,146	26.7	3,149
2004	—	3,531	30.5	8,054	4,646	57.7	—	1,298	27.9	3,348
2005	—	3,756	30.3	8,647	5,135	59.4	—	1,436	28.0	3,699
2006	—	2,581	27.6	6,759	4,130	61.1	—	1,220	29.5	2,910
2007	—	4,793	27.0	12,980	8,273	63.7	—	2,449	29.6	5,824
2008	—	5,091	28.8	12,559	8,361	66.6	—	2,256	27.0	6,105
2009	—	7,047	25.9	20,158	13,356	66.3	1	3,301	24.7	10,054
2010	2	5,994	24.1	18,846	12,578	66.7	—	2,759	21.9	9,819
2011	—	6,494	24.5	20,004	13,419	67.1	15	2,653	19.8	10,751
2012	6	5,641	24.7	17,222	11,112	64.5	81	2,021	18.3	9,010
2013	38	6,201	22.5	21,301	12,613	59.2	907	1,879	16.1	9,827
2014	225	5,934	22.6	20,340	11,461	56.3	3,147	1,259	15.1	7,055
2015	1,686	5,500	23.4	17,976	9,168	51.0	6,482	361	13.4	2,325
2016	9,956	4,092	31.8	8,778	3,716	42.3	3,460	30	11.7	226

Table B5.—Title XVI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial DDS decision	Reconsiderations						Appeals beyond reconsideration ^d			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^b		Number ^c	Percent ^c		Number	Percent	
All other reviews of title XVI disabled children										
1994	—	—	—	—	—	—	—	—	—	—
1995	—	177	32.7	364	202	55.5	—	52	25.7	150
1996	—	69	32.9	141	55	39.0	—	17	30.9	38
1997	—	1	33.3	2	1	50.0	—	—	—	1
1998	—	4,456	33.6	8,811	5,511	62.5	—	1,305	23.7	4,206
1999	—	9,324	32.8	19,086	11,711	61.4	—	2,615	22.3	9,096
2000	—	6,434	37.8	10,580	6,237	59.0	—	1,427	22.9	4,810
2001	—	4,619	39.1	7,189	4,257	59.2	—	955	22.4	3,302
2002	—	7,238	40.5	10,650	6,155	57.8	—	1,372	22.3	4,783
2003	—	6,248	42.0	8,628	4,996	57.9	—	1,149	23.0	3,847
2004	—	4,871	37.9	7,981	4,943	61.9	—	1,181	23.9	3,762
2005	—	3,121	37.2	5,279	3,326	63.0	—	769	23.1	2,557
2006	—	943	36.4	1,648	1,089	66.1	—	268	24.6	821
2007	—	269	40.3	399	264	66.2	—	80	30.3	184
2008	—	252	37.6	419	259	61.8	—	61	23.6	198
2009	—	506	42.2	694	448	64.6	—	95	21.2	353
2010	—	764	35.7	1,379	953	69.1	—	159	16.7	794
2011	—	1,306	33.2	2,626	1,807	68.8	—	344	19.0	1,463
2012	—	3,717	30.2	8,591	5,949	69.2	36	938	15.9	4,975
2013	9	3,093	29.3	7,447	4,714	63.3	451	589	13.8	3,674
2014	114	5,605	29.8	13,230	8,193	61.9	2,745	772	14.2	4,676
2015	3,251	13,781	34.6	26,081	14,622	56.1	11,000	567	15.7	3,055
2016	21,124	10,879	46.9	12,324	5,523	44.8	5,244	31	11.1	248
Total reviews, all title XVI disabled children										
1994	—	44	27.7	115	51	44.3	—	15	29.4	36
1995	—	363	30.0	848	423	49.9	—	106	25.1	317
1996	—	1,105	34.9	2,064	871	42.2	—	180	20.7	691
1997	—	4,884	27.8	12,681	6,665	52.6	—	1,567	23.5	5,098
1998	—	8,757	31.5	19,065	11,041	57.9	—	2,575	23.3	8,466
1999	—	13,287	32.5	27,641	16,503	59.7	—	3,757	22.8	12,746
2000	—	10,618	35.9	18,978	10,723	56.5	—	2,543	23.7	8,180
2001	—	8,379	36.0	14,881	8,385	56.3	—	1,985	23.7	6,400
2002	—	11,755	37.4	19,635	10,829	55.2	—	2,584	23.9	8,245
2003	—	10,430	37.7	17,214	9,592	55.7	—	2,355	24.6	7,237
2004	—	9,045	34.5	17,174	10,143	59.1	—	2,563	25.3	7,580
2005	—	7,579	33.2	15,219	9,087	59.7	—	2,309	25.4	6,778
2006	—	3,945	30.0	9,215	5,634	61.1	—	1,566	27.8	4,068
2007	—	5,235	27.6	13,716	8,726	63.6	—	2,567	29.4	6,159
2008	—	5,607	29.1	13,638	8,981	65.9	—	2,381	26.5	6,600
2009	—	8,145	26.7	22,352	14,673	65.6	1	3,551	24.2	11,121
2010	2	7,948	25.3	23,460	15,415	65.7	—	3,201	20.8	12,214
2011	1	8,868	25.9	25,355	16,905	66.7	15	3,230	19.1	13,660
2012	6	10,226	26.8	27,965	18,283	65.4	130	3,114	17.2	15,039
2013	54	10,389	24.7	31,594	18,884	59.8	1,525	2,656	15.3	14,703
2014	359	12,704	25.9	36,307	21,036	57.9	6,400	2,128	14.5	12,508
2015	5,127	20,165	30.5	45,990	24,668	53.6	18,155	951	14.6	5,562
2016	32,425	15,641	41.6	21,990	9,575	43.5	9,004	64	11.2	507

