



PERFORMANCE SECTION

AGENCY PERFORMANCE

Introduction

In fiscal year (FY) 2011, we focused our attention and resources on mission critical workloads and programs. We achieved success with these workloads by focusing on our 4 overarching strategic goals, their supporting 16 strategic objectives, and 33 performance measures with related targets. We explained these goals, objectives, measures, and targets in detail in our [Annual Performance Plan for Fiscal Year 2012 and Revised Final Performance Plan for Fiscal Year 2011](#) online at www.socialsecurity.gov/budget/2012APP.pdf. This section of our *Performance and Accountability Report* documents our performance and provides brief discussions about actions that supported our performance in FY 2011. We do not expect to receive final data for 6 of our 33 performance measures until 2012. We will report the results for those measures in our *FY 2012 Performance and Accountability Report*. We have data for 27 of our performance measures. In spite of our resource constraints and increased workloads in FY 2011, we met 21 of 27 performance measure targets. Our overall success rate for our FY 2011 targets was 78 percent. Our success depended upon our dedicated staff, innovative technology initiatives, streamlined procedures, and increased productivity.

Our employees are pivotal assets in carrying out our mission. By strategically managing, engaging, and aligning staff, we ensure that we have a workforce of highly dedicated and motivated employees who are committed to providing outstanding public service. We align our human capital management strategies with our mission, goals, and organizational objectives and integrate them into our strategic and performance plans.

The performance data presented in this section complies with the guidance provided in the following Office of Management and Budget (OMB) Circulars:

- OMB Circular No. A-11, *Preparation, Submission, and Execution of the Budget* and
- OMB Circular No. A-136, *Financial Reporting Requirements*.

The section entitled, *How We Ensure Our Data Integrity*, on page 33 describes our continuing efforts to enhance the quality and timeliness of our performance data to increase its value to our management and other interested parties. Our executives routinely use this performance data as a tool to improve the quality of our program management, make data-driven decisions, and demonstrate our accountability for achieving expected program results.

FY 2011 Performance Measures By Goal and Objective




In this section, we:

- List our 33 FY 2011 performance measures, organized by strategic goal and objective. For each performance measure, we provide our FY 2011 target, actual performance, a discussion about our performance, the data definition, and the data source;
- Provide historical trend data for our targets and performance;
- Provide our plans for improving our performance where we missed our target;
- Indicate which performance measures supports our Priority Goals;
- Identify the FY 2011 performance measures for which final data were not available at the end of the fiscal year, indicate when the data will become available, and indicate that we will report the data in our *FY 2012 Performance and Accountability Report*;
- Provide our performance results for the measures cited in our *FY 2010 Performance and Accountability Report* where the final data were not available at the end of FY 2010;
- Round our actual performance data to the nearest whole number or decimal point, when applicable, using a standard rounding convention; and
- Discuss our program evaluations.

Note: We published the *FY 2011 Annual Performance Plan (APP)* before we received our annual funding; therefore, those performance targets were not based on our FY 2011 appropriation. The FY 2011 targets reported here reflect performance commitments based on our annual FY 2011 funding included in Public Law 112-10, the *Department of Defense and Full-Year Continuing Appropriations Act*.

We accumulate much of our performance data based on an operating month rather than a true calendar month. An operating month cuts off on the last Friday of the calendar month. Each quarter of a normal operating year contains 13 weeks and the fiscal year contains 52 weeks. Every 5 or 6 years, the fiscal year contains 53 weeks rather than the normal 52 weeks because the year is not evenly divisible by 7 days. FY 2011 is a 53-week fiscal year. The table on page 83 shows our fiscal year performance for select measures through both the end of the 52nd and 53rd week. We include the 53rd week (through September 30, 2011) in the actual performance for these measures in this *Performance and Accountability Report*.

The following is the key used to indicate the performance status of our targets shown on pages 50 through 82.

| Key | |
|---|---|
| Target met or exceeded |  |
| Target not met |  |
| Target not met, but performance improved from previous fiscal year |  |
| To be determined – final FY 2011 data not available | TBD |
| PG – Indicates the measure is one of our <i>Government Performance and Results Act</i> performance measures that support our Priority Goals. More information on Priority Goals is available on pages 12-13. | |

STRATEGIC GOAL 1
ELIMINATE OUR HEARINGS BACKLOG AND PREVENT ITS RECURRENCE

STRATEGIC OBJECTIVE 1.1:
INCREASE OUR CAPACITY TO HEAR AND DECIDE CASES

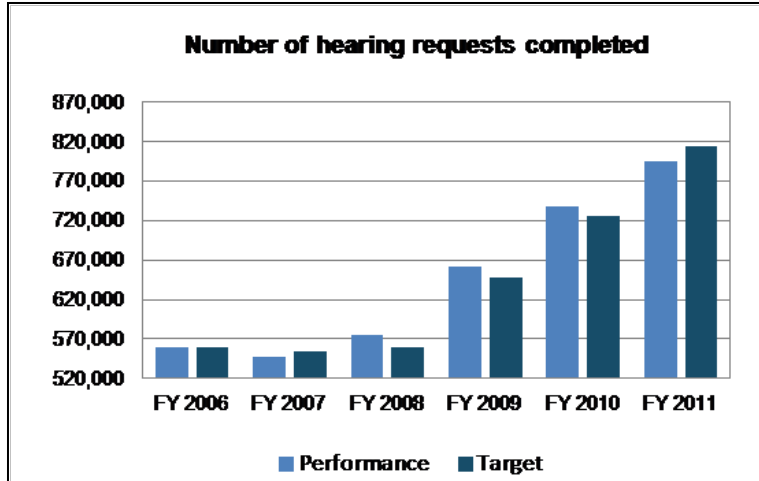
1.1a: Complete the budgeted number of hearing requests **(PG)**

FY 2011 Target: 815,000
Performance: 795,424 (based on 53 weeks)
Target Achieved: No, but performance improved

Discussion: We ended FY 2011 short of our hearings completion target. We missed the 815,000 target by 19,576 hearings. We attribute this shortfall to a number of factors including:

- Higher than normal attrition of administrative law judges (ALJ): We historically lose only 60 ALJs in a year, but in FY 2011 we lost 97 ALJs. We hired additional ALJs to replace our losses, but we need to train the new ALJs before they will be able to handle the same amount of work as the ALJs we lost.
- Opened fewer hearing offices than expected: We opened only 8 new hearing offices in FY 2011 rather than the 16 offices we planned. The opening of those eight offices was delayed by the FY 2011 budget uncertainty.

Trend:



| Fiscal Year | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|---------|---------|---------|---------|---------|---------|
| Performance | 558,978 | 547,951 | 575,380 | 660,842 | 737,616 | 795,424 |
| Target | 560,000 | 555,000 | 559,000 | 647,000 | 725,000 | 815,000 |
| Target Met | ↓ | ↓ | ↑ | ↑ | ↑ | ↔ |

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

Data Source: Case Processing and Management System

Plan for Improving Performance: We plan to hire additional ALJs and support staff to provide the necessary capacity to meet our future performance targets.

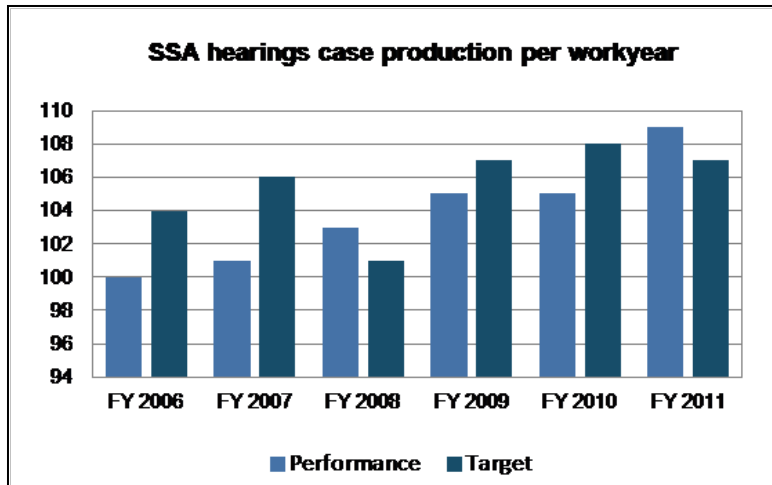
Supports Priority Goal: Issue more decisions for people who file for disability.

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

FY 2011 Target: 107
Performance: 109 (based on 53 weeks)
Target Achieved: Yes

Discussion: Case production per workyear is a measurement we use to quantify the average annual number of hearing dispositions hearing office employees make. We derive the production per workyear by dividing the workload counts (completed cases) by the workyears used to complete that workload. We express production rates as units produced per workyear. In FY 2011, we focused our efforts on increasing hearings productivity, and as a result, we exceeded our target.

Trend:



| Fiscal Year | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|------|
| Performance | 100 | 101 | 103 | 105 | 105 | 109 |
| Target | 104 | 106 | 101 | 107 | 108 | 107 |
| Target Met | ↓ | ↓ | ↑ | ↓ | ↓ | ↑ |

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

Data Source: Office of Disability Adjudication and Review, Monthly Activity Report, the Case Processing and Management System, Payroll Analysis Recap Report, Travel Formula (based on the assumption that ALJs spend an average of 10 percent of their time in travel status), and Training Reports (Regional reports on new staff training, ongoing training, and special training)

Note: This measure was formerly a Program Performance Measure. As of FY 2011, it became a *Government Performance and Results Act* performance measure.

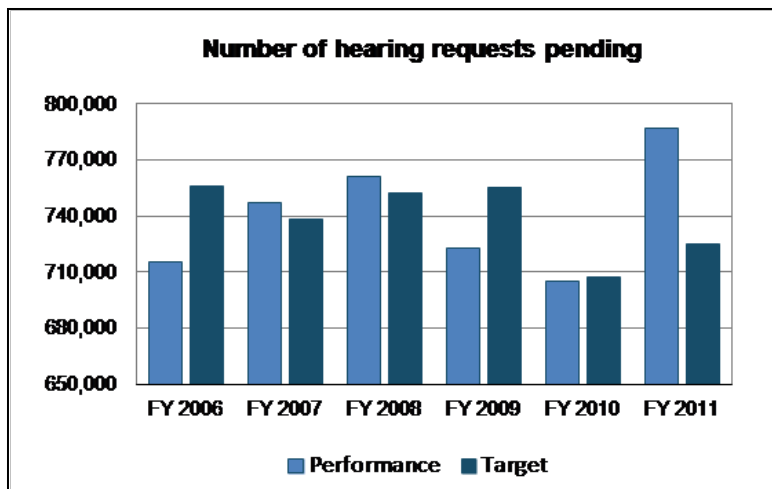
**STRATEGIC OBJECTIVE 1.2:
IMPROVE OUR WORKLOAD MANAGEMENT PRACTICES THROUGHOUT THE HEARINGS PROCESS**

1.2a: Achieve the target number of hearing requests pending

FY 2011 Target: 725,000
Performance: 787,190 (based on 53 weeks)
Target Achieved: No

Discussion: In FY 2011, we did not meet the goal because receipts outpaced hearing decisions. We received a record number of hearing requests (859,514) for the third year in a row. As we issued more initial disability decisions, the number of hearing requests continued to rise. Additionally, the appeal rate on disability denials has increased by about 9 percent from FY 2010 to FY 2011. These factors combined with higher than normal attrition of our ALJs caused us to miss our goal by 62,190.

Trend:



| Fiscal Year | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|---------|---------|---------|---------|---------|---------|
| Performance | 715,568 | 746,744 | 760,813 | 722,822 | 705,367 | 787,190 |
| Target | 756,000 | 738,000 | 752,000 | 755,000 | 707,000 | 725,000 |
| Target Met | ↑ | ↓ | ↓ | ↑ | ↑ | ↓ |

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

Data Source: Case Processing and Management System

Plan for Improving Performance: We plan to hire additional ALJs and support staff to provide the necessary capacity to meet our future performance targets.

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

| | |
|-------------------------|---|
| FY 2011 Target: | Less than 0.5% of hearing requests pending 775 days or older |
| Performance: | 0.09% of hearing requests pending 775 days or older (based on 53 weeks) |
| Target Achieved: | Yes |

Discussion: We began FY 2011 with 111,792 cases that would be 775 days or older by the end of the fiscal year. At the end of the fiscal year, only 103, or 0.09 percent, of claims remained, which was well below our target. In fact, we eliminated virtually all of the cases that were 750 days or older.

Trend:

| Fiscal Year | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|---|--|--|--|--|
| Performance | 108 of 63,770 cases remained pending (.17%) | 281 of 135,160 cases remained pending (.2%) | 228 of 166,838 cases remained pending (.14%) | 47 of 139,026 cases remained pending (.03%) | 103 of 111,792 cases remained pending (.09%) |
| Target | Eliminate all hearings pending 1,000 days or more | Less than 1% of hearings pending 900 days or older | Less than 1% of hearings pending 850 days or older | Less than 0.5% of hearing requests pending 825 days or older | Less than 0.5% of hearing requests pending 775 days or older |
| Target Met | Not applicable | ↑ | ↑ | ↑ | ↑ |

Data Definition: The percentage of oldest hearing requests pending. The oldest hearing requests are those cases that are pending, or will be pending, 775 days or more at the end of the fiscal year. The percentage is derived by dividing the total number of hearing requests pending 775 days or more at the end of the fiscal year by the total number of oldest hearing requests, identified at the beginning of the fiscal year.

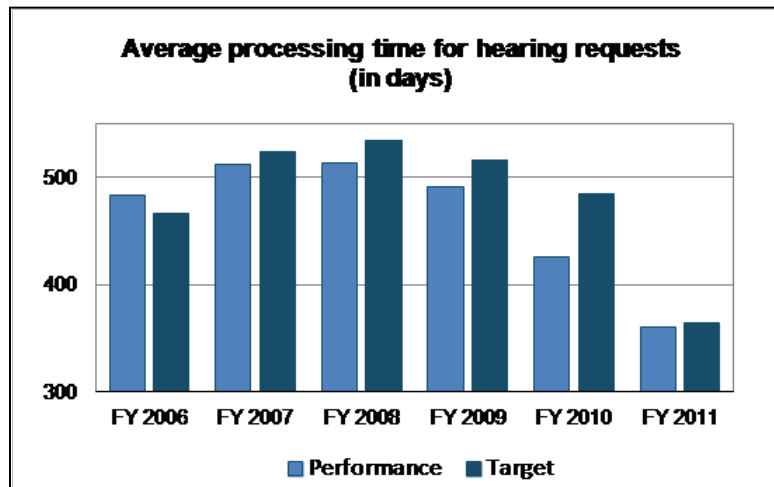
Data Source: Case Processing and Management System

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

| | |
|-------------------------|------------------------------|
| FY 2011 Target: | 365 days |
| Performance: | 360 days (based on 53 weeks) |
| Target Achieved: | Yes |

Discussion: Despite receiving 82,514 more hearing requests than our initial projection (and 25,514 more than our amended projection), we continued to lower the average processing time. The average processing time for FY 2011 was 360 days compared to 426 days in FY 2010. This is an improvement of over 25 percent since FY 2006. We are committed to achieving our long-term objective to reduce the time it takes an individual to receive a hearing decision to an average of 270 days.

