SOCIAL SECURITY
DISABILITY

Better Timeliness
Metrics Needed to
Assess Transfers of
Appeals Work
Better Timeliness Metrics Needed to Assess Transfers of Appeals Work

What GAO Found

Over the past decade, the Social Security Administration (SSA) increasingly transferred appealed disability cases awaiting decisions from offices with backlogs to offices with more capacity as processing times lengthened. From fiscal years 2008 through 2017, the percentage of cases that were transferred increased from 14 to 43 percent. Although transfers are meant to improve timeliness of appeal decisions, average processing times grew and older pending cases increased over fiscal years 2012 through 2017. According to SSA officials, multiple factors, such as an increase in hearing requests after the 2007-2009 recession, contributed to longer processing times.

<table>
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<th>Fiscal Year</th>
<th>Transferred Appeals</th>
<th>Average Processing Time</th>
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<tbody>
<tr>
<td>2008</td>
<td>14%</td>
<td>30 days</td>
</tr>
<tr>
<td>2009</td>
<td>18%</td>
<td>35 days</td>
</tr>
<tr>
<td>2010</td>
<td>22%</td>
<td>40 days</td>
</tr>
<tr>
<td>2011</td>
<td>26%</td>
<td>45 days</td>
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<td>2012</td>
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<td>50 days</td>
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<td>2013</td>
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<td>2014</td>
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<td>2015</td>
<td>42%</td>
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<td>2016</td>
<td>46%</td>
<td>70 days</td>
</tr>
<tr>
<td>2017</td>
<td>43%</td>
<td>75 days</td>
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SSA monitors transfers of appealed cases to improve timeliness, but lacks measures to accurately assess how individual offices contribute to processing times. According to SSA officials, staff in both SSA headquarters and the offices that receive transfers check that older cases are being prioritized for transfer. SSA ranks offices on various dimensions including timeliness metrics. However, its metrics do not hold individual offices accountable for the time they were responsible for a case because the entire processing time is attributed to the office that finalizes the case. GAO work has shown that managers need appropriate measures to create incentives and accurate performance information to make decisions. Because of other priorities, SSA has not changed its performance metrics to give individual offices credit for the work performed, so it cannot assess how offices contribute to processing times.

What GAO Recommends

GAO recommends SSA (1) develop timeliness metrics that more accurately reflect offices’ performance in light of case transfers, and (2) evaluate costs and benefits of changing system limitations that hinder users from correctly and efficiently identifying cases to transfer. SSA agreed with both recommendations.

Why GAO Did This Study

Individuals who do not agree with an initial decision on a claim for Social Security disability benefits can ultimately appeal by requesting a hearing before an administrative law judge. At the end of fiscal year 2017, more than 1 million claimants who had appealed were awaiting a decision, and they waited, on average, 605 days. To help reduce processing times of appeals, SSA transfers cases from backlogged offices to those with greater capacity. GAO was asked to review SSA’s efforts to redistribute its appeals work.

This report examines (1) trends in SSA’s transfers and processing times of appealed cases over the past decade, (2) SSA’s monitoring of efforts to meet processing time goals through case transfers, and (3) any challenges SSA faces in transferring cases between offices.

GAO analyzed SSA case processing data from fiscal years 2008-2017; reviewed SSA policies and operational guidance; observed SSA’s systems for case transfers; and interviewed SSA officials at the agency’s headquarters and offices in 3 of its 10 regions, selected for the large number of cases transferred and proximity to national centers established to process transferred cases.