Table B5.—Title XVI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Reviews of low birth weight children							
1994	1,225	830	—	395	67.8	—	32.2
1995	4,231	2,320	—	1,911	54.8	—	45.2
1996	5,709	2,864	—	2,845	50.2	—	49.8
1997	7,091	4,824	—	2,267	68.0	—	32.0
1998	17,620	7,567	—	10,053	42.9	—	57.1
1999	9,773	4,804	—	4,969	49.2	—	50.8
2000	10,178	5,274	—	4,904	51.8	—	48.2
2001	9,086	4,717	—	4,369	51.9	—	48.1
2002	12,732	6,679	—	6,053	52.5	—	47.5
2003	7,283	3,940	—	3,343	54.1	—	45.9
2004	12,060	6,802	—	5,258	56.4	—	43.6
2005	13,710	7,346	—	6,364	53.6	—	46.4
2006	8,303	4,529	—	3,774	54.5	—	45.5
2007	3,175	1,579	—	1,596	49.7	—	50.3
2008	5,272	2,559	—	2,713	48.5	—	51.5
2009	12,511	6,488	—	6,023	51.9	—	48.1
2010	22,396	10,521	—	11,875	47.0	—	53.0
2011	19,359	8,909	1	10,449	46.0	f	54.0
2012	16,416	7,510	13	8,893	45.7	0.1	54.2
2013	19,299	8,955	174	10,170	46.4	.9	52.7
2014	18,126	8,436	528	9,162	46.5	2.9	50.5
2015	14,321	6,747	863	6,711	47.1	6.0	46.9
2016	15,283	7,076	1,645	6,562	46.3	10.8	42.9
Redeterminations at age 18							
1994	—	—	—	—	—	—	—
1995	71	67	—	4	94.4	—	5.6
1996	12,640	8,984	—	3,656	71.1	—	28.9
1997	48,834	28,539	—	20,295	58.4	—	41.6
1998	40,945	25,549	—	15,396	62.4	—	37.6
1999	49,557	31,828	—	17,729	64.2	—	35.8
2000	51,713	33,455	—	18,258	64.7	—	35.3
2001	48,944	32,392	—	16,552	66.2	—	33.8
2002	54,947	37,307	—	17,640	67.9	—	32.1
2003	53,905	36,826	—	17,079	68.3	—	31.7
2004	53,232	36,719	—	16,513	69.0	—	31.0
2005	55,331	36,626	—	18,705	66.2	—	33.8
2006	40,640	25,597	—	15,043	63.0	—	37.0
2007	71,359	43,581	—	27,778	61.1	—	38.9
2008	69,430	41,894	—	27,536	60.3	—	39.7
2009	100,986	62,060	1	38,925	61.5	f	38.5
2010	87,310	50,298	2	37,010	57.6	f	42.4
2011	93,256	51,919	15	41,322	55.7	f	44.3
2012	81,568	44,247	87	37,234	54.2	.1	45.6
2013	91,519	48,587	945	41,987	53.1	1.0	45.9
2014	85,708	44,215	3,372	38,121	51.6	3.9	44.5
2015	84,499	42,324	8,168	34,007	50.1	9.7	40.2
2016	81,025	39,046	13,416	28,563	48.2	16.6	35.3
All other reviews of title XVI disabled children							
1994	—	—	—	—	—	—	—
1995	3,535	2,730	—	805	77.2	—	22.8
1996	789	485	—	304	61.5	—	38.5
1997	14	9	—	5	64.3	—	35.7
1998	91,157	72,964	—	18,193	80.0	—	20.0
1999	183,211	141,359	—	41,852	77.2	—	22.8
2000	140,699	114,444	—	26,255	81.3	—	18.7
2001	95,835	78,470	—	17,365	81.9	—	18.1
2002	163,768	139,044	—	24,724	84.9	—	15.1
2003	127,444	107,919	—	19,525	84.7	—	15.3
2004	103,437	86,800	—	16,637	83.9	—	16.1
2005	61,387	49,487	—	11,900	80.6	—	19.4
2006	19,384	15,639	—	3,745	80.7	—	19.3
2007	4,440	3,510	—	930	79.1	—	20.9
2008	4,707	3,786	—	921	80.4	—	19.6
2009	10,637	8,956	—	1,681	84.2	—	15.8
2010	16,677	13,424	—	3,253	80.5	—	19.5
2011	25,166	18,807	—	6,359	74.7	—	25.3
2012	64,834	45,924	36	18,874	70.8	.1	29.1
2013	52,998	37,442	460	15,096	70.6	.9	28.5
2014	88,993	63,437	2,859	22,697	71.3	3.2	25.5
2015	223,607	164,466	14,251	44,890	73.6	6.4	20.1
2016	261,185	194,131	26,368	40,686	74.3	10.1	15.6

Table B5.—Title XVI Disabled Child Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
Total reviews, all title XVI disabled children							
1994	1,225	830	—	395	67.8	—	32.2
1995	7,837	5,117	—	2,720	65.3	—	34.7
1996	19,138	12,333	—	6,805	64.4	—	35.6
1997	55,939	33,372	—	22,567	59.7	—	40.3
1998	149,722	106,080	—	43,642	70.9	—	29.1
1999	242,541	177,991	—	64,550	73.4	—	26.6
2000	202,590	153,173	—	49,417	75.6	—	24.4
2001	153,865	115,579	—	38,286	75.1	—	24.9
2002	231,447	183,030	—	48,417	79.1	—	20.9
2003	188,632	148,685	—	39,947	78.8	—	21.2
2004	168,729	130,321	—	38,408	77.2	—	22.8
2005	130,428	93,459	—	36,969	71.7	—	28.3
2006	68,327	45,765	—	22,562	67.0	—	33.0
2007	78,974	48,670	—	30,304	61.6	—	38.4
2008	79,409	48,239	—	31,170	60.7	—	39.3
2009	124,134	77,504	1	46,629	62.4	f	37.6
2010	126,383	74,243	2	52,138	58.7	f	41.3
2011	137,781	79,635	16	58,130	57.8	f	42.2
2012	162,818	97,681	136	65,001	60.0	0.1	39.9
2013	163,816	94,984	1,579	67,253	58.0	1.0	41.1
2014	192,827	116,088	6,759	69,980	60.2	3.5	36.3
2015	322,427	213,537	23,282	85,608	66.2	7.2	26.6
2016	357,493	240,253	41,429	75,811	67.2	11.6	21.2

^a Data reflect results as of February 2017. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b Percentage of decisions at this level.

^c Percentage of cessations at this level appealed to next level.