Trend:



| Fiscal Year | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|------|
| Performance | 483 | 512 | 514 | 491 | 426 | 360 |
| Target | 467 | 524 | 535 | 516 | 485 | 365 |
| Target Met | ↓ | ↑ | ↑ | ↑ | ↑ | ↑ |

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

Data Source: Case Processing and Management System

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

| | |
|-------------------------|---|
| FY 2011 Target: | Less than 1% of Appeals Council requests for review pending 650 days or older |
| Performance: | 0.3% of Appeals Council requests for review pending 650 days or older (based on 53 weeks) |
| Target Achieved: | Yes |

Discussion: We began FY 2011 with 36,200 Appeals Council review requests that would have been pending for 650 days or longer by the end of the fiscal year. We completed 36,076 of these cases, or 99.7 percent, enabling us to achieve our target for this performance measure.

Trend:

| Fiscal Year | 2009 | 2010 | 2011 |
|-------------|---|---|---|
| Performance | 10 of 12,184 cases remained pending (0.1%) | 131 of 24,297 cases remained pending (0.5%) | 124 of 36,200 cases remained pending (0.3%) |
| Target | Less than 1% of Appeals Council cases pending 750 days or older | Less than 1% of Appeals Council requests for review pending 700 days or older | Less than 1% of Appeals Council requests for review pending 650 days or older |
| Target Met | ↑ | ↑ | ↑ |

Data Definition: The percentage of oldest Appeals Council requests for review pending. The oldest requests for review are those cases that are pending or will be pending 650 days or more at the end of the fiscal year. The

percentage is derived by dividing the total number of requests for review pending 650 days or more at the end of the fiscal year by the total number of oldest Appeals Council requests for review identified at the beginning of the fiscal year.

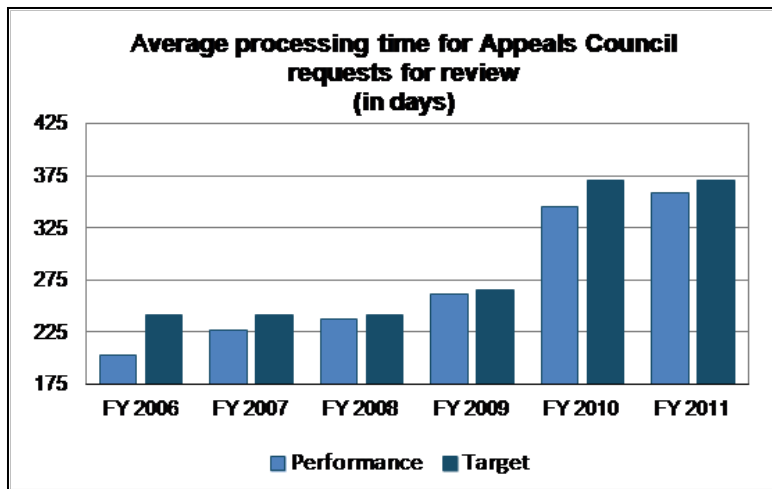
Data Source: Appeals Review Processing System

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

FY 2011 Target: 370 days
Performance: 358 days (based on 53 weeks)
Target Achieved: Yes

Discussion: Despite having received 25,332 more requests for review than expected, we were able to meet the 370-day average processing time target. We attribute this success to investments in additional hires and refresher training for Appeals Council employees over the last three years.

Trend:



| Fiscal Year | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|------|
| Performance | 203 | 227 | 238 | 261 | 345 | 358 |
| Target | 242 | 242 | 242 | 265 | 370 | 370 |
| Target Met | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ |

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

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

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

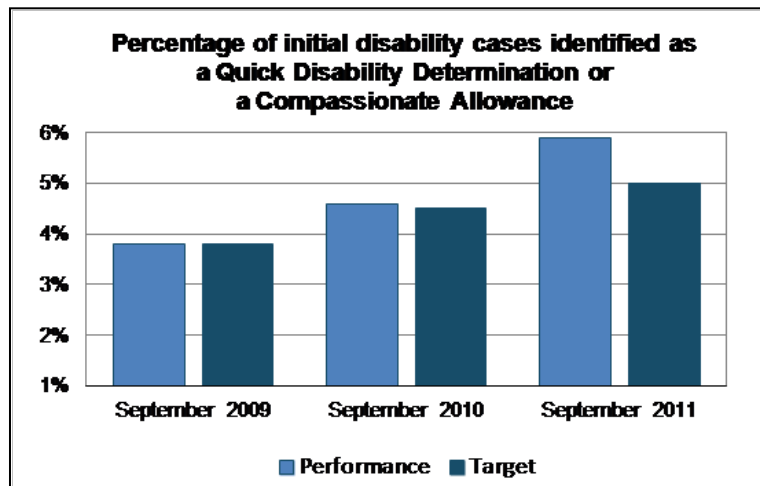
**STRATEGIC OBJECTIVE 2.1:
FAST-TRACK CASES THAT OBVIOUSLY MEET OUR DISABILITY STANDARDS**

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

FY 2011 Target: 5%
Performance: 5.9% (through September 30)
Target Achieved: Yes

Discussion: Quick Disability Determinations and Compassionate Allowances are two of our most successful initiatives designed to improve the speed of our disability process. In FY 2011, we updated the Quick Disability Determination predictive model, which allowed us to increase the number of individuals served through the Quick Disability Determination process. We added 12 new conditions to our list of qualifying medical conditions for the Compassionate Allowance process, which brought the total to 100. Our target was to identify 5 percent of the initial disability claims filed as Quick Disability Determinations or Compassionate Allowances. We identified 16,919 initial disability claims or 5.9 percent as Quick Disability Determinations or Compassionate Allowances, fast-tracking more cases for the most severely disabled claimants in September 2011. We streamlined the application process for Compassionate Allowances to reduce the burden on claimants.

Trend:



| | September 2009 | September 2010 | September 2011 |
|--------------------|----------------|----------------|----------------|
| Performance | 3.8% | 4.6% | 5.9% |
| Target | 3.8% | 4.5% | 5% |
| Target Met | ↑ | ↑ | ↑ |

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

Data Source: Executive and Management Information System and Disability Management Information

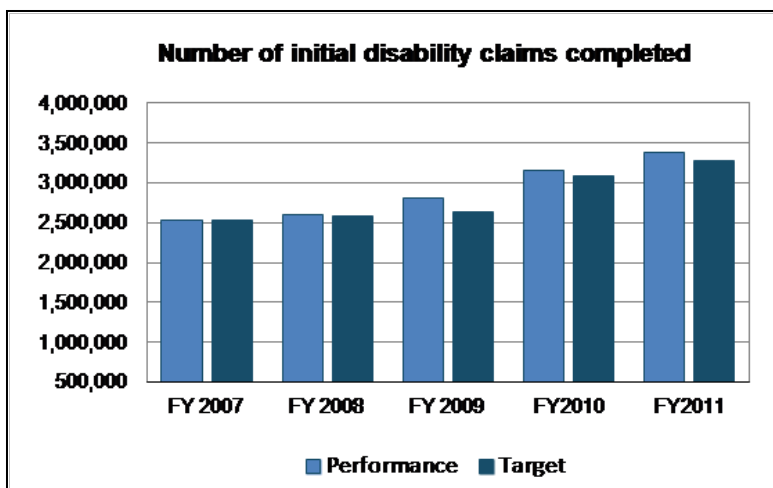
Supports Priority Goal: Issue more decisions for people who file for disability.

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

FY 2011 Target: 3,273,000
Performance: 3,390,936 (based on 53 weeks)
Target Achieved: Yes

Discussion: In FY 2011, we completed 3,390,936 initial disability claims, 7.3 percent more than we completed in FY 2010. This is particularly impressive because some States continued to furlough Disability Determination Services (DDS) employees, and we were unable to replace staffing losses in most of the agency, including the DDSs.

Trend:



| Fiscal Year | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|-----------|-----------|-----------|-----------|-----------|
| Performance | 2,529,721 | 2,607,282 | 2,812,918 | 3,161,314 | 3,390,936 |
| Target | 2,530,000 | 2,582,000 | 2,637,000 | 3,081,000 | 3,273,000 |
| Target Met | ↓ | ↑ | ↑ | ↑ | ↑ |

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

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

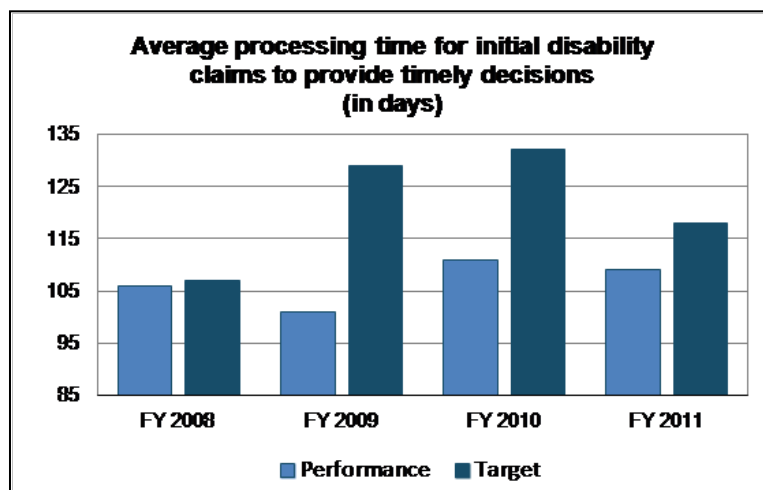
Supports Priority Goal: Issue more decisions for people who file for disability.

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

FY 2011 Target: 118 days
Performance: 109 (based on 53 weeks)
Target Achieved: Yes

Discussion: We anticipated that the increase in the number of initial disability claims receipts would increase our processing time. Yet, even with a record-breaking number of initial disability claims, we decreased our processing time by 2 days – from 111 days in FY 2010 to 109 days in FY 2011. Through health Information Technology (*health IT*), we are able to access electronic medical records almost instantaneously from participating health providers and medical facilities. Since we began using *health IT* in FY 2009, the average processing time for initial disability claims where we could use *health IT* was approximately 21 days shorter than for claims where it was not available or used.

Trend:



| Fiscal Year | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|
| Performance | 106 | 101 | 111 | 109 |
| Target | 107 | 129 | 132 | 118 |
| Target Met | ↑ | ↑ | ↑ | ↑ |

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

Data Source: Old-Age, Survivors, and Disability Insurance Initial Claims Operational Data Store and Supplemental Security Income Initial Claims Operational Data Store

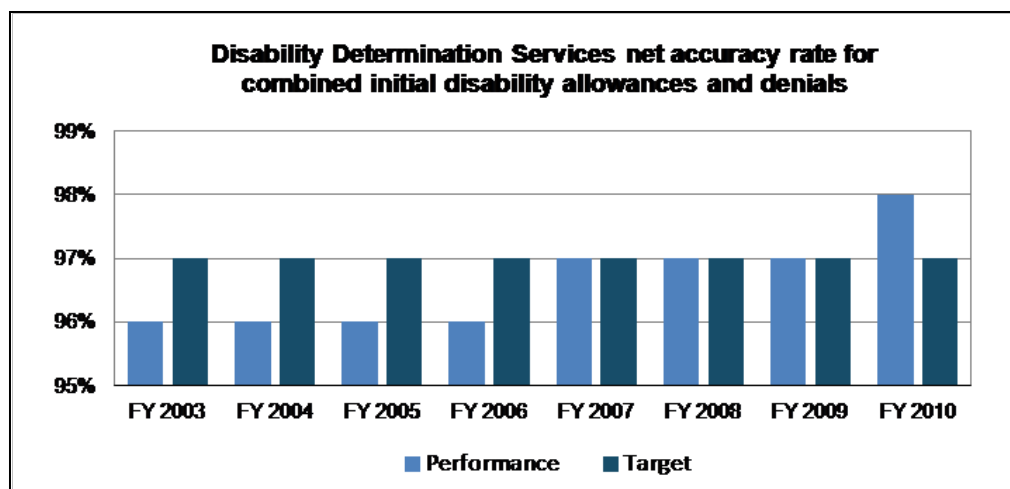
2.1d: Disability Determination Services net accuracy rate for combined initial disability allowances and denials

| | |
|-------------------------|-----------------------------|
| FY 2011 Target: | 97% |
| Performance: | Data available January 2012 |
| Target Achieved: | TBD |

Discussion: FY 2011 data for this performance measure will not be available until January 2012. We will discuss our FY 2011 performance for this measure in next year's report. The following information relates to our FY 2010 performance for which data were not available when we published our *FY 2010 Performance and Accountability Report*.

During FY 2010, the DDSs dealt with increasing numbers of disability claims and furloughs in some States. Despite these challenges, we exceeded our target accuracy rate of 97 percent for combined initial disability allowances and denials. The Electronic Claims Analysis Tool is a web-based application that guides disability examiners through the disability sequential evaluation process and has helped improve our decisional accuracy.

Trend:



| Fiscal Year | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|------|------|------|-----------------------------|
| Performance | 96% | 96% | 96% | 96% | 97% | 97% | 97% | 98% | Data available January 2012 |
| Target | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% | 97% |
| Target Met | ↓ | ↓ | ↓ | ↓ | ↑ | ↑ | ↑ | ↑ | TBD |

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

Data Source: Disability Quality Assurance Databases

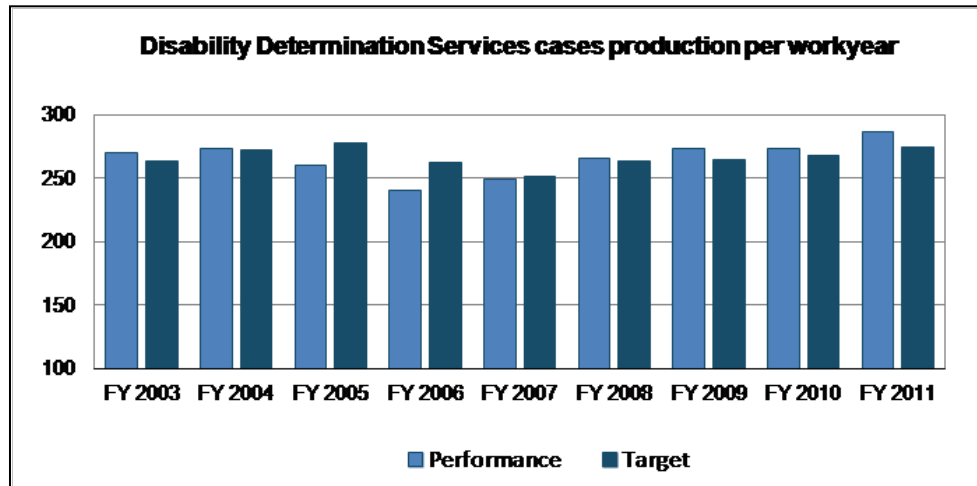
Note: This measure was formerly a Program Performance Measure. As of FY 2011, it became a *Government Performance and Results Act* performance measure.

2.1e: Disability Determination Services cases production per workyear

FY 2011 Target: 275
Performance: 287 (based on 53 weeks)
Target Achieved: Yes

Discussion: In FY 2011, we met our target for DDS case production per workyear because the new hires we brought on board in FYs 2009 and 2010 are now becoming fully productive. This measurement quantifies the average annual number of disability decisions made by each employee in our DDSs.

Trend:



| Fiscal Year | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|------|------|------|------|
| Performance | 270 | 273 | 260 | 241 | 249 | 266 | 274 | 273 | 287 |
| Target | 264 | 272 | 278 | 262 | 252 | 264 | 265 | 268 | 275 |
| Target Met | ↑ | ↑ | ↓ | ↓ | ↓ | ↑ | ↑ | ↑ | ↑ |

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

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

Note: This measure was formerly a Program Performance Measure. As of FY 2011, it became a *Government Performance and Results Act* performance measure.

