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SSA employs a series of statistical scoring models to predict the likelihood of medical improvement for adult Disability Insurance (DI) beneficiaries and Supplemental Security Income (SSI) beneficiaries who receive benefits due to disability. These statistical scoring models apply mathematical formulas developed through our historical disability data to generate a statistical score that equates to the predicted likelihood of medical improvement at a given point in time. The disability data we use to estimate these scoring models consist of longitudinal data files based on our core transactional, case processing, and management information systems; they include a wide array of medical, demographic, and disability case-related information on our disability beneficiaries. These scoring models allow us to conduct CDRs in a cost-effective and efficient manner that is also less burdensome for disability beneficiaries.

The key predictive variables in the models include the age of the disabled individual, time on the disability rolls, the type of impairment involved, and the number of prior full medical reviews the individual has received. The statistical scoring models are periodically re-estimated and are monitored on an ongoing basis to ensure continued accuracy and reliability.

Based on the CDR statistical scoring model results, a case selected for a CDR will receive one of two possible treatments. The first treatment is the direct release or full medical review CDR process, which applies to beneficiaries with profile scores signifying a relatively higher likelihood of medical improvement. In most of these cases, we will interview the beneficiary and obtain evidence to evaluate the beneficiary's condition. We will then determine whether the beneficiary has medically improved.

The second treatment, which we can process without field office, processing center or disability determination services involvement, is the mailer process. We use this process for beneficiaries with profile scores signifying a relatively lower likelihood of medical improvement. In these cases, we send a mailer questionnaire to the beneficiary for completion. The CDR mailer contains six short questions concerning recent work activity, medical treatment, and medical condition. If the beneficiary's answers indicate a possible recent improvement in his or her medical condition, we select the case for a full medical review.

Prioritizing this workload by expected medical improvement helps ensure that regardless of the resources to perform medical CDRs in a given year, we work the most productive and cost-effective reviews possible each year. Consequently, our CDR scoring models are a highly effective tool for prioritizing cases for medical CDRs. In addition, the CDR mailer process helps us efficiently screen out unproductive cases, significantly minimizing the unnecessary burden of conducting unproductive full medical reviews for disabled beneficiaries.