^d We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^e Number of persons appealing beyond the reconsideration level.

^f Less than 0.05 percent.

Source: Social Security Administration, Office of Operations.

Table B6.—Title XVI Only Disabled Adult Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision and Level of Decision

Fiscal year of initial DDS decision	Initial decisions							
	Total initial DDS decisions	Continuations		Cessations		Appeals to reconsideration		
		Number	Percent ^b	Number	Percent ^b	Number	Percent ^c	
1995	4,287	3,277	76.4	1,010	23.6	665	65.8	
1996	55,025	46,273	84.1	8,752	15.9	6,146	70.2	
1997	69,557	57,662	82.9	11,895	17.1	8,722	73.3	
1998	75,071	64,829	86.4	10,242	13.6	7,239	70.7	
1999	140,429	125,079	89.1	15,350	10.9	10,292	67.0	
2000	173,470	156,065	90.0	17,405	10.0	10,923	62.8	
2001	143,902	126,610	88.0	17,292	12.0	10,262	59.3	
2002	172,527	150,837	87.4	21,690	12.6	13,314	61.4	
2003	213,212	191,061	89.6	22,151	10.4	14,665	66.2	
2004	221,129	199,938	90.4	21,191	9.6	14,627	69.0	
2005	110,072	97,330	88.4	12,742	11.6	8,125	63.8	
2006	40,605	35,957	88.6	4,648	11.4	2,853	61.4	
2007	18,172	16,006	88.1	2,166	11.9	1,426	65.8	
2008	18,933	17,049	90.0	1,884	10.0	1,267	67.3	
2009	29,137	27,233	93.5	1,904	6.5	1,376	72.3	
2010	34,575	31,766	91.9	2,809	8.1	1,984	70.6	
2011	33,460	30,291	90.5	3,169	9.5	2,191	69.1	
2012	46,439	39,954	86.0	6,485	14.0	4,339	66.9	
2013	34,941	30,850	88.3	4,091	11.7	2,865	70.0	
2014	49,810	43,552	87.4	6,258	12.6	4,566	73.0	
2015	156,987	132,651	84.5	24,336	15.5	17,470	71.8	
2016	179,901	152,339	84.7	27,562	15.3	18,672	67.7	

Fiscal year of initial DDS decision	Reconsiderations						Appeals beyond reconsideration ^d			
	Pending	Continuations		Cessations	Appeals to beyond reconsideration		Pending	Continuations		Cessations
		Number	Percent ^b		Number ^c	Percent ^c		Number	Percent	
1995	—	241	36.2	424	267	63.0	—	87	32.6	180
1996	—	3,289	53.5	2,857	1,946	68.1	—	623	32.0	1,323
1997	—	5,271	60.4	3,451	2,575	74.6	—	986	38.3	1,589
1998	—	4,527	62.5	2,712	1,987	73.3	—	781	39.3	1,206
1999	—	6,610	64.2	3,682	2,508	68.1	—	973	38.8	1,535
2000	—	6,823	62.5	4,100	2,778	67.8	—	1,057	38.0	1,721
2001	—	6,224	60.7	4,038	2,618	64.8	—	934	35.7	1,684
2002	—	8,160	61.3	5,154	3,323	64.5	—	1,110	33.4	2,213
2003	—	9,656	65.8	5,009	3,335	66.6	—	1,232	36.9	2,103
2004	—	9,404	64.3	5,223	3,743	71.7	—	1,455	38.9	2,288
2005	—	5,233	64.4	2,892	2,052	71.0	—	772	37.6	1,280
2006	—	1,805	63.3	1,048	746	71.2	—	284	38.1	462
2007	—	963	67.5	463	342	73.9	—	152	44.4	190
2008	—	866	68.4	401	302	75.3	—	121	40.1	181
2009	—	995	72.3	381	284	74.5	—	101	35.6	183
2010	—	1,416	71.4	568	456	80.3	—	158	34.6	298
2011	—	1,498	68.4	693	554	79.9	—	184	33.2	370
2012	1	2,686	61.9	1,652	1,277	77.3	7	396	31.2	874
2013	6	1,784	62.4	1,075	788	73.3	58	197	27.0	533
2014	50	2,696	59.7	1,820	1,303	71.6	458	221	26.2	624
2015	1,009	9,723	59.1	6,738	4,408	65.4	3,110	302	23.3	996
2016	8,156	7,617	72.4	2,899	1,462	50.4	1,395	5	7.5	62

Table B6.—Title XVI Only Disabled Adult Reviews: Disposition^a of Medical Continuing Disability Reviews by Fiscal Year of Initial Decision and Level of Decision (Cont.)

Fiscal year of initial DDS decision	Selected summary case information by decision status as of February 2017						
	Total initial decisions	Numbers of cases			Numbers as a percentage of total initial decisions		
		Continuations	Cessations pending an appeal decision	Cessations with no appeal pending	Continuations	Cessations pending an appeal decision	Cessations with no appeal pending
1995	4,287	3,605	—	682	84.1	—	15.9
1996	55,025	50,185	—	4,840	91.2	—	8.8
1997	69,557	63,919	—	5,638	91.9	—	8.1
1998	75,071	70,137	—	4,934	93.4	—	6.6
1999	140,429	132,662	—	7,767	94.5	—	5.5
2000	173,470	163,945	—	9,525	94.5	—	5.5
2001	143,902	133,768	—	10,134	93.0	—	7.0
2002	172,527	160,107	—	12,420	92.8	—	7.2
2003	213,212	201,949	—	11,263	94.7	—	5.3
2004	221,129	210,797	—	10,332	95.3	—	4.7
2005	110,072	103,335	—	6,737	93.9	—	6.1
2006	40,605	38,046	—	2,559	93.7	—	6.3
2007	18,172	17,121	—	1,051	94.2	—	5.8
2008	18,933	18,036	—	897	95.3	—	4.7
2009	29,137	28,329	—	808	97.2	—	2.8
2010	34,575	33,340	—	1,235	96.4	—	3.6
2011	33,460	31,973	—	1,487	95.6	—	4.4
2012	46,439	43,036	8	3,395	92.7	fn	7.3
2013	34,941	32,831	64	2,046	94.0	.2	5.9
2014	49,810	46,469	508	2,833	93.3	1.0	5.7
2015	156,987	142,676	4,119	10,192	90.9	2.6	6.5
2016	179,901	159,961	9,551	10,389	88.9	5.3	5.8

^a Data reflect results as of February 2017. The ultimate numbers of continuations and cessations are subject to change until all appeals are final.