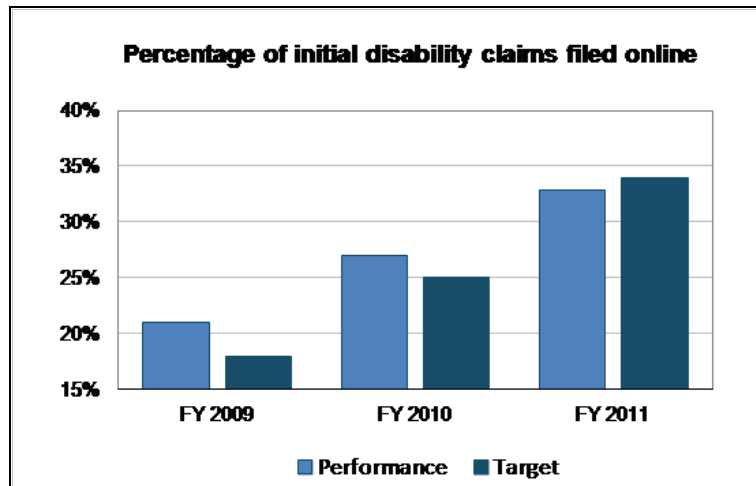
**STRATEGIC OBJECTIVE 2.2:
MAKE IT EASIER AND FASTER TO FILE FOR DISABILITY BENEFITS ONLINE**

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

FY 2011 Target: 34%
Performance: 33% (based on 53 weeks)
Target Achieved: No, but performance improved

Discussion: The percentage of disability claims filed online continued to increase in FY 2011, but not by enough to meet this goal. In FY 2011, we achieved a 22 percent increase over FY 2010 in disability applications filed online. Our "Boldly Go" national publicity campaign, launched in April 2011 featuring Patty Duke and George Takei, has promoted all of our online services.

Trend:



| Fiscal Year | 2009 | 2010 | 2011 |
|-------------|------|------|------|
| Performance | 21% | 27% | 33% |
| Target | 18% | 25% | 34% |
| Target Met | ↑ | ↑ | ↔ |

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

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

Plans for Improving Performance: We will continue to market our online claim applications and services. In addition, we will monitor the use of these services to detect trends in usage or issues, and make the necessary changes to improve performance.

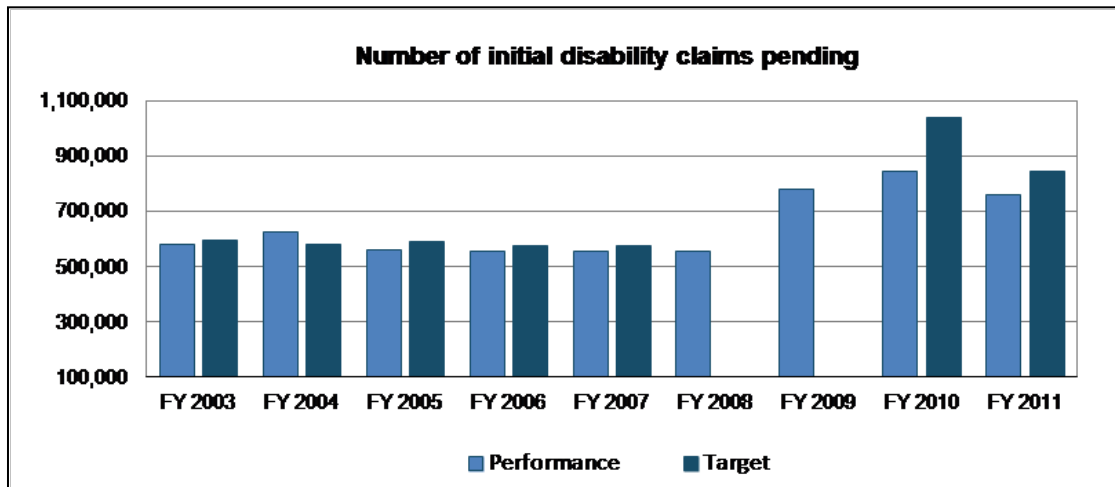
Supports Priority Goal: Increase the number of online applications for retirement and disability.

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

FY 2011 Target: 845,000
Performance: 759,023 (based on 53 weeks)
Target Achieved: Yes

Discussion: In FY 2011, we were able to reduce our initial disability claims pending to 759,023 claims, more than 85,000 claims below our target. This achievement was particularly impressive considering we received a record number of disability claims and experienced continued State furloughs of DDS employees as well as an agency-wide hiring freeze.

Trend:



| Fiscal Year | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|---------|---------|---------|---------|---------|---------|---------|-----------|---------|
| Performance | 581,929 | 624,658 | 560,529 | 555,071 | 555,317 | 556,670 | 779,854 | 842,192 | 759,023 |
| Target | 593,000 | 582,000 | 592,000 | 577,000 | 577,000 | N/A* | N/A* | 1,041,000 | 845,000 |
| Target Met | ↑ | ↓ | ↑ | ↑ | ↑ | N/A* | N/A* | ↑ | ↑ |

*This was not a *Government Performance and Results Act* performance measure in FYs 2008 and 2009; however, we provide historical performance data for these years.

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

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

**STRATEGIC OBJECTIVE 2.3:
REGULARLY UPDATE OUR DISABILITY POLICIES AND PROCEDURES**

2.3a: Update the medical Listing of Impairments

| | |
|-------------------------|--|
| FY 2011 Target: | Develop and submit at least three regulatory actions or <i>Social Security Rulings</i> |
| Performance: | Published two regulatory actions and one <i>Social Security Ruling</i> |
| Target Achieved: | Yes |

Discussion: We met this goal in FY 2011. We published two final rules in the *Federal Register*: one for endocrine disorders and one to cross-reference technical corrections for a neurological listing. We also published one *Social Security Ruling* entitled *Titles II and XVI: Documenting and Evaluating Disability in Young Adults*.

Trend:

| Fiscal Year | 2009 | 2010 | 2011 |
|--------------------|--|--|--|
| Performance | Published eight <i>Social Security Rulings</i> in the <i>Federal Register</i> | Published three final regulations and one Notice of Proposed Rulemaking | Published two regulatory actions and one <i>Social Security Ruling</i> |
| Target | Develop and submit at least three regulatory actions or <i>Social Security Rulings</i> | Develop and submit at least three regulatory actions or <i>Social Security Rulings</i> | Develop and submit at least three regulatory actions or <i>Social Security Rulings</i> |
| Target Met | ↑ | ↑ | ↑ |

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

Data Source: Office of Retirement and Disability Policy Workplan

2.3b: Increase the percentage of disability cases evaluated using health Information Technology

| | |
|-------------------------|---|
| FY 2011 Target: | 500% above FY 2010 baseline (18,000 claims) |
| Performance: | 108% (based on 53 weeks; 6,235 claims) |
| Target Achieved: | No, but performance improved |

Discussion: While we did not meet our performance target for this measure of 500 percent above the FY 2010 baseline, we continued to make significant strides. *Health IT* is a relatively new industry that is gradually maturing with adjustments to (1) certification standards; (2) Nationwide Health Information Network criteria; and (3) standards for secure exchange of medical information in a variety of formats. As a result of these changes, a number of the medical providers had to adjust their original plans, which resulted in delays to exchange medical records during the year.

Trend:

| Fiscal Year | 2010 | 2011 |
|-------------|--|---|
| Performance | Baseline Established (3,000 claims) | 108% above FY 2010 baseline (6,235 claims) |
| Target | Establish Baseline | 500% above FY 2010 baseline (18,000 claims) |
| Target Met | ↑ | ↔ |

Data Definition: The percentage increase in the number of disability cases evaluated using medical evidence gathered through health Information Technology over the prior year. “Disability Cases evaluated” are defined as the number of medical evidence of record documents received through health Information Technology over the prior year.

Data Source: Health Information Technology Management Information System

Plan for Improving Performance: With the FY 2012 addition of selected providers in five additional States – Indiana, Minnesota, Idaho, New Mexico, and Michigan, we will see a substantial increase in the volume of initial disability claims using *health IT*.

Note: The title for this performance measure changed in FY 2011.

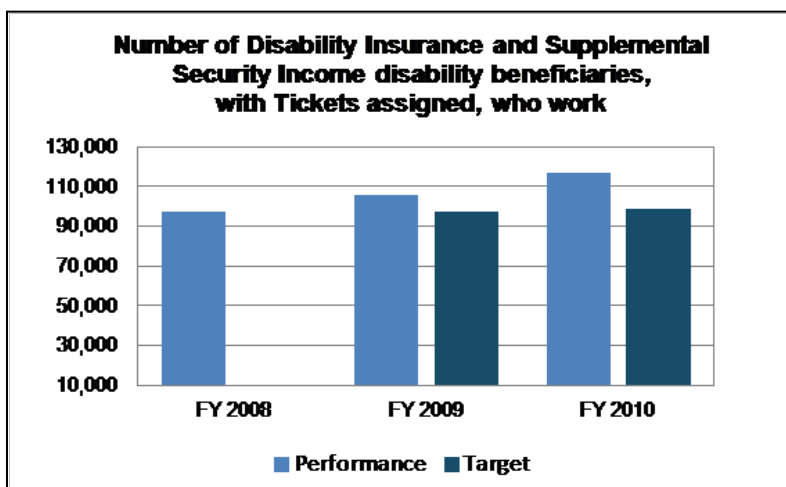
2.3c: Number of Disability Insurance and Supplemental Security Income disability beneficiaries, with Tickets assigned, who work

FY 2011 Target: 114,310
Performance: Data Available July 2012
Target Achieved: TBD

Discussion: FY 2011 data for this performance measure will not be available until July 2012. We will discuss our FY 2011 performance in next year’s report. The following relates to our FY 2010 performance for which data were not available when we published our *FY 2010 Performance and Accountability Report*.

Improvements to our Ticket to Work program in FY 2010 helped us exceed our target of 98,940 people with tickets who worked. In FY 2010, we held 795 Work Incentive Seminar Events with 8,395 beneficiaries, 956 employment networks, and 2,799 community partners. These events provided beneficiaries who are eligible for the Ticket to Work program with the information they needed to assign their Tickets and obtain the necessary support to return to work. For more information about our Ticket to Work program, refer to page 87 of the *Program Evaluation* section.

Trend:



| Fiscal Year | 2008 | 2009 | 2010 | 2011 |
|-------------|--------------------------|---------|---------|--------------------------|
| Performance | 96,993 | 105,843 | 117,124 | Data Available July 2012 |
| Target | Establish a new baseline | 97,000 | 98,940 | 114,310 |
| Target Met | ↑ | ↑ | ↑ | TBD |

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

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

Note: This measure was formerly a Program Performance Measure. As of FY 2011, it became a *Government Performance and Results Act* performance measure.

2.3d: Number of Disability Insurance and Supplemental Security Income disability beneficiaries who earn four quarters of work credit during the calendar year

FY 2011 Target: 774,048
Performance: Data available December 2012
Target Achieved: TBD

Discussion: FY 2011 data for this performance measure will not be available until December 2012. We will discuss our FY 2011 performance when the data are available.

Data Definition: Number of full-year Disability Insurance and Supplemental Security Income disabled beneficiaries who earn four quarters of work credit during the calendar year. We credit a “quarter” of work credit for each \$1,120 earned in 2010, up to a limit of four quarters in the calendar year. For 2011, we credit a “quarter” for each \$1,120 earned up to four quarters.

Data Source: Master Earnings File

Note: This is a new performance measure for FY 2011.

STRATEGIC GOAL 3 IMPROVE OUR RETIREE AND OTHER CORE SERVICES

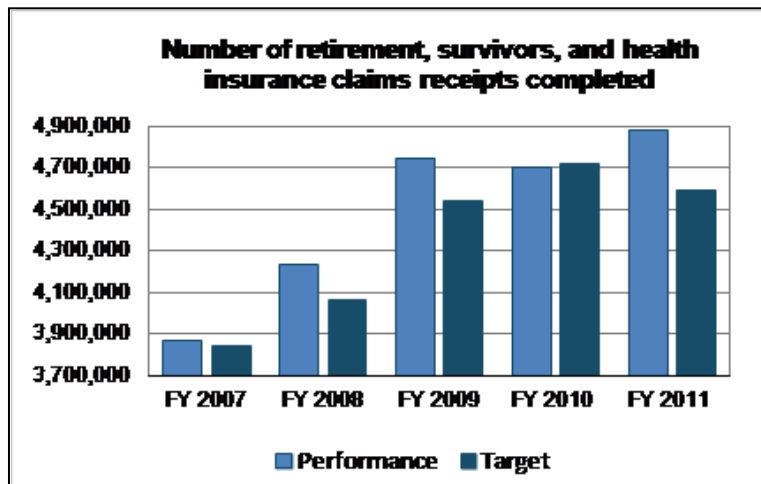
STRATEGIC OBJECTIVE 3.1: DRAMATICALLY INCREASE BABY BOOMERS' USE OF OUR ONLINE RETIREMENT SERVICES

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

FY 2011 Target: 100%
Performance: 106% (based on 53 weeks)
Target Achieved: Yes

Discussion: The aging of the baby boomers and the economic downturn led to an increase in the number of retirement and survivor claims filed in FY 2011. We successfully achieved our target and completed almost 38,000 more retirement and survivors insurance claims than were received.

Trend:



| Fiscal Year | 2007 | 2008 | 2009 | 2010 | 2011 |
|--------------------|---------------------|----------------------|---------------------|---|---------------------|
| Performance | 101% (3,863,813) | 104%* (4,236,455) | 104% (4,742,218) | 101%** (4,700,990) | 106% (4,877,955) |
| Target | 100% (3,837,000) | 100% (4,065,000) | 100% (4,543,000) | 100%** (4,718,000; 4,658,124 rec'd) | 100% (4,590,000) |
| Target Met | ↑ | ↑ | ↑ | ↑ | ↑ |

*The percentage for our FY 2008 performance reflects a correction from the data published in our FY 2010 PAR.

**In FY 2010, our performance reached 101% as we completed 42,866 more retirement, survivors, and health insurance claims than were received. The number we received was slightly lower than we anticipated in the fiscal year; as a result, we were able to reduce the number of pending claims that were carried over from FY 2009.

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

Data Source: Work Measurement Transitional Database

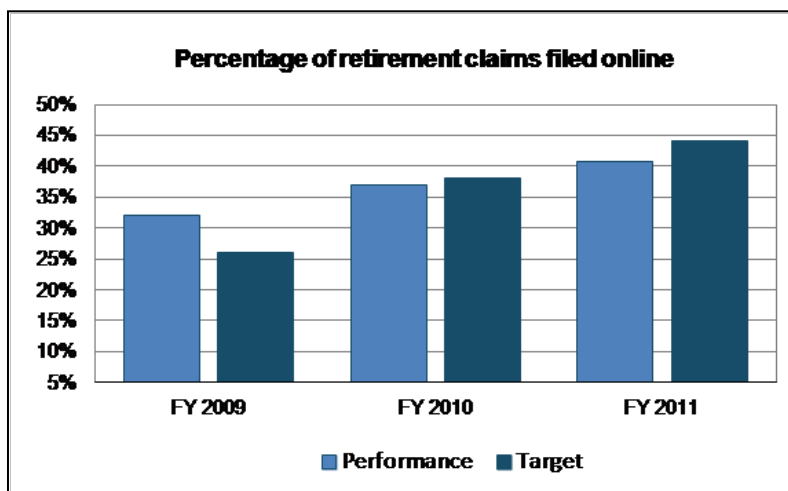
3.1b: Achieve the target percentage of retirement claims filed online

(PG)

FY 2011 Target: 44%
Performance: 41% (based on 53 weeks)
Target Achieved: No, but performance improved

Discussion: Our online retirement claims performance increased almost 11 percent over last year. Our marketing efforts helped us increase the percentage of online retirement claims, but we fell short of our FY 2011 goal of 44 percent.