United States Government Accountability Office
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### Abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>ALJ</td>
<td>administrative law judge</td>
</tr>
<tr>
<td>APT</td>
<td>average processing time</td>
</tr>
<tr>
<td>CARES</td>
<td>Compassionate And REsponse Service</td>
</tr>
<tr>
<td>CPMS</td>
<td>Case Processing and Management System</td>
</tr>
<tr>
<td>DART</td>
<td>Disability Adjudication Reporting Tool</td>
</tr>
<tr>
<td>DDS</td>
<td>Disability Determination Services</td>
</tr>
<tr>
<td>DI</td>
<td>Disability Insurance</td>
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<tr>
<td>DWM</td>
<td>Division of Workload Management</td>
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<tr>
<td>eBB</td>
<td>Electronic Bench Book</td>
</tr>
<tr>
<td>FIT</td>
<td>Findings Integrated Template</td>
</tr>
<tr>
<td>NCAC</td>
<td>national case assistance center</td>
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<tr>
<td>NHC</td>
<td>national hearing center</td>
</tr>
<tr>
<td>OHO</td>
<td>Office of Hearings Operations</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of the Inspector General</td>
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<tr>
<td>SGA</td>
<td>substantial gainful activity</td>
</tr>
<tr>
<td>SSA</td>
<td>Social Security Administration</td>
</tr>
<tr>
<td>SSI</td>
<td>Supplemental Security Income</td>
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</table>

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July 19, 2018

The Honorable Ron Johnson
Chairman
The Honorable Claire McCaskill
Ranking Member
Committee on Homeland Security and Governmental Affairs
United States Senate

The Honorable Sam Johnson
Chairman
Subcommittee on Social Security
Committee on Ways and Means
House of Representatives

The Social Security Administration (SSA) manages two disability benefit programs—Disability Insurance (DI) and Supplemental Security Income (SSI)—that together provide about 16 million Americans with about $200 billion in benefits annually. Overall, according to SSA reports, more than 6 percent of the U.S. working-age population received disability benefits from one or both of these programs in recent years.¹

A claimant who is dissatisfied with the initial decision on his or her application for disability benefits can ultimately appeal the decision at a hearing, where an administrative law judge (ALJ)² reviews the case and any new evidence submitted by the claimant. At the end of fiscal year 2017, SSA reported that more than 1 million claimants who had requested a hearing before an ALJ were awaiting a decision on disability benefits, and claimants waited, on average, 605 days. Across the country, there were wide variations in the number of pending cases and processing times, with some hearing offices taking over 750 days—more than 2 years—to issue an appeals decision. SSA is striving to achieve an average appeals processing time of 270 days by the end of fiscal year 2022. Transferring cases from backlogged offices to offices with greater


²For readability, we are using the term administrative law judge (ALJ) and judge interchangeably.
capacity is one of several ongoing SSA efforts to reduce the number of pending cases and the average time claimants wait for a decision. In 2009, SSA’s Office of the Inspector General (OIG) cited transferring cases between offices as a best practice for improving SSA’s processing times of appeals.

You asked us to review SSA’s efforts to manage the workload of appealed disability cases through transfers. This report examines (1) trends in SSA’s transfers and processing times of appealed disability cases over the past decade, (2) SSA’s monitoring of its efforts to meet processing time goals through case transfers, and (3) any challenges SSA faces in transferring cases between offices.

To examine trends in the number of cases transferred and processing times, we analyzed summary data from SSA’s Case Processing Management System for fiscal years 2008 through 2017. We limited our analysis to cases transferred for workload redistribution. We assessed the reliability of these data by conducting electronic data tests and interviewing knowledgeable officials about how the data were collected, and found the data to be sufficiently reliable for the purposes of this review. To assess SSA’s monitoring of its efforts to meet processing time goals, we reviewed SSA policies and operational guidance about case transfers. In addition, within SSA’s Office of Hearings Operations (OHO), we visited headquarters as well as three regional offices and six hearing offices. We selected the regional offices for processing a large number of transferred cases, being near an assistance center established to process transferred cases, or both. Within each selected region, we selected two hearing offices that, among other factors, sent or received a relatively large number of case transfers. We also visited assistance centers near the regional and hearing offices we visited to gain additional perspectives. To identify any challenges SSA faces in transferring cases between offices, we reviewed operational guidance such as OHO memorandums, observed how staff select cases to transfer and the steps they take and systems used to process transfers, and interviewed staff in the offices we visited. We evaluated the agency’s oversight of transfers and related challenges against SSA planning documents, federal standards for internal control for defining objectives, and other performance

3SSA also transfers cases between offices for other reasons such as when claimants move. In this report, “case transfers” only refers to cases transferred for workload redistribution.
management practices we have identified in our prior work. For further details on our scope and methodology, see appendix I.