^b Percentage of decisions at this level.

^c Percentage of cessations at this level appealed to next level.

^d We do not reflect the status and disposition of cases in the Federal courts here. However, we have included information on the status and disposition at the hearing and Appeals Council levels for cases remanded to us by the courts. The excluded experience in the Federal courts has a minimal impact on the number of continuations.

^e Number of persons appealing beyond the reconsideration level.

^f Less than 0.05 percent.

Source: Social Security Administration, Office of Operations.

**ESTIMATED NET FEDERAL BENEFIT SAVINGS FROM PERIODIC CONTINUING DISABILITY
REVIEW INITIAL CESSATIONS IN FISCAL YEAR 2016**

This appendix presents estimates of net Federal benefit savings expected to ultimately ensue from continuing disability reviews (CDR) that: (1) we initiated centrally; and (2) which resulted in an initial cessation or an initial field office (FO) failure to cooperate (FTC) termination in fiscal year (FY) 2016. Table C1 provides actual numbers of such initial cessations/terminations, along with the estimated numbers of such cessations/terminations that will ultimately result in termination of disability benefits. The totals in the table are disaggregated according to whether the reviews were initiated under the Old-Age, Survivors, and Disability Insurance (OASDI) programs (title II of the Social Security Act (Act)) or under the Supplemental Security Income (SSI) program (title XVI of the Act). The estimates of ultimate cessations/terminations reflect all information on the status of appeals of these initial cessations/terminations as of February 2017 as well as estimates of the final disposition of such cases as based on the latest information concerning appeal and reversal rates at various stages of the appeals process.

**Table C1.—Cessations/Terminations Resulting From Periodic Continuing
Disability Reviews Initiated Centrally^a**

CDR cessations/terminations	CDRs initiated under title II			CDRs initiated under title XVI	Total
	Title II only reviews	Title II reviews involving title XVI recipients	Subtotal, title II		
Cessations from full medical reviews					
Initial cessations in FY 2016	31,411	12,529	43,940	160,507	204,447
Estimated ultimate cessations (after all appeals) resulting from initial cessations shown on previous line.	15,182	6,172	21,354	120,119	141,473
FO FTC terminations					
Initial FTC terminations in FY 2016	1,553	515	2,068	3,937	6,005
Estimated final FTC terminations after all appeals	1,493	475	1,968	3,902	5,870
Estimated total final cessations/terminations . . .	16,675	6,647	23,322	124,021	147,343

^a Does not include work CDRs or other CDRs initiated outside of the Social Security Administration's centralized process for initiating CDRs.

Table C2 presents estimates of the net Federal benefit savings resulting from CDRs for which initial cessations or initial FO FTC terminations of disability benefits occurred in FY 2016. We base these net savings on the estimates of ultimate cessations/terminations that will remain after the appeals process is complete, as shown in table C1. We present the estimated net CDR savings in table C2 for: (1) the OASDI program; (2) the SSI program; (3) the Medicare programs; and (4) the Medicaid program. The estimated net savings for the Medicare programs include net savings under the Hospital Insurance (HI) program and Parts B & D of the Supplementary Medical Insurance (SMI) program.

Table C2 displays the estimated net benefit savings in three ways. First, we show the reductions in benefit payments for each FY from 2015 through 2025. Second, we present medium-range (25-year) and long-range (75-year) net savings for the programs financed by payroll taxes. We express these estimates as a percent of taxable payroll, and each is in the "negligible" range (i.e., less than 0.005 percent of taxable payroll). The third set are estimates of the present value of net Federal benefits saved because of the CDRs, valued as of September 30, 2016. These estimates may be thought of as the amount of money as of September 30, 2016 that, together with earned interest, would be just sufficient to pay the estimated amount of benefits that will not be payable because of the CDRs.

We base all estimates on the intermediate assumptions of the 2017 Trustees Reports and the assumptions used for the 2017 SSI Annual Report. The Office of the Chief Actuary, Social Security Administration, prepared the estimates of OASDI and SSI savings. The Office of the Actuary, Centers for Medicare & Medicaid Services, prepared the Medicare and Medicaid estimates.

Table C2.—Estimated Net Federal Benefit Savings From Periodic Medical Continuing Disability Reviews Initiated Centrally^a With Initial Cessations and Initial FO FTC Terminations in FY 2016 by Program

Fiscal year	Program						Total
	OASDI	SSI ^b	Medicare			Medicaid ^b	
			HI	SMI-Part B ^c	SMI-Part D ^c		
A. Estimated net amount of reduction in benefit payments (in millions)							
2015 ^d	\$9	\$12	—	—	—	^e	\$21
2016	119	237	\$24	\$17	\$21	-\$9	411
2017	267	631	63	44	54	-18	1,041
2018	287	654	69	50	61	-15	1,106
2019	281	736	69	53	62	-23	1,178
2020	265	738	65	52	60	-1	1,179
2021	245	715	62	51	57	1	1,131
2022	235	726	61	51	57	2	1,133
2023	227	632	61	52	57	2	1,030
2024	217	549	60	52	57	3	937
2025	209	563	58	51	56	3	940
11-year total	2,361	6,192	592	473	543	-54	10,108
B. Estimated medium-range (25-year) and long-range (75-year) net savings (as a percent of taxable payroll ^f)							
25-year: 2016-40	^g /	—	^g /	—	—	—	—
75-year: 2016-91	^g /	—	^g /	—	—	—	—
C. Present value of estimated net lifetime Federal benefits saved, as of the end of FY 2016 (in millions)							
	3,375	8,089	1,024	950	1,008	-10	14,436

^a We base the net savings estimates on the 204,447 initial cessations and 6,005 initial FO FTC terminations from CDRs initiated centrally for which we have demographic, appellate, and benefit information. In particular, the estimates do not include savings for 3,366 initial cessations and 193 initial FO FTC terminations generated outside of the centrally initiated CDR scheduling process (e.g., voluntary or third-party reports of medical improvement) for which we have no such information.