Trend:



| Fiscal Year | 2009 | 2010 | 2011 |
|-------------|------|------|------|
| Performance | 32% | 37% | 41% |
| Target | 26% | 38% | 44% |
| Target Met | ↑ | ↔ | ↔ |

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

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

Plans for Improving Performance: We have formed a cross-component workgroup to target our marketing efforts. We will continue to monitor internal and external data to detect trends in usage or issues, and make necessary changes to improve performance. We will also release a Spanish version of our online claims application in FY 2012.

Supports Priority Goal: Increase the number of online applications for retirement and disability

**STRATEGIC OBJECTIVE 3.2:
 PROVIDE INDIVIDUALS WITH ACCURATE, CLEAR, AND UP-TO-DATE INFORMATION**

We do not have an FY 2011 performance measure under this strategic objective. Nevertheless, we will use the initiatives as discussed on page 24 to provide individuals with accurate, clear, and up-to-date information.

**STRATEGIC OBJECTIVE 3.3:
IMPROVE OUR TELEPHONE SERVICE**

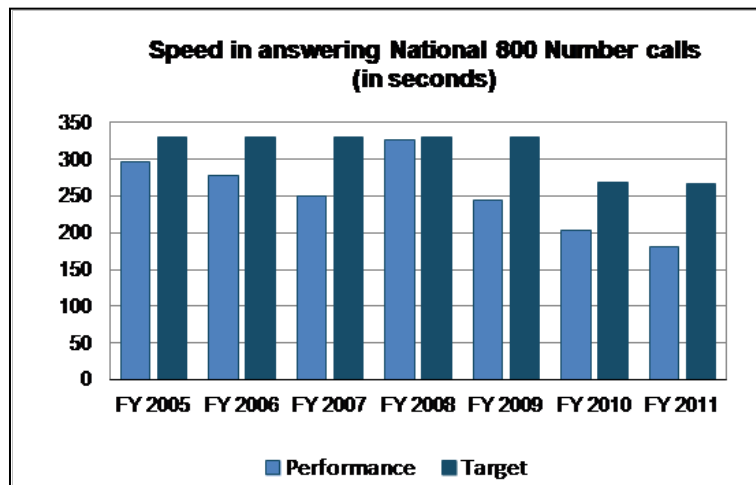
3.3a: Achieve the target speed in answering National 800 Number calls

(PG)

FY 2011 Target: 267 seconds
Performance: 180 seconds
Target Achieved: Yes

Discussion: We exceeded our goal by over 32 percent. As we continue to improve our telephone services, the number of calls to the National 800 Number has declined as fewer people need to call us multiple times to get through. In FY 2011, our call volume decreased by nine percent. With fewer calls and more efficient call management techniques, we have been able to improve the speed of answering calls even as we lost nearly 350 telephone agents. In FY 2011, the percentage of agents who were available to handle incoming calls increased by more than 4 percent over FY 2010, and our average speed in answering calls improved by over 11 percent.

Trend:



| Fiscal Year | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|------|------|
| Performance | 296 | 278 | 250 | 326 | 245 | 203 | 180 |
| Target | 330 | 330 | 330 | 330 | 330 | 269 | 267 |
| Target Met | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ |

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

Data Source: Report generated by Cisco router software

Supports Priority Goal: Improve our customers' service experience on the telephone, in our field offices, and online.

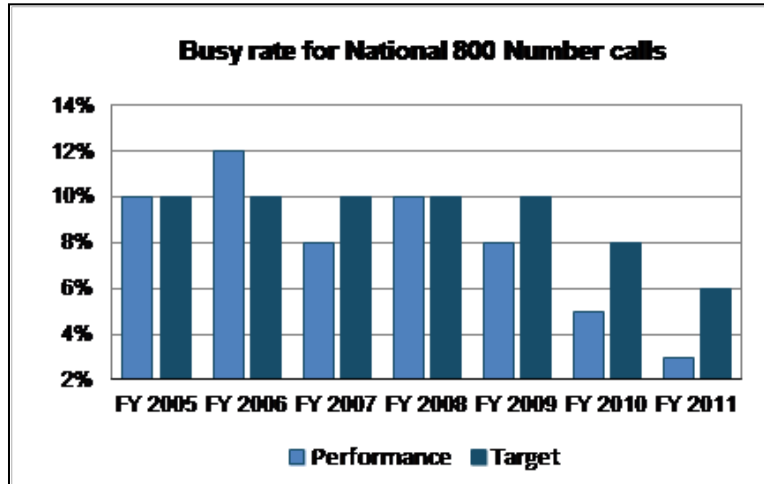
3.3b: Achieve the target busy rate for National 800 Number calls

(PG)

FY 2011 Target: 6%
Performance: 3%
Target Achieved: Yes

Discussion: In FY 2011, our busy rate for National 800 Number calls was the lowest rate ever. We reduced our busy rate by over 67 percent since 2009.

Trend:



| Fiscal Year | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|------|------|
| Performance | 10% | 12% | 8% | 10% | 8% | 5% | 3% |
| Target | 10% | 10% | 10% | 10% | 10% | 8% | 6% |
| Target Met | ↑ | ↓ | ↑ | ↑ | ↑ | ↑ | ↑ |

Data Definition: The agent busy rate is calculated as the number of National 800 Number busy messages divided by the number of National 800 Number calls requesting agent service in the fiscal year. The caller receives a busy message when an agent is not available to answer the call because the queue has reached its maximum capacity of waiting calls. When this happens, we provide the option of returning to automated services or calling back at another time.

Data Source: Report generated by Cisco router software

Supports Priority Goal: Improve our customers’ service experience on the telephone, in our field offices, and online.

**STRATEGIC OBJECTIVE 3.4:
IMPROVE SERVICE FOR INDIVIDUALS WHO VISIT OUR FIELD OFFICES**

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

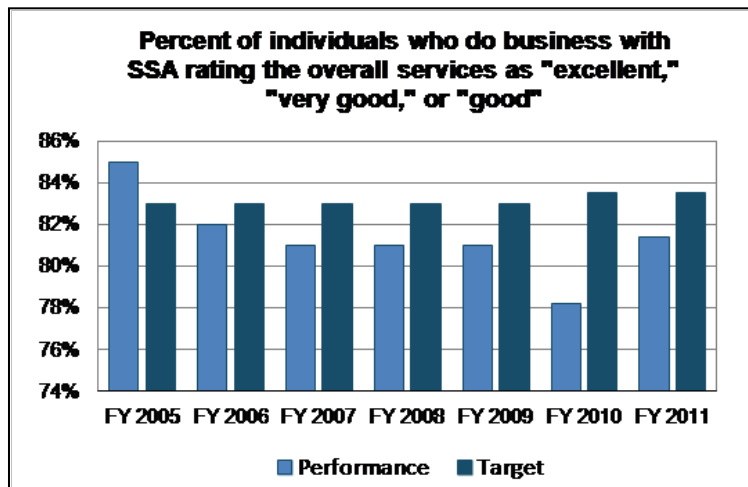
FY 2011 Target: 83.5%
Performance: 81.4%
Target Achieved: No, but performance improved

Discussion: Although we did not meet our FY 2011 target, our 3-percentage point improvement over FY 2010 is statistically significant. We attribute the increase to the survey results that showed improved satisfaction of people who called our National 800 Number and visited our offices.

These survey results, along with other survey findings, allow us to identify the specific aspects of service where improvements would have the greatest effect on overall satisfaction. We discuss these surveys in more detail in the *Program Evaluation* section beginning on page 85.

We also consider the American Customer Satisfaction Index (ACSI) as an indicator of the public’s opinion of our services. ACSI results showed that the public was very satisfied with our online services in FY 2011. On a 100-point scale, our iClaims online benefit applications scored 90, and our online Retirement Estimator scored 89. Our online Help with Medicare Prescription Drug Plan Costs scored 88 and our Social Security Internet Disability Report scored 82.

Trend:



| Fiscal Year | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|------|------|------|------|------|--------|-------|
| Performance | 85% | 82% | 81% | 81% | 81% | 78.2% | 81.4% |
| Target | 83% | 83% | 83% | 83% | 83% | 83.5%* | 83.5% |
| Target Met | ↑ | ↓ | ↓ | ↓ | ↓ | ↓ | ↔ |

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

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

Data Source: Overall satisfaction rating is based on Service Satisfaction Surveys of National 800 Number callers; field office callers; visitors to field offices and hearings offices; starting in FY 2009, individuals who used one of our transactional Internet services; and effective with FY 2011, field office visitors surveyed include those who visited Social Security Card Centers. In FY 2009, we included results of a special survey of applicants who filed for benefits online. The FY 2010 performance indicator included results of the first annual Internet Report Card Survey, which added online applicants for Medicare Part D Subsidy along with iClaim filers. In FY 2011, we added iChange, including online change of address and direct deposit transactions, to the Internet Report Card Survey. In addition, the iClaim sample used for the survey was expanded to include a segment of Medicare-only filers.

Plans for Improving Performance: In an effort to improve overall customer service satisfaction, we have already implemented a Field Office Virtual Assistance Program, which gives callers another opportunity to be served by our National 800 Number network rather than receive a busy signal. We will also make improvements to our automated systems, upgrade speech recognition software, implement post call surveys, and carry out the following projects:

- Implement our Overflow Polite Disconnect pilot project, which will reduce the number of continuous rings a caller hears when calls go unanswered after exceeding the maximum wait time in queue. Rather than callers experiencing a continuous ring until answered, this project will allow callers going to Overflow to hear only eight rings followed by a polite disconnect message;
- Continue our Dynamic Forward on Busy project where general inquiry callers, who would normally encounter a busy condition, will now have the option of transferring to National 800 Number network agent service; and
- Plan an Estimated Wait Time project, in an effort to address caller satisfaction with “wait on hold” time, which will allow callers to hear an announcement telling them the wait time remaining in minutes before reaching an agent.

Supports Priority Goal: Improve our customers’ service experience on the telephone, in our field offices, and online.

**STRATEGIC OBJECTIVE 3.5:
PROCESS OUR SOCIAL SECURITY NUMBER WORKLOAD MORE EFFECTIVELY AND EFFICIENTLY**

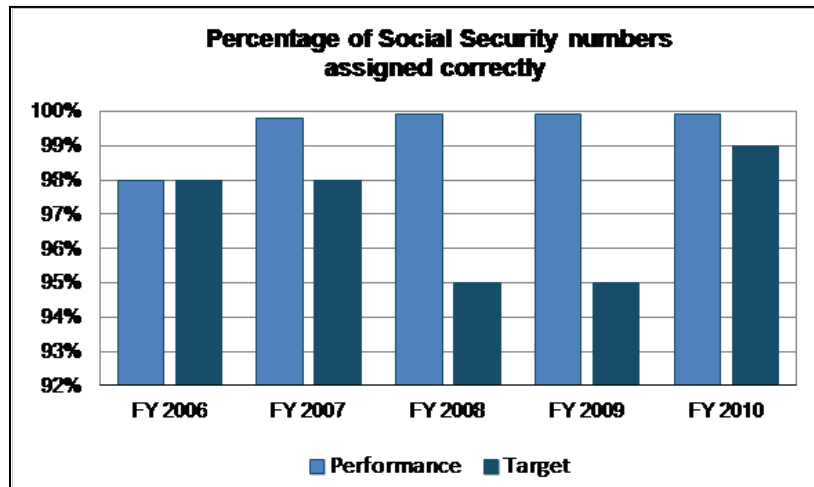
3.5a: Achieve the target percentage for correctly assigning original Social Security numbers

| | |
|-------------------------|-------------------------|
| FY 2011 Target: | 99% |
| Performance: | Data available May 2012 |
| Target Achieved: | TBD |

Discussion: FY 2011 data for this performance measure will not be available until May 2012. We will discuss our FY 2011 performance in next year’s report. Our discussion below relates to our FY 2010 performance for which data were not available when we published our *FY 2010 Performance and Accountability Report*.

In FY 2010, we correctly assigned 99.9 percent of Social Security numbers (SSN), exceeding our FY 2010 target of 99 percent. To help us meet and exceed this goal, we completed this specialized work in our card centers nationwide. We also continued making improvements to the Social Security Number Application Process (SSNAP) tool, a web-based Intranet application for assigning original and replacement SSN cards in our field offices and card centers. With SSNAP, employees can request the status of and information on a pending SSN application.

Trend:



| Fiscal Year | 2006 | 2007* | 2008* | 2009* | 2010* | 2011 |
|-------------|------|-------|-------|-------|-------|----------------------------|
| Performance | 98% | 99.8% | 99.9% | 99.9% | 99.9% | Data available May 2012 |
| Target | 98% | 98% | 95% | 95% | 99% | 99% |
| Target Met | ↑ | ↑ | ↑ | ↑ | ↑ | TBD |

*In FY 2008, historical data for SSNs correctly assigned included “if the applicant had more than one SSN, the numbers were cross-referenced.” We changed the data definition in FY 2009 to what we considered a correctly assigned SSN, that is, if an individual did not receive more than one SSN. In FY 2010, we changed the data definition to include correct assignment of SSNs if the individual did not receive more than one SSN, except where permitted. Beginning with the FY 2011 PAR, for more informative reporting, we display our performance carried to the first decimal place of the percentage rather than rounding to a whole number percentage, as in previous year reports.

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

Data Source: Enumeration Quality Review

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

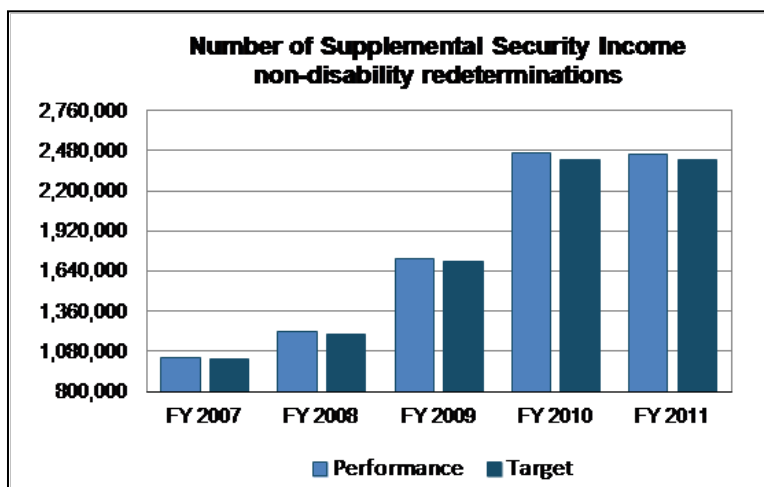
**STRATEGIC OBJECTIVE 4.1:
CURB IMPROPER PAYMENTS**

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

FY 2011 Target: 2,422,000
Performance: 2,456,830 (based on 53 weeks)
Target Achieved: Yes

Discussion: Redeterminations are periodic reviews of the non-medical factors of Supplemental Security Income (SSI) recipient’s eligibility for SSI payments. Recent estimates indicate redeterminations provide a return-on-investment of better than \$7 in program savings over 10 years for every \$1 spent, including savings accrued to Medicaid. We perform as many redeterminations as resources permit. In FY 2011, we conducted 2,456,830 redeterminations. Despite severe budget cuts, we exceeded our target by processing 34,830 more SSI redeterminations than expected. These actions help improve SSI payment accuracy.