We conducted this performance audit from May 2017 to July 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

**Background**

SSA provides benefits to individuals with disabilities through two main programs: DI and SSI. Under the Social Security Act, individuals are generally considered disabled if they are unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment that has lasted or is expected to last at least 1 year or is expected to result in death. See table 1 for additional key features and requirements of the DI and SSI programs.

| Table 1: Overview of Disability Insurance and Supplemental Security Income Programs |
|-----------------------------------------------|-----------------------------------------------|
| **Disability Insurance (DI)** | **Supplemental Security Income (SSI)** |
| **Purpose** | Provides benefits to persons who become unable to work because of disability and eligible family members. | Provides benefits for disabled, blind, or aged people who have low income and limited resources. |
| **Prior work requirement** | Requirement depends on age of claimant, but is generally 40 quarters of coverage. | No prior work requirement. |
| **Number of recipients** | **10.6 million** | **8.3 million** |
| (fiscal year 2017) | | |
| **Benefits paid** | **$142.8 billion** | **$57.2 billion** |
| (fiscal year 2017) | | |

Source: GAO analysis of relevant federal laws and Social Security Administration documents. | GAO-18-501

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4 Generally, individuals need 40 work quarters (credits) to qualify, 20 of which must have been earned in the 10 years prior to becoming disabled. Individuals may earn up to four work credits per year, and the amount of earnings needed for credit is calculated using the national average wage index. In 2018, $1,320 is needed for each credit.

4 This figure includes both persons with a disability and their family members who receive benefits.

4 This figure includes federal benefits and state supplementary payments.

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42 U.S.C. §§ 423(d), 1382c(a)(3).
Disability Application and Appeals Process

Although DI and SSI have different purposes and target populations, the disability criteria for adults are the same for both programs. To be considered eligible for either program as an adult based on a disability, a person must have a medically determinable physical or mental impairment that (1) has lasted or is expected to last for at least a continuous period of 1 year or result in death, and (2) prevents them from engaging in any substantial gainful activity (SGA).^5^

To apply for benefits, a claimant must file an application online, by telephone, mail, or in person at a local Social Security office. Local office staff forward most new cases to the appropriate state Disability Determination Services (DDS) office for a medical determination.^6^ DDS staff—generally a team comprised of disability examiners and medical consultants—review medical and other evidence provided by the claimant, obtain additional evidence as needed, and make the initial disability determination. In fiscal year 2017, SSA reported it received more than 2.4 million disability claims.

If the claimant is not satisfied with the initial determination, in most states he or she may request a reconsideration of the decision within the same DDS office.^7^ If the claimant is dissatisfied with the reconsideration, he or she may request a hearing before a judge. In fiscal year 2017, SSA reported that claimants appealed approximately 620,000 decisions to the hearings level.

In general, cases are randomly assigned to judges within the area each hearing office serves, in the order in which the requests for a hearing are received. The judge reviews the claimant’s file, including any additional evidence the claimant submitted after the initial determination, and

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5. 42 U.S.C. §§ 423(d) and 1382c(a)(3)(A). SGA is work activity that involves significant physical or mental activities that is done for pay or profit, regardless of whether profit is realized. For 2018, SSA set SGA as monthly earnings above $1,970 for blind individuals and $1,180 for non-blind individuals.

6. The work performed by DDSs is federally financed and carried out under SSA disability program laws, regulations, policies, and guidelines.

7. In one of several initiatives to improve the disability determination process, SSA has eliminated the reconsideration step of the process in 10 states, allowing the claimant to appeal the initial decision directly to a judge. The 10 states are Alabama, Alaska, California (Los Angeles North and Los Angeles West Branches), Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, and Pennsylvania.
generally conducts a hearing. At the hearing, the judge may hear
testimony from the claimant, medical experts on the claimant’s medical
condition, and vocational experts regarding the claimant’s past work and
ability to work in jobs currently available in significant numbers in the
national economy. If the claimant is not satisfied with the judge’s decision,
he or she may request a review by SSA’s Appeals Council, which is the
final administrative appeal within SSA. Figure 1 provides an overview of
SSA’s disability appeals process.

