



A MESSAGE FROM THE COMMISSIONER



I am pleased to present the Social Security Administration's Fiscal Year (FY) 2012 Annual Performance Plan (APP) and Revised Final Plan for FY 2011. This Plan describes our next steps toward achieving the goals and objectives in our current Agency Strategic Plan (FY 2008-FY 2013). It outlines our priorities and establishes our performance commitments to the American public.

We would not be on track to achieve the goals in our strategic plan if we had not made such significant progress in the last three years. Despite the dramatic growth in our workloads due to the recession, increased employee productivity, new initiatives, and improved funding allowed us to reverse the trend of declining service and an increasing hearings backlog. We have shortened the wait for a hearing decision by one-third. We decided over one-half million of the oldest, most-complex hearing requests. Some hearing requests were as old as 1,400 days in 2007, but at the end of FY 2010, we have virtually no cases waiting over 825 days.

In FY 2010, callers to our National 800 Number had the shortest wait time and lowest busy signal rates since we began measuring these statistics nearly a decade ago. We have improved quality in the initial disability process and increased our program integrity work, which has resulted in increased payment accuracy in the Supplemental Security Income program. In addition, we introduced the three best online services in the Federal Government, as measured by the University of Michigan public satisfaction survey.

With adequate and timely funding and the ongoing dedicated work of our employees, we will continue to deliver on our promises to the American public.

- We will continue to reduce our disability backlogs. Eliminating our hearings backlog remains our number one priority.
- We will use technology to reduce our backlogs, improve service, and target our program integrity activities. For example, we are capitalizing on advances in video technology and our electronic processes. We established centralized National Hearing Centers to assist our most heavily backlogged hearing offices. We built on the success of these offices by creating centralized units in the States to assist the most stressed Disability Determination Services locations, the State offices that make the initial disability application decisions. In addition, we plan to expand video technology to improve service in our local field offices.
- We will increase the number of Internet services. We have developed faster and easier online services to meet the public's expectations and to keep pace with the increase in recession-driven claims. For example, we just released our Spanish Retirement Estimator, the first Federal interactive online application in Spanish, and plan additional Spanish applications.

President Obama stated that the Social Security programs are "a lasting promise that we can retire with dignity and peace of mind that workers who become disabled can support themselves, and that families who suffer the loss of a loved one will not live in poverty." Every day the men and women in our agency work hard to keep that promise to the millions of Americans who turn to us for help.

Michael J. Astrue
Commissioner

OUR VALUES

OUR MISSION

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

OUR VISION

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

OUR MOTTO

Social Security Benefits America

OUR SERVICE PRINCIPLES

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

Adherence to the law

Clarity

Commitment to best demonstrated practices

Cultural sensitivity

Honesty

Prevention of waste, fraud, and abuse

Protection of privacy and personal information

Recruitment and training of the best public servants

Safety of the public and our employees

SUMMARY OF OUR GOALS AND OBJECTIVES

ELIMINATE OUR HEARINGS BACKLOG AND PREVENT ITS RECURRENCE

Increase our capacity to hear and decide cases

Improve our workload management practices throughout the hearings process

IMPROVE THE SPEED AND QUALITY OF OUR DISABILITY PROCESS

Fast-track cases that obviously meet our disability standards

Make it easier and faster to file for disability benefits online

Regularly update our disability policies and procedures

IMPROVE OUR RETIREE AND OTHER CORE SERVICES

Dramatically increase baby boomers' use of our online retirement services

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

Improve our telephone service

Improve service for individuals who visit our field offices

Process our Social Security Number workload more effectively and efficiently

PRESERVE THE PUBLIC'S TRUST IN OUR PROGRAMS

Curb improper payments

Ensure privacy and security of personal information

Maintain accurate earnings records

Simplify and streamline how we do our work

Protect our programs from waste, fraud, and abuse

Use "green" solutions to improve our environment



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EXECUTIVE SUMMARY

We respectfully present our Annual Performance Plan (APP) for Fiscal Year (FY) 2012 and Revised Performance Plan for FY 2011. For 75 years, we have administered our Nation's most successful and popular domestic program. The goal of our APP is to help the public, Congress, and our stakeholders understand what we will do to achieve the goals and objectives outlined in our Agency Strategic Plan (ASP) for FY 2008 through FY 2013.

We continually seek to improve our business processes, policies, and procedures to uphold the principles of good government, accountability, integrity, and transparency. These principles, which form the basis of the Government Performance and Results Act, improve government performance and ensure accountability by linking resources to results.

Our APP indicates how we will use our FY 2012 budget to accomplish our four strategic goals: 1) eliminate our hearings backlog and prevent its recurrence; 2) improve the speed and quality of our disability process; 3) improve our retiree and other core services; and 4) preserve the public's trust in our programs. It covers each program activity, including initiatives and performance measures, proposed in our FY 2012 budget request. As part of that discussion, we will outline our priority goals and use of American Recovery and Reinvestment Act (Recovery Act) funds.

In support of the President's government-wide initiative to build a high performance government, we identified four priority goals to focus our efforts over the next two years. These goals are a subset of the goals we regularly monitor and report in our APP and our Performance and Accountability Report.

In FY 2009, Congress provided us with over \$1 billion in additional resources in the Recovery Act to handle the huge unexpected increase in benefit applications caused by the economic downturn and to replace our aging national computer center. We are spending our Recovery Act funds effectively, and we are making progress toward the goals we outlined in our Recovery Act program plans.

We will use our FY 2012 budget to complete the retirement claims we receive, reduce the disability backlogs, increase program integrity efforts, address other critical workloads, and maintain our aging infrastructure. We are investing in service and infrastructure improvements to provide a better experience for the public to conduct business with us via the Internet, telephone, video service, or a visit to our field offices. We will continue to invest in our employees and information technology, as they are essential to achieving our mission. Adequate funding will allow us to fulfill these commitments to the American people.

GUIDE TO THE ANNUAL PERFORMANCE PLAN FOR FY 2012 AND REVISED FINAL PERFORMANCE PLAN FOR FY 2011

This Guide to the Annual Performance Plan for FY 2012 and Revised Final Performance Plan for FY 2011 lists our major workloads and the supporting performance measures.

HEARINGS

PAGE PERFORMANCE MEASURE

- | | |
|----|--|
| 14 | 1.1a Complete the budgeted number of hearing requests. |
| 14 | 1.1b Achieve the budgeted goal for SSA hearings case production per workyear. |
| 17 | 1.2a Achieve the target number of hearing requests pending. |
| 17 | 1.2b Achieve the target to eliminate the oldest hearing requests pending. |
| 18 | 1.2c Achieve the budgeted goal for average processing time for hearing requests. |

APPEALS COUNCIL

PAGE PERFORMANCE MEASURE

- | | |
|----|--|
| 18 | 1.2d Achieve the target to eliminate the oldest Appeals Council requests for review pending. |
| 19 | 1.2e Achieve the target average processing time for Appeals Council requests for review. |

DISABILITY CLAIMS

PAGE PERFORMANCE MEASURE

- | | |
|----|---|
| 23 | 2.1a Achieve the target percentage of initial disability cases identified as a Quick Disability Determination or a Compassionate Allowance. |
| 23 | 2.1b Complete the budgeted number of initial disability claims. |
| 24 | 2.1c Minimize average processing time for initial disability claims to provide timely decisions. |
| 24 | 2.1d Disability Determination Services net accuracy rate for combined initial disability allowances and denials. |
| 25 | 2.1e Disability Determination Services cases production per workyear. |
| 25 | 2.1f Complete the target number of disability claims at the reconsideration level. |
| 28 | 2.2a Achieve the target percentage of initial disability claims filed online. |
| 28 | 2.2b Achieve the target number of initial disability claims pending. |
| 28 | 2.2c Achieve the target number of disability claims pending at the reconsideration level. |
| 33 | 2.3a Update the medical Listing of Impairments. |
| 33 | 2.3b Increase the percentage of disability claims evaluated using health Information Technology. |
| 34 | 2.3c Number of Disability Insurance and Supplemental Security Income disability beneficiaries, with Tickets assigned, who work. |
| 34 | 2.3d Number of Disability Insurance and Supplemental Security Income disability beneficiaries who earn four quarters of work credit during the calendar year. |

GUIDE TO THE ANNUAL PERFORMANCE PLAN FOR FY 2012 AND REVISED FINAL PERFORMANCE PLAN FOR FY 2011

RETIREMENT CLAIMS

PAGE PERFORMANCE MEASURE

- 40 3.1a Percent of retirement, survivors, and health insurance claims receipts completed up to the budgeted level.
- 40 3.1b Achieve the target percentage of retirement claims filed online.

PUBLIC INTERACTION

PAGE PERFORMANCE MEASURE

- 44 3.3a Achieve the target speed in answering National 800 Number calls.
- 44 3.3b Achieve the target busy rate for National 800 Number calls.
- 47 3.4a Percent of individuals who do business with SSA rating the overall services as “excellent,” “very good,” or “good”.

PROGRAM INTEGRITY

PAGE PERFORMANCE MEASURE

- 49 3.5a Achieve the target percentage for correctly assigning original Social Security Numbers.
- 56 4.1a Complete the budgeted number of Supplemental Security Income non-disability redeterminations.
- 56 4.1b Increase the budgeted number of continuing disability reviews.
- 57 4.1c Percent of Supplemental Security Income payments free of overpayment and underpayment error.
- 58 4.1d Percent of Old Age Survivors, and Disability Insurance payments free of overpayment and underpayment error.
- 58 4.1e Increase the number of transactions received through the Access to Financial Institutions program.
- 62 4.3a Reduce the target percentage of paper Forms W-2 completed.
- 65 4.5a Receive an unqualified audit opinion on SSA’s financial statements.

GREEN SOLUTIONS

PAGE PERFORMANCE MEASURE

- 67 4.6a Replace gasoline-powered vehicles with alternative-fuel vehicles.
- 67 4.6b Develop and implement an agency Environmental Management System.

PRIORITY GOALS

Our country faces extraordinary challenges, and we must transform our government to operate more effectively and more efficiently. In support of the President's government-wide initiative to build a high performance government capable of addressing the challenges of the 21st century, we identified four Priority Goals. These goals, which we will focus on over the next 2 years, have a high direct value to the public and meet our strategic goals. Our Priority Goals are:

Increase the Number of Online Applications: The public expects the convenience of online services and we plan to meet the demand. In 2012, our goals are to:

- Achieve 50 percentage of total retirement claims filed online; and
- Achieve 38 percentage of total initial disability claims filed online.

Issue More Decisions for People Who File for Disability: We will continue our efforts to lower the disability backlog and accurately complete claims. We will also ensure that people with severely disabling conditions will receive an initial claims decision within 20 days of filing an application. Finally, we will reduce the time it takes a person to receive a hearing decision to an average of 270 days by 2013. In 2012, our goals are to:

- Complete 3.268 million initial disability claims;
- Achieve 5.5 percent of initial disability cases identified as a Quick Disability Determination or a Compassionate Allowance; and
- Complete 823,000 hearing requests.

Improve Our Customers' Service Experience on the Telephone, in Our Field Offices, and Online: To improve our customers' service experience and provide the services the public expects and deserves, we will improve telephone service on our National 800 Number. We will also improve the public's overall satisfaction with the services they receive. By 2012, our goals are to:

- Achieve an average speed of answer rate of 262 seconds on our National 800 Number;
- Achieve a busy rate for National 800 Number calls of 6 percent; and
- Raise our overall rating of "excellent," "very good," or "good" given by individuals who do business with us to 83.5 percent.

Ensure Effective Stewardship of Our Programs by Increasing Our Program Integrity Efforts: We will continue to demonstrate an unyielding commitment to sound program integrity efforts by minimizing improper payments and strengthening our efforts to protect program dollars from waste, fraud, and abuse. In 2012, our goals are to:

- Complete 592,000 full medical continuing disability reviews, an increase of 82 percent over FY 2010; and
- Complete 2.622 million Supplemental Security Income non-disability redeterminations.

AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

In FY 2009, Congress recognized that we were receiving substantially increased numbers of new claims and other work because of the economic downturn. Congress also recognized our need to replace our aging national data center. To help us handle this additional work, Congress provided us with over \$1 billion in additional resources in the American Recovery and Reinvestment Act (Recovery Act).

We received \$500 million, available through FY 2010, to help address our increasing disability and retirement workloads. This funding allowed us to invest in our front line operational areas, enabling us to handle our additional recession-related work. The funding also supports information technology acquisitions for the additional workload processing funded from the Recovery Act, which allowed us to invest in health Information Technology.

The Recovery Act provided eligible Social Security beneficiaries and Supplemental Security Income recipients received a one-time economic recovery payment of \$250. We spent \$43 million of the \$90 million we received to cover the administrative cost associated with issuing these payments and sending notices to all eligible persons, and Congress rescinded the remaining \$47 million.

Finally, Congress recognized the need to replace our aging National Computer Center (NCC). Congress appropriated \$500 million to build our new National Support Center (NSC). The NSC will house critical computer operations that are necessary to provide service to all Americans and promptly and accurately pay benefits.

In FY 2011, we expect to finalize the NSC site selection by the end of the 2nd quarter, and to purchase the property by the end of the 3rd quarter. In addition, we expect to initiate procurements for phases one and two of the design-build construction by the end of the third quarter. We plan to award and begin construction of the NSC by the end of FY 2012.

AT-A-GLANCE

ANNUAL PERFORMANCE PLAN FOR FY 2012 AND REVISED FINAL PERFORMANCE PLAN FOR FY 2011

The Government Performance and Results Act (GPRA) requires all Federal agencies to establish annual performance measures and targets that connect their budget to performance. The following chart lists our GPRA performance measures and targets for FY 2011 and FY 2012. We use these performance measures to gauge our progress in meeting our strategic goals and objectives as outlined in our Agency Strategic Plan (www.socialsecurity.gov/strategicplan). These measures specifically address how we will improve performance, effectiveness, and efficiency over the next two fiscal years.