^b For the SSI and Medicaid programs, the savings are the Federal share of total benefit savings. Under the Affordable Care Act (ACA), SSI disabled children and disabled adults who would lose their categorical eligibility for Medicaid due to a CDR termination will continue to receive Medicaid if their family income is less than 138 percent of the Federal poverty level and their State of residence has elected to expand Medicaid coverage to this level of poverty. For disabled adults qualifying for Medicaid under that ACA provision, the Federal matching rate for their Medicaid costs will be significantly higher than the regular Medicaid matching rate, resulting in increased Federal costs attributable to those CDR terminations.

^c For the SMI program, the savings are the net effect of a reduction in benefit payments and a reduction in premium receipts.

^d Estimated savings in FY 2015 are attributable to the FO FTC terminations. The initial FO terminations in FY 2016 had payments suspended in FY 2015 due to an FTC with the FO in a CDR.

^e Between -\$0.5 million and \$0.5 million.

^f We present medium-range and long-range savings for those programs financed by payroll taxes. Includes estimated savings from suspended payments in FY 2015 attributable to FO FTC terminations in FY 2016.

^g Less than 0.005 percent.

Notes:

1. We base the estimates on the intermediate assumptions from the 2017 Trustees Reports and assumptions underlying the 2017 SSI Annual Report.
2. Federal SSI payments due on October 1st in FYs 2017, 2018, 2023, and 2024 are included with payments for the prior year.
3. The Office of the Chief Actuary in the Social Security Administration provided the estimates shown in the above table for savings in the OASDI and SSI programs. The Office of the Actuary in the Centers for Medicare & Medicaid Services provided the corresponding estimates for savings in the Medicare and Medicaid programs.
4. Totals may not equal sum of components due to rounding.

CONTINUING DISABILITY REVIEWS RESULTING FROM WORK ACTIVITY

Work continuing disability reviews (CDR) are different from the medical CDRs that are the focus of this report. Work CDRs evaluate whether a Social Security Disability Insurance (SSDI) beneficiary is engaging in substantial gainful activity (SGA) after the trial work period (TWP). Reports of work and earnings trigger work CDRs.

The definition of disability involves the inability to engage in SGA. SSDI beneficiaries must report any changes in work activity, and we must determine whether such work constitutes SGA. Additionally, our Continuing Disability Review Enforcement Operation (CDREO) is an automated process that identifies work activity by matching earnings reported to the Internal Revenue Service and posted to our Master Earnings File with the information in our other records.

When we learn of work activity, we analyze the work to determine if we must investigate further. Many work reports and CDREO alerts may not require a work CDR because the work occurs during the TWP. In addition, many CDREO alerts may identify payments that are not earnings from work activity (e.g., sick pay or long-term disability benefits); these payments also do not require a work CDR.

In fiscal year (FY) 2016, we completed 132,752 work CDRs. The results of those work CDRs are displayed in the table below. A work CDR may result in a determination that disability has ceased because earnings constitute SGA for at least one month after the TWP or a determination that disability continues because earnings do not constitute SGA.

Work CDRs in FY 2016	
Work CDRs completed during FY 2016	132,752
Reviews resulting in a finding of cessation of disability, or a subsequent reinstatement or suspension of benefits in the extended period of eligibility	66,102
Review resulting in continuance of disability	66,650

**SUMMARY OF RELEVANT LEGISLATION FOR
FY 2016 CDR ANNUAL REPORT TO CONGRESS**

LEGISLATION	DATE ENACTED	PROVISIONS	PROGRAM
<i>Section 1614(a)(4) of the Social Security Act (P.L. 92-603)</i>	October 30, 1972	1.) Gives SSA the discretionary authority to conduct CDRs on SSI recipients. 2.) On September 28, 1994, SSA issued a <u>Federal Register</u> notice that periodic SSI CDRs would begin on October 1, 1994.	SSI
<i>Section 221(i) of the Social Security Act (P.L. 97-455)</i>	Act amended January 1983	Requires SSA to submit an annual report to Congress on: 1.) Periodic CDRs mandated by the <i>Social Security Disability Amendments of 1980</i> ; and 2.) Determinations that the Commissioner of Social Security made to waive the requirement that continuing eligibility of disability beneficiaries with nonpermanent disabilities be reviewed at least once every 3 years.	DI
<i>Social Security Independence and Program Improvements Act of 1994 (P.L. 103-296)</i>	August 15, 1994	Requires SSA to: 1.) Conduct medical reviews on at least one-third of individuals attaining age 18 each year during Fiscal Year (FY) 1996-1998. This provision was repealed by P.L. 104-193. 2.) Perform CDRs for a minimum of 100,000 Supplementary Security Income (SSI) recipients during each of FYs 1996, 1997, and 1998. 3.) Report activities on these provisions to the House Committee on Ways and Means and the Senate Committee on Finance no later than October 1, 1998. ¹	SSI
<i>Contract with America Advancement Act of 1996 (P.L. 104-121)</i>	March 29, 1996	1.) Provides for an adjustment in the discretionary spending caps for increase funding for CDRs for FY 1996, \$260 million; for FY 1997, \$360 million; for FY 1998, \$570 million; and for FY 1999 through FY 2002, \$720 million annually.	DI/SSI

¹ SSA submitted this information in the FY 1997 CDR Report to Congress released to Congress on August 25, 1998.