Figure 1: Social Security Administration’s (SSA) Disability Appeals Process

- **Claimant applies for benefits**
  Application requires claimant’s medical history and other information necessary to determine eligibility

- **SSA field office screens application**
  SSA field office staff screen the new claim and forward it for a medical determination

- **Initial determination**
  Staff at state-run Disability Determination Services (DDS) office gather, develop, and review the claimant’s medical and vocational evidence to make a disability determination

- **Reconsideration**
  A different group of DDS staff examines previous and any new medical and vocational evidence to make a second disability determination

- **Administrative Law Judge (ALJ) holds hearing**
  Hearing office staff collect any new evidence for review by an ALJ who generally conducts a hearing before rendering a new decision

- **Appeals Council**
  The Appeals Council may deny or dismiss the request to review the case, grant review and issue a decision, or return the case to the ALJ level for a new decision

- **Initial Disability Determination**
  More than 2.4 million disability claims filed in fiscal year 2017

- **Disability Appeals Process**
  Approximately 583,000 appeals to reconsider the initial decision in fiscal year 2017

  Approximately 620,000 requests for an ALJ hearing in fiscal year 2017

  More than 128,000 requests for Appeals Council review in fiscal year 2017

*In 1999, SSA eliminated the reconsideration step in 10 states (Alabama, Alaska, Colorado, Louisiana, Michigan, Missouri, New Hampshire, New York, Pennsylvania, and in the Los Angeles area of California) as part of the Prototype Initiative. In these states, claimants who wish to appeal their initial DDS determination must appeal for review before an administrative law judge.

*If parties are not satisfied with the Appeals Council decision, they may pursue the matter further in federal district court.*
SSA’s hearing operations are conducted by judges and other staff across the country. More than 1,600 judges conduct hearings and make decisions on appealed cases. They are assisted by decision writers and other support staff who play key roles in one of three phases of the appeals decision process:

1. Case workup: During this phase, support staff prepare the claim file by conducting initial case screening and organizing evidence to be considered by a judge.

2. Judicial decision: During this phase, a judge evaluates the evidence and makes a decision on whether the claimant will be allowed disability benefits. In most cases, the judge holds a hearing at which the claimant provides testimony about his or her disability.

3. Decision writing: The final phase of the process involves a decision writer who drafts a judge’s decision according to the judge’s instructions after the judicial decision phase. The judge is responsible for reviewing the decision before it is released, according to SSA.

Hearings operations staff are organized in 164 hearing offices and two satellite offices within 10 regions across the country. These offices each have a geographic area of responsibility. In addition, SSA has assistance centers—known as national hearing centers (NHC) and national case assistance centers (NCAC)—that provide additional case processing capacity nationwide (see fig. 2). At SSA’s headquarters, the Division of Workload Management (DWM) within the Office of Hearings Operations analyzes offices’ workloads and oversees case transfers.

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8Satellite offices provide support to their parent hearing offices.
SSA transfers cases between offices in an effort to alleviate hearing offices' backlogs at each of the three stages of the appeals decision process. SSA uses technology such as electronic case files and video conferencing to process transferred cases and hold hearings across locations. There are three types of case transfers: (1) temporary transfers for workup, (2) permanent case transfers, and (3) temporary transfers for decision writing. Figure 3 describes each type of transfer and the associated types of offices that generally provide assistance.
Cases may be transferred to another hearing office or to an assistance center such as an NHC, which primarily processes permanent transfers, or an NCAC, which primarily processes temporary transfers, according to SSA officials. Permanent transfers typically result in a video hearing because the claimant and judge are usually not in the same location as depicted in figure 4.
SSA measures timeliness of appeals case processing in a number of ways. For example, it measures average processing time (APT), which is the average number of calendar days from hearing request to disposition for all dispositions—cases decided or dismissed—in a reporting period. In fiscal year 2017, SSA reported it met its APT goal of 605 days at the national level. Its APT goal remains at 605 days for fiscal year 2018 and then drops to 535 days for fiscal year 2019.