STRATEGIC GOAL 1:

ELIMINATE OUR HEARINGS BACKLOG AND PREVENT ITS RECURRENCE

Strategic Objective 1.1: Increase our capacity to hear and decide cases

Performance Measure		FY 2011 Target	FY 2012 Target	Page
1.1a	Complete the budgeted number of hearing requests	815,000	823,000	14
1.1b	Achieve the budgeted goal for SSA hearings case production per workyear	107	107	14

Strategic Objective 1.2: Improve our workload management practices throughout the hearing process

Performance Measure		FY 2011 Target	FY 2012 Target	Page
1.2a	Achieve the target number of hearing requests pending	668,000	597,000	17
1.2b	Achieve the target to eliminate the oldest hearing requests pending	Less than 0.5% of hearing requests pending 775 days or older	Less than 0.5% of hearing requests pending 725 days or older	17
1.2c	Achieve the budgeted goal for average processing time for hearing requests	373 days	326 days	18
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	Less than 1% of Appeals Council requests for review pending 600 days or older	18
1.2e	Achieve the target average processing time for Appeals Council requests for review	370 days	340 days	19

STRATEGIC GOAL 2:**IMPROVE THE SPEED AND QUALITY OF OUR DISABILITY PROCESS****Strategic Objective 2.1: Fast-track cases that obviously meet our disability standards**

Performance Measure		FY 2011 Target	FY 2012 Target	Page
2.1a	Achieve the target percentage of initial disability cases identified as a Quick Disability Determination or a Compassionate Allowance	5%	5.5%	23
2.1b	Complete the budgeted number of initial disability claims	3,409,000	3,268,000	23
2.1c	Minimize average processing time for initial disability claims to provide timely decisions	110 days	103 days	24
2.1d	Disability Determination Services net accuracy rate for combined initial disability allowances and denials	97%	97%	24
2.1e	Disability Determination Services cases production per workyear	275	279	25
2.1f	Complete the target number of disability claims at the reconsideration level	N/A	743,500	25

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

Performance Measure		FY 2011 Target	FY 2012 Target	Page
2.2a	Achieve the target percentage of initial disability claims filed online	34%	38%	28
2.2b	Achieve the target number of initial disability claims pending	709,000	632,000	28
2.2c	Achieve the target number of disability claims pending at the reconsideration level	N/A	116,600	28

Strategic Objective 2.3: Regularly update our disability policies and procedures

Performance Measure		FY 2011 Target	FY 2012 Target	Page
2.3a	Update the medical Listing of Impairments	Develop and submit at least 3 regulatory actions or Social Security Rulings	Publish 2 rules for public comments and 8 final rules	33
2.3b	Increase the percentage of disability cases evaluated using health Information Technology	500% above FY 2010 baseline	100% above FY 2011 performance	33
2.3c	Number of Disability Insurance and Supplemental Security Income disability beneficiaries, with Tickets assigned, who work	114,310	118,544	34
2.3d	Number of Disability Insurance and Supplemental Security Income disability beneficiaries who earned four quarters of work credit during the calendar year	774,048	789,226	34

STRATEGIC GOAL 3:**IMPROVE OUR RETIREE AND OTHER CORE SERVICES****Strategic Objective 3.1: Dramatically increase baby boomers' use of our online retirement services**

Performance Measure		FY 2011 Target	FY 2012 Target	Page
3.1a	Percent of retirement, survivors, and health insurance claims receipts completed up to the budgeted level	100% (4,590,000)	100% (4,627,000)	40
3.1b	Achieve the target percentage of retirement claims filed online	44%	50%	40

Strategic Objective 3.2: Provide individuals with accurate, clear, up-to-date information

There is no performance measure for this objective for FY 2011 and FY 2012.

Strategic Objective 3.3: Improve our telephone service

Performance Measure		FY 2011 Target	FY 2012 Target	Page
3.3a	Achieve the target speed in answering National 800 Number calls	267 seconds	262 seconds	44
3.3b	Achieve the target busy rate for National 800 Number calls	6%	6%	44

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

Performance Measure		FY 2011 Target	FY 2012 Target	Page
3.4a	Percent of individuals who do business with SSA rating the overall services as "excellent," "very good," or "good"	83.5%	83.5%	47

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

Performance Measure		FY 2011 Target	FY 2012 Target	Page
3.5a	Achieve the target percentage for correctly assigning original Social Security Numbers	99%	99%	49

STRATEGIC GOAL 4:**PRESERVE THE PUBLIC'S TRUST IN OUR PROGRAMS****Strategic Objective 4.1: Curb improper payments**

Performance Measure		FY 2011 Target	FY 2012 Target	Page
4.1a	Complete the budgeted number of Supplemental Security Income non-disability redeterminations	2,422,000	2,622,000	56
4.1b	Increase the budgeted number of continuing disability reviews	1,388,000	1,442,000	56
4.1c	Percent of Supplemental Security Income payments free of overpayment and underpayment error	92% (O/P) 98.8% (U/P)	92.5% (O/P) 98.8% (U/P)	57
4.1d	Percent of Old-Age, Survivors, and Disability Insurance payments free of overpayment and underpayment error	99.8% (O/P) 99.8% (U/P)	99.8% (O/P) 99.8% (U/P)	58
4.1e	Increase the number of transactions received through the Access to Financial Institutions program	500,000	3,000,000	58

Strategic Objective 4.2 Ensure privacy and security of personal information

There is no performance measure for this objective for FY 2011 and FY 2012.

Strategic Objective 4.3 Maintain accurate earnings records

Performance Measure		FY 2011 Target	FY 2012 Target	Page
4.3a	Reduce the target percentage of paper Forms W-2 completed	15.5%	15%	62

Strategic Objective 4.4 Simplify and streamline how we do our work

There is no performance measure for this objective for FY 2011 and FY 2012.

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

Performance Measure		FY 2011 Target	FY 2012 Target	Page
4.5a	Receive an unqualified audit opinion on SSA's financial statements	Receive an unqualified opinion	Receive an unqualified opinion	65

Strategic Objective 4.6 Use "green" solutions to improve our environment

Performance Measure		FY 2011 Target	FY 2012 Target	Page
4.6a	Replace gasoline-powered vehicles with alternative-fuel vehicles	75% of FY 2011 inventory replaced (28 vehicles)	75% of FY 2012 inventory replaced (16 vehicles)	67
4.6b	Develop and implement an agency Environmental Management System	Establish performance objectives	Develop and implement an agency EMS	67

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

Agency Strategic Plan Long-Term Outcomes	<p>Reduce the number of pending hearings to 466,000 by FY 2013;</p> <p>Reduce the time it takes an individual to receive a hearing decision to an average of 270 days;</p> <p>Increase productivity by automating labor-intensive tasks necessary to issue a hearing decision; and</p> <p>Establish standardized electronic hearing business processes.</p>
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For over fifty years, we have helped disabled workers and their families replace lost income due to a severe disability. Nevertheless, years of underfunding created a backlog of hearing requests. Since 2007, eliminating the hearings backlog and preventing its recurrence has been our top priority.

We planned for additional disability claims caused by the aging of the baby boomers who are now passing through their most disability-prone years, but the recession created an unexpected surge in the number of applications. In FY 2010, we received more than 3.2 million initial disability applications, over 200,000 more applications than in FY 2009. As we issued more initial disability decisions, the number of hearing requests continued to rise. We received and handled a record number of hearing requests in FY 2010. As a result, we ended FY 2010 with just over 700,000 pending hearings – the lowest level in five years. As of December 2010, we cut the average wait time for a hearing decision by nearly one-third from its highest level. We are committed to improving both the timeliness and quality of our hearing decisions as we aggressively reduce the backlog.

STRATEGIC OBJECTIVE 1.1 INCREASE OUR CAPACITY TO HEAR AND DECIDE CASES

We continue to follow our Plan to Eliminate the Hearings Backlog and Prevent its Recurrence, www.socialsecurity.gov/appeals. This plan includes measures for improving hearing office procedures, increasing our ability to hear and decide cases, increasing efficiency through automation, improving business processes, and accelerating the review of cases that are likely to result in a favorable decision. We have made significant progress since we began implementing our plan in 2007. It took several years to create this backlog; therefore, it will take some time to eliminate it. We are on track to achieve our goal of eliminating the backlog in FY 2013, despite the additional recession-related claims.

We continue to focus on working the oldest of our pending hearing cases first. In FY 2011, we will handle those cases pending 775 days or more. This emphasis on our oldest cases will help us to achieve an average processing time of 270 days in FY 2013. In FY 2010, we reduced our processing time to an average of 426 days, 65 days lower than our average time for FY 2009. The monthly trend shows an even greater decrease in processing time. At its peak in August 2008, it took an average of 18 months for a hearing decision. As of December 2010, it took just over a year.

Our efforts to increase the number of Administrative Law Judges (ALJ) and their support staff, open additional hearing offices, enhance our screening efforts to quickly identify allowances, and increase the use of technology in case processing have enabled us to meet our goals. However, a number of external factors, such as the economy, and a variation from the anticipated growth rate of hearing receipts, could affect our future progress.

For instance, in FY 2010 we planned for 709,000 hearings receipts and received approximately 11,000 more receipts than expected. To the extent that key variables in our Plan change, we will take corrective action to meet our FY 2013 goal to eliminate the backlog.

Our efforts to increase our capacity to hear and decide cases include:

Increase Staffing Levels: To meet the demands of increased hearing receipts and reduce the amount of time claimants must wait for a decision, we must increase our ALJ corps and hire the necessary support staff to maximize ALJ productivity and effectiveness during each of these years. In FY 2010, we hired 228 ALJs and about 1,300 support staff. We ended FY 2010 with over 1,400 ALJs, and we plan to maintain a level of over 1,400 ALJs on duty.

Open New Hearing Offices and National Case Assistance Centers: We continue to expand our infrastructure in both traditional and non-traditional ways. In FY 2010, we opened 13 new hearing offices, 3 new satellite offices, 2 new National Case Assistance Centers (NCACs), and a new National Hearing Center (NHC). We also expanded existing hearing offices in Las Vegas, Nevada and Madison, Wisconsin.

The two new NCACs, in McLean, Virginia and St. Louis, Missouri, have writing units that provide national assistance. The St. Louis NCAC also has a case preparation unit. Together these units help those hearing offices experiencing challenges with timely service delivery.

As workloads change, we may modify these units to meet the shifting needs for their assistance. The NCACs also help with succession planning -- the NCAC will provide us with a trained workforce to backfill for the loss of decision writers and case technicians throughout the country. In FY 2011, we planned to open 13 new hearing offices and 3 new satellite offices. We are proceeding with 8 facilities that have signed leases. The remaining 8 facilities are dependent upon the availability of resources.

Maximize Use of National Hearing Centers (NHCs): Our NHCs continue to serve as an integral component in eliminating the hearings backlog. These offices conduct all hearings via video conference. This alternative business model allows us to provide focused assistance to those offices with high pending workloads or elevated processing times, and we can quickly adjust which offices they support.

The NHCs have proven to be a cost-effective option to improve service to claimants awaiting a hearing decision. Five NHCs are supplementing our nationwide adjudicatory capacity. They are located in Falls Church, Virginia; Albuquerque, New Mexico; Baltimore, Maryland; Chicago, Illinois; and St. Louis, Missouri.

Expand Video Hearing Capacity: We continue to increase our video hearing capacity each year. Video hearing technology minimizes travel for all hearing participants. Video hearings allow ALJs to be more productive, as they can hear more cases during the time formerly spent traveling. In remote areas, this secure technology enables claimants to attend a video hearing rather than travel long distances to a hearing site.

We are adding more video equipment to hearing offices with the resources available to assist our heavily backlogged offices. Through our Representative Video Project, attorney and non-attorney representatives for claimants may use their own video conferencing equipment to participate in hearings from their offices.

Expedite Hearing Decisions: In FY 2010, through a combination of screening by attorney adjudicators and the Office of Quality Performance, we decided over 54,000 cases without a hearing. We anticipate these efforts will resolve about 53,200 fully favorable cases in FY 2011 and about 49,000 fully favorable cases in FY 2012.

We implemented a centrally coordinated Virtual Screening Unit (VSU) in FY 2010. Under this initiative, up to 100 senior attorneys work from their home hearing offices reviewing disability hearings cases from the most backlogged hearing offices.

The senior attorneys screen cases and write favorable decisions where appropriate. In FY 2010, the VSU screened almost 51,000 cases and issued over 15,000 fully favorable decisions. The VSU is expected to continue activity throughout FY 2011 and FY 2012. The future of the unit remains flexible depending on the viability and demand for screening backlog cases. Regardless of the size and scope of the unit, we will maintain the infrastructure and business process so that the VSU remains a turnkey operation.

PERFORMANCE MEASURE – STRATEGIC OBJECTIVE 1.1

1.1a: Complete the budgeted number of hearing requests

Fiscal Year	2011	2012	
Target	815,000	823,000	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	575,380	660,842	737,616

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

Data source: Case Processing and Management System

Frequency reported: Monthly

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

Fiscal Year	2011	2012	
Target	107	107	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	103	105	105

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)

Frequency reported: Monthly

Note: This measure was formerly a Program Performance/PART Measure. This is a new GPRA measure beginning in FY 2011.

STRATEGIC OBJECTIVE 1.2

IMPROVE OUR WORKLOAD MANAGEMENT PRACTICES THROUGHOUT THE HEARING PROCESS

We are pursuing automation enhancements and process improvements to increase our productivity and reduce our processing time. We upgraded many of our applications, automated manual processes such as notice generation, and provided tools to measure the effectiveness of our initiatives. We are enhancing our existing case processing and management systems, including those used by the hearing offices and the Appeals Council, at both the administrative review and court levels.

These enhancements will help us to complete, control, clear, and assess the quality and policy compliance of cases at all stages of the appeals process more quickly and easily. We are reducing the length of time it takes for ALJs to render hearing decisions. In addition, we are working to decrease the time it takes us to pay benefits after a favorable hearing decision.

The current process can be complex and often involves many steps and close coordination between field offices and program service centers, particularly in cases involving Supplemental Security Income windfall offset, appointed representatives, worker's compensation, or public disability benefits. We have started the difficult task of streamlining our benefit and fee payment processes so that beneficiaries timely receive the benefits they are due. It will require significant information technology (IT) planning and resources, but it is clearly an area that we must improve.

We are refining the following initiatives to automate tasks and functions in the hearing process:

Electronic Business Process: We developed a standardized electronic business process (eBP) to provide a detailed description of the most efficient and effective methods for performing the core electronic case processing tasks in the hearing office. eBP also standardizes the day-to-day operations and incorporates best practices for hearing offices nationwide. A staggered rollout for 20 offices began in June 2009. In FY 2010, we trained all of our hearing offices on eBP. We are also tailoring the business process for our five National Hearing Centers (NHC). We will train the NHCs on eBP in FY 2011.

e-Signature: This initiative allows the ALJs and attorney adjudicators to sign decisions electronically. It also allows ALJs to sign decisions on behalf of Hearing Office Chief Administrative Law Judges, which expedites the final stages of the hearing process.

Quality Assurance: In FY 2010, we began piloting the Quality Assurance program designed to review claims as they travel through the hearing process. We review selected claim files both prior to a hearing and after a decision is drafted to ensure the decision and the evidence support a timely and legally sufficient decision. This program will also provide feedback to management adjust claims processing and assist in identifying training needs. We plan to fully implement the Quality Assurance program in FY 2011.

Auto Scheduling: We are pursuing an automated calendar sharing function to schedule hearings based on the availability of the hearing site, equipment, ALJ, claimant, representative, and expert witnesses. This effort presents a great technological challenge, as each hearing can involve up to five participants from multiple locations using different communications equipment. Due to the complexity of the technology involved, we do not expect it to be functional until FY 2013.

Multi-Sector Workforce Pilot - Verbatim Hearing Reporters: We have budgeted to hire 150 Verbatim Hearing Reporters (VHRs) in both FY 2011 and FY 2012 as a Multi-Sector Workforce (MSW) Pilot Project. A VHR creates digital hearing recordings, summarizes testimony and ALJ directives, and lists exhibits offered by a claimant during a hearing. At remote sites, a VHR may transport, set-up, and operate equipment for a video hearing. New employees will replace contractors who have performed VHR functions at hearing offices, but will not replace contractors at remote site locations.

We selected the VHR function as the sole focus of the MSW pilot after reviewing all agency service contracts and all contracted functions. The MSW pilot team projected the costs of continuing to contract out the VHR function and the costs of hiring new federal employees to perform the function. Insourcing the VHR function should improve our workload management practices by reducing our administrative costs. We estimate an annual cost-savings of about \$5 million by utilizing Federal employees to fulfill the VHR function at hearing offices.

Unlike the contractors who currently perform the VHR functions, these new employees will double as case technicians when they are not recording hearings. The dual function of the VHRs will enhance the cost effectiveness of this initiative. When this initiative is completed, we will have 300 new employees who are more skilled, versatile, and efficient than the contractors currently performing this function.