Trend:



| Fiscal Year | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|-----------|-----------|-----------|-----------|-----------|
| Performance | 1,038,948 | 1,220,664 | 1,730,575 | 2,465,878 | 2,456,830 |
| Target | 1,026,000 | 1,200,000 | 1,711,000 | 2,422,000 | 2,422,000 |
| Target Met | ↑ | ↑ | ↑ | ↑ | ↑ |

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

Data Source: Integrated SSA Unified Measurement System Counts Report

Supports Priority Goal: Ensure effective stewardship of our programs by increasing our program integrity efforts.

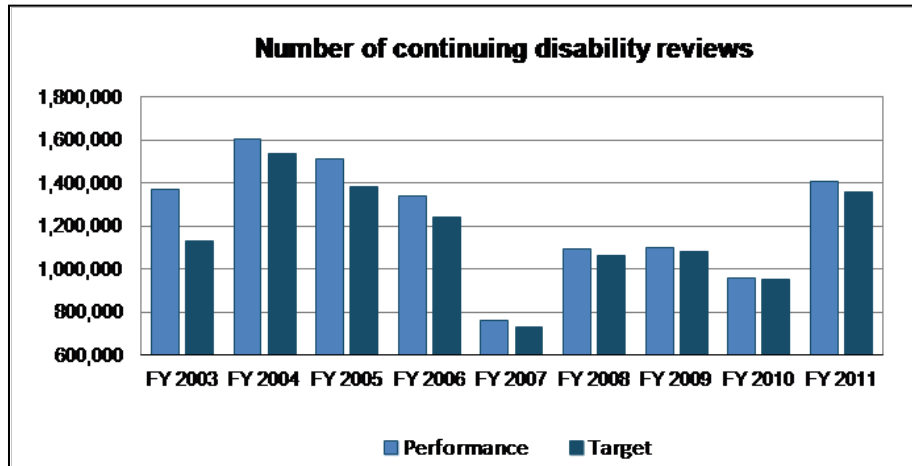
4.1b: Increase the budgeted number of continuing disability reviews

(PG)

FY 2011 Target: 1,357,000
Performance: 1,408,897
Target Achieved: Yes

Discussion: We perform continuing disability reviews (CDR) to determine if disabled beneficiaries still meet the medical requirements for continued eligibility. We conduct two types of CDRs: full medical reviews and mailers. Using computer-scoring models, we identify cases for which conducting a full medical review would not be cost effective. In these cases, we use a questionnaire (mailer). Full medical CDRs are expensive since each one requires a new medical evaluation and disability determination by our DDS examiners. We estimate each full review costs approximately \$1,000 to complete. We identified the full medical CDR subset of this performance measure as one of our Priority Goals. In FY 2011, we completed 1,063,405 mailer CDRs and we conducted 345,492 full medical reviews.

Trend:



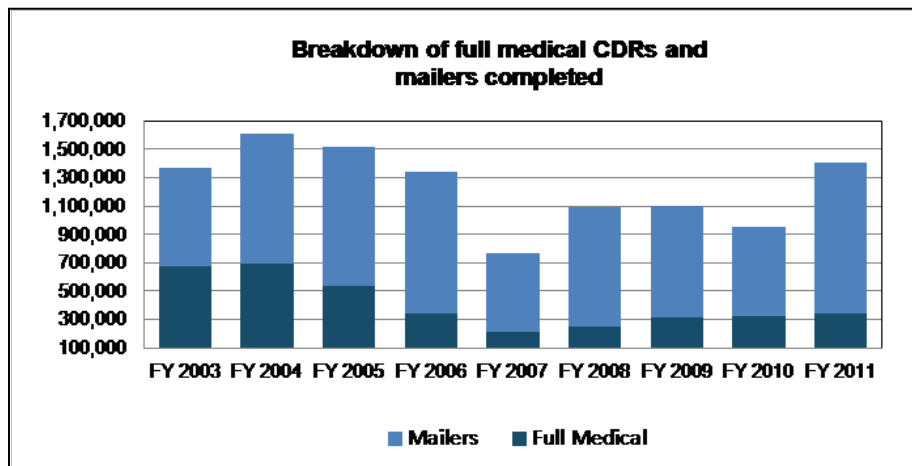
| Fiscal Year | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|-------------|-----------|-----------|-----------|-----------|---------|-----------|-----------|---------|-----------|
| Performance | 1,371,255 | 1,604,680 | 1,515,477 | 1,337,638 | 764,852 | 1,091,303 | 1,101,983 | 956,182 | 1,408,897 |
| Target | 1,129,000 | 1,537,000 | 1,384,000 | 1,242,000 | 729,000 | 1,065,000 | 1,079,000 | 954,000 | 1,357,000 |
| Target Met | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ |

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

Data Source: Continuing Disability Review Tracking Files

Supports Priority Goal: Ensure effective stewardship of our programs by increasing our program integrity efforts.

Below we provide a breakout of full medical CDRs and mailers completed by fiscal year since FY 2003:



| Fiscal Year | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
|--------------|---------|---------|----------|---------|---------|---------|---------|---------|-----------|
| Full Medical | 679,309 | 693,680 | 537,375* | 340,580 | 207,637 | 245,388 | 316,960 | 324,567 | 345,492 |
| Mailers | 691,946 | 911,000 | 978,102* | 997,058 | 557,215 | 845,915 | 785,023 | 631,615 | 1,063,405 |

*The numbers for the FY 2005 full medical CDRs and mailers reflect a correction from the data published in our FY 2010 PAR.

4.1c: Percent of Supplemental Security Income payments free of overpayment and underpayment error (PG)

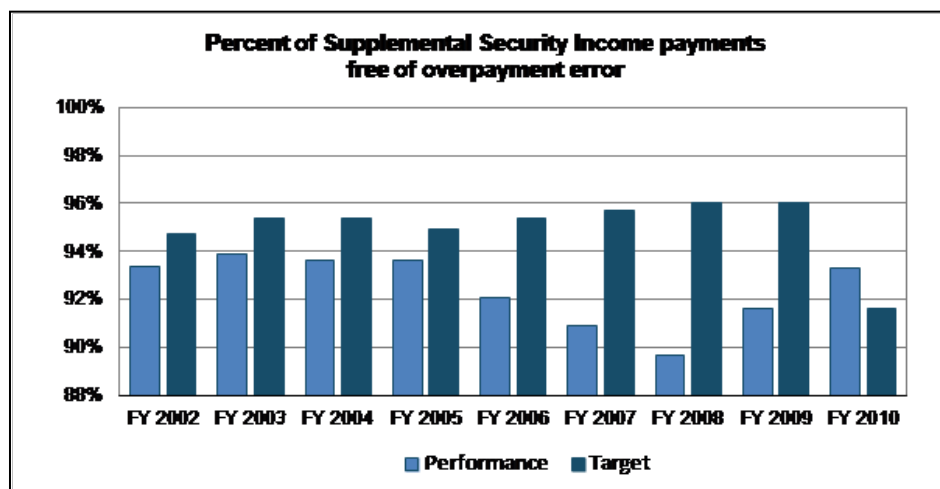
FY 2011 Target: Overpayment accuracy: 93.3%*
 Underpayment accuracy: 98.8%
Performance: Data available June 2012
Target Achieved: TBD

Discussion: FY 2011 data for this performance measure will not be available until June 2012. We will discuss our FY 2011 performance in next year’s report. Our discussion below relates to our FY 2010 performance for which data were not available when we published our *FY 2010 Performance and Accountability Report*.

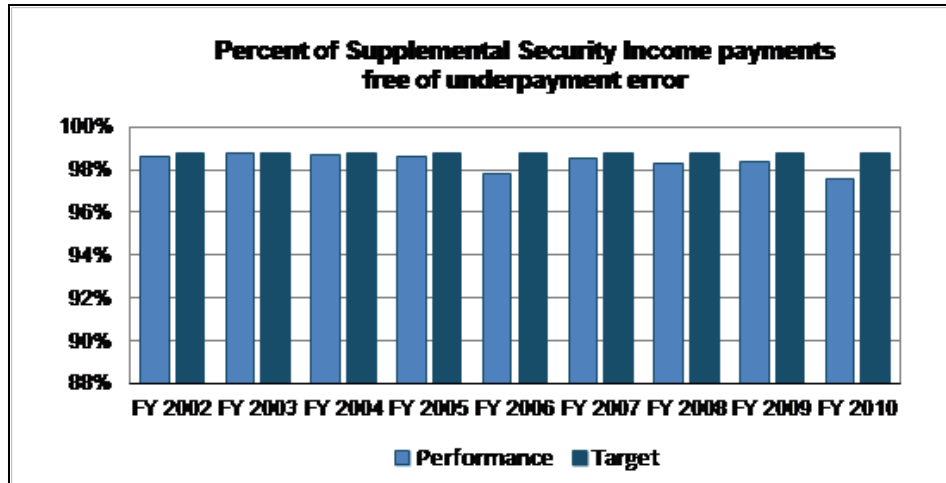
Overpayments occur when we pay beneficiaries and recipients too much money. Underpayments occur when we pay beneficiaries and recipients too little money. In FY 2010, our SSI overpayment accuracy improved by 1.7 percentage points, but our underpayment accuracy declined by 0.8 percentage points from FY 2009. Both changes were statistically significant. Our SSI overpayment accuracy has improved since 2009, primarily because we conducted more non-medical redeterminations. Our expansion of electronic financial account verification and telephone wage reporting also contributed to our success. More information about our SSI payment accuracy rates is located starting on page 94.

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

Trend:



| SSI Overpayment | | | | | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------------|
| Fiscal Year | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| Performance | 93.4% | 93.9% | 93.6% | 93.6% | 92.1% | 90.9% | 89.7% | 91.6% | 93.3% | Data available June 2012 |
| Target | 94.7% | 95.4% | 95.4% | 94.9% | 95.4% | 95.7% | 96.0% | 96.0% | 91.6% | 93.3% |
| Target Met | ↓ | ↔ | ↓ | ↓ | ↓ | ↓ | ↓ | ↔ | ↑ | TBD |



| SSI Underpayment | | | | | | | | | | |
|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------------|
| Fiscal Year | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| Performance | 98.6% | 98.8% | 98.7% | 98.6% | 97.8% | 98.5% | 98.3% | 98.4% | 97.6% | Data available June 2012 |
| Target | 98.8% | 98.8% | 98.8% | 98.8% | 98.8% | 98.8% | 98.8% | 98.8% | 98.8% | 98.8% |
| Target Met | ↓ | ↑ | ↓ | ↓ | ↓ | ↔ | ↓ | ↔ | ↓ | TBD |

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

Data Source: Supplemental Security Income Stewardship Report

Supports Priority Goal: Ensure effective stewardship of our programs by increasing our program integrity efforts.

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

FY 2011 Target: Overpayment accuracy: 99.8%
Underpayment accuracy: 99.8%

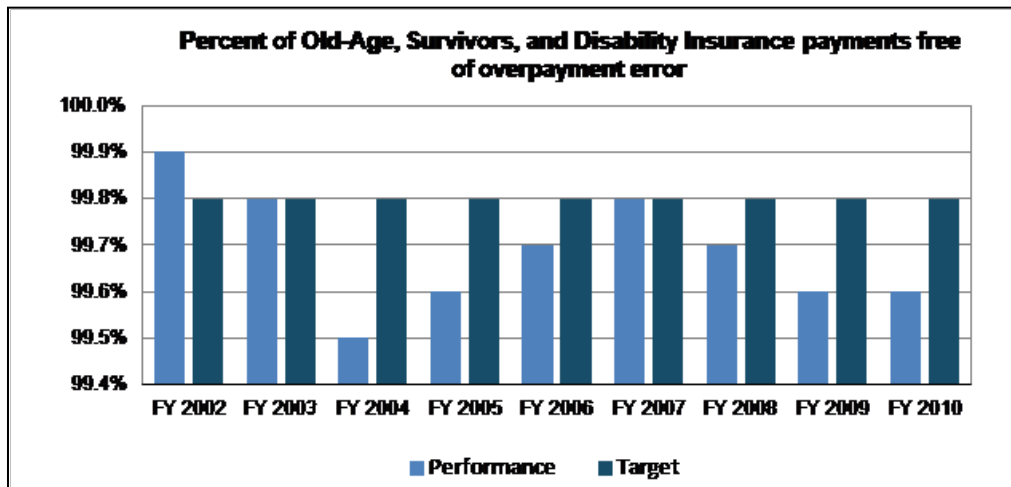
Performance: Data available April 2012

Target Achieved: TBD

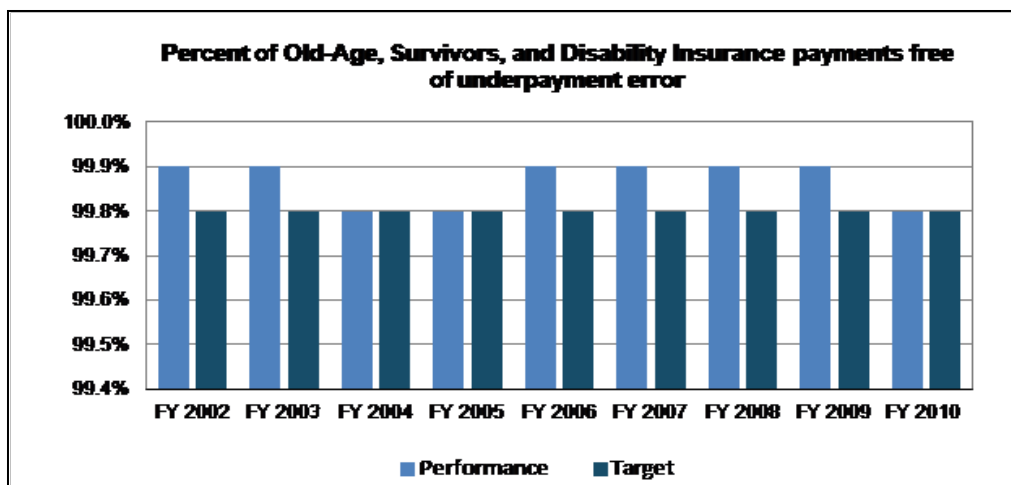
Discussion: FY 2011 data for this performance measure will not be available until April 2012. We will discuss our FY 2011 performance in next year’s report. Our discussion below relates to our FY 2010 performance for which data that were not available when we published our *FY 2010 Performance and Accountability Report*.

In FY 2010, our Old-Age, Survivors, and Disability Insurance (OASDI) overpayment accuracy was 99.6 percent. Our underpayment accuracy rate for the OASDI program was 99.8 percent. While we missed our overpayment target by 0.2 percent, we met our underpayment target. There are many causes for improper OASDI payments, such as disabled beneficiary’s failure to report work activity, and beneficiaries’ incorrect annual wage estimates. These and other causes resulted in approximately \$4.5 billion in improper OASDI payments in FY 2010. More information about the OASDI accuracy rates is located on page 93.