LEGISLATION	DATE ENACTED	PROVISIONS	PROGRAM
		2.) Requires a Report to Congress annually for FYs 1996 through 2002 on the amount of money spent on CDRs, the number of reviews conducted (by category), the disposition of such reviews (by program) and the estimated savings (by program) over the short-, medium-, and long-term.	
<i>Personal Responsibility and Work Opportunity Reconciliation Act of 1996</i> (P.L. 104-193)	August 22, 1996	Requires SSA to: <ol style="list-style-type: none"> 1.) Redetermine the eligibility of SSI beneficiaries using adult initial criteria during the 1-year period beginning with the beneficiary's 18th birthday. (Modified by P.L. 105-33) 2.) Perform a CDR not later than 12 months after birth for recipients whose low birth weight is a contributing factor material to the determination of their disability. (Modified by P.L. 105-33) 3.) Conduct CDRs for SSI recipients under age 18 with non-permanent disabilities at least every 3 years. Representative payees of these recipients must present evidence that the child is, and has been, receiving treatment considered medically necessary and available. <p>The legislation authorized \$150 million in FY 1997 and \$100 million in FY 1998 in additional funds to assist with these additional mandates.</p>	SSI
<i>Balanced Budget Act of 1997</i> (P.L. 105-33)	August 5, 1997	<ol style="list-style-type: none"> 1.) Provides SSA with the authority to make redeterminations of disabled childhood recipients who attain age 18, using the adult eligibility criteria, more than 1 year after the date such recipient attains age 18. 2.) Permits SSA to schedule a CDR for low birth weight babies at a date after the first birthday if the Commissioner determines the impairment is not expected to improve within 12 months of the child's birth. 	SSI

LEGISLATION	DATE ENACTED	PROVISIONS	PROGRAM
<i>Ticket to Work and Work Improvement Act of 1999 (P.L. 106-170)</i>	December 17, 1999	1.) Prohibits the Commissioner from initiating CDRs during the period a beneficiary is using (as defined by the Commissioner) a Ticket to Work and Self-Sufficiency. 2.) Effective January 1, 2002, prohibits the Commissioner from scheduling medical CDRs due solely to an individual's work activity after the individual has been receiving benefits for 2 years. An individual will still be subject to regularly scheduled CDRs not triggered by work. Work activity will still be evaluated to determine eligibility for cash benefits.	DI/SSI

Analysis of Medical CDR Prioritization by Expected Savings

1 | Background

Currently, all disabled beneficiaries whose medical continuing disability review (CDR)¹ Diaries come due each fiscal year (FY) are scored by our CDR models, which estimate for every individual case the likelihood that a medical cessation would result if a full medical review (FMR) CDR was conducted. Cases estimated as having the highest probability of cessation, or score (4.21% and above), are classified as “High” cases and are released for an FMR. Adult cases scoring between 2.01% and 4.21% are classified as “Medium” cases and are generally initiated as a mailer. Adult cases scoring below 2.01% are classified as “Low” cases and are generally also initiated as a mailer. Based on the mailer responses and model score, some Medium and Low cases are ultimately selected to receive an FMR. Supplemental Security Income (SSI) Child cases are all initiated as FMRs regardless of the score.

In a prior audit of the Social Security Administration (SSA) CDR process, the Government Accountability Office (GAO) recommended that SSA investigate prioritizing CDR releases on the basis of expected savings. The conference report accompanying Public Law 116-94, the *Further Consolidated Appropriations Act, 2020*, included a reporting requirement regarding our CDR process. Specifically, it requested an analysis of medical CDR prioritization by expected savings. This paper presents an analysis of the impact such a shift would have on the overall savings from CDRs and the total number of cessations, in response to the direction from Congress and GAO.

2 | Analysis Results

We analyzed the expected outcomes of SSI and DI adult cases that were released for CDRs in FY 2017. We excluded SSI Low Birth Weight (LBW), Age 18, and other SSI child cases because model scores are not used for LBW and Age 18 cases while the model scores have limited impact for the selection of other SSI child cases.² We calculated savings for a number of different prioritization schemes, as described below. For all of them, we set the number of “High” prioritization cases to be the same for our alternate prioritization as it is under the current model based prioritization.

- Baseline: The current prioritization-using model scores to determine which are High, Medium, and Low.
- Option 1: Savings prioritization. This option ranked cases by expected lifetime savings rather than by probability of medical cessation, and then selected the same number of high cases as the baseline. Prioritization into medium and low buckets were then based on model score, again with the same number of medium and low cases as in the baseline.
- Option 2: Hybrid approach. Because many of the SSA savings resulting from Option 1 were offset by reduced savings from Medicare, we considered an option where only the top half of the High savings cases from Option 1 were moved to the High category. In option 2a, the lowest model scored cases were

¹ All references to CDRs in this paper are to medical CDRs, and do not in any way indicate work CDRs conducted for disabled title II beneficiaries.

² Throughout the remainder of this paper, we will refer to “SSI” or “Title XVI” cases with the understanding that the SSI case analysis is restricted to adult SSI cases.

replaced and moved from High to Medium. In option 2b, the lowest savings cases were replaced and moved from High to Medium.

- Option 3: Theoretical maximum. This option was similar to Option 1, but instead of using lifetime SSA savings to select the high cases, we used the sum of SSA lifetime savings and our estimate of Medicare Savings for Title II cases. (For Title XVI this is identical to Option 1.)

For this analysis, the Old-Age, Survivors and Disability Insurance (OASDI) and Federal SSI savings amounts were developed using internal actuarial projections. We roughly approximated the impact on Medicare savings, which are quite significant. In 2014 and 2015, Medicare savings from Title II CDRs were estimated to be 78% and 89%, respectively, of the OASDI savings resulting from those CDRs. Because our proposed prioritization methodology, adjusting by estimated lifetime savings, reduces the number of cessations, it also reduces the number of beneficiaries removed from the Medicare rolls. The precise effect on Medicare savings is uncertain. If the increase in SSA savings is being driven by increased time off the rolls, this would also increase Medicare savings per cessation. However, if the increase in SSA savings is driven by selection of cases with higher SSA monthly benefit amounts, then we would not expect there to be any corresponding increase in Medicare savings for that case. We have reached out to the Center for Medicare and Medicaid Services (CMS) actuaries for their assistance to more precisely estimate the change in Medicare savings, if possible.

Medicaid savings are much smaller on a net basis in comparison to the SSA programmatic savings for Title XVI cases. However, due to significant State variation in Federal Medicaid benefits there could be proportionately larger changes in Medicaid savings effects. Because of the greater complication of Medicaid savings calculations, and the small total amount of Medicaid savings, we did not include Medicaid savings in our analysis.