Reduce the Backlog at the Appeals Council: As we increase our capacity to hear and decide cases, we are mindful of the resulting effect on the Appeals Council workloads. We expect almost 132,000 Appeals Council receipts in FY 2011. As a result, we estimate the average processing time for an Appeals Council decision will remain elevated in FY 2011 before decreasing in FY 2012. We will closely monitor Appeals Council workloads and take the necessary action to reduce the pending levels and processing time by hiring additional Administrative Appeal Judges and support staff and implementing early screening initiatives.

As part of our long-term business process improvement effort, the Appeals Council is improving the Appeals Review Processing System (ARPS) by developing a web-based document gathering system that will propagate information directly from ARPS into final action documents. This system will reduce keying errors when drafting final decisions, remands, dismissals, and denials of review. We expect this web-based document generating system to be available in FY 2012.

In FY 2011, the Appeals Council plans to refine its electronic case analysis tool by adding enhancements similar to the State Disability Determination Services Electronic Claims Analysis Tool (see page 30). These enhancements will improve data gathering and improve the quality of the Appeals Council's actions. Integrating these analytical tools and document generation systems will increase consistency, reduce errors, and speed case processing.

PERFORMANCE MEASURES – STRATEGIC OBJECTIVE 1.2

1.2a: Achieve the target number of hearing requests pending

Fiscal Year	2011		2012	
Target	668,000		597,000	
Historical Performance				
Fiscal Year	2008	2009	2010	
Performance	760,813	722,822	705,367	

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

Data source: Case Processing and Management System

Frequency reported: Monthly

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

Fiscal Year	2011		2012	
Target	Less than 0.5% of hearing requests pending 775 days or older		Less than 0.5% of hearing requests pending 725 days or older	
Historical Performance				
Fiscal Year	2008	2009	2010	
Performance	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 hearings pending 825 days or older	

Data definition: The percentage of oldest hearing requests pending. The oldest hearing requests are those cases that are pending, or will be pending, 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

Frequency reported: Monthly

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

Fiscal Year	2011		2012	
Target	373 days		326 days	
Historical Performance				
Fiscal Year	2008	2009	2010	
Performance	514 days	491 days	426 days	

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

Data source: Case Processing and Management System

Frequency reported: Monthly

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

Fiscal Year	2011		2012	
Target	Less than 1% of Appeals Council requests for review pending 650 days or older		Less than 1% of Appeals Council requests for review pending 600 days or older	
Historical Performance				
Fiscal Year	2009		2010	
Performance	Less than 1% of Appeals Council pending 750 days or older		Less than 1% of Appeals Council pending 700 days or older	

Data definition: The percentage of oldest Appeals Council requests for review pending. The oldest requests for review are those cases that are pending, or will be pending, 650 days or more at the end of the fiscal year. The percentage is derived by dividing the total number of request 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

Frequency reported: Monthly

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

Fiscal Year	2011	2012	
Target	370 days	340 days	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	238 days	261 days	345 days

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

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

Frequency reported: Monthly



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

Agency Strategic Plan Long-Term Outcomes	<p>Ensure individuals who are clearly disabled receive a decision within 20 calendar days of filing;</p> <p>Reach an online filing rate of 25 percent for disability applications by 2012;</p> <p>Regularly update our regulations and policies to incorporate the most recent medical advances;</p> <p>Develop and implement a common case processing system for the Disability Determination Services; and</p> <p>Make it easier for disabled individuals to return to work.</p>
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We are responsible for the Nation’s two primary federal disability programs: Social Security Disability Insurance and Supplemental Security Income. The combination of the economic downturn and baby boomers entering their most disability-prone years has significantly increased these disability workloads. We received 3.2 million disability applications in FY 2010, and we anticipate receiving almost 3.3 million in FY 2011 and nearly 3.2 million in FY 2012. We ended FY 2010 with 842,192 initial disability claims pending a decision, an all time high.

As pending levels grow, the amount of time it takes to complete an initial disability claim increases. We plan to reduce the pending level to 709,000 cases by the end of FY 2011 and 632,000 cases by the end of FY 2012. We are committed to return to our pre-recession pending level by the end of FY 2014. We have implemented a comprehensive strategy to reduce the initial disability pending level. We are hiring additional State Disability Determination Services (DDS) employees and increasing overtime for maximum flexibility.

We are implementing policy simplifications and automation that will make adjudicating claims easier. Furthermore, we are adding personnel to both Federal and State units that are assisting the State DDS’s in areas of the country most stressed from the increased disability applications. As part of this strategy, we created Extended Service Teams (EST) modeled after the National Hearing Centers (see page 13). The ESTs are located in State DDSs that have a history of good quality and high productivity, as well as the capacity to hire and train significant numbers of additional employees. These centralized DDS teams will help reduce the initial claims backlog as we electronically shift claims to them from the hardest hit State DDSs.

State furloughs of the DDS employees have impeded our efforts to reduce the number of pending initial disability claims. Although we fully fund the State DDSs that make disability determinations for us, they operate under numerous State personnel and budget rules. We have explained to State leaders that they do not save any money by imposing furloughs and hiring freezes on these federally-funded employees. Rather, these destructive actions only slow benefits to some of the most vulnerable citizens, reduce State income tax revenue, and increase unemployment in the State.

We estimate that through December 2010, State furloughs have delayed over \$32 million in disability benefit payments and cost the States over \$63 million in administrative funding. For more information about the impact of State furlough, please visit our website at <http://www.socialsecurity.gov/open/ODD/>. We have proposed legislation that would require approval from the Commissioner before implementing furloughs and hiring freezes of State workers who make disability determinations for Social Security. The proposal would permit us to ask a court to issue an injunction requiring a State to cease reductions, reinstate personnel, and restore hours of work. We need the full capacity of the DDS employees to handle the surge in disability work.

STRATEGIC OBJECTIVE 2.1

FAST-TRACK CASES THAT OBVIOUSLY MEET OUR DISABILITY STANDARDS

We are obligated to provide benefits quickly to claimants whose medical conditions are so serious that they obviously meet our disability standards. Our two fast-track processes, Quick Disability Determination and Compassionate Allowances, use technology to identify claimants with the most severe disabilities and to allow us to speed our decisions on those cases; we can approve some cases in a matter of days instead of months or years.

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

Expand Quick Disability Determinations (QDD): The QDD process uses a computer predictive model to screen initial applications to identify cases where a favorable disability determination is highly likely and medical evidence is quickly and easily obtainable; e.g. low birth-weight babies, certain cancers, and end-stage renal disease. On average, the State DDSs' determine allowances on those cases identified as QDD in about 9 days. We have used QDD nationally since February 2008. We continue to refine the QDD predictive model to maximize its capacity to accurately identify these cases.

Expand Compassionate Allowances (CAL): The CAL process, implemented nationally in 2008, uses automation to quickly identify claimants whose conditions clearly qualify for disability benefits. Currently, we can favorably decide these cases based on the confirmation of the diagnosis alone for 88 impairments, such as amyotrophic lateral sclerosis or inoperable breast cancer. We allow nearly all CAL cases if we receive supporting documentation and satisfy non-disability criteria.

In FY 2010, we added 38 more conditions to our list of Compassionate Allowances. The list allows us to quickly identify diseases and other medical conditions that are clearly disabling. It is the first expansion since we announced the original list of 50 conditions in October 2008. We will continue to expand our list of CAL conditions through public hearings and consultations with medical, research, and advocacy communities. We are holding two outreach hearings in FY 2011. In November 2010, we held the first hearing on cardiovascular disease and multi-organ transplants. The second hearing on autoimmune diseases is scheduled for March 2011. At these hearings, we hear testimony from leading medical experts, patients, and patient advocates. These public hearings provide valuable information; they not only identify potential Compassionate Allowances, but they also provide ideas for other improvements to our current disability process.

For example, we are planning to shorten the Adult Disability Report, the form we use to collect disability information from claimants, for individuals who allege initial medical condition(s) that qualify as CAL. For these claimants, we would only collect the information pertinent to the medical condition; they could bypass the job history and education sections. This enhancement will speed the application and decision process.

Use Electronic Records Express (ERE): ERE provides electronic options for submitting health and school records related to disability cases. Information may be sent electronically to our secure website or through fax to us or our partners, the State DDSs. These records are automatically associated with an applicant's electronic disability folder.

We have expanded ERE to allow providers to request payment when submitting medical evidence to the ERE website. In FY 2011, we will expand the use of ERE to allow additional large providers to submit medical records electronically. We expect accelerated delivery of medical records to support improved case processing time. By FY 2012, we plan to enhance security for ERE website users. We will also begin implementing group accounts. This feature will allow organizations with multiple users to securely access requests for medical records.

PERFORMANCE MEASURES – STRATEGIC OBJECTIVE 2.1

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

Fiscal Year	2011	2012
Target	5%	5.5%
Historical Performance		
Fiscal Year	2009	2010
Performance	3.8%	4.6%

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 Management Information Disability

Frequency reported: Annually

2.1b: Complete the budgeted number of initial disability claims

Fiscal Year	2011	2012	
Target	3,409,000	3,268,000	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	2,607,282	2,812,918	3,161,314

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

Frequency reported: Monthly

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

Fiscal Year	2011	2012	
Target	110 days	103 days	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	106 days	101 days	111 days

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

Frequency reported: Monthly

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

Fiscal Year	2011	2012	
Target	97%	97%	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	97%	97%	98.1%

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

Frequency reported: Monthly

Note: This measure was formerly a Program Performance/PART Measure. This is a new GPRA measure beginning in FY 2011.

2.1e Disability Determination Services cases production per workyear

Fiscal Year	2011	2012	
Target	275	279	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	266	274	273

Data definition: The average number of all Disability Determination Services (DDS) cases produced per workyear expended. A workyear represents both direct and indirect time, including overhead (time spent on training, travel, leave, holidays, etc.). It is inclusive of 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

Frequency reported: Monthly

Note: This measure was formerly a Program Performance/PART Measure. This is a new GPRA measure beginning in FY 2011.

2.1f Complete the target number of disability claims at the reconsideration level

Fiscal Year	2011	2012
Target	N/A	743,500

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

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

Frequency reported: Monthly

Note: This is a new measure for FY 2012. Targeted performance was not established for FY 2011, as this performance measure was added mid-year.

STRATEGIC OBJECTIVE 2.2

MAKE IT EASIER AND FASTER TO FILE FOR DISABILITY BENEFITS ONLINE

Online services are vital to good public service. In increasing numbers, the public expects to conduct business over the Internet. The Internet provides the public with the ability to conduct business at their convenience and at their own pace, without the need to take leave from work, travel to a field office, and wait to meet with an agency representative.

In addition to being convenient for the public, increased use of online services reduces the average time our employees spend completing claims. Trained agency representatives can use the additional time to handle more complicated issues; however, we continue to review every online application for benefits and contact applicants with any questions.

To handle the anticipated increase in benefit applications and to fulfill the public's growing expectation for convenient, effective, and secure electronic service options, we created a new, easy-to-use online application. We only ask questions relevant to the applicant, making it easier and faster to file for disability benefits online. In FY 2010, 27 percent of our disability applicants filed for benefits online. We are improving our online application for disability and our outreach efforts. As a result, we expect the number of disability claims filed online to continue to increase.

We have updated our Disability Benefit Application information webpage by explaining the advantages of applying for disability online, outlining the four steps needed to submit a completed application, and providing links to additional information about our disability program. Please visit www.socialsecurity.gov/applyfordisability to view the improvements.

The following summaries explain our initiatives to make it easier and faster to file for disability online:

Expand the Streamlined Application Project: In FY 2010, we released a simplified Adult Disability Report, which we use to obtain basic information, such as medical sources and employment history, needed to complete the disability application. This simplified form allows claimants or their representatives to complete applications more quickly and accurately.

Currently, we cannot process a disability application until the claimant submits a signed application, an Adult Disability Report, and a signed Authorization to Disclose Information. In FY 2011, we improved the link between our online benefit application and the Adult Disability Report to support completion of medical information collected in the disability report. In FY 2011 and FY 2012, we will make the Authorization to Disclose Information an electronic process, eliminating the need for a signed form. This will eliminate the last remaining paper process in the electronic disability application process.

In FY 2011, we will also implement the abbreviated Compassionate Allowances (CAL) disability application process. We are modifying the Adult Disability Report to invoke the CAL predictive model before a claim is selected for our electronic disability claims system. This process reduces the amount of information a claimant alleging a CAL condition(s) has to provide.

Expand Electronic Folder (eFolder) Access to Appointed Representatives and Plan for New Appointed

Representative Services: Increasingly, representatives transact business with us on behalf of applicants who file for disability benefits. To meet this demand for service from appointed representatives (such as attorneys, non-attorneys, and third parties) and alleviate workloads in our field offices, we are documenting the business process for new online Appointed Representative Services. When fully implemented, this comprehensive package of online services allows appointed representatives at all levels of the disability process (initial, reconsideration, hearing, and Appeals Council) to register online, manage their profile, submit an Appointment of Representative, and access their clients' electronic folders. In FY 2010, we implemented access to the electronic folder on a limited basis. In FY 2011, we are expanding access to electronic folders nationally through a manual enrollment process in hearing offices nationwide and documenting the future process for new online services. We will phase in new online services for the appointed representative community over the coming years. When this project is complete, appointed representatives can:

- Complete and submit documents to demonstrate the claimant's appointment of the representative;
- Withdraw an existing appointment;
- Request status of their appointment as representative, fee petition, claim decision, and fee payment;
- View the electronic claims folder for the claimants they represent;
- Upload medical evidence to the electronic claims folder;
- Complete and submit information for direct payment for fee agreements and petitions and for receipt of IRS form 1099s; and
- Submit requests for appeals online.

PERFORMANCE MEASURE – STRATEGIC OBJECTIVE 2.2

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

Fiscal Year	2011	2012
Target	34%	38%
Historical Performance		
Fiscal Year	2009	2010
Performance	21%	27%

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

Frequency reported: Monthly

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

Fiscal Year	2011	2012	
Target	709,000	632,000	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	556,670	779,854	842,192

Data definition: The number of Social Security and Supplemental 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

Frequency reported: Monthly

2.2c: Achieve the target number of disability claims pending at the reconsideration level

Fiscal Year	2011	2012
Target	N/A	116,600

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

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

Frequency reported: Monthly

Note: This is a new measure for FY 2012. Targeted performance was not established for FY 2011, as this performance measure was added mid-year.

STRATEGIC OBJECTIVE 2.3 REGULARLY UPDATE OUR DISABILITY POLICIES AND PROCEDURES

Over the years, testing for and treatment of impairments has changed. By comparison, the way we request and receive medical information to determine disability has not changed in any fundamental way in years. We are committed to modernizing our disability decision-making processes to provide better service to the public.

To meet this challenge, we continue to update our Listing of Impairments and the Occupational Information Systems. In addition, we are making great strides in automation by developing a Disability Case Processing System (DCPS) that will unify separate systems into one common system for the entire nation. We will also use health IT in our disability process to help us obtain medical evidence almost instantaneously, and we will improve Return- to- Work programs for individuals who want to work.

We provide a discussion of these initiatives as follows:

Update Our Listing of Impairments: One of the most effective tools we have for adjudicating disability claims is the Listing of Impairments. This listing allows us to determine if a claimant is disabled when his or her impairment meets specified criteria, without the need to consider age, education, or work experience. The Listing of Impairments improves the consistency and accuracy of our decisions throughout all levels of the disability process.

In the last 5 years, we have revised approximately 50 percent of the listings. In FY 2010, we published final rules in the Federal Register for malignant neoplastic, special senses, and the extension of expiration date regulation for eight body systems. Also in FY 2010, we published a Notice of Proposed Rulemaking for mental disorders.