SSA also measures the average wait time for a hearing and monitors the number of pending cases. Pending cases are appeals that have not yet had a disposition, and include cases at different stages of the appeals process. SSA has a goal to reduce the number of pending “aged cases” which it currently defines as those cases that were at least 430 days old when the fiscal year began. SSA’s aged cases goal is to decide 97 percent of those cases by the end of the fiscal year. SSA reported that it almost met this goal in fiscal year 2017, having decided 96 percent of aged cases.
SSA has increasingly transferred appealed disability cases to redistribute work from offices with backlogs to offices with more capacity. From fiscal years 2008 through 2017, the percentage of dispositions—decided or dismissed cases—that had been transferred increased from 14 to 43 percent or from approximately 79,000 to more than 290,000 cases (see fig. 5). Most of these cases were transferred just once for workload redistribution, but over the years a growing percentage were transferred multiple times—from about 2 percent in fiscal year 2008 to over 10 percent in fiscal year 2017. For example, according to SSA officials, a case may be transferred once as a permanent transfer to an assisting hearing office, and then that office temporarily transfers it to an NCAC for decision writing.
The number of appeals case transfers for workload redistribution quadrupled over the last decade. From fiscal years 2008 through 2017, the number of transfers increased from about 100,000 to nearly 450,000 (see fig. 6).
Growth occurred across all three types of transfers: permanent transfers, temporary transfers for workup, and temporary transfers for decision writing (see fig. 7). Nearly all hearing offices sent or received a case transfer in recent years. Permanent transfers comprised nearly half of the roughly 3 million appeals case transfers in fiscal years 2008 through 2017.
Permanent transfers fluctuated over the decade. They nearly tripled from about 68,000 in fiscal year 2008 to over 185,000 cases in fiscal year 2017, peaking during this time in fiscal year 2010. Growth in permanent transfers from fiscal years 2008 to 2010 coincided with the opening of SSA’s five NHCs, which ultimately received about a third of all permanent transfers over the decade. However, growth in permanent transfers was not consistent year to year. From fiscal years 2010 through 2015, permanent transfers declined. According to SSA officials, this decline and subsequent increase occurred partly because of corresponding changes in the number of informal remands which are a subset of permanent transfers.9

9Informal remands—which count as workload redistribution transfers—are cases transferred to a DDS office for reconsideration after being permanently transferred to an SSA office, such as an NCAC, which serves as a holding area for the case as it is reconsidered. SSA uses informal remands when it perceives cases may be granted benefits without a hearing on the basis of, for example, new information, and that the DDSs have relatively more capacity.
Temporary transfers for workup and decision writing increased from fiscal years 2008 through 2017 as SSA opened five NCACs during that time. Temporary transfers for workup—case file and evidence preparation prior to a hearing—comprised about a third of all transfers and increased more than tenfold (from about 12,000 to over 130,000 cases). Temporary transfers for decision writing comprised about a fourth of all transfers and quadrupled over the decade (from about 30,000 to over 120,000 cases). SSA opened four NCACs over fiscal years 2014 through 2017, which allowed the agency to process more temporary transfers for decision writing. NCACs received about a fifth of all temporary transfers for decision writing over the decade.\(^{10}\)

### Average Processing Times Increased in Recent Years

Although SSA made an effort to improve timeliness through appeals case transfers, average processing times (APT) and pending caseloads grew in recent years. According to SSA, various factors such as changes in the number of hearing requests contributed to these trends.

APT—the average number of calendar days between the hearing request and the case disposition date in a reporting period—decreased by about 30 percent over fiscal years 2008 through 2012 (see fig. 8). However, APT increased by approximately 70 percent from fiscal years 2012 through 2017, peaking at 605 days—or about a year and eight months—in fiscal year 2017. Pending caseloads followed a similar pattern to APT. Specifically, pending caseloads declined through fiscal year 2010 and then grew through fiscal year 2016 to over 1.1 million cases. However, the number of pending cases declined by six percent in fiscal year 2017 to just over 1 million cases, which SSA attributed in part to declines in hearing requests and growth in the number of judges. Aged cases—cases pending 430 or more days at the beginning of the fiscal year\(^{11}\)—declined about 75 percent through fiscal year 2011 to about 57,000 cases but then grew through fiscal year 2017 to 385,000 cases, or about 35 percent of all pending cases.