The results of our analysis are shown in the table below. For each option, this table shows the projected change in SSA programmatic savings for OASDI and SSI, the change in Medicare savings, the change in total number of cessations, and the change in total lifetime government savings.

	Total Savings (\$M)	% change	Title II (\$M)	Medicare (\$M)	SSI (\$M)	Cessations	FMRs
Baseline: Model prioritization	\$6,069		\$2,845	\$2,377	\$847	34,570	456,756
Option 1: Savings prioritization	\$6,040	-0.49%	\$2,908	\$2,279	\$854	33,804	456,756
Option 2a: 1/2 savings, replace score	\$6,082	0.23%	\$2,871	\$2,358	\$854	34,232	456,756
Option 2b: 1/2 savings, replace savings	\$6,085	0.27%	\$2,903	\$2,329	\$854	34,109	456,756
Option 3: Optimal savings	\$6,117	0.79%	\$2,859	\$2,404	\$854	34,142	456,756

The details of our analysis, including all assumptions and various factors used, are described in the following section.

3 | Analysis Approach and Discussion

For all of the analysis reported here, we used a sample of all adult cases that came due for their CDR in FY 2017. This test data set included 418,842 Title XVI adult cases, and 1,065,088 Title II workers and concurrent cases. While this is a very large sample set, the composition of CDR cases can change somewhat from year to year, and so the savings estimates from our analysis could shift somewhat when looking at different years.

Our analysis was broken out into several distinct steps. The first step was to estimate the expected lifetime SSA programmatic savings for each case if it had a medical cessation. This was done using annuity factors generated by SSA's Office of the Chief Actuary (OCACT). These factors represent the estimated present value of net lifetime program savings for a monthly benefit of \$1 payable per month. The annuity factors reflect expected rates of non-medical attrition (due to death and termination for other-than medical reasons), the rates of cases returning to the rolls after a cessation, cost of living adjustments, and projected future inflation rates. The annuity factors are a function of beneficiary age and type of case (Title II worker, Title XVI adult, etc.). Using administrative data, for each case in our sample, we developed an estimate of the monthly benefit amount by taking the average benefit paid over the previous FY (2016), and multiplied that amount by the appropriate annuity factor for that particular case to estimate the current dollar value of expected savings from a medical cessation.

The CDR model scores that are currently used for case prioritization already provide a measure of the expected probability of a cessation if a full medical review is conducted. On an individual case basis, multiplying that model score by the estimated lifetime savings value for that case provides an estimate of the expected savings for the given case if a full medical review is conducted. This probability-weighted savings estimate was then used to prioritize cases for immediate release as FMRs, similar to what is currently done.

For our analysis, we assumed that under the proposed prioritization scheme there would be the exact same number of cases in each of the three score categories (High, Medium, and Low) as under the current scheme. In other words, the threshold for initiating a case as an FMR versus a mailer would be set to conduct approximately the same number of FMRs and mailers. This allows us to conduct a direct comparison of overall savings between the two prioritization methods. This would also keep overall agency workloads at the same levels, which would be easiest from an operational standpoint.

We do not have data to assess how the outcomes from mailer cases could change if different cases were classified as Medium. In order to estimate the savings from these cases, we assumed that a random 30% of Medium cases would be selected for FMR, and those selected would have a uniform cessation rate of 4.16%. (These factors were estimated from SSA operational and profile sample data). The exception to this was the small number of cases in the various options that ended up as medium priority but had model predicted cessation rates greater than 4.16%. For these cases, we used the model predicted cessation rate rather than 4.16%. Since only about 1% of Low scoring cases are selected for FMR, and low cases were almost unaffected by the changes in prioritization, we did not include those cases in the analysis.

The uncertainty in the exact impact of prioritization changes on mailer returns is one of the biggest sources of uncertainty in our projections. This is also why, for all of the options, we used model score rather than savings to prioritize medium and low cases. Shifting a portion of high scoring cases down to medium and using the above methodology to predict the expected savings does not introduce a large a potential for error. However, shifting a more significant number of low cases into medium, and then assuming these cases with very low model predicted cessation rates would still be selected 30% of the time and have a 4.16% cessation rate produced substantial shifts in the predicted savings, about \$100 million per year. We do not think our mailer assumptions (30% selection and

4.16% cessation rate) would be valid for these low model scored cases, and so we kept the model prioritization for medium and low cases to avoid skewing the results. Hence, our analysis focuses on the use of savings to prioritize cases for immediate release as FMRs (high prioritization.)

Estimating the change in Medicare savings was a two-step process. First, it was necessary to estimate the total dollar amount of Medicare savings under the current prioritization methodology using probability of medical cessation. We had previously calculated the estimated OASDI savings associated with this approach. Assuming that the ratio of Medicare savings to OASDI savings would remain roughly constant over time, the average value of this ratio (83.55%) from FYs 2014 and 2015 was used to produce an estimate of Medicare savings under the current prioritization scheme.

The second step was to estimate how much the Medicare savings would change when shifting to the proposed prioritization by lifetime SSA savings. To calculate this value, we assumed that the Medicare savings would scale directly with the total time off the rolls. The same annuity factors used for the SSA savings calculations were used here to estimate the total time off rolls. This is equivalent to the assumption that the average Medicare cost per month for each case is the same.

We have reached out to the CMS actuaries to get a more complete and appropriate methodology for estimating Medicare savings. When these estimates become available, we could incorporate them into our analysis and calculate a more refined estimate for the impact on total Federal program savings.

As shown in Table 1 above, the increase in lifetime SSA savings in Option 1 was offset by a decrease in Medicare Savings for Title II cases. As a result, the total government savings actually decreased slightly for option 1. We then investigated two “halfway” alternatives, so see whether there might still be some benefit in selecting just the very highest expected savings cases. These cases would produce a larger increase in government savings on a per case basis, while we expect the offsetting loss of Medicare savings would be approximately the same on a per case basis.

Options 3a and 3b were similar to Option 1, but only the top half of cases by expected savings that were moved into High were changed for these two options. Option 2a had these cases replace the lowest model scored cases in the High category. Option 2b replaced the lowest cases by expected savings in the High category. While these options did result in a slight increase in estimated total savings, the savings were extremely small, well below 0.5%.