Currently, we are drafting final rules for endocrine system illnesses. Additionally, we published the Notice of Proposed Rule Making for mental disorders in the Federal Register. In 2011, we will publish rules for public comment for the remaining body system disorders (musculoskeletal, respiratory, neurological, hematological, skin, genitourinary, multiple body, and growth impairments). We will also be working on the final rules for growth impairments.

In 2012, we will request public comment for cardiovascular and immune systems. We also plan to publish final rules for mental disorders, respiratory, musculoskeletal, neurological, hematological, skin, genitourinary, and multiple body systems.

To support this initiative, we partnered with the Institute of Medicine to establish a standing committee of medical experts. These experts advise us on medical advancements that are relevant to our Listing. This helps ensure our Listing of Impairments are medically supportable, relevant, and technologically current. We also formed two consensus committees to provide recommendations for updating the cardiovascular and Human Immunodeficiency Virus (HIV) infection Listings. Final reports from both committees are due in FY 2011.

Develop an Occupational Information System: We rely on the occupational information found in the Dictionary of Occupational Titles (DOT), formerly produced by the Department of Labor (DOL), to determine whether claimants can do their usual work or any other work in the U.S. economy. DOL no longer updates the DOT; consequently, we developed a long-term strategy to replace the DOT with a new Occupational Information System (OIS). In FY 2009, we convened a panel of experts to guide us in the development of the OIS.

In FY 2010, we increased our outreach activities to experts and users of the DOT in our effort to define the data elements for the OIS. In FY 2011, we will continue to collaborate and partner with the DOL and other Federal agencies as we begin designing the OIS and laying the groundwork for pilot test scheduled to begin in FY 2012. Once we complete the basic research and development activities, we will be able to better estimate our completion date for the OIS.

Develop a Disability Case Processing System: The Disability Case Processing System will allow us to move from 54 separate, outdated State DDS systems to a common, modern system for the entire Nation. Currently, each State DDS has its own unique processing system. A common system will help us to take advantage of rapidly changing health care industry technology, provide the foundation for a seamless electronic disability case processing system, and reduce our maintenance costs so we can focus on service improvements.

In FY 2010, we worked closely with our DDS partners to develop requirements and design the new system. In FY 2011, we will develop the new system. We will test the initial version of the Disability Case Processing System in five DDSs. After sufficient experience with the initial versions, we will phase in a national rollout of the Disability Case Processing System.

Employ the Electronic Claims Analysis Tool (eCAT): We continue to refine eCAT, a web-based tool to assist examiners in the State DDSs in making disability determinations. This tool aids examiners in documenting, analyzing, and adjudicating disability claims in accordance with our regulations and policies to yield consistent, policy-compliant outcomes. In FY 2010, we rolled out eCAT in 29 State and Federal sites, raising the total number of participating States to 37. All DDSs will have eCAT in FY 2011. We will continue to enhance eCAT based on feedback from DDS examiners.

Use health IT for quicker disability decisions: In FY 2009, we became the first Federal agency to use the Department of Health and Human Services' Nationwide Health Information Network (NWHIN). The NWHIN is a secure, standards-based connection that allows us to request and obtain almost instantaneous access to electronic medical records from participating healthcare providers and medical facilities. With this promising technology, we have the potential to significantly reduce the time it takes for us to obtain the more than 15 million medical records we request annually, which in turn should decrease the amount of time it takes to complete a disability claim.

In FY 2010, we awarded \$16.3 million in competitive contracts to fund technological support to 14 healthcare organizations that will provide us with medical records through the NWHIN. We expect to receive electronic medical evidence from these healthcare providers by the end of FY 2011.

We are actively participating in national health IT efforts. We have expanded our participation in Federal Health Architecture to ensure common standards for electronic health record exchange among Federal agencies, NWHIN Cooperative, and several Offices of the National Coordinator committees. We continue to collaborate with the Department of Health and Human Services, the Department of Veterans Affairs, the Department of Defense, and other Federal and State agencies, healthcare providers, and insurers, to develop uniform clinical coding and medical report formats to standardize electronic storage and the exchange of medical records.

Improve Return-to-Work Programs: We continue to improve our two return-to-work programs: the Ticket to Work Program and the Vocational Rehabilitation (VR) Cost Reimbursement Program.

Under the Ticket to Work Program, we issue Tickets to eligible disabled beneficiaries who, in turn, may choose to assign their Tickets to an Employment Network (EN) to obtain employment services, VR services, or other support services.

In 2008, we implemented new regulations revising the Ticket to Work Program to provide more incentives and to increase participation. Since that time, we have seen a significant increase in return to work activity under the program. The number of Tickets assigned or in use have increased 41 percent from 203,664 on May 1, 2008 to 286,829 on December 1, 2010.

The number of beneficiaries with Tickets in use who worked in calendar year 2009 increased by 9 percent (from 96,993 to 105,843) over calendar year 2008. From May 1, 2008 to December 1, 2010, the number of beneficiaries with tickets in use who have had benefits suspended or terminated due to a successful return to work increased 116 percent from 2,071 to 4,483 beneficiaries.

Over the next two years, we will continue to promote participation in the Ticket program through our Work Incentive Seminar Events (WISE). WISE provides disabled beneficiaries with the information they will need to assign their Ticket and obtain the necessary support to return to work. We continue to recruit and train potential ENs through local efforts to inform employers and other partners about the advantages of becoming an EN.

We are working closely with the Department of Labor, the Department of Education, and the Center for Medicare and Medicaid services, as well as State and private partners, to help beneficiaries with disabilities return to work. Our efforts include aggressively recruiting One-Stop Career Centers, State mental health organizations, and organizations, such as Goodwill Industries, Inc., to serve as ENs in the program.

Under the VR services program, we pay State VR agencies to provide services to persons receiving disability benefits. These services will facilitate the ability of beneficiaries to return to work. We have not modified the VR services program, a key component of our return-to-work strategy, since the creation of the Ticket to Work Program in 1999. We plan to make design changes that will ensure greater coordination between both programs and expand their overall success. Specifically, we will formalize the rules necessary to transition from receiving VR services to long-term EN support.

With regulation changes that will create a smooth transition between the two programs, we expect to increase the likelihood that disabled beneficiaries will sustain work at earnings levels considered to be gainful employment. In FY 2010, we issued an Advanced Notice of Proposed Rulemaking in the Federal Register to solicit public comments on potential changes to our VR Services Cost Reimbursement Program. In Spring 2011, we expect to publish a Notice of Proposed Rulemaking and to finalize the regulatory revision by the end of FY 2011.



Demonstration Projects: We are proposing a five-year reauthorization of our demonstration authority for the Social Security Disability Insurance program, which would allow us to test other program innovations. Using this authority, we propose a new Work Incentives Simplification Pilot (WISP) to provide beneficiaries a simple set of work rules that would no longer terminate benefits based solely on earnings. Under WISP, beneficiaries would have more flexibility to enter the workforce without fear of losing their benefits. In addition, simplified work incentives would make it easier for us to administer the program, and it would also reduce improper payments.

We will also conduct research and demonstration projects to study ways to improve and simplify our services, and address the varied needs of disabled beneficiaries.

- **Temporary Assistance for Needy Families - Supplemental Security Income Disability Transition Project:** This is a research partnership between the Department of Health and Human Services' Administration for Children and Families, SSA, and several state and county Temporary Assistance to Needy Families agencies. This project better coordinates the Temporary Assistance for Needy Families and SSI programs.
- **Accelerated Benefits Demonstration Project:** We are testing to determine if providing medical benefits (Medicare) sooner to Social Security Disability Insurance beneficiaries will improve health outcomes and result in less long-term dependency on cash benefits. We will have a final report on this project in FY 2011.
- **Mental Health Treatment Study:** This study provides mental health treatments and employment supports not covered by other insurance. The study will determine the impact these supports have on outcomes such as medical recovery, daily functioning, employment, and benefits disabled beneficiaries receive. The specific interventions study participants received included systematic medication management, the service of an employment specialist, and a psychiatric nurse who coordinated physical and psychiatric therapies. We completed the study in July 2010 and the final report will be available in March 2011.
- **Youth Transition Demonstration (YTD) Project:** We provide a broad array of transition-related services and supports to help young people with disabilities transition from school to economic self-sufficiency. This project assists young people with disabilities, ages 14-25. These young people receive, or are at risk of receiving, Supplemental Security Income payments or Social Security Disability benefits based on their own disabilities. Successful transitions include pursuing a post-secondary education or employment. Through agreements with community-based agencies, at six sites in five states, the YTD project provides a broad array of transition-related services and supports to participants. YTD staff also establishes partnerships and collaborates with other agencies and employers to improve employment and educational outcomes. The YTD project provides five waivers of program rules to allow youth to keep more of their earnings, encourage savings, and continue their education and career objectives. These projects are testing whether the modified Supplemental Security Income rules will encourage YTD participants to work and save for their future. Three of the six community-based agency sites completed their participation in YTD in FY 2010. In FY 2011, the focus for the three remaining community-based agency sites will be on employment services and the follow-up survey administered 12 months after random assignment. These remaining projects will complete services in FY 2012. We will conduct surveys and analysis through FY 2013 to fill in gaps and provide information on demographic and socioeconomic variables not included in the administrative data. Final reports are due in FY 2014.
- **Benefit Offset National Demonstration Project:** This project will determine the effects of alternate methods of treating work activity in the Social Security Disability Insurance program. This project will allow disabled beneficiaries to experience a gradual reduction in benefits, eliminating the abrupt loss of cash benefits, when working and earning over a specific amount (for calendar year 2011, beneficiaries can earn up to \$1,000 a month, unless they are blind, in which case the level is \$1,640 a month). Participants will remain eligible for health care benefits and other supports linked to Social Security Disability Insurance eligibility.

PERFORMANCE MEASURES – STRATEGIC OBJECTIVE 2.3

2.3a: Update the medical Listing of Impairments

Fiscal Year	2011	2012
Target	Develop and submit at least 3 regulatory actions or Social Security Rulings	Publish 2 rules for public comments and 8 final rules
Historical Performance		
Fiscal Year	2009	2010
Performance	Published 8 Social Security Rulings in the Federal Register	Published 3 final regulations and 1 Notice of Proposed Rulemaking

Data definition: Regulatory actions include Advance Notice of Proposed Rulemaking, Notice of Proposed Rule Making, Final Rules, or 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

Frequency reported: Annually

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

Fiscal Year	2011	2012
Target	500% above FY 2010 baseline	100% above FY 2011 performance
Historical Performance		
Fiscal Year	2010	
Performance	Established Baseline (3,000)	

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

Frequency reported: Monthly (by Monday after the fiscal month closes)

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

Fiscal Year	2011	2012
Target	114,310	118,544
Historical Performance		
Fiscal Year	2009	2010
Performance	105,843	Available July 2011

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

Frequency reported: Annually. The data are provided on a calendar year basis and are reported in July of the following year.

Note: This measure was formerly a Program Performance/PART Measure. This is a new GPRA measure beginning in FY 2011.

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

Fiscal Year	2011		2012
Target	774,048		789,226
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	Baseline = 758,871	720,510	Available December 2011

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

Frequency reported: Annually. The data are provided on a calendar year basis and are reported in December of the following year.

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

STRATEGIC GOAL 3: IMPROVE OUR RETIREE AND OTHER CORE SERVICES

Agency Strategic Plan Long-Term Outcomes	<p>Achieve an online filing rate of 50 percent for retirement applications by 2012;</p> <p>Improve the clarity of our correspondence;</p> <p>Improve telephone service on our National 800 Number and in our field offices; and</p> <p>Further automate our Social Security card application process.</p>
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For seventy-five years, we have administered the most important and successful domestic program in our Nation's history, providing a financial lifeline to millions of Americans. Social Security remains a solid foundation for retirees, persons with disabilities, and survivors. Providing outstanding service to the American people is critical, especially today as the baby boomers are reaching their retirement and disability-prone years in the middle of a economic downturn. The Nation's recent economic recession, the worst since the Great Depression, has driven an extra million economically distressed workers and their families to look to us for help each year. As a result, retirement and disability claims have sky-rocketed.

Based on the most recent economic assumptions for FY 2011, we believe that retirement and disability claims will continue to remain at high levels. In FY 2011, we estimate that we will receive over 350,000 more retirement, auxiliary, and survivors' claims and over 680,000 more disability claims than we received in FY 2008, which was before the recession began to affect our workloads substantially.

Over the last few years, we have developed several new, easy-to-use online services. These services have allowed us to better handle the surge of benefits applications. Our ultimate goal is to provide applicants and their representatives with the ability to apply for a range of benefits and to update their records online. Nevertheless, we are mindful that many people prefer talking with someone or seeing someone face-to-face when conducting business with us. We remain committed to maintaining personal interaction with the public no matter which service method they choose.

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

Online services are vital to good public service. In increasing numbers, the public expects to conduct complex business over the Internet. The Internet provides the public with the ability to conduct business at their convenience and at their own pace, without the need to take leave from work, travel to a field office, and wait to meet with an agency representative.

In addition to being convenient for the public, increased use of online services reduces the average time our employees spend completing claims. Trained agency representatives can use the additional time to handle issues that are more complicated; however, we continue to review every online application for benefits and contact applicants with any questions.

Nearly 80 million baby boomers will file for retirement benefits over the next 20 years – an average of 10,000 per day. With this wave of new applications, it is essential that we provide multiple service options, which include easy, user-friendly online and automated services. In FY 2009, we launched our tremendously successful national effort to promote Social Security's new and improved online application for retirement benefits, headlined by Patty Duke. In FY 2010, the percentage of online retirement applications filed online increased to 37 percent, from 32 percent one year before. We expect further increases in FY 2011 and beyond. In FY 2011, we are implementing Spanish language options to our online benefit application to support the increase in this workload.

We have enhanced our online services with the following initiatives:

- **Refine Online Retirement Services:** We continue to streamline our online application by making changes to the policy, business processes, and systems that support claims taking. Applicants and their representatives can file online for retirement, disability, and now Medicare-only benefits from the comfort and convenience of their homes or offices. On average, they are able to complete the application in as little as 15 minutes – far shorter than the 45 minutes it often took to complete the former online application.
With full retirement age now higher than age 65 for those people born after 1942, many people are interested in filing only for Medicare, while they delay receipt of their monthly retirement benefits. In FY 2010, we launched our new online application for people who want to file for Medicare, but wish to delay filing for Social Security retirement benefits. In FY 2010, we received 107,884 online Medicare applications.
- **Launch Spanish-language Retirement Estimator:** Our most popular online service, the Retirement Estimator, is now available in Spanish. The Retirement Estimator uses a person's own Social Security earnings record to provide immediate and personalized benefit estimates. The Spanish-language Retirement Estimator and the other information, available on www.segurosocial.gov, will help us provide a broader audience with important information they need to plan for a secure retirement.

The Retirement Estimator is interactive and allows the user to compare different retirement options by changing retirement dates or expected future earnings. It protects the user's personal information by providing only retirement benefit estimates -- it does not show the earnings information used to calculate the benefit estimate, nor does it reveal other identifying information.