\(^{10}\)Each NCAC does decision writing; two NCACs also provide assistance with workup.

\(^{11}\)SSA’s definition of an aged case has varied over time. In fiscal year 2017, the agency defined an aged case as a case pending 430 or more days at the beginning of the fiscal year. We used this definition in our analysis for consistency.
Figure 8: Average Processing Time (APT) and Number of Pending Disability Appeals Cases, Fiscal Years 2008-2017

APT in days

Fiscal year

Thousands of cases

Source: GAO analysis of Social Security Administration data. | GAO-18-501

Note: Pending case counts are as of the end of the fiscal year.
Various factors contributed to increases in processing times and pending caseloads for disability appeals cases over fiscal years 2008 through 2017. According to SSA officials and the agency's Office of Inspector General (OIG), these factors include changes in the number of hearing requests, hearing operations staffing levels, and judges' workloads.

Hearing Requests

An increase in disability applications starting around 2007 led to a subsequent increase in appeals hearing requests, which contributed to a larger case backlog. According to SSA, the 2007-2009 recession contributed to an increase in disability applications, which then led to an increase in hearing requests until 2011. As the economy recovered, the number of hearing requests declined from about 860,000 in fiscal year 2011 to about 620,000 in fiscal year 2017 (see fig. 9). However, according to SSA officials, APT continued to rise because it takes time for cases to work through the appeals process as well as other factors such as staffing and changes affecting judges' workloads.

Figure 9: Disability Appeals Hearing Requests, Fiscal Years 2008-2017

<table>
<thead>
<tr>
<th>Fiscal year</th>
<th>Hearing requests (in thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>600</td>
</tr>
<tr>
<td>2009</td>
<td>700</td>
</tr>
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<td>2010</td>
<td>800</td>
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<td>600</td>
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<tr>
<td>2016</td>
<td>500</td>
</tr>
<tr>
<td>2017</td>
<td>400</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Social Security Administration data.

Staffing Levels

Staffing levels among judges, decision writers, and other support staff grew over the decade yet declined in recent years as average processing times increased (see fig. 10). In fiscal years 2008 through 2017, the number of judges grew by almost 40 percent (1,187 to 1,641), the number of decision writers grew by about 60 percent (1,763 to 2,830), and the number of support staff grew by nearly 20 percent (3,395 to 4,030).
However, most of this growth occurred during fiscal years 2008 to 2012. In the last 5 years, staffing growth slowed to 6 percent for judges and 3 percent for decision writers, and declined 11 percent for other support staff.

**Figure 10: Staffing for Disability Appeals Hearings by Function, Fiscal Years 2008-2017**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Judges (38% increase(^b))</th>
<th>Decision writers (61% increase(^b))</th>
<th>Other support staff(^a) (19% increase(^b))</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>1,000</td>
<td>2,000</td>
<td>3,500</td>
</tr>
<tr>
<td>2009</td>
<td>1,200</td>
<td>2,400</td>
<td>4,000</td>
</tr>
<tr>
<td>2010</td>
<td>1,500</td>
<td>3,000</td>
<td>4,500</td>
</tr>
<tr>
<td>2011</td>
<td>1,800</td>
<td>3,600</td>
<td>5,000</td>
</tr>
<tr>
<td>2012</td>
<td>2,100</td>
<td>4,200</td>
<td>5,500</td>
</tr>
<tr>
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<tr>
<td>2014</td>
<td>2,700</td>
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<tr>
<td>2015</td>
<td>3,000</td>
<td>6,000</td>
<td>7,000</td>
</tr>
<tr>
<td>2016</td>
<td>3,300</td>
<td>6,600</td>
<td>7,500</td>
</tr>
<tr>
<td>2017</td>
<td>3,600</td>
<td>7,200</td>
<td>8,000</td>
</tr>
</tbody>
</table>

Source: GAO analysis of Social Security Administration data.

\(^a\) Other support staff include intake assistants and case technicians who collect evidence and prepare cases prior to hearings among other tasks.