Trend:



| OASDI Overpayment | | | | | | | | | | |
|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------------------------|
| Fiscal Year | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| Performance | 99.9% | 99.8% | 99.5% | 99.6% | 99.7% | 99.8% | 99.7% | 99.6% | 99.6% | Data available April 2012 |
| Target | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% |
| Target Met | ↑ | ↑ | ↓ | ↔ | ↔ | ↑ | ↓ | ↓ | ↓ | TBD |



| OASDI Underpayment | | | | | | | | | | |
|--------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------------------------|
| Fiscal Year | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 |
| Performance | 99.9% | 99.9% | 99.8% | 99.8% | 99.9% | 99.9% | 99.9% | 99.9% | 99.8% | Data available April 2012 |
| Target | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% | 99.8% |
| Target Met | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | ↑ | TBD |

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

Performance Section

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

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

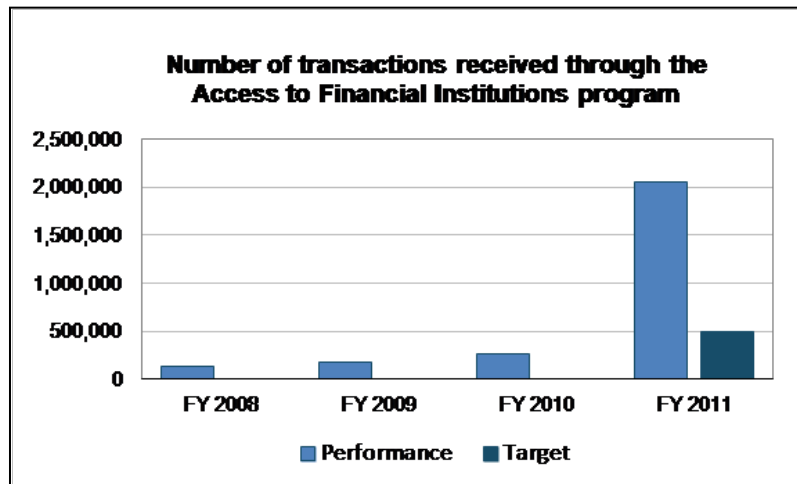
Supports Priority Goal: Ensure effective stewardship of our programs by increasing our program integrity efforts.

4.1e: Increase the number of transactions received through the Access to Financial Institutions program

| | |
|-------------------------|-----------|
| FY 2011 Target: | 500,000 |
| Performance: | 2,048,678 |
| Target Achieved: | Yes |

Discussion: Access to Financial Institutions (AFI) allows our offices to electronically request and receive financial account information by automatically checking applicants or recipients' known bank accounts, and by systematically checking for unknown accounts with financial institutions in a given area. In the SSI program, unreported resources have been one of the most significant causes of improper payments. The AFI program helps us avoid many payment errors that have been common in the past. In FY 2011, we received 2,048,678 transactions through AFI, which substantially exceeded our target by 310 percent.

Trend:



| Fiscal Year | 2008 | 2009 | 2010 | 2011 |
|-------------|---------|---------|---------|-----------|
| Performance | 128,729 | 181,646 | 264,605 | 2,048,678 |
| Target | N/A | N/A | N/A | 500,000 |
| Target Met | N/A | N/A | N/A | ↑ |

Data Definition: The number of Access to Financial Institution (AFI) transactions initiated in the fiscal year.

Data Source: Transaction file provided by AFI business partner

Note: This performance measure is new for FY 2011. We present FY 2008 - FY 2010 performance for comparative purposes. The data definition shows “transactions initiated” for this performance measure; however, we are tracking and reporting the number of “transactions received.”

**STRATEGIC OBJECTIVE 4.2:
ENSURE PRIVACY AND SECURITY OF PERSONAL INFORMATION**

We do not have an FY 2011 performance measure under this strategic objective. Nevertheless, we will continue to engage in a variety of practices to ensure privacy and security of personal information.

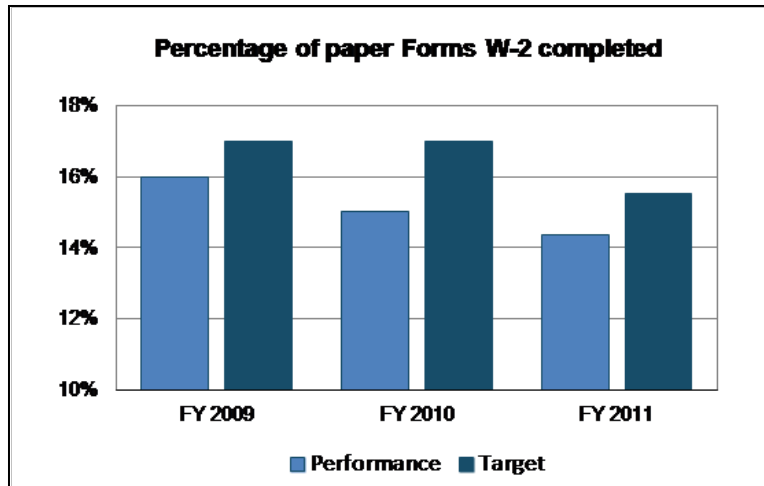
**STRATEGIC OBJECTIVE 4.3:
MAINTAIN ACCURATE EARNINGS RECORDS**

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

| | |
|-------------------------|-------|
| FY 2011 Target: | 15.5% |
| Performance: | 14.4% |
| Target Achieved: | Yes |

Discussion: It is essential that we accurately post all annual wage reports we receive to workers’ earnings records. We now receive the majority of wage reports electronically, but we still receive some paper reports, which are more error-prone, labor intensive, and expensive to process. In FY 2011, we exceeded our target to receive no more than 15.5 percent of our annual wage reports as paper. To help meet our target, we conducted several outreach activities to encourage employers to register and use our Business Services Online. Business Services Online enables employers to file W-2 forms electronically. In addition, during FY 2011, we implemented changes to our Integrated Registration System, which simplified the registration process. Changes to the registration system incorporated new policies and procedures to validate an individual’s association with a particular employer.

Trend:



| Fiscal Year | 2009 | 2010 | 2011 |
|--------------------|------|------|-------|
| Performance | 16% | 15% | 14.4% |
| Target | 17% | 17% | 15.5% |
| Target Met | ↑ | ↑ | ↑ |

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

Data Source: Earnings Modernization Operational Data Store Management Information Reports

**STRATEGIC OBJECTIVE 4.4:
SIMPLIFY AND STREAMLINE HOW WE DO OUR WORK**

We do not have an FY 2011 performance measure under this strategic objective. Nevertheless, we will continue to simplify and streamline our policies and procedures and move more of our business processes to an electronic environment. We discussed this initiative in more detail on page 29.

**STRATEGIC OBJECTIVE 4.5:
PROTECT OUR PROGRAMS FROM WASTE, FRAUD, AND ABUSE**

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

| | |
|-------------------------|---------------------------------|
| FY 2011 Target: | Receive an unqualified opinion |
| Performance: | Received an unqualified opinion |
| Target Achieved: | Yes |

Discussion: For the 18th consecutive year, we received an unqualified opinion on our financial statements. In accordance with the *Chief Financial Officers Act*, the Office of the Inspector General contracted with Grant Thornton, LLP to independently audit our financial statements. In its audit, Grant Thornton, LLP found that our financial statements, as contained in this *FY 2011 Performance and Accountability Report*, are presented fairly, in all material respects, and in conformity with accounting principles generally accepted in the United States of America. We take the stewardship of our programs very seriously, and we continue to demonstrate an unyielding dedication to sound financial management practices.

Trend: We have received an unqualified audit opinion every year from FY 1994 to FY 2011.

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

Data Source: Independent auditor's report

**STRATEGIC OBJECTIVE 4.6:
USE "GREEN" SOLUTIONS TO IMPROVE OUR ENVIRONMENT**

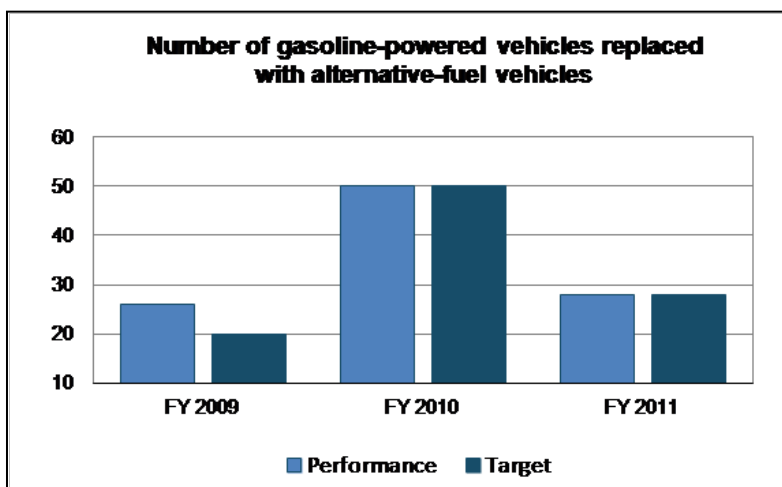
4.6a: Replace gasoline-powered vehicles with alternative-fuel vehicles

| | |
|-------------------------|---|
| FY 2011 Target: | 75% of FY 2011 inventory replaced (28 vehicles) |
| Performance: | 75% of FY 2011 inventory replaced (28 vehicles) |
| Target Achieved: | Yes |

Discussion: In FY 2011, we replaced 28 gasoline-powered vehicles in our nationwide inventory with alternative-fuel vehicles. In addition, we provided recurring training to fleet liaisons to ensure that all components assigned government leased or owned vehicles comply with Executive Order 13423, *Strengthening Federal Environmental, Energy, and Transportation Management*.

We also reduced our petroleum consumption by 20,114 gallons, and increased our alternative-fuel consumption by 31,417 gallons. As a result, we ranked sixth among 21 agencies recognized for reducing petroleum consumption and third for increasing alternative-fuel.

Trend:



| Fiscal Year | 2009 | 2010 | 2011 |
|-------------|-------------|-------------|---|
| Performance | 26 vehicles | 50 vehicles | 28 vehicles |
| Target | 20 vehicles | 50 vehicles | 75% of FY 2011 inventory replaced (28 vehicles) |
| Target Met | ↑ | ↑ | ↑ |

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

Data Source: Agency Fleet Vehicle Inventory

Note: Beginning in FY 2011, we expressed the target as a percentage to better reflect the volume of vehicles replaced with alternative-fuel vehicles.

4.6b: Develop and implement an agency Environmental Management System

FY 2011 Target: Establish performance objectives
Performance: Established performance objectives
Target Achieved: Yes

Discussion: Our Environmental Management System (EMS) ensures we make environmentally conscious decisions when purchasing equipment, disposing of equipment, renovating or constructing new buildings, and implementing a variety of other “green” improvements. We established performance objectives for our effect on the environment by developing environmental goals related to our sustainability plan.

Performance Section

Trend:

| Fiscal Year | 2009 | 2010 | 2011 |
|-------------|-------------------------------------|---|------------------------------------|
| Performance | Developed a high-level project plan | Provided training needed for implementation | Established performance objectives |
| Target | Develop a high-level project plan | Provide training needed for implementation | Establish performance objectives |
| Target Met | ↑ | ↑ | ↑ |

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

Data Source: Office of Management and Budget Environmental Scorecard Workgroup

Comparison of FY 2011 Performance Year End Totals for Week 52 and Week 53

We accumulate much of our performance data based on an operating month rather than a true calendar month. An operating month ends on the last Friday of the calendar month. Each quarter of a normal operating year contains 13 weeks and the fiscal year contains 52 weeks.

Every 5 or 6 years the fiscal year contains 53 weeks rather than the normal 52 weeks because the year is not evenly divisible by 7 days. FY 2011 is a 53-week fiscal year. Traditionally, we end the September operating month data as well as the fiscal year data, after the 52nd week to ensure data is comparable between quarters and fiscal years. This policy does not affect SSA's financial data.

We accumulate 17 of our FY 2011 performance measures on an operating month basis. The table below shows fiscal year performance through the end of the 52nd week (September 23, 2011) as well as the end of the 53rd week (September 30, 2011). Our remaining *Government Performance and Results Act* performance measures are not affected by this issue.

| Strategic Goal 1: Eliminate Our Hearings Backlog and Prevent Its Recurrence | | | | |
|--|---|---|---|---|
| Performance Measure | | FY 2011 Target | FY 2011 Actual through Week 52 | FY 2011 Actual through Week 53 |
| 1.1a | Complete the budgeted number of hearing requests | 815,000 | 793,563 | 795,424 |
| 1.1b | Achieve the budgeted goal for SSA hearings case production per workyear | 107 | 111 | 109 |
| 1.2a | Achieve the target number of hearing requests pending | 725,000 | 771,318 | 787,190 |
| 1.2b | Achieve the target to eliminate the oldest hearing requests pending | Less than 0.5% of hearing requests pending 775 days or older | 0.09% of hearing requests pending 775 days or older | 0.09% of hearing requests pending 775 days or older |
| 1.2c | Achieve the budgeted goal for average processing time for hearing requests | 365 days | 360 days | 360 days |
| 1.2d | Achieve the target to eliminate the oldest Appeals Council requests for review pending | Less than 1% of Appeals Council requests for review pending 650 days or older | 0.1% of Appeals Council requests for review pending 650 days or older | 0.3% of Appeals Council requests for review pending 650 days or older |
| 1.2e | Achieve the target average processing time for Appeals Council requests for review | 370 days | 360 days | 358 days |
| Strategic Goal 2: Improve the Speed and Quality of Our Disability Process | | | | |
| Performance Measure | | FY 2011 Target | FY 2011 Actual through Week 52 | FY 2011 Actual through Week 53 |
| 2.1a | Achieve the target percentage of initial disability cases identified as a Quick Disability Determination or a Compassionate Allowance | 5% (September only) | 5.8% (September only) | 5.9% (September only) |
| 2.1b | Complete the budgeted number of initial disability claims | 3,273,000 | 3,371,250 | 3,390,936 |

| Strategic Goal 2: Improve the Speed and Quality of Our Disability Process | | | | |
|--|---|--------------------------------------|---------------------------------------|---------------------------------------|
| Performance Measure | | FY 2011 Target | FY 2011 Actual through Week 52 | FY 2011 Actual through Week 53 |
| 2.1c | Minimize average processing time for initial disability claims to provide timely decisions | 118 days | 109 days | 109 days |
| 2.1e | Disability Determination Services cases production per workyear | 275 | 291 | 287 |
| 2.2a | Achieve the target percentage of initial disability claims filed online | 34% | 33% | 33% |
| 2.2b | Achieve the target number of initial disability claims pending | 845,000 | 720,319 | 759,023 |
| 2.3b | Increase the percentage of disability cases evaluated using health Information Technology | 500% above FY 2010 baseline (18,000) | 100% above FY 2010 baseline (5,986) | 108% above FY 2010 baseline (6,235) |
| Strategic Goal 3: Improve Our Retiree and Other Core Services | | | | |
| Performance Measure | | FY 2011 Target | FY 2011 Actual through Week 52 | FY 2011 Actual through Week 53 |
| 3.1a | Percent of retirement, survivors, and health insurance claims receipts completed up to the budgeted level | 100% (4,590,000) | 104% (4,795,086) | 106% (4,877,955) |
| 3.1b | Achieve the target percentage of retirement claims filed online | 44% | 41% | 41% |
| Strategic Goal 4: Preserve the Public's Trust in Our Programs | | | | |
| Performance Measure | | FY 2011 Target | FY 2011 Actual through Week 52 | FY 2011 Actual through Week 53 |
| 4.1a | Complete the budgeted number of Supplemental Security Income non-disability redeterminations | 2,422,000 | 2,448,092 | 2,456,830 |

Program Evaluation

The following are brief summaries of selected program evaluations we completed during FY 2011 to assess how well our programs are working. We list the evaluations under the strategic goal they support in our *Fiscal Years 2008-2013 Agency Strategic Plan*.