We have several enhancements planned for FY 2011:

- **Appointment Cancellation:** As the public becomes more aware of our online services, many claimants make appointments with the field office and then ultimately file their application online. It may not be necessary for claimants to keep their scheduled appointment. We are creating a new online appointment function that will look for retirement application appointments. If an appointment is detected, we will give the applicant the option to either keep or cancel the appointment. If the claimant files online and wishes to cancel the appointment, the appointment will be removed from the system, and the appointment slot will be returned to the servicing field office.
- **Online Spanish-language Retirement Application:** Our online retirement application will be available in Spanish. This initiative will be our second interactive electronic service in Spanish. Currently, 14 percent of the U.S. population is Spanish-speaking. U.S. Census Bureau projects the Spanish-speaking population will nearly triple, from 46.7 million to 132.8 million, between 2008 and 2050. Currently, we handle approximately 6 percent of calls to our National 800 Number in Spanish and an increasing number of field office visitors expect to conduct business with us in Spanish.
- **Online Spanish-language Medicare Extra Help Application:** We are also developing a Spanish version of the Medicare Extra Help Application. This application allows Medicare beneficiaries to file for extra help to pay for monthly premiums, annual deductibles, and co-pays related to the Medicare Prescription Drug program. The application includes questions related to income and resources, in addition to living arrangements. The online application will also provide a preliminary determination that tells the applicant if they will qualify for assistance based upon supplied answers.

Additional enhancements planned for FY 2012:

- **New Pension Section:** A pension based on earnings not covered by Social Security can affect the amount of a claimant's Social Security benefit. We will create a new Pension Section for collecting non-covered pension data necessary for completing the Windfall Elimination Provision and Government Pension Offset sections of our applications.
- **Expand the Use of Electronic Data Exchanges:** We will continue to explore opportunities to increase electronic data exchanges with the states and other government agencies to eliminate the need for online filers to bring or mail us evidentiary documents, such as birth and death certificates, proof of citizenship, and Forms W-2. Electronic data exchanges could make the application process fully electronic, which would make it more accurate, efficient, and convenient.
- **Expand Nationwide Marketing Campaign:** We continue to market our Internet services to encourage the public to apply for retirement and Medicare online. Our marketing efforts in FY 2010 included videos featuring Academy Award, Golden Globe, and Emmy winning actress Patty Duke, as well as rock-and-roll legend Chubby Checker. Patty Duke reunited with the cast of the renowned "Patty Duke Show" to promote our new online Medicare Application (www.socialsecurity.gov/medicareonly). Chubby Checker informed the public about a new "twist" in the law that makes it easier to qualify for extra help to pay for Medicare prescription drug costs (www.socialsecurity.gov/prescriptionhelp).

In FY 2011, actor George Takei, from the original Star Trek, and Don Francisco, host of Sabado Gigante (Giant Saturday) on the Univision Network, join Patty Duke and Chubby Checker to help us share important Social Security information through public service announcements and other informational materials.

Materials for both campaigns included radio and television PSAs, press releases, articles in the Social Security Update newsletter, a portal page on our website, fact sheets, and leaflets. We posted the Patty Duke family reunion and Chubby Checker videos on our YouTube page and placed announcements on our Facebook and Twitter pages. As of December 2010, the Chubby Checker PSA was displayed to viewers more than 1.05 billion times and the Patty Duke family PSA was displayed to viewers over 79 million times.

 www.socialsecurity.gov



A new "twist" in the law makes it easier than ever to save on your Medicare prescription drug plan costs

APPLY NOW!

CHUBBY CHECKER CHUBBY CHECKER CHUBBY CHECKER

1-800-772-1213 (TTY 1-800-325-0778)


When cousins are two of a kind, they file Online!



www.socialsecurity.gov

*Retire Online
It's So Easy!*

Apply Online for Medicare
It takes less than 10 minutes



www.socialsecurity.gov

Calcule sus beneficios y mucho más
www.segurosocial.gov

¡Es tan fácil!



Don Francisco

Our other marketing efforts include:

- **SSA Website:** In FY 2010, we released a new CD, “Online Retirement Planning,” which promotes the use of our online information and services for retirement planning. The CD is now available on our website at www.socialsecurity.gov/onlineservices/planners/Online_Retirement_Planning/orp.htm.
- **Facebook/Twitter/YouTube:** We have a Facebook page (www.facebook.com/socialsecurity) and a Twitter page (www.twitter.com/socialsecurity) used to provide updates via social media. We also have a page on YouTube (www.youtube.com/socialsecurityonline) with videos highlighting our online Retirement, Medicare, and Extra Help Applications.
- **Webinars:** “Retire Online: It’s So Easy,” is also available online at www.socialsecurity.gov/webinars/webinar1.htm.
- **Public Service Announcements (PSAs):** We have PSAs on billboards, buses, and in airport terminals to promote online services. For example, an electronic billboard has been placed at the entrance to the Holland Tunnel in New York City, an extremely high volume traffic area.
- **Google and BING:** We are targeting relevant keyword searches on Google and Bing; this strategy has allowed us to more effectively direct web users to our online service options.
- **Collaborating with Advocacy Groups:** We are collaborating with national organizations and advocacy groups to post information about our online retirement services in their newsletters and trade magazines and on their websites. We are also marketing these online services at national conferences by conducting presentations, disseminating relevant materials, and staffing high-impact exhibits.

President puts employee suggestion to work

Christie Dickson, an employee in our Office of Disability Adjudication and Review in Birmingham, AL, submitted a suggestion that was one of the finalists for the President’s 2010 SAVE Award. Christie said, “Having my suggestion being considered by President Obama was a great honor.”

The goal of the SAVE Award is to produce ideas that will yield savings, while also improving the way that Government operates. Christie’s suggestion was to increase efficiency by adding an appointment scheduling tool to our website.

“I came up with the suggestion a few months prior to submission,” she said. “I was working in the teleservice center at the time, and thought if claimants had the capability to schedule appointments online, it would save time and allow claimants with issues that required assistance to reach an agent faster.”

Based on Christie’s suggestion, we created a new service to allow members of the public to schedule appointments with us online if they are unable to successfully access our online applications. We successfully implemented this new service in November 2010.

PERFORMANCE MEASURES – STRATEGIC OBJECTIVE 3.1

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

Fiscal Year	2011	2012	
Target	100% (4,590,000)	100% (4,627,000)	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	104.2% (4,236,455)	104.4% (4,742,218)	101% (4,700,990)

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

Data source: Work Measurement Transitional Database

Frequency reported: Monthly

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

Fiscal Year	2011	2012
Target	44%	50%
Historical Performance		
Fiscal Year	2009	2010
Performance	32%	37%

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

Frequency reported: Monthly

STRATEGIC OBJECTIVE 3.2

PROVIDE INDIVIDUALS WITH ACCURATE, CLEAR, UP-TO-DATE INFORMATION

Currently, we issue approximately 390 million notices to the public each year, and we expect that number to continue to increase. These notices communicate decisions, payment, and other important information. The notices also inform claimants and beneficiaries of their rights and responsibilities under our programs, including appeal rights.

Given the volume of our correspondence- over one million a day-, our notices must be clear, concise, and easily understood in order to provide the best customer service. Clear notices reduce unnecessary calls to our 800 Number and field offices and the number of visitors to our field offices.

We continue to assess and improve our agency notices. As part of this effort, we obtain input from people who receive our notices. We are reviewing and revising high-volume, problematic notices first.

In August 2009, we developed and implemented revised notice standards, clear writing guidelines, and a national notice clearance process to ensure adherence to our standards and guidelines. Initial efforts focused on improving notices that advise claimants of the date of their hearing, as well as Supplemental Security Income award and denial notices.

We continue to improve Supplemental Security Income and disability notices, as well as improve the functionality of existing notice-generating systems. We are taking steps to make our notices accessible to people who are blind or visually impaired by adding additional notice formats such as Braille, a Microsoft Word CD, large print, and audio. We have also started a long-term project to research high-tech solutions that will generate notices more efficiently and effectively.

We are working to institutionalize the principles of open government (transparency, participation, and collaboration) and to use them in support of our mission. We are releasing information on government-wide websites, such as www.Data.gov, and through our new open government portal at www.socialsecurity.gov/open. We use this portal to engage the public and receive ideas and comments on a variety of topics.

Our Open Government Plan, published in June 2010, outlines our outreach activities and use of new methods to engage advocates and other interested parties in collaborating with us on programmatic and other issues. We will continue to release new information and data to the public throughout FY 2011 and FY 2012.

STRATEGIC OBJECTIVE 3.3

IMPROVE OUR TELEPHONE SERVICE

Our telephone service remains a primary option for providing effective and efficient service to the public. We assist callers by answering questions about Social Security benefits, scheduling appointments to file claims, or providing information from their Social Security records. Beneficiaries can also call to complete specific transactions, such as change of address, new request for or change of direct deposit information, replacement of a Medicare card, or request for a benefit verification statement. Callers can speak to a telephone agent or use our automated services that are available 24 hours a day, seven days a week.

In FY 2010, our National 800 Number received over 82 million calls. In FY 2011, we expect the call volume to decline slightly to 81 million calls. We project call volume to decline due to increased use of our robust suite of online services and increased staffing levels, which enables callers to get through without having to redial.

In FY 2010, we completed over 67 million transactions over the telephone, the most transactions ever. Our telephone agents handled 42 million transactions, while our automated services handled the remaining 25 million. In the last two years, we cut our busy rate by over half, from 10 percent in FY 2008 to 4.6 percent in FY 2010. We also reduced the time spent waiting for an agent by over 37 percent, from 326 seconds in FY 2008 to 203 seconds in FY 2010.

We are committed to improving our telephone service. We engaged the services of a leading industry consultant to assist us in assessing our telephone services, including our automated services and use of speech recognition technology. We are also redesigning our menu and prompts to reduce the time it takes callers to navigate our menu and select either an agent or their desired automated service. When we implement this new reengineered menu and call flow in late 2011, we expect callers will save 30 percent to 50 percent of the time currently spend navigating to their desired service.

In FY 2011, we will continue improving our telephone services with the following:

Improvements to Our National 800 Number Services:

Replace Our National 800 Number Infrastructure: In FY 2010, we awarded a new contract to replace our two existing National 800 Number contracts. The new technology comes with many features and functionalities used to manage and control overhead and support our teleservice centers. This contract will enable us to take advantage of the latest telecommunications technology and keep pace with industry standards. Implementing this new platform will take 12 to 24 months.

We will continue to enhance our automated telephone services so more people can successfully complete their business with us by phone. In addition, we will provide optimal call services by implementing new technologies via this platform that will help us forecast call volumes, anticipate staffing needs, and better distribute incoming calls across the network so callers can reach an agent quickly.

Open New Teleservice Center: We are working with the General Services Administration to complete construction of a new teleservice center in Jackson, Tennessee. It will be the first new teleservice center in more than a decade. We expect this center to open in late 2011.

Continue use of Schedule Voice Callback (SVC): This feature allows a caller, who elected to speak to a telephone agent, the option to schedule a call back from us if the expected wait time exceeds 3 minutes. Callers selecting this option provide their phone number and hang up, but they maintain their place in our queue. We then automatically return the call and connect them with a telephone agent. This service saves callers' time, lessens frustration, and enables our agents to focus quickly on the caller's business.

Provide real-time assistance to online visitors: We are exploring the use of click-to-communicate technologies, such as Web Callback (called "click to talk") and instant messaging. These technologies will allow National 800 Number agents to assist users in "real-time" as they conduct business with us online.

Improvements to Our Field and Hearing Offices Telephone Services:

Expand the Telephone Service Replacement Project: This project is a multi-year replacement of our aged local telephone systems in over 1,400 field and hearing offices across the country. The new telephone system provides the latest technology to better manage field office calls. The system provides us with new capabilities, including the ability to re-route incoming local calls during disasters and other emergencies. It also permits callers to reach specific local representatives by dialing their extension. Callers can also select the convenience of one of our automated services to conduct their business.

Expand Forward-on-Busy: Even with improved online and telephone services, more visitors are seeking assistance from our field offices. To improve caller satisfaction, we will implement new technology in FY 2011. The new technology will expand our service to field office callers who receive a busy signal. Those callers will have the option of transferring to our National 800 Number to access either an agent or our automated services.

PERFORMANCE MEASURES – STRATEGIC OBJECTIVE 3.3

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

Fiscal Year	2011		2012
Target	267 seconds		262 seconds
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	326 seconds	245 seconds	203 seconds

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

Data source: Report generated by Cisco router software

Frequency reported: Monthly

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

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

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 the Main Menu or calling back at another time.

Data source: Report generated by Cisco router software

Frequency reported: Monthly

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

Our field offices are our front door for the American public. Even with improved online and telephone services, more visitors are seeking assistance from our field offices. In FY 2010, we served 45.4 million visitors in our field offices. To serve the public better, we have been improving our field office reception areas and using new technologies to provide additional services to accommodate the increasing number of people who visit us each day.

Our efforts to better serve the public include the following:

Improve layout and design of field offices: We are developing a website for field office managers that will gather the best ideas for reception area layout and design, as well as best practices to reduce waiting time in our offices. The ultimate goal of this initiative is to create a standard field office design that is efficient and comfortable for our visitors.

Provide Social Security TV (SSTV): SSTV is a communications tool we are using to improve the public's experience in field offices. SSTV plays informational broadcasts in our reception areas and provides office visitors with information about our programs and services. It allows us to broadcast relevant messages nationally, as well as customized messages for local field offices.

SSTV incorporates sound, video, and graphics to keep the public interested and focused on the presentations, which ranges from a Public Service Announcement to a list of documents needed to apply for benefits or a Social Security card. Overall, it provides a valuable service to a broad customer base by communicating information in an appealing format, as well as in different languages, such as Spanish and Russian. Public feedback has been very positive.

We now have 134 SSTV-equipped offices. We continue to install and run SSTV in field offices across the Nation. We plan to install SSTV in 600 field offices in FY 2011.

Expand Video Service Delivery (VSD): The public can do business with us in a number of ways – by visiting a local field office, calling by phone, or going online. We are currently testing another service method – use of real-time video. VSD is an innovative and cost-effective way for us to increase our presence and provide services to the public using video conferencing equipment.

It is difficult for some people to visit a field office because they are in rural locations or places without public transportation. VSD enables us to provide service to people located at more convenient third-party sites, such as hospitals, libraries, community centers, American Indian Tribal centers, and homeless shelters.

VSD allows us to redistribute work among busy or understaffed offices by linking these offices together. A person could be at one site, but receive service via video from another office. We have video conferencing equipment installed in 221 sites, and we expect to add 100 sites in FY 2011.



2010 CITIZEN SERVICES MEDAL RECIPIENTS

SHANE KELLEY AND EVA RISTOW
Director, Center for Automation (Kelley) and
Project Manager (Ristow)
Social Security Administration, Denver Region

Two Employees Receive the 2010 Citizen Services Medal

Annually, the nonprofit, nonpartisan Partnership for Public Service presents Samuel J. Heyman Service to America Medals (Sammies) to celebrate excellence in our Federal civil service. Honorees are chosen based on their commitment and innovation, as well as the impact of their work on addressing the needs of the Nation. In 2010, eight Sammies were awarded to outstanding public servants.

Two employees in our Denver Region received the 2010 Citizen Services Medal for improving "... the delivery of Social Security benefits to citizens living in impoverished and remote locations through an innovative two-way video service."

Shane Kelley, Director, Center for Automation, and Eva Ristow, Project Manager, were honored for helping Native American communities in Colorado, Montana, North Dakota, South Dakota, Wyoming, and Utah do business with us via real-time video connections.

Shane's and Eva's leadership and vision were essential in making this initiative a success.

PERFORMANCE MEASURE – STRATEGIC OBJECTIVE 3.4

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

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

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

Data source: Overall satisfaction rating is based on Service Satisfaction Surveys of National 800 Number callers; field office callers; visitors to field offices and hearings offices; and, starting in FY 2009, individuals who used one of our transactional Internet services. In FY 2009, we included results of a special survey of applicants who filed for benefits online. The FY 2010 performance indicator included results of the first annual Internet Report Card Survey, which added online applicants for Medicare Part D Subsidy along with iClaim filers. Additional cohorts of individuals using transactional Internet services are to be added incrementally to Internet Report Card Survey each year from FY 2011 - FY 2013 in the following categories: changes to beneficiary records; completion of medical forms; and information requests (such as request for benefit verification).