\(^b\) The change is from fiscal year 2008 to fiscal year 2017.

While there were overall increases in staffing levels over the study period, APT increased. According to SSA officials, hiring more staff does not immediately result in reduced APTs for several reasons. First, hearing office staff are not interchangeable across functions. This can create bottlenecks at particular stages in the appeals process. For example, an increase in support staff to prepare cases for hearings is helpful for APT only to the extent that there are enough judges to promptly hear those cases. In addition, the effect of a staffing increase is not immediately reflected in APT because it takes time for new staff to reach full productivity, and the ramp-up time varies by function, according to SSA officials. For example, officials said that new judges face a learning curve
in their first year, such that they are not expected to match the productivity of experienced judges during that time.

Beyond staffing levels, creating a balance of decision writers and other support staff to judges is essential to maintaining judge productivity, according to an OIG report.\(^\text{12}\) SSA struggled to maintain this balance, agency officials said, because of not being able to hire enough qualified judges. The Office of Personnel Management maintains a register of qualified judges from which SSA and other agencies hire; however, according to SSA officials, SSA does not consider all of these judges to be qualified for the SSA ALJ role. As a consequence, in some years SSA was unable to hire its planned number of judges. For example, in fiscal year 2013 SSA hired 30 judges when it planned to hire around 200, according to SSA officials. In addition, according to SSA’s plan to address its appeals backlog, hiring freezes the agency implemented hindered its ability to maintain desired staffing levels by function during the study period. SSA hired 264 judges in fiscal year 2016, but due to its own hiring freeze was unable to hire the 500 to 600 decision writers needed to keep up with the writing backlog, according to SSA officials. As a result, they said the number of cases waiting to be written increased from about 35,000 to 75,000 in a year.

As a result of variations in the timing of hiring for judges and for support staff, the ratio of support staff including decision writers per judge also varied across hearing offices over fiscal years 2008 through 2017. In June 2017, SSA was close to meeting its nationwide staffing ratio goal of 4.2 support staff including decision writers per judge.\(^\text{13}\) In the same year, staffing ratios in hearing offices ranged from 2.2 in Toledo, Ohio (the lowest) to 7.5 in the Orange, California office (the highest). In addition, as SSA hired more judges and the number of support staff decreased in fiscal years 2011 through 2017, the percentage of hearing offices with a staffing ratio less than 4.2 increased from 13 percent to 68 percent. According to SSA officials, the agency may mitigate some of the delays caused by the variation in staffing ratios across hearing offices by transferring cases from offices with a backlog to offices with staff available to assist.


\(^\text{13}\)SSA had a ratio of 3.91 support staff per judge in June 2017.
Regulatory changes and an increase in the rate of judges denying appeals may have negatively affected judges' processing times. SSA officials and the OIG cited regulatory changes that could be lengthening processing times for appeals cases. For example, a regulatory change that became effective in 2015 generally requires claimants to inform the agency about or submit all evidence known to them that relates to whether or not they are disabled or blind. This change may create lengthier files for judges to review and thus require more time to decide cases. In addition, SSA officials said that a regulation that took effect in 2017 requiring more time for notifying claimants of hearing dates slowed processing times as hearing offices adjusted to it. Furthermore, judges have increasingly denied benefits in recent years, with overall allowance rates dropping from 75 percent in fiscal year 1994 to a 23-year low of 54 percent in fiscal year 2015. Increases in denied appeals affect processing times, according to an OIG report, because relative to allowances, denials typically take longer to process as judges spend more time hearing and documenting the case to ensure it can withstand a subsequent appeal.

To help achieve timeliness goals for processing appeals, the Division of Workload Management (DWM) is responsible for monitoring workloads and adjusting transfer plans throughout the year. The Office of Hearings Operations' regional offices and DWM help decide how many cases to transfer and where to transfer them. Each region is generally expected to balance its offices' workloads within the region and to transfer cases to offices outside the region if it cannot meet its goals on its own. To do so, each regional office is responsible for considering the workloads and capacities of the hearing offices in its region. DWM is to determine which regions and national resources, such as NHCs and NCACs, can help process cases and how much assistance they can provide.