STRATEGIC GOAL 1 ELIMINATE OUR HEARINGS BACKLOG AND PREVENT ITS RECURRENCE

HEARING PROCESS REPORT CARD

We implemented the Hearing Process Report Card in FY 2008 to assess customer satisfaction with our hearing process. Below, we present our FY 2010 results, which were not available when we published our *FY 2010 Performance and Accountability Report*. In FY 2010, satisfaction from awarded and denied individuals reflected statistically significant improvements of 2- to 4-percentage points over the FY 2009 ratings.

| Hearing Process Report Card Percent of Respondents Reporting Customer Satisfaction as “Excellent,” “Very Good,” or “Good” | | | | |
|---|---|---------|--------------------------------|---------|
| Fiscal Year | Satisfaction with the Entire Hearings Process | | Overall Opinion of Our Service | |
| | Awards | Denials | Awards | Denials |
| 2010 | 84% | 33% | 80% | 39% |
| 2009 | 82% | 31% | 76% | 37% |
| 2008 | 80% | 29% | 74% | 34% |

We will discuss the results of our FY 2011 Hearing Process Report Card in our *FY 2012 Performance and Accountability Report*.

DISABILITY APPEALS – QUALITY REVIEW ASSESSMENT OF SENIOR ATTORNEY ADVISOR DISABILITY DECISIONS

The following presents our FY 2010 results of our Quality Review Assessment of Senior Attorney Advisor Disability Decisions, which were not available when we published our *FY 2010 Performance and Accountability Report*. We continue to utilize some of our most experienced attorney adjudicators to help eliminate our hearings backlog. They issue fully favorable decisions without the need to conduct an actual hearing in front of an administration law judge (ALJ). The FY 2010 accuracy rate for our Senior Attorney Advisor process was 94 percent, based on a review of 987 decisions. The 4-percentage point change between FY 2008 (98 percent) and FY 2010 (94 percent) is statistically significant.

We will discuss the results of our FY 2011 Quality Review Assessment of Senior Attorney Advisor Disability Decisions in our *FY 2012 Performance and Accountability Report*.

HEARING QUALITY ASSURANCE REVIEW

In FY 2010, we began an in-line quality review of our hearings process to ensure we are providing timely and legally sufficient decisions. We charged our regional offices with the additional responsibility of overseeing the Quality Assurance program. The in-line quality process includes reviews of ready-to-schedule cases, drafts of decisions, and attorney advisors decisions.

In FY 2011, we received and reviewed 2,270 cases. A hiring freeze in the regional offices and headquarters hampered our progress toward full implementation of the in-line Quality Assurance program, but we are still working toward full implementation.

DISABILITY CASE REVIEW OF ADMINISTRATIVE LAW JUDGE HEARING DECISIONS

The following discusses our results of our Disability Case Review of Administrative Law Judge Hearing Decisions, which were not available when we published our *FY 2010 Performance and Accountability Report*. In FY 2010, we conducted a quality review of our ALJ decisions, known as the Disability Case Review. This review evaluates both favorable and unfavorable ALJ hearing decisions. For the last 6 months of FY 2009 (April through September), we agreed with 90 percent of ALJ favorable decisions and 89 percent of their unfavorable decisions. For the first six months of FY 2010 (October through March), we agreed with 85 percent of ALJ favorable decisions and 92 percent of their unfavorable decisions. Neither of the differences between the FY 2009 and FY 2010 favorable and unfavorable decision findings was statistically significant.

We will discuss the results of our FY 2011 Disability Case Review of Administrative Law Judge Hearing Decisions in our *FY 2012 Performance and Accountability Report*.

APPEALS COUNCIL ASSURANCE REVIEW

In FY 2011, the Appeals Council began reviewing 3,692 randomly selected favorable and partially favorable ALJ decisions. The purpose of this ongoing review is to ensure policy compliance and legal sufficiency of hearing decisions and to take corrective action, as needed.

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

DISABILITY INITIAL CLAIMS REPORT CARD

The following discusses our FY 2010 results, which were not available when we published our *FY 2010 Performance and Accountability Report*. The Disability Initial Claims Report Card is an annual survey to measure customer satisfaction with our initial disability application process. We survey disability claimants – both Social Security and Supplemental Security Income – during the following stages of the application process:

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

- Post-adjudicative denials, selected after filing an application and after the decision denying benefits, are completed.

We asked those surveyed to rate their level of satisfaction for two categories – ease of filing the disability application and their overall opinion of our service. Below we summarize the Disability Initial Claims Report Card results for FY 2010, showing the percentage of respondents rating our service “excellent,” “very good,” or “good” (E/VG/G) for each. Satisfaction remained stable with no statistically significant differences between the two years.

| Disability Initial Claims Report Card Survey Results | | | | | | |
|---|--|---------------|----------------|---------------------------------------|---------------|----------------|
| Fiscal Year | Ease of Filing the Disability Application | | | Overall Opinion of Our Service | | |
| | Mid-Process | Awards | Denials | Mid-Process | Awards | Denials |
| 2010 | 83% | 90% | 56% | 83% | 92% | 51% |
| 2009 | 83% | 90% | 56% | 84% | 92% | 51% |

We will discuss the results of our FY 2011 Disability Initial Claims Report Card survey in our *FY 2012 Performance and Accountability Report*.

EVALUATION OF TICKET TO WORK PROGRAMS AND ADEQUACY OF INCENTIVES

The *Ticket to Work and Work Incentives Act of 1999* (Public Law 106-170) requires the Commissioner of Social Security to assess the effectiveness of our Ticket to Work program and submit reports to Congress with the findings and recommendations to improve the program. In FY 2011, we produced our fifth evaluation report for the *Ticket to Work and Work Incentives Act of 1999* (Public Law 106-170) as a series of nine papers plus a “Highlights” paper with an introduction and executive summary. In this report, we analyzed beneficiary work activity over time. Our findings that are of particular interest are as follows:

- Despite the challenges they face, about 40 percent of beneficiaries with disabilities had relatively high employment expectations, and more than a quarter of beneficiaries worked at some point in time while receiving benefits. About one in every eight beneficiaries with disabilities eventually had their benefits suspended or terminated due to work;
- Many of those who successfully left the disability rolls for work were able to remain off the rolls for a substantial period of time;
- Younger beneficiaries were the most likely to pursue employment. They were almost twice as likely to be employed or have their benefits suspended or terminated due to work as other beneficiaries; and
- Most beneficiaries who work or who have their Social Security disability insurance benefits or Supplemental Security Insurance (SSI) disability benefits suspended or terminated due to work do not use the Ticket to Work program or the Vocational Rehabilitation program, but those who use these programs earn more and have better long-term outcomes.

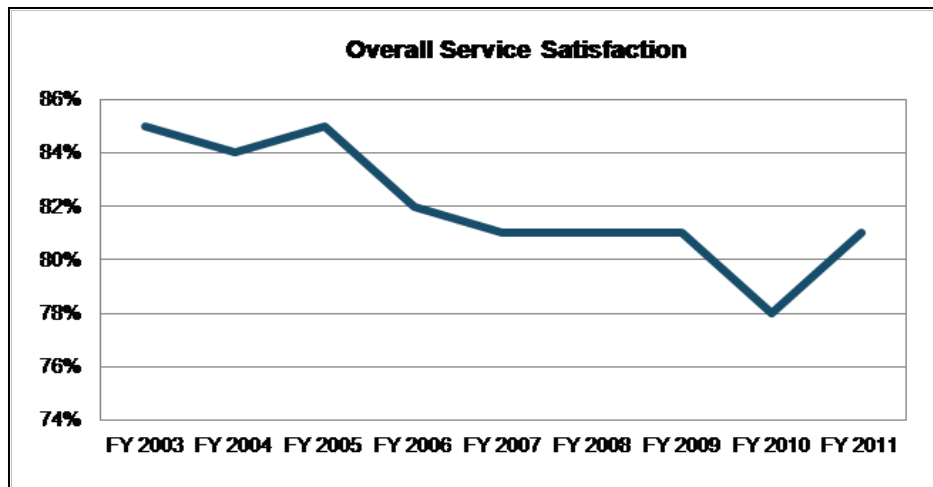
More information about [Ticket to Work evaluation reports](http://www.socialsecurity.gov/disabilityresearch/research.htm#Ticket) is available at www.socialsecurity.gov/disabilityresearch/research.htm#Ticket.

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

OVERALL SERVICE SATISFACTION SURVEYS

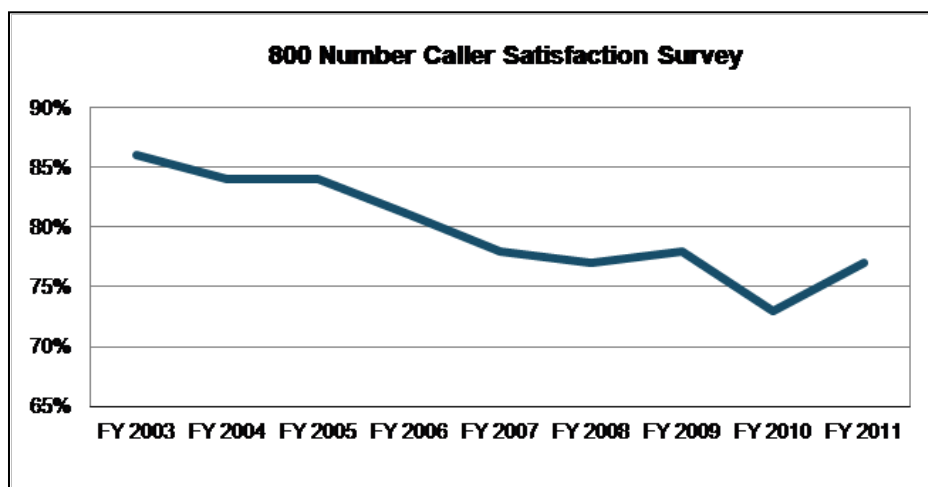
We continually evaluate our retirement and other core services by surveying people who use them. These surveys reflect the public’s perception of the services we provide via the Internet, telephone, or in-person. The feedback helps us identify strengths and weaknesses in our service delivery so we can make necessary improvements. We combined the results of our satisfactions surveys, discussed in more detail below, to produce a single FY 2011 customer satisfaction measure. In FY 2011, the combined results indicated 81 percent (rounded from 81.4 percent) of the respondents rated our overall service as Excellent/Very Good/Good (E/VG/G). This rate reflects a return to the level prevailing for the last 5 years after there was a statistically significant drop in FY 2010 to 78 percent (rounded from 78.2 percent).

Below, we show our service satisfaction ratings (rounded to nearest whole percentage) from FY 2003 through FY 2011.



National 800 Number Caller Survey

For FY 2011, the overall satisfaction rate for the National 800 Number Caller Survey was 77 percent E/VG/G. Below we discuss our National 800 Number Caller Survey results for FY 2010. We will present a complete discussion of the FY 2011 National 800 Number Caller survey results in our *FY 2012 Performance and Accountability Report*. The following graph illustrates our 800 Number Caller satisfaction rates from FY 2003 through FY 2011:

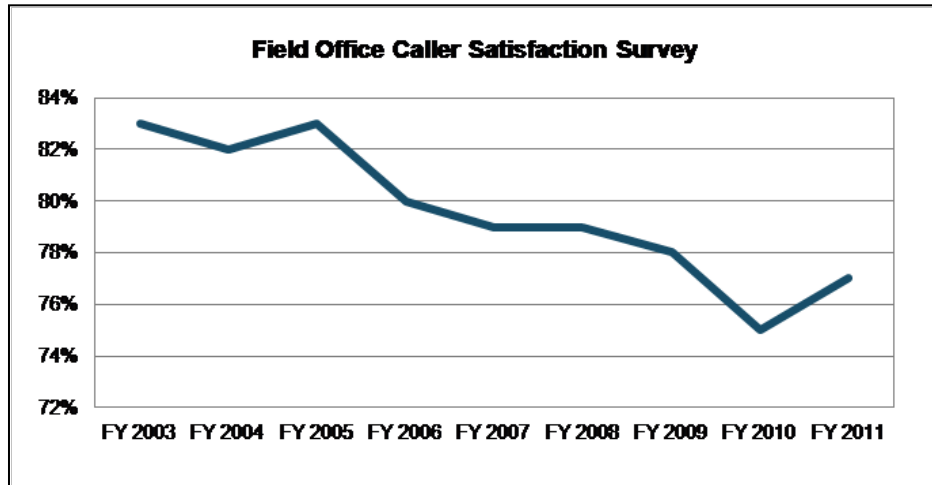


Our telephone service remains a primary option for providing service to the public. In FY 2010, our telephone agents handled nearly 42 million calls to our National 800 Number and 25 million callers used our automated services. Our FY 2010 survey showed that satisfaction with National 800 Number service declined significantly to 73 percent E/VG/G from the FY 2009 level of 78 percent. This significant decline in overall satisfaction was linked to a similar decline in the rating of “access,” i.e., getting through to be served. The access rating for FY 2010 dropped to 63 percent E/VG/G from 68 percent the year before. The rating of access was influenced by respondents’ perceptions of how easy it was to reach the type of service they needed through our speech recognition system. Nearly half of the respondents surveyed in FY 2010 said that it was somewhat or very hard to reach the type of service they needed. These respondents gave an access rating of 42 percent E/VG/G, in sharp contrast to the 81 percent rating of access given by respondents who felt it was easy to use our speech recognition system. Another factor that affected the rating of access was the perception of time spent on hold waiting to be served. For those callers placed on hold prior to speaking with an agent, just over half (53 percent) rated the length of time they waited as E/VG/G. Respondents who were satisfied with the time spent on hold gave a much higher access rating (77 percent E/VG/G) than those who were not (17 percent E/VG/G).

Satisfaction with our 800 Number services was also related to the type of service callers used. In our FY 2010 survey, respondents who spoke with an agent gave an overall satisfaction rating of 83 percent E/VG/G, significantly higher than the 65 percent rating from respondents who used an automated service. Respondents’ satisfaction with service provided by our agents was also evident in their ratings of staff performance. Ratings of staff performance – courtesy, helpfulness, job knowledge, and clarity of explanations – ranged from 87 to 91 percent E/VG/G.