Frequency reported: Annually

Note: Prior to FY 2009, historical data included surveys of National 800 Number callers, field office callers, and visitors to field offices and hearing offices only. Starting in FY 2009 and continuing in FY 2010, we expanded the data source to include individuals who filed an application online. In FY 2009, we included results of a special survey of iClaims in the calculation of the performance indicator; in FY 2010, we implemented an annual Internet Report Card Survey, starting with an iApplication sample that included iClaims and the online application for Medicare Part D Subsidy (i1020), for use in the performance indicator calculation. We will continue to add other types of online transactions to the Internet Report Card Survey each year through FY 2013.

STRATEGIC OBJECTIVE 3.5

PROCESS OUR SOCIAL SECURITY NUMBER WORKLOAD MORE EFFECTIVELY AND EFFICIENTLY

Enumeration is our process of assigning Social Security numbers (SSN) and issuing Social Security cards. Each year we complete approximately 6 million original and 12 million replacement Social Security card applications. We also verify SSNs more than one billion times a year through a variety of electronic exchanges with public and private organizations

This workload is highly sensitive and often complex. Efforts to complete our SSN workload more effectively and efficiently include:

Strengthen the Social Security Number Application Process (SSNAP): This initiative makes paper applications for an SSN and wet signatures obsolete. Employees no longer have to file, organize, mail, or microfilm SSN applications. With new policies using signature proxy, employees attest to signatures, which saves time and eliminates the possibility of lost or stolen paper forms. SSNAP is now available in all field offices, teleservice centers, and Foreign Service posts. In FY 2011, we will continue to develop and implement enhancements that will help us enforce enumeration policy and meet legislative requirements.

Expand Use of Social Security Number Verification Services (SSNVS): The SSNVS allows registered users (i.e. third parties and employers) to determine, almost instantaneously, if the reported name and Social Security Number of an employee matches our records. We will continue to work with the business community to encourage additional employers and private sector companies to use this service. SSNVS will help ensure the accuracy of individual earnings records.

Provide Central Locations to Handle Social Security Number Applications: We currently have eight Social Security Card Centers located throughout the country. The Card Centers streamline and improve the integrity and stewardship of the SSN assignment process. Because of their specialized expertise, Card Center employees complete applications for original SSNs and replacement cards with a high degree of accuracy, efficiency, and expertise.

Moreover, because the Card Centers handle much of the SSN workload, field offices in proximity to the Card Centers can focus on other critical activities, which results in quicker, more efficient services. Contingent on resources, we plan to open additional Card Centers in FY 2011 and FY 2012.

Support E-Verify: We will continue to support E-Verify, a Department of Homeland Security (DHS) program that allows employers to electronically verify the employment eligibility status of newly hired employees. The E-Verify system checks the information employers submit about an employee against our records and then notifies employers if the data are consistent with our records.

For non-citizens, E-Verify also checks DHS immigration databases to verify work authorization status. Employer use of E-Verify has grown significantly over the last 5 years. Beginning in FY 2010, the use of E-Verify became mandatory for contractors who are awarded Federal contracts. In FY 2010, more than 226,700 employers registered for E-Verify, and we handled almost 17 million queries from them. In FY 2011, we estimate 70,000 additional employers will register for E-Verify.

Expand Enumeration-at-Entry (EAE): Initially, this program allowed immigrants age 18 or older to apply for an SSN with the Department of State or the DHS upon their arrival in the U.S. In collaboration with these agencies, we expanded EAE in FY 2009 to handle requests for children under the age of 18 who have applied for immigrant visas and an SSN.

In FY 2011, we plan to implement additional systems checks and expand our management information capabilities to prevent the issuance of multiple SSNs. We are proactively working with DHS to expand the EAE process to those applying for admission to the United States who are under certain non-immigration visa classifications. These planned improvements will reduce opportunities for fraud and reduce the number of EAE problem cases.

Implement Use of DHS Auto Cards: We will work with DHS to support its transmission of data directly to our enumeration system. We will be able to automatically and securely assign an SSN and issue a Social Security card without field office action. This new process will be available for: 1) non-immigrants (e.g., in the United States with a valid visitor visa) whose status changes to permanent resident status; 2) non-citizens applying for a work permit for the first time; and 3) people who become naturalized citizens.

Expand the Use of Electronic Verification of Vital Events System (EVVE): In 2007, we entered into a Memorandum of Understanding with the National Association for Public Health Statistics and Information Systems (NAPHSIS), a national association of state vital records and public health statistics offices. We improved our processing of Social Security card applications in nine states by being able to verify birth records in “real time.” Participation has grown to 21 states in FY 2011. We continue to work with NAPHSIS to expand EVVE to all 50 states.

PERFORMANCE MEASURE – STRATEGIC OBJECTIVE 3.5

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

Fiscal Year	2011		2012			
Target	99%		99%			
Historical Performance						
Fiscal Year	2008		2009		2010	
Performance	100%		100%		Available April 2011	

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

Data source: Enumeration Quality Review

Frequency reported: Annually

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

Agency Strategic Plan Long-Term Outcomes	Minimize improper payments; Improve protection of personally identifiable information; Increase the electronic filing of wage reports; Strengthen our efforts to protect program dollars from waste, fraud, and abuse; and Increase the use of “green” solutions in our daily operations.
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To preserve the public’s trust in our programs, we must balance our commitment to serving the public with our ongoing investment in program integrity activities. We cannot artificially segregate our stewardship and service missions; they serve a common purpose—making our programs more effective and efficient.

The gradual expansion of our workloads and the recent surge in claims caused by the aging of the baby boomers, along with the economic downturn, present major challenges to our stewardship and service missions. The same employees who handle benefit applications are also responsible for completing our stewardship workloads. In the past, we have had to make the difficult decision to divert resources from one mission to accomplish the other.

In FY 2010, we paid over 57 million beneficiaries a total of about \$740 billion in Social Security and Supplemental Security Income payments. We have a well-deserved reputation for providing excellent financial management of the administration of our programs. We take our responsibility to be good stewards of the funds entrusted to us very seriously. We work collaboratively with our Federal, State, and local partners to identify improper payments.

We also conduct ongoing, extensive reviews to confirm that beneficiaries receive the monies they are due and to maintain public confidence that we protect and properly manage our resources and program dollars. Looking ahead, we require continued resources to fully address both our stewardship and service missions.

On November 20, 2009, President Barack Obama issued Executive Order 13520, calling on Federal agencies to identify the most significant causes of improper payments in their programs, develop targets for reducing them, and provide transparency and public scrutiny of efforts to address the improper payments. As a result, we developed a website, “Reducing Improper Payments,” at <http://www.socialsecurity.gov/improperpayments>, to provide the public with information explaining our efforts to reduce improper payments.

When we make payments to beneficiaries or their representatives, we must make every effort to confirm the right person is receiving the right payment for the right reason at the right time. We commit to reducing improper payments by intensifying efforts to eliminate payment error, waste, fraud, and abuse in our programs and ensuring that our programs serve and provide access to the intended beneficiaries.

We commit to continuing our long history of conducting analyses and providing data to the Administration, Congress and stakeholders on how proposals for Social Security reform would help achieve the goal of the following former Program Assessment Rating Tool performance measure: “Through changes in the law, today’s and tomorrow’s workers can expect to receive the benefits scheduled in law as reformed rather than as determined by Trust Fund solvency, while continuing to protect those who depend on Social Security the most.”



“ONE OF OUR MOST BASIC RESPONSIBILITIES IS TO ENSURE THAT WE ARE PAYING ELIGIBLE BENEFICIARIES THE RIGHT AMOUNT AT THE RIGHT TIME. WE PAY NEARLY \$60 BILLION IN BENEFITS EACH MONTH TO OUR BENEFICIARIES AND HAVE A DUTY TO PROTECT TAXPAYER DOLLARS BY MINIMIZING IMPROPER PAYMENTS.”

–MICHAEL J. ASTRUE, COMMISSIONER

STRATEGIC OBJECTIVE 4.1 CURB IMPROPER PAYMENTS

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

Our Chief Financial Officer (CFO) is responsible for providing oversight of improper payments activities, developing improvement plans, setting achievement milestones, and coordinating with other agency executives. We monitor our progress in monthly meetings and hold our executives accountable for achieving milestones.

Traditionally, our program payments are exceptionally accurate; however, our payment accuracy rate with respect to Supplemental Security Income (SSI) overpayments has been a distinct challenge. In FY 2008, our SSI overpayment accuracy rate was 89.7 percent, the lowest rate since the early days of the program. To address this decline, we conducted more redeterminations in FY 2009 and FY 2010. Largely, as a result, the SSI overpayment accuracy for FY 2009 rose to 91.6 percent, which is a statistically significant improvement over the FY 2008 rate.

Our success in improving the SSI overpayment accuracy rate is encouraging and demonstrates the value of additional resources for program integrity efforts. However, we cannot continue to improve our processes without adequate resources to do all of the work for which we are responsible.

Our efforts to curb improper payments include the following:

Prevent Improper Payments

We will use technology to avoid making improper payments as follows:

Expand the Access to Financial Institutions (AFI) Initiative: A leading cause of SSI overpayments is unreported assets in financial accounts. We traditionally verify assets through beneficiary self-reporting and direct contacts with financial institutions. Direct contact with financial institutions requires the field employee to mail a form to the financial institution, and the financial institution to manually complete the paperwork and return it to us. This process is time consuming for both the financial institutions and field employees.

The new AFI process automates the verification of SSI applicants' and recipients' assets held by financial institutions. We partnered with a vendor to create a web-based system that allows our offices to electronically submit and receive asset information from financial institutions. The vendor recruits and trains financial institutions and acts as the intermediary between the financial community and our employees. The vendor transmits an electronic request to financial institutions, and the financial institution electronically responds back to the vendor. As a final step in the process, the vendor analyzes the data received from financial institutions and electronically alerts the field office if the applicant or recipient is over the resource limit.

Field employees can now initiate electronic requests for account information in 17 States; about 65 percent of SSI recipients reside in one of these 17 States. We plan to roll out AFI to all field offices by the end of FY 2011. We expect program savings of over \$100 million in FY 2011 and roughly \$900 million in lifetime program savings for each year that we use the fully implemented AFI process.

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

Our software system automatically enters the wage data into the SSI system, which is more efficient than if the recipient visited a field office, and we manually entered the report into our system. Telephone wage reports are highly accurate – the dollar accuracy of wage estimates using telephone wage reporting was 92.2 percent, compared to the 75.5 percent dollar accuracy of wage estimates received through other means.

Our front-line employees are promoting SSITWR as the primary means of SSI wage reporting. In FY 2011, we will be implementing a new training process that will make it easier for our front line employees to recruit and train people to report their wages using SSITWR.

Develop Other Methods for Beneficiaries to Report Wages Electronically: Based on the positive results of electronic reporting in the SSI program, we are planning to expand telephone wage reporting to SSDI beneficiaries. This new initiative will allow SSDI beneficiaries to report their earnings via an automated telephone system, similar to SSITWR. We believe automated telephone wage reporting may help reduce wage-related overpayments in the SSDI program.

Additionally, we are beginning to explore ways to efficiently and effectively allow SSI disability beneficiaries and SSDI beneficiaries to report wages via a secure Internet site.

Detect Improper Payments

To ensure that we pay program benefits in the correct amount and only to those who remain eligible for benefits, we will continue to:

Conduct SSI Redeterminations: SSI is a means-tested program that provides cash assistance to aged, blind, and disabled people with limited income and resources. Changes in recipient's living arrangements or in the amount of their income or resources can affect their ongoing eligibility or the amount of their payment. To ensure the accuracy of SSI payments, we conduct periodic reviews called redeterminations.

Redeterminations ensure that we are making SSI payments in the correct amount based on non-medical factors of eligibility. Recent estimates indicate that redeterminations provide a return-on-investment of better than \$7 in program savings over 10 years for every \$1 spent, including savings accruing to Medicaid. We expect to conduct 2.422 million SSI redeterminations in FY 2011 and 2.622 million SSI redeterminations in FY 2012.

Use of Predictive Modeling in the SSI Redetermination Process: Since we do not have the resources to conduct an annual redetermination on every SSI recipient, we use a statistical scoring model to target annual SSI redeterminations. This statistical model uses various income, resource, and living arrangement variables obtained from our SSI payments and claims processing systems to predict likely SSI overpayments and underpayments. Each year, we identify cases for review based on the likelihood of error and prioritize the reviews based on allocated funds.

Using the model, we expect to prevent and recover about \$2.8 billion in SSI overpayments. Without using this model, we would randomly select cases for redeterminations. We project this would limit the recovery to about \$1.8 billion in SSI overpayments.

Increase Continuing Disability Reviews (CDR): To ensure we pay disability benefits only to those who continue to meet our medical requirements, we periodically conduct CDRs. CDRs are highly cost-effective; historically every \$1 spent on CDRs produces at least \$10 in lifetime program savings.

In FY 2011, we will improve our processes to help us complete more medical CDRs. We are implementing an electronic CDR process, which increases our speed and productivity compared to the current paper CDR process. We plan to have the capability to scan the returned CDR forms and store the full responses in the claimant's electronic folder. We will continue to refine the statistical scoring model we use for our mailer process that identifies cases we can complete more efficiently without conducting a full medical CDR. We then conduct full medical CDRs for the remaining cases.

Beginning in FY 2012, we will implement an electronic CDR record, provide the full electronic version of the CDR form to all State DDSs, and allow for a fully electronic process to record disability determinations. It will no longer be necessary for field office staff to mail CDR packages or DDS staff to scan CDR forms.

In FY 2011, and continuing through FY 2016, we plan to increase the volume of periodic medical CDRs. We plan to conduct 360,000 full medical CDRs in FY 2011 and 592,000 full medical CDRs in FY 2012.

Collect the Debt Owed

We recover Social Security and SSI overpayments from the overpaid beneficiaries and representative payees who are liable for the overpayment. We aggressively seek to collect debt through a wide variety of methods, which include the following:

- We withhold benefit payments from the debtor if he or she is currently receiving benefit. It is more difficult to recoup a debt once benefits end; therefore, we make every effort to identify and collect debt as soon as possible.
- If the overpaid person no longer receives benefits, we offer the opportunity to repay debt via monthly installment payments.
- If the debtor fails to agree to an acceptable repayment plan, we recover debt from a variety of sources including Federal tax refunds, Federal annuities, Federal salaries, and private sector wages.

Enhance Overpayment Collection Efforts: We will improve our debt collection by implementing several debt collection enhancements. Future enhancements include systems changes to allow us to: 1) identify and refer more eligible SSI delinquent debt to the Treasury Offset Program (TOP); and 2) create a system to offset State payments. We also support the removal of the Department of the Treasury's 10-year statute of limitations for referring delinquent debts to TOP. As resources permit, we will continue to advance our debt collection program by using private collection agencies.

The Debt Collection Improvement Act of 1996 gave us the authority to charge interest on our delinquent debts or to increase our delinquent debts by the cost of living adjustment in lieu of charging interest and penalties, indexing. However, we are unable to implement either option until we publish our own agency regulations for interest charging and indexing and make the necessary systems changes. We are beginning to draft the necessary regulations and have submitted an information technology proposal for planning and analysis in FY 2012.