Because our calculation of Medicare savings relied on estimates from previous years’ results, rather than being underpinned by firm actuarial methodologies, we do not think they could be used by SSA to prioritize cases for release. Any such administrative adjudication on the part of SSA should be based on a rigorous and defensible methodology. However, we included an additional, “Theoretical optimum” variant which assumed we had full knowledge of Medicare savings and were able to use that in our prioritization. This option, Option 3 in the list above, took the projected lifetime savings from both SSA and Medicare (each calculated according the methodologies described above), and used the combined Federal lifetime savings to select the High cases. This option is interesting since it provides an estimate of the upper bound in savings increase that could be achieved using savings to prioritize cases. As can be seen in the table, even this “perfect” prioritization only produced a net savings increase of 0.79%. This is the maximum possible savings increase that could be achieved using lifetime savings to prioritize case releases while keeping the same overall workload in terms of number of FMRs conducted.

Taken together, all of these results indicate that the probability of medical cessation is the driving factor in achieving savings in the CDR process. Our current methodology, which selects cases based purely on the probability of cessation, is very close to optimal in terms of the total savings produced.

As previously discussed, because Medicaid savings are so much smaller compared to SSA savings, we did not include them in our calculations of SSI savings. As a result, there was no need to consider alternatives 2a, 2b, or 3. For all of these options, we used the Option 1 prioritization, with expected SSA savings used to select the high cases

4| Additional Considerations

Two main factors directly affect the expected lifetime savings of a particular case. The first is age—the younger a beneficiary is, the longer their expected future time off the rolls is, and hence the higher the expected savings from a cessation. The second is benefit amount level—the higher an individual’s monthly payment, all other things being equal, the more savings would accrue from a cessation. Thus, we would expect that a shift to the use of savings for case prioritization would differentially affect the young, and those with higher benefit levels. However, there are other secondary factors affecting the estimated lifetime savings. Some of these factors include the presence of auxiliary beneficiaries (for Title II beneficiaries only), the utilization of Medicare and Medicaid services, and State of residence (which affects Medicaid savings).

For Title II, the two primary factors somewhat offset each other, since older beneficiaries tend to have higher benefit amounts. However, to quantify the impact of the aforementioned primary factors, we examined the relative make-up of High scoring cases for Title II and Title XVI under our current prioritization and under the proposed savings-adjusted prioritization, Option 1.

For Title II, there were 203,986 High cases using the current prioritization criterion based solely on probability of medical cessation. Of these, 86% remain High cases when re-ranked according to estimated lifetime savings. For Title XVI cases, 93% of the 129,445 High cases remain High when ranked according to expected lifetime savings. These high percentages indicate that the over-riding factor in expected savings is the probability of medical cessation, and our current prioritization scheme based solely on the probability of medical cessation is close to optimal in realizing future savings. This is because the probability of medical cessation has the largest spread in relative values. Many cases have extremely low probabilities of cessation, less than 1%, while other cases have probabilities at 5% or even 10%. The dispersion of values for expected time off the rolls or benefit amount are smaller, and so only 14% of the High cases for Title II and 7% of the High cases for Title XVI change when expected lifetime savings are used for prioritization rather than likelihood of medical cessation.

Table 2. Average values for all Title II “High” scored cases comparing the current model-based prioritization with the proposed savings-adjusted model-based prioritization.		
Title II Variable	Baseline	Option 1, Savings Prioritization
Age (years)	37.9	37.8
Monthly DI Benefit Amount	\$954	\$1,126
Annuity Factor (Months)	187.4	180.5

Title XVI Variable	Baseline	Option 1, Savings Prioritization
Age	29.8	29.7
Monthly Federal SSI Benefit Amount	\$657	\$688
Annuity Factor (Months)	86.9	87.2

We investigated the characteristics of the High cases under the current prioritization scheme and the proposed savings-adjusted model-based scheme. Specifically, we looked at the average age and average benefit amount. We also looked at the average annuity factor, which is a measure of the expected future time off the rolls. (More precisely, it is a measure of the expected time a beneficiary would be off the rolls (in months) if they are medically ceased, and it accounts for recipients who ultimately may return to the rolls after a medical cessation. It also includes future value discounting to adjust for inflation and other factors.)

Tables 2 and 3 present the average values for each of these factors for the high scoring cases under the current, model-based prioritization and the proposed prioritization based on expected lifetime savings. We focused on the high scoring cases since those are the ones most directly impacted by the scoring and prioritization, with all receiving an FMR, while whether a medium case receives an FMR is determined by mailer responses.

One important result is that the changes that occur in the shift to the savings-adjusted prioritization scheme are driven by monthly benefit amount rather than expected future time off the rolls for Title II. The average monthly benefit amount for high cases increases by 18%, while the average annuity factor decreases by 4%. Average age remains about the same.

For Title XVI, we see a similar trend, although the benefit shifts are smaller since Title XVI benefit amounts vary less than those for Title II. For Title XVI the average age and annuity factor remain almost unchanged, while the average benefit amount increases by 5%.

We also investigated difference in households for Title XVI cases. We found no change in the average number of minor dependents (children under age 18) among high scoring cases between the two prioritization schemes, with 1.91 average dependents for high scoring cases in both. (This was for households with at least 1 dependent. Including cases with no dependents, the average increased very slightly from 0.34 to 0.35.) The fraction of married beneficiaries among high scoring cases dropped slightly from 8.0% to 7.1% when shifting to a savings-based prioritization.

In conclusion, prioritization by adjusting the model-based scores by estimated savings does preferentially target cases with higher monthly benefit amounts. However, this does not seem to result in a significant differential targeting of cases by age or household composition.

5| Conclusion

We investigated a series of alternatives involving the use of expected lifetime savings to prioritize CDR cases for release. Specifically, we looked at the use of lifetime savings to determine which cases were released as FMRs and which were initiated as CDR mailers. Our analysis indicates that none of the options produce a significant increase in savings for SSA. Given the significant uncertainties in our projections, the increased complexity to incorporate savings into CDR prioritization, and the difficulty to track process performance compared to the current methodology, we do not believe any of these options should be implemented by SSA.