Field Office Caller Survey

For FY 2011, the overall satisfaction rate for the Field Office Caller Survey was 77 percent E/VG/G. Below we discuss our Field Office Caller Survey results for FY 2010. We will present a complete discussion of the FY 2011 Field Office Caller Survey results in our *FY 2012 Performance and Accountability Report*. The following graph illustrates our field office caller satisfaction rates from FY 2003 through FY 2011:

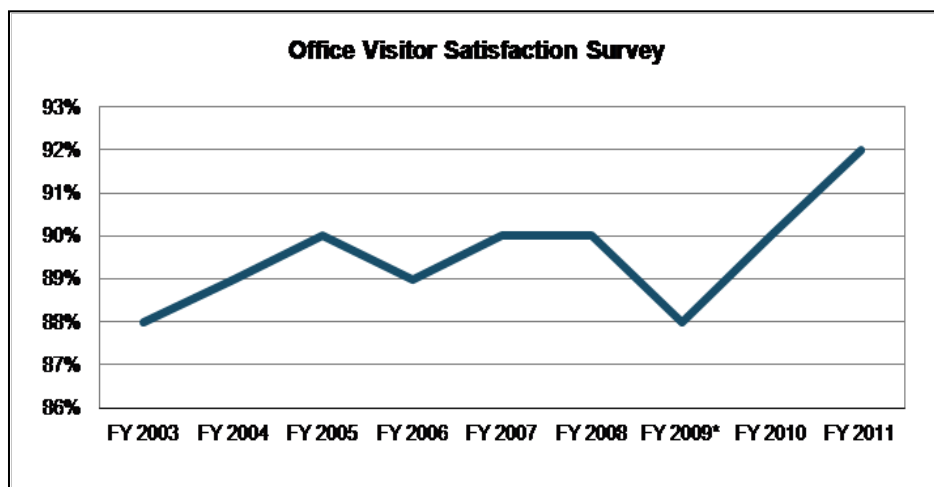


In FY 2010, 75 percent of the respondents to our Field Office Caller Survey rated the overall service they received when they called an office as E/VG/G. The difference between the FY 2010 satisfaction rate and the FY 2009 rate of 78 percent E/VG/G was not statistically significant. However, over time small annual declines in the overall service ratings have resulted in a level of satisfaction that is significantly lower than the high point of 83 percent achieved in FYs 2003 and 2005. Like 800 Number service, satisfaction with field office telephone service has been linked over time to satisfaction with access. In our FY 2010 survey, respondents who were satisfied with access to field office telephone service gave an overall service rating of 90 percent E/VG/G; this rating dropped to 45 percent E/VG/G for respondents who were dissatisfied with access. The FY 2010 access rating itself stayed essentially the same as the last few years, 67 percent E/VG/G. Factors affecting the perception of access in FY 2010 included having to make more than one call to reach the field office (44 percent of respondents) and waiting on hold to be served (60 percent of respondents who spoke to an agent waited on hold; 62 percent were satisfied with the length of their wait). Reaching voicemail rather than an agent also affected satisfaction with access and service overall. Respondents who spoke with an agent gave an access rating of 74 percent and an overall service rating of 86 percent E/VG/G. Respondents who were routed to voicemail gave significantly lower ratings for both access (60 percent E/VG/G) and service overall (59 percent E/VG/G).

As in our 800 Number Caller Survey, FY 2010 Field Office Caller Survey respondents were very satisfied with the various aspects of staff performance. Respondents rated helpfulness, courtesy, job knowledge, and clarity of explanations from 87 to 91 percent E/VG/G, similar to ratings in previous years.

Office Visitor Survey

For FY 2011, the overall satisfaction rate for the Office Visitor Survey was 92 percent E/VG/G. Satisfaction was the same (92 percent E/VG/G) whether they visited the field office, hearing office, or a Social Security card center (included for the first time in the FY 2011 survey). Below we discuss our Office Visitor Survey results for FY 2010. We will present a complete discussion of the FY 2011 Office Visitor Survey results in our *FY 2012 Performance and Accountability Report*. The following graph illustrates our office visitor satisfaction rates from FY 2003 through FY 2011:



*Beginning FY 2009, we included Internet Survey results.

Our FY 2010 Office Visitor Survey included people who visited our field and hearing offices. In FY 2010, 90 percent of the respondents rated the overall service they received during their office visit as E/VG/G. This rating, which was significantly higher than the overall service rating of 88 percent in FY 2009, returns satisfaction levels to those recorded from FYs 2006 through 2008. Among field office visitors, satisfaction with office waiting time also rose significantly in FY 2010, with 78 percent of respondents rating waiting time as E/VG/G compared with 75 percent in FY 2009. Office waiting time is generally one of the lower rated aspects of field office service; improvement in the public's perception of waiting time can carry over to improvement in satisfaction with service overall.

FY 2010 also saw an improvement in the rating of office privacy. Satisfaction with office privacy in FY 2010 (81 percent E/VG/G) showed a marked improvement over FY 2009 (75 percent E/VG/G). This was the first time since the Office Visitor Survey began in FY 1999 that the privacy rating advanced into the 80 percent range and reflects the positive impact of the improvements we are making in the field office experience. In addition, office visitors continued to give very favorable ratings for staff performance. Employee helpfulness, courtesy, knowledge, and clarity of explanations received ratings ranging from 91 to 93 percent E/VG/G in FY 2010.

Internet Report Card Survey

For FY 2011, the overall satisfaction rate for the Internet Report Card Survey was 92 percent E/VG/G. Satisfaction with our online applications was 91 percent E/VG/G and satisfaction with our online change of address and direct deposit services was 96 percent E/VG/G. Following we discuss our Internet Report Card Survey results for FY 2010. We will present a complete discussion of the FY 2011 Internet Report Card Survey results in our *FY 2012 Performance and Accountability Report*.

In FY 2010, we conducted our first annual Internet Report Card Survey. The survey included people who used one of our online applications to file for retirement benefits, Social Security disability benefits, or Extra Help with Medicare prescription drug plan costs. In addition to assessing overall satisfaction with our online application, the

Internet Report Card Survey covers aspects of online services that influence customer satisfaction, such as ease of finding the application and how easy it is to complete the application.

In our FY 2010 survey, respondents gave both our online application for benefits and our Extra Help application an overall rating of 91 percent E/VG/G. Most respondents were satisfied with the ease of finding the online application on our website (benefit applicants – 95 percent E/VG/G; Extra Help applicants – 90 percent E/VG/G). Most also found it easy to provide the information required for the application (benefit applicants – 89 percent E/VG/G; Extra Help applicants – 88 percent E/VG/G). For benefit applicants, the aspects of the experience that received the lowest ratings were the time it took to complete the online application (77 percent E/VG/G) and how well SSA’s website explained information they needed to know about their benefits (83 percent E/VG/G). For Extra Help applicants, information about benefits was also one of the lower rated aspects of service (84 percent E/VG/G), as was the number of pages they had to navigate before starting the online application (82 percent E/VG/G).

In subsequent years, we plan to expand the Internet Report Card Survey to include additional categories of transactions currently offered on our website: online medical forms completed in connection with a disability initial claim or appeal and requests for information, such as benefit verification.

QUALITY REVIEWS AND SERVICE EVALUATIONS

National 800 Number Telephone Service Evaluation

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

We assess the accuracy of the information agents provide and the actions they take based on our program policies and operating guidelines. We use two measures of accuracy to evaluate our National 800 Number services. Payment accuracy indicates the percentage of calls free of payment error. A payment error occurs when an agent’s information or action (or failure to give information or take action) has the potential to affect a caller’s payment or eligibility for benefits adversely. The second accuracy measure we use is service accuracy, which reflects the percentage of calls free of service error. A service error occurs when an agent does not meet the caller’s need for information, causes the caller inconvenience, or creates an unnecessary additional workload. Our latest published accuracy rates are for FY 2010. Payment accuracy was 97.4 percent and service accuracy was 87.3 percent.

Field Office Telephone Service

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

This evaluation identifies the specific causes of error and the operating policies that were not followed. It uses the same standards of payment and service accuracy as our 800 Number Service Evaluation discussed above. Our latest published accuracy rates are for FY 2010. Payment accuracy was 95.6 percent and service accuracy was 76.2 percent.

Enumeration Quality Review

The following presents results from our Enumeration Quality Review. These results were not available when we published our *FY 2010 Performance and Accountability Report*. Each year we process approximately 6 million original and 11 million replacement Social Security card applications. We also verify SSNs more than one billion times a year through a variety of electronic data exchanges with public and private organizations. We refer to the process of assigning and issuing SSNs as enumeration. To assess the accuracy of our enumeration process, we conduct annual reviews using a random sample of original SSNs assigned during the fiscal year by one of the following means:

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

In FY 2010, enumeration accuracy for the assignment of a SSN was 99.9 percent. The most commonly cited error occurred when applicants received two different SSNs: one through the Enumeration-at-Entry process and one through the SS-5 process.

We will discuss the FY 2011 Enumeration Quality Review results in more detail in our *FY 2012 Performance and Accountability*.

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

RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE STEWARDSHIP REVIEW

Stewardship findings provide the basic measure we use to report on the accuracy of Old-Age, Survivors, and Disability Insurance (OASDI) payments. We base the FY 2010 report findings on non-medical reviews of monthly samples of OASDI payments issued from October 2009 through September 2010. We also provide payment accuracy rates for the current and previous reporting periods.

Overall, the OASDI accuracy rate was 99.6 percent for overpayments (O/P) in FY 2010, based on improper payments totaling a projected \$2.7 billion (i.e., 99.6 percent of all dollars paid were free of O/P errors). Accuracy for OASDI underpayments (U/P) was 99.8 percent in FY 2010, based on unpaid dollars projected at \$1.8 billion (i.e., U/P dollar errors, as a percentage of total dollars paid, were less than 0.3 percent). Comparable accuracy rates for FY 2009 were 99.6 percent for O/Ps and 99.9 percent for U/Ps. The change in the overall OASDI O/P accuracy rate is not statistically significant. Even though the difference in the overall U/P accuracy rates from FYs 2009 to 2010 show a statistically significant decline, it only reflects a small change of less than 0.2 percent.

We will report the results of our FY 2011 Retirement, Survivors, and Disability Insurance Stewardship Review in our *FY 2012 Performance and Accountability Report*.

SUPPLEMENTAL SECURITY INCOME STEWARDSHIP REVIEW

Stewardship findings provide the basic measure we use to report on the accuracy of SSI payments. We base the FY 2010 report findings on non-medical reviews of monthly samples of SSI payments issued from October 2009 through September 2010. We also provide payment accuracy rates for the current and previous reporting periods.

Overall, the SSI accuracy rate was 93.3 percent for overpayments (O/Ps) in FY 2010 based on improper payments totaling a projected \$3.34 billion (i.e., 93.3 percent of all dollars paid were free of O/P errors) compared to an O/P accuracy rate of 91.6 percent in FY 2009. The increase in the O/P accuracy rate from FY 2009 to FY 2010 is statistically significant. The accuracy rate for SSI underpayments (U/Ps) was 97.6 percent based on unpaid dollars projected at \$1.23 billion in U/Ps (i.e., U/P dollar errors, as a percentage of total dollars paid, were 2.4 percent) compared to a 98.4 percent U/P accuracy rate in FY 2009. The difference in the U/P accuracy rate from FY 2009 to FY 2010 is also statistically significant.

We will report the results of our FY 2011 Supplemental Security Income Stewardship Review in our *FY 2012 Performance and Accountability Report*.

THE FEDERAL INFORMATION SECURITY MANAGEMENT ACT OF 2002 REPORT TO CONGRESS

The *Federal Information Security Management Act (FISMA)* is part of the *eGovernment Act of 2002*. FISMA is a security framework requiring Federal agencies to ensure they provide adequate protections for Federal information systems and information. Federal agencies included in the *eGovernment Act of 2002* must submit an annual FISMA status report to the Office of Management and Budget by November 15, 2011. Our report summarizes the results from security reviews conducted of our major information systems and programs, progress on correcting identified weaknesses, and the results of other work performed during the reporting period using Office of Management and Budget's performance measures. There are currently several bills pending in Congress intended to strengthen FISMA. As Congress considers new cyber security legislation, we will continue our efforts to meet and exceed existing information security requirements for protecting Federal information systems and personally identifiable information. More information about the FY 2010 Report to Congress on the Implementation of the [Federal Information Security Management Act of 2002](http://www.whitehouse.gov/sites/default/files/omb/assets/egov_docs/FY10_FISMA.pdf) is available at www.whitehouse.gov/sites/default/files/omb/assets/egov_docs/FY10_FISMA.pdf.

ANNUAL REPORT OF THE BOARD OF TRUSTEES OF THE FEDERAL OLD-AGE AND SURVIVORS INSURANCE AND FEDERAL DISABILITY INSURANCE TRUST FUNDS

The *Social Security Act* requires the Board of Trustees of the Federal Old-Age and Survivors Insurance (OASI) and Federal Disability Insurance (DI) Trust Funds to report annually to Congress on the financial and actuarial status of the OASI and DI Trust Funds. The *2011 OASDI Trustees Report*, issued May 13, 2011, showed a slight decline in the projected long-term financial status of the Social Security program compared to the Trustees' 2010 report. The primary reasons for this decline were: (1) lower death rates for the population age 65 and over; and (2) near-term lower levels of net other immigration and real earnings. Other highlights in the report included:

- The projected point at which tax revenues will permanently fall below program costs came in 2010 – five years sooner than the estimate in last year's report;
- The projected point at which the combined OASI and DI Trust Funds will be exhausted is 2036 – one year earlier than the estimate in last year's report;
- The projected actuarial deficit over the 75-year long-range period is 2.22 percent of taxable payroll – up from 1.92 percent in last year's report; and

- Over the 75-year period, the OASI and DI Trust Funds would require additional revenue equivalent to \$6.5 trillion in present value as of January 1, 2011 to pay all scheduled benefits.

The full [2011 OASDI Trustees Report](http://www.socialsecurity.gov/OACT/TR/2011) is available at www.socialsecurity.gov/OACT/TR/2011.

ANNUAL REPORT OF THE SUPPLEMENTAL SECURITY INCOME PROGRAM

By law, we must report annually to the President and to Congress on the status of the SSI program. The 2011 report, issued in May 2011, covered 2011 to 2035. Significant findings stemming from our evaluation included:

- By 2035, the end of the 25-year projection period, we estimate that the Federal SSI recipient population will reach 9.9 million. The projected growth in the SSI program over the 25-year period is largely due to the overall growth in the U.S. population, although we expect the current economic slowdown to temporarily generate additional growth beyond what we might expect from historical trends. We project that the percentage of the population receiving SSI will vary somewhat by age group, with the percentage for those age 65 or older declining throughout the projection period and the percentage for those under age 65 continuing to increase over the next four years, but declining thereafter to a level slightly higher than the current percentage;
- As a percentage of the total U.S. population, the number of Federal SSI recipients increased slightly from 2.37 percent in 2009 to 2.42 percent in 2010. We project this percentage to increase gradually to 2.60 percent of the population by 2035 due largely to the changing age distribution of the population;
- We estimate that Federal expenditures for SSI payments in calendar year 2011 will increase by \$1.5 billion to \$49.3 billion, an increase of 3.2 percent from 2010 levels;
- In constant 2011 dollars, we project that Federal expenditures for SSI payments will increase to \$60.9 billion in 2035, a real increase of 0.9 percent per year; and
- Federal SSI expenditures in 2008 were 0.293 of Gross Domestic Product (GDP), and increased to 0.325 percent in 2009. Expenditures increased slightly to 0.326 percent of GDP in 2010, and we project a slight decrease to 0.324 percent in 2011. Expenditures will continue to decline thereafter to 0.244 percent of GDP by 2055.

More information about the [2011 Annual Report of the Supplemental Security Income Program](http://www.socialsecurity.gov/OACT/ssir/SSI11/index.html) is available at www.socialsecurity.gov/OACT/ssir/SSI11/index.html.

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