PERFORMANCE MEASURES – STRATEGIC OBJECTIVE 4.1

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

Fiscal Year	2011	2012	
Target	2,422,000	2,622,000	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	1,220,664	1,730,575	2,465,878

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

Data source: Integrated SSA Unified Measurement System Counts Report

Frequency reported: Monthly

4.1b: Increase the budgeted number of continuing disability reviews

Fiscal Year	2011	2012	
Target	1,388,000	1,442,000	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	1,091,303	1,101,983	956,182

Data definition: The number of continuing disability reviews (CDRs) completed in the fiscal year up to the target. This number includes medical reviews completed by the 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

Frequency reported: Monthly

Note:

- FY 2012 target of 1,442,000 includes 592,000 medical CDRs and approximately 850,000 mailers that do not require a medical review.
- FY 2011 target of 1,388,000 includes 360,000 medical CDRs and approximately 1,028,000 mailers that do not require a medical review.
- FY 2010 performance of 956,182 included 324,567 medical CDRs and 631,615 mailers that did not require a medical review.
- FY 2009 performance of 1,101,983 included 316,960 medical CDRs and 785,023 mailers that did not require a medical review.
- FY 2008 performance of 1,091,303 included 245,388 medical CDRs and 845,915 mailers that did not require a medical review.

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

Overpayment Accuracy Rate

Fiscal Year	2011	2012	
Target	92%	92.5%	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	89.7%	91.6%	Available June 2011

Underpayment Accuracy Rate

Fiscal Year	2011	2012	
Target	98.8%	98.8%	
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	98.3%	98.4%	Available June 2011

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

Data source: Supplemental Security Income Stewardship Report

Frequency reported: Annually

Note: Our Annual Performance Plan and Congressional Justification, issued in February 2010, reflected a FY 2010 SSI overpayment accuracy rate target of 91 percent. Because of the lag in producing actual performance data, we did not receive FY 2009 SSI overpayment accuracy data until June 2010. The increase in our FY 2009 accuracy rate prompted us to revise the FY 2010 SSI overpayment accuracy rate target to 91.6 percent. We will receive actual FY 2010 SSI overpayment accuracy performance data in June 2011.

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

Overpayment Accuracy Rate

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

Underpayment Accuracy Rate

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

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

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

Frequency reported: Annually

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

Fiscal Year	2011		2012
Target	500,000		3,000,000
Historical Performance			
Fiscal Year	2008	2009	2010
Performance	128,729	181,646	264,605

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

Frequency reported: Monthly

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

STRATEGIC OBJECTIVE 4.2 ENSURE PRIVACY AND SECURITY OF PERSONAL INFORMATION

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

Over the last decade, we have moved from a paper-based system to electronic processing of our core workloads. In light of the new electronic environment, part of our plan to secure our data network is to strengthen our data center operations, both by bringing online the Second Support Center (SSC) and by replacing our aging National Computer Center (NCC). Our SSC is up and running. It handles part of our workloads and will provide backup service in the event of a failure at the NCC. Thanks to the Recovery Act funding, we are proceeding with the design and construction activities for our new National Support Center (NSC). In FY 2011, we expect to finalize the NSC site selection and to purchase the property. We plan to award and begin construction of the NSC by the end of FY 2012.

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

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

Continue to Develop Authentication: The public expects and deserves a secure environment when they conduct business with us electronically and by phone. To provide a secure environment, we must know with certainty with whom we are doing business. We are strengthening authentication to support Internet and automated telephone applications while protecting personal information. We will consider public feedback as we implement passwords that better conform to industry standards.

We have already established an authentication process that provides certain claimant representatives with secure access to their claimants' electronic records. We will continue to expand this access to other claimant representatives.

In FY 2011 and FY 2012, we will develop authenticated processes for many of our internet applications.

Comply with the Federal Information Security Management Act of 2002: We report annually to the Office of Management and Budget and to Congress about the security programs and practices we use to protect information, including personally identifiable information. We comply with requirements found in the Federal Information Security Management Act, and we continue to work with the Federal community to strengthen our information resources against emerging cyber threats. See Appendix C for more information about the Federal Information Security Management Act.

Conduct Privacy Impact Assessments: As directed by the E-Government Act of 2002, we conduct reviews of how we handle personal information when we use electronic systems to collect information, or when we develop or purchase new systems to handle collections of personally identifiable information. So that we can explain how we protect personal information, the E-Government Act directs us to describe how we handle electronic information people provide us. We will continue to publish our assessments at www.socialsecurity.gov/foia.

Inform the Public: Through notices in the Federal Register, we will continue to inform the public and invite their comments about the following:

- Our authority for collecting and using personal information;
- Rules governing the maintenance of personal information;
- Possible disclosures of the information that might be made; and
- How to access, amend, or correct the information we have in our records.

Other efforts to inform the public include:

- **Privacy Act Statements** – We are reviewing the Privacy Act Statements on all of our forms. The Privacy Act provides protection to all people by ensuring that we limit personal information collected by Federal agencies and ensures that we maintain the information in a manner that precludes unwarranted intrusions upon personal privacy. In addition, we inform the public how we will use and disclose information, as permitted by law. When someone requests information from us, the Privacy Act Statement serves as notification of our data collection and routine use policies.
- **Open Government** – We are actively responding to President Obama’s call for greater openness and transparency in Government. We released new data and information through www.Data.gov, and we are working to identify other high-value data for release during FY 2011. We are following strict protocols for assuring the protection of personal information and the security of agency data in accordance with laws, regulations, and best practices. In FY 2010, we published our first Open Government Plan, <http://www.socialsecurity.gov/open/story-2010-06-24-open-government-plan.html>, which is our framework for incorporating the principles of transparency, participation, and collaboration into our plans for achieving our mission. Our Plan maps our path to greater openness along four essential goals.
 - **Increase Transparency:** We will ensure that transparency does not put that information at risk. Our open government web portal, www.socialsecurity.gov/open, displays information about our transparency efforts.
 - **Expand Participation and Collaboration:** We regularly update our progress implementing the Plan and updates are available at <http://www.ssa.gov/open/plan-progress.html>. We will continue to use our various social media channels, including Facebook and Twitter, to foster awareness of and access to our programs and services.
 - **Advance our Flagship Initiatives:** In FY 2011, we launched a new homepage with a service-channeling guide to help the public more easily find information and services on our Internet website. We also launched iAppointment, based on an employee suggestion (see page 39), to allow some members of the public to schedule appointments with us online and the Spanish Language Retirement Estimator, the agency’s and the Federal Government’s first ever, non-English, interactive Internet application.
 - **Promote Sustainability:** Our Plan includes activities to foster employee engagement in promoting and incorporating open government principles throughout the agency.

STRATEGIC OBJECTIVE 4.3

MAINTAIN ACCURATE EARNINGS RECORDS

In FY 2010, we completed and posted more than 240 million reports of earnings to workers' records. We base Social Security benefit amounts on a worker's lifetime earnings, so it is critical that we maintain accurate earnings records and credit the correct amount of earnings to the right person. Maintaining accurate earnings records is resource intensive and highly complex. We make every effort to ensure that employers and workers have the tools to report wages accurately and to correct any mistakes in their earnings records.

Despite these efforts, since 1937, unreported name changes, employer errors, and the misuse of Social Security numbers (SSN) have resulted in 305 million wage items (representing over \$920 billion in earnings) that cannot be properly posted to workers' earnings records. We place these un-posted wage items in the Earnings Suspense File. Each year we review the Earnings Suspense File and attempt to match wage items with the correct worker's earnings record. In 2010, we successfully matched over 1.13 million wage items in the Earnings Suspense File with the correct workers' earnings records for a total of over \$8.7 billion in earnings.

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

Issue Annual Social Security Statements: The annual Social Security Statement provides personalized information about retirement, spousal, survivor, and disability benefits (based on a person's lifetime earnings) to help the recipient plan for his or her financial future. The Social Security Act requires us to mail the Statement to workers aged 25 and older and workers of any age who request it. Since it comes out each year, people can see how current earnings affect the estimated amount of their future benefits.

Beginning in FY 2011, we will also send the Statement to Medicare-only beneficiaries. More information is available at www.socialsecurity.gov/mystatement/.

Currently, we include the following inserts in the Statement:

- **Thinking of retiring?:** This insert is sent to workers age 55 and older and highlights retirement age considerations, the online Retirement Estimator, and the ease of filing online.
- **What young workers should know about Social Security and saving:** This insert, for workers ages 25-35, provides information about retirement planning and includes a chart illustrating the benefits of saving.

We will issue approximately 154 million Social Security Statements in FY 2011 and approximately 155 million in FY 2012. To maximize the usefulness of the Statement, we will continue to conduct formal surveys and meet with the public to solicit their feedback on its design and content. We use this feedback to make necessary revisions and enhancements.

Increase Electronic Wage Report Filing: We will continue to work toward eliminating paper wage reports while migrating to an electronic earnings record process. Annually, we receive approximately 4 million paper wage reports from employers that contain over 34 million paper W-2s. Since paper wage reports are more error-prone, labor intensive, and expensive to process, we will continue to encourage employers and third party submitters to use the Business Services Online Electronic Wage Reporting (EWR) suite of services to file Forms W-2 for their employees and customers electronically.

We will inform employers about EWR through online information and resources, promotional materials, payroll conferences, articles in trade publications, and direct contact. Additionally, we continue to work with the Internal Revenue Service to improve all aspects of wage reporting.

Implement Earnings - The Next Generation Initiative: Our earnings systems, last modernized in 1994, involve manual processes that make them error-prone and poorly suited for today’s electronic environment. We are redesigning our systems to transform our earnings process from paper to electronic. Some benefits of this redesign include timelier wage postings, increased accuracy of posted earnings, and better Social Security number verification.

In FY 2010, we began planning and analysis for improvements to the system that processes self-employment earnings. We also began unifying the multiple systems that process corrections to earnings records. The Earnings Case Management Systems (ECMS) track cases, manage workloads, and produce reports for all earnings related workloads. Through future updates to ECMS, we will process earnings’ corrections for the public and employers at the first point of contact, regardless of work component.

We are also digitizing earnings microfilm to provide field offices with direct access to correct earnings rather than having to request that another component research the microfilm. In FY 2011, we are creating a separate process for self-employment and non-wage earnings, which will increase the number of transactions we can process. We will also provide Internet filers with software to check their W-2s for compliance with our policies, thus reducing errors when we process our reports. While this tool has been available, it was not compatible with all software, so it had limited use. The new software will correct the compatibility issue.

PERFORMANCE MEASURE – STRATEGIC OBJECTIVE 4.3

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

Fiscal Year	2011	2012
Target	15.5%	15%
Historical Performance		
Fiscal Year	2009	2010
Performance	16%	15%

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

Data source: Earnings Modernization Operational Data Store Management Information Reports

Frequency reported: Annually

STRATEGIC OBJECTIVE 4.4

SIMPLIFY AND STREAMLINE HOW WE DO OUR WORK

Our processes, policies, and regulatory and statutory requirements are often complicated and difficult to administer and explain. In addition to our core workloads, we have responsibilities related to Medicare, immigration, homeland security, and data exchange-related programs, such as subsidy determinations for Medicare Part D, E-Verify, and the Help America Vote Act workloads. To meet the challenges of our growing workloads and provide the best service possible, we will simplify and streamline our policies and procedures and move more of our business processes to an electronic environment.

We will work with Congress and our stakeholders to identify ways to simplify our statutory and regulatory requirements. We recently transmitted to Congress a number of legislative proposals. In December 2009, we transmitted a draft bill containing 14 proposals that would simplify and improve certain aspects of the Old-Age, Survivors, and Disability Insurance and Supplemental Security Income programs. Included in this package was a proposal that Congress expeditiously passed the same month and was signed into law on December 15, 2009—the “No Social Security Benefits for Prisoners Act of 2009.”

In addition, in January 2010, we transmitted to Congress a draft bill that would extend for five years the funding authority for two work incentive provisions. A variation of this legislation (with a one-year extension) was enacted in October 2010. We continue to seek and develop legislative proposals that would improve the programs we administer and always stand ready to work with Congress to this end.

Additional initiatives to support these efforts include:

Continue to Develop Legislative Proposals: We have established an agency-wide team to develop legislative proposals that affect our programs. Our focus is two-fold: 1) enhancing the equity and adequacy of our programs, and 2) simplifying and streamlining policy. The process, directed by our legislative Team, identifies, vets, ranks, and develops legislative proposals for consideration by the Commissioner and, if approved, for submission to the Office of Management and Budget.

The Team includes representatives from all agency components and serves as an important mechanism for formulating potential legislative remedies to issues as they arise. In addition to the packages recently sent to Congress, several proposals are now under consideration within the agency.

Expand the Use of the Integrated Disability Process (IDP): The IDP is a multi-component initiative, chaired by agency executives, to identify issues and recommend solutions to address differences and difficulties in the application of disability policy and procedures at all decision-making levels. Cross-component teams of subject matter experts (SME) help implement recommendations made by IDP workgroups.

For example, the Medical Source Statement project considers how the agency obtains and uses medical source statements. SMEs are working on three major business process and regulatory areas to help reconcile conflicts in medical source opinions. The Unified Disability Training project will pilot a training package for all adjudicative and review components in FY 2011. The Past Relevant Work (PRW) project’s initiatives are related to the collection, development, and analysis of past relevant work information. There are three PRW technology projects related to gathering and documenting work still in progress, along with two business process and regulatory PRW projects.

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

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

We will continue to protect our programs through the following activities:

Ensure the Integrity of Our Annual Financial Statements: As mandated by the Chief Financial Officers Act of 1990, each year our Office of the Inspector General (OIG), or an independent external auditor as determined by the OIG, audits our financial statements in accordance with applicable standards. We strive to obtain an unqualified audit opinion, which attests to the fair presentation of our financial statements, and demonstrates our commitment to sound financial management practices. This opinion assures the public and Congress that: 1) our financial statements conform to generally accepted accounting principles; 2) we fairly state that our internal controls over financial reporting are operating effectively; and 3) we are in compliance with laws and regulations.

Expand Our Cooperative Disability Investigation (CDI) Program: We will continue to work collaboratively with the State disability determination services (DDS) and with State and local law enforcement agencies to resolve allegations of fraud in our disability programs. Our CDI units help prevent payments to persons who are not disabled, and terminate payments to those who have failed to report medical improvement or work activity and to those who should not have received disability benefits.

In FY 2010, CDI investigations led to the denial or termination of over 2,855 claims and saved approximately \$240 million in our disability programs. Moreover, since the program's inception we estimate savings to agency and non-SSA programs of more than \$2.6 billion: \$1.6 billion in our disability programs and \$967 million in programs such as Medicare and Medicaid. SSA and OIG headquarters components provide administrative and program support to the units.

The CDI program blends investigative techniques with a collaborative approach that acknowledges the complexity of our disability programs. Today, the CDI Program consists of 22 CDI units operating in 19 states. Each unit consists of an OIG Special Agent who serves as the CDI Unit Team Leader, personnel from state or local law enforcement, and personnel from our agency and the State DDSs. Expansion in FYs 2011 and 2012 depends on the availability of funding.

Conduct Onsite Security Control and Audit Reviews: We will continue to conduct ongoing Onsite Security Control and Audit Reviews at all of our field offices, teleservice centers, processing centers, State DDSs, and hearing offices to ensure they follow established security policies and procedures and management controls are in place to deter and detect waste, fraud, and abuse.

These reviews identify any major procedural problems before they lead to material weaknesses. We require office managers to submit a corrective action plan providing details on the actions they will take to correct each deficiency cited during the review. We monitor these corrective plans to ensure we address and resolve each deficiency.

PERFORMANCE MEASURE – STRATEGIC OBJECTIVE 4.5

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

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

Data definition: The receipt of an unqualified audit opinion from an independent auditor. 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, in conformity with accounting principles generally accepted in the United States of America.

Data source: The independent auditor report

Frequency reported: Annually

STRATEGIC OBJECTIVE 4.6 USE “GREEN” SOLUTIONS TO IMPROVE OUR ENVIRONMENT

We have a responsibility to the public to conduct business in an environmentally friendly manner through energy and waste conservation. As part of our effort to meet this responsibility, we began recycling and purchasing energy efficient lighting, electronics, and appliances. We did this before Executive Order 13423, “Strengthening Federal Environment, Energy, and Transportation Management,” directed Federal agencies to improve their environmental, energy, and transportation processes.

We have developed an agency Greenhouse Gas Reduction Goal and Sustainability Performance Plan to meet the requirements of Executive Order 13514, “Federal Leadership in Environmental, Energy, and Economic Performance.” To further our sustainable practices, we will increase our purchase of renewable energy. One hundred percent of our new vehicle purchases are alternative fuel vehicles. Nationwide, we have converted over 77 percent of our light-duty vehicles to alternative fuel vehicles, and at Headquarters, we have converted 95 percent of these vehicles.

We will continue to meet the Executive Order requirements to increase consumption of alternative fuels by 10 percent and reduce petroleum consumption by 2 percent annually. We continue to allow other Federal agencies to access alternative fuel pumps that we have installed. In FY 2011, we will participate in the General Service Administration’s (GSA) Electronic Vehicle (EV) Pilot Program and will receive two EVs. GSA will cover the supporting infrastructure costs (charging stations) for the EVs.

We continue to use “green” solutions to improve our environment by purchasing desktop computers, laptops, and monitors that are silver-rated or better by the Electronic Product Environmental Assessment Tool. Likewise, we have increased our laptop refreshment cycle from 3 to 4 years and have extended our monitor refreshment cycle from 4 to 8 years. In FY 2010, we piloted a desktop and laptop computer power management solution and targeted it for enterprise-wide implementation. In addition, to help extend the equipment’s useful life, we donated over 3,500 computers, monitors, and other IT items to local schools.

We continue to find new and innovative ways to expand our “green” programs. We promote our employees’ use of “greener” transportation methods for our employees, including carpooling and mass transit. We use recyclable plates and utensils in our cafeterias, and we have expanded our use of other existing recycling options. We lead by example to advance energy and environmental practices, and we highlight our progress and promote greening possibilities by our employees on our internal agency website, “SSA is Getting Greener.”

Our internal website, “SSA is Getting Greener,” provides information on new agency initiatives; provides employees tips to reduce energy both at home and in the workplace; and provides links for employees to obtain information on public transportation subsidies, recycling, and water conservation. In addition, we hold Earth Day celebrations to further promote employee awareness of sustainability and green solutions.

PERFORMANCE MEASURES – STRATEGIC OBJECTIVE 4.6

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

Fiscal Year	2011	2012
Target	75% of FY 2011 inventory replaced (28 vehicles)	75% of FY 2012 inventory replaced (16 vehicles)
Historical Performance		
Fiscal Year	2009	2010
Performance	26 vehicles	50 vehicles

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

Frequency reported: Annually

Note: Beginning in FY 2011, the target has been converted to a percentage to better reflect the volume of vehicles replaced with alternative-fuel vehicles.

4.6b: Develop and implement an agency Environmental Management System

Fiscal Year	2011	2012
Target	Establish performance objectives	Develop and implement an agency Environmental Management System
Historical Performance		
Fiscal Year	2009	2010
Performance	Developed a high-level project plan	Provided training needed for implementation

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

Data source: Office of Management and Budget Environmental Scorecard Workgroup

Frequency reported: Annually

APPENDIX A: FY 2011 MAJOR EVALUATIONS

We routinely evaluate our programs and performance by conducting a variety of studies and surveys; some we complete on an ongoing basis and others we conduct as needed. We report findings on these studies and surveys in our annual Performance and Accountability Report prepared at the end of the fiscal year. Below, is a list of our FY 2011 evaluations according to the strategic goal they support in our FY 2008 – FY 2013 Agency Strategic Plan. These evaluations will be either undertaken or completed in FY 2011.

Strategic Goal 1 – Eliminate Our Hearings Backlog and Prevent Its Recurrence	
Evaluation	Description
Disability Appeals – Senior Attorney Advisor Quality Assessment	Assesses the accuracy of favorable hearing decisions made by non-administrative law judge decision-makers (e.g., Attorney Adjudicators).
Hearing Process Report Card Survey	Surveys perceptions about the entire hearing process from persons who file for disability benefits.

Strategic Goal 2 – Improve the Speed and Quality of Our Disability Process	
Evaluation	Description
Evaluation of Ticket to Work Program and Adequacy of Incentives	Evaluates the progress of the Ticket to Work Program as required under the Ticket to Work and Work Incentives Improvement Act of 1999.
Disability Initial Claims Report Card	Surveys perceptions of the initial disability application processes from persons who file for disability benefits.
Disability Report Form Survey	Surveys disability applicants about providing medical information to support their claims. Opinions of applicants who completed SSA’s online Disability Report Form (i3368) will be compared with those who were interviewed in-person or on the telephone.
The Office of Quality Performance Denial Review	Assesses the accuracy of initial and reconsideration-level medical denials.

Strategic Goal 3 – Improve our Retiree and Other Core Services

Evaluation	Description
Enumeration Quality Review	Assesses the accuracy of original Social Security Numbers assigned during the fiscal year.
800 Number Service Evaluation	Evaluates our accuracy in the handling of the public's calls to the National 800 Number.
Field Office Telephone Service Evaluation	Evaluates our accuracy in the handling of the public's calls to field offices.
Overall Service Satisfaction Surveys	<p>Telephone service satisfaction surveys evaluate callers' satisfaction with our National 800 Number and field office telephone services.</p> <p>Office visitor surveys evaluate visitors' satisfaction with our field and hearing offices.</p> <p>Internet transaction surveys evaluate satisfaction with online transactional services.</p>
Prospective Client Survey	Surveys people between the ages of 50 and 64 to identify service expectations and preferences of the upcoming wave of retirees.

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

Evaluation	Description
Retirement, Survivors, and Disability Insurance Stewardship Review	Measures the accuracy of payments to persons receiving Social Security retirement, survivors, or disability benefits.
Supplemental Security Income Stewardship Review Pre-effectuation Review of Disability Determinations	Measures the accuracy of payments to persons receiving Supplemental Security Income payments.
Pre-effectuation Review of Disability Determinations	Assesses the accuracy of disability initial and reconsideration allowances made by State Disability Determination Services as required in the Social Security Act.

Strategic Goal 4 – Preserve the Public’s Trust in Our Programs (continued)

Evaluation	Description
Safeguard Procedures Reports	Details the security measures we are taking to ensure the confidentiality of the federal tax information provided to us by the Internal Revenue Service.
The Federal Information Security Management Act of 2002 Report to Congress	Reports to Congress whether our overall information technology security programs and practices comply with the Federal Information Security Management Act of 2002.
Annual Report of the Board of Trustees of the Federal Old-Age and Survivors Insurance and Federal Disability Insurance Trust Funds	Reports on the financial and actuarial status of the two Social Security trust funds – the Old-Age and Survivors Trust Fund and the Disability Trust Fund.
Annual Report of the Supplemental Security Income Program	Reports annually to the President and the Congress on the status of the Supplemental Security Income program and provides projections of program participation and costs through at least 25 years.
Social Security Statement Survey	Measures the satisfaction of people who received a Social Security Statement and identifies what is needed to improve the public’s awareness, understanding, and use of the Social Security Statement.

APPENDIX B: FEDERAL INFORMATION SECURITY MANAGEMENT ACT

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

OUR FEDERAL INFORMATION SECURITY MANAGEMENT ACT STATEMENT

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

- Training for security and awareness;
- Assessing security controls;
- Ensuring compliance with federal security policy and standards;
- Reporting security incidents;
- Correcting security weaknesses;
- Implementing federal and agency security initiatives; and
- Monitoring security threats continuously.

These security activities involve all agency components and we report them to the Office of Management and Budget. Meeting FISMA requirements provides a level of assurance that our major information technology systems and the data contained therein, including personally identifiable information, are protected. We continue to work with the Office of Management and Budget and the federal community to strengthen our information security program by implementing government-wide security initiatives. In 2009 for example, we implemented common federal security standards on our desktop computers.

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

New Performance Measures	
Number	FY 2011 New Performance Measures
1.1b	Achieve the budgeted goal for SSA hearings case production per workyear *This measure was formerly a Program Performance/PART Measure. It was converted to a GPRA measure beginning in FY 2011
2.1d	Disability Determination Services net accuracy rate for combined initial disability allowances and denials *This measure was formerly a Program Performance/PART Measure. It was converted to a GPRA measure beginning in FY 2011
2.1e	Disability Determination Services cases production per workyear *This measure was formerly a Program Performance/PART Measure. It was converted to a GPRA measure beginning in FY 2011
2.1f	Complete the target number of disability claims at the reconsideration level
2.2c	Achieve the target number of disability claims pending at the reconsideration level
2.3c	Number of Disability Insurance and Supplemental Security Income disability beneficiaries, with Tickets assigned, who work *This measure was formerly a Program Performance/PART Measure. It was converted to a GPRA measure beginning in FY 2011
2.3d	Number of Disability Insurance and Supplemental Security Income disability beneficiaries who earned four quarters of work credit during the calendar year
4.1e	Increase the number of transactions received through the Access to Financial Institutions program

Carryover Performance Measures with Title Change		
Number	FY 2011 New Title	FY 2010 Old Title
2.3b	Increase the percentage of disability cases evaluated using health Information Technology	Increase the percentage of disability claims completed using Health Information Technology
3.1a	Percent of retirement, survivors, and health insurance claims receipts completed up to the budgeted level	Percent of retirement and survivors claims receipts completed up to the budgeted level
4.1b	Increase the budgeted number of continuing disability reviews	Complete the budgeted number of continuing disability reviews

Carryover Performance Measure with Data Source Change

Number	FY 2011 New Data Source	FY 2010 Old Data Source
2.1c	Old-Age, Survivors, and Disability Insurance Initial Claims Operational Data Store and Supplemental Security Income Initial Claims Operational Data Store	Social Security Unified Measurement Systems
2.3b	Health Information Technology Management Information System	Medical Evidence Gathering and Analysis Through Health Information Technology (MEGAHIT) system
3.4a	Overall satisfaction rating is based on Service Satisfaction Surveys of National 800 Number callers; field office callers; visitors to field offices and hearings offices; and, starting in FY 2009, individuals who used one of our transactional Internet services. In FY 2009, we included results of a special survey of applicants who filed for benefits online. The FY 2010 performance indicator included results of the first annual Internet Report Card Survey, which added online applicants for Medicare Part D Subsidy, along with iClaim filers. Additional cohorts of individuals using transactional Internet services are to be added incrementally to the Internet Report Card Survey each year from FY 2011 - FY 2013 in the following categories: changes to beneficiary records; completion of medical forms; and information requests (such as request for benefit verification)	Overall satisfaction rating is based on Service Satisfaction Surveys of National 800 Number callers; field office callers; visitors to field offices and hearings offices; and, starting in FY 2009, individuals who filed an application online. Additional cohorts of individuals using transactional Internet services are to be added incrementally each year from FY 2011- FY 2013 in the following categories: changes to beneficiary records; completion of medical forms; and information requests (such as request for benefit verification)
4.1a	Integrated SSA Unified Measurement System Counts Report	Redetermination Service Delivery Objective Report, Limited Issue Service Delivery Objective Report, Post-eligibility Operational Data Store

Carryover Performance Measure with Data Definition Change

Number	FY 2011 New Data Definition	FY 2010 Old Data Definition
1.2b	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	The percentage of oldest hearing requests pending. The oldest hearing requests are those cases that are pending, or will be pending, 825 days or more at the end of the fiscal year. The percentage is derived by dividing the total number of hearing requests pending 825 days or more at the end of the fiscal year by the universe of oldest hearing requests, identified at the beginning of the fiscal year
1.2d	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 request 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	The percentage of oldest Appeals Council requests for review pending. The oldest requests for review are those cases that are pending, or will be pending, 700 days or more at the end of the fiscal year. The percentage is derived by dividing the total number of request for review pending 700 days or more at the end of the fiscal year by the universe of oldest Appeals Council requests for review identified at the beginning of the fiscal year
2.1c	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	The average processing time is the overall, cumulative number of elapsed days, including both Disability Determination Services and field office processing times, from the date of filing through the date payment is made or the denial notice is issued for all initial claims that require a medical determination. The total number of days to process all initial disability claims requiring a medical determination is divided by the total number of initial disability claims requiring a medical determination that are processed during the fiscal year

Carryover Performance Measure with Data Definition Change

Number	FY 2011 New Data Definition	FY 2010 Old Data Definition
2.3b	The percentage increase in the number of disability cases 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	The percentage increase in the number of disability claims completed using medical evidence gathered through Health Information Technology over the prior year
3.3a	Speed of answer is calculated by dividing the wait time of all National 800 Number calls by the number of all National 800 Number calls answered by agents in the fiscal year. Wait time begins from the time the caller is transferred to an agent (in queue) until an agent answers the call	Speed of answer is calculated by dividing the wait time of all National 800 Number calls by the number of all National 800 Number calls answered in the fiscal year. Wait time begins from the time the caller is transferred to an agent (in queue) until an agent answers the call
3.3b	The Agent Busy Rate is calculated as the number of National 800 Number busy messages divided by the number of National 800 Number calls requesting agent service in the fiscal year. The caller receives a busy message when an agent is not available to answer the call because the queue has reached its maximum capacity of waiting calls. When this happens, we provide the option of returning to the Main Menu or calling back at another time	The busy rate is calculated as the number of National 800 Number busy messages divided by the number of National 800 Number calls offered to agents in the fiscal year. The caller receives a busy message when an agent is not available to answer the call because the queue has reached its maximum capacity of waiting calls. When this happens, we instruct the individual to call back later

Carryover Performance Measure with Data Definition Change

Number	FY 2011 New Data Definition	FY 2010 Old Data Definition
4.5a	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, in conformity with accounting principles generally accepted in the United States of America	The receipt of an unqualified audit opinion from an independent auditor. An independent auditor determines the agency financial statements are presented fairly, in all material respects, and conform to accounting principles generally accepted in the United States of America
4.6a	The percentage of gasoline-powered vehicles in our inventory replaced with alternative-fuel vehicles nationwide in the fiscal year	The number of gasoline-powered vehicles in our inventory replaced with alternative-fuel vehicles nationwide in the fiscal year

Eliminated Performance Measures

Percent of Supplemental Security Income aged claims processed by the time the first payment is due or within 14 days of the effective filing date	This measure was a non-GPRA Program Performance/PART Measure
Through changes in the law, achieve and maintain sustainable solvency such that today's and tomorrow's workers can expect to receive the benefits scheduled in law as reformed rather than as determined by Trust Fund solvency, while continuing to protect those who depend on Social Security the most	This measure was a non-GPRA Program Performance/PART Measure. See page 52, wherein we commit to continuing to conduct analyses and provide data on proposals for Social Security reform
Achieve target percentage of hearing level cases pending over 365 days	This measure was a non-GPRA Program Performance/PART Measure
Issue an annual SSA-initiated Social Security Statement to eligible individuals age 25 and older	This measure was a non-GPRA Program Performance/PART Measure