Working collaboratively with the regional offices, DWM analyzes offices' workloads and staff productivity to refine transfer plans if need be, according to SSA officials. To inform any adjustments, DWM holds a separate monthly call with each region to discuss the status of its aged


16SSA, OIG, A-12-18-50289.
cases and conducts quarterly reassessments of the regions’ needs for assistance. In addition, the Deputy Commissioner of the Office of Hearings Operations holds a biweekly call with officials from any region that is not on track to meet its aged case goal to consider additional transfers.

In addition to monitoring the number and types of case transfers, according to agency officials, SSA monitors whether hearing offices are following set criteria when selecting individual cases to transfer. Given that the age of the case is a key criterion, SSA checks whether eligible older cases are transferred in two ways, according to agency officials. First, DWM periodically reviews the ages of transferred cases and generates reports that flag transferred cases with relatively recent hearing request dates. Second, offices receiving transfers also check to make sure that transferred cases have generally older hearing request dates and meet other criteria. If cases that have been transferred do not meet the criteria, staff from the receiving office will alert the originating office and swap cases received for cases that do meet the criteria. Four of the 10 hearing offices or assistance centers we visited reported receiving cases that should not have been transferred, but officials said that this problem occurs rarely. For example, one hearing office we visited received 50 cases for decision writing that staff thought were selected because the cases were among the most challenging to process, and not because they were the oldest cases. The hearing office staff raised the issue with the regional office, which stepped in and had a more balanced set of cases transferred.

Although SSA monitors appeals case transfers in these ways, it does not meaningfully measure the timeliness of case processing by individual hearing offices involved in case transfers. SSA generates reports that rank hearing offices based on various dimensions of performance. These

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17SSA has established criteria for selecting cases to transfer. For example, cases selected for any transfer should have fully electronic files. Other selection criteria vary by transfer type. For permanent transfers, for example, the claimant should not have opted out of having a hearing by video. In addition, cases must be at the appropriate stage in the case process for the type of assistance to be provided. For example, temporary transfers for decision writing are selected among cases that have had a hearing and the judge has provided written instructions, whereas permanent case transfers are selected among cases whose file has been prepared for a hearing but not yet assigned to a judge.
include timeliness, which includes APT. However, for transferred cases, these metrics do not hold individual offices accountable for the time they held a case because the entire processing time is attributed to the office that finalized the case, regardless of whether the case was held by another office for months before being transferred.

The lack of office-specific timeliness measures for transferred cases has several consequences. Because the timeliness measures for transferred cases do not reflect individual office contributions, the metrics do not provide effective incentives for offices involved in transfers to improve their own timeliness. Our prior work has shown that performance measures, when well-designed, can create powerful incentives to influence behavior. SSA’s current APT does not create these incentives for offices that process transfers. In fact, the metrics as currently formulated may have a demoralizing effect for offices that receive many transfers because receiving aged cases will likely increase the office’s APT. As a result, the current office-level rankings based on APT may not be meaningful or fair for these offices because they could receive a lower ranking as a result of taking transfers. The rankings may induce some offices to transfer out their most time-consuming cases. However, as previously noted, such transfers occur rarely and are corrected when identified, according to hearing office officials.

Because APTs do not accurately reflect the individual contributions of offices, SSA managers in offices that receive high numbers of transfers reported that they sometimes downplay the office-level APT. For example, officials at one hearing office said that they may publicize a good APT ranking internally to help boost morale, but do not worry about a poor ranking because APT does not fairly reflect individual offices’ performances in light of permanent transfers. Officials from another office that receives high numbers of transfers said that, to boost morale, they do not highlight APT but rather focus on the fact that their office is doing so well it is able to assist other offices by taking transferred cases.

18In December 2017, we recommended that SSA develop a more balanced set of publicly reported performance measures, to include accuracy and consistency, as well as timeliness, of judges’ disability decisions. SSA concurred but has not yet done so. GAO, Social Security Disability: Additional Measures and Evaluation Needed to Enhance Accuracy and Consistency of Hearings Decisions, GAO-18-37 (Washington, D.C.: Dec. 7, 2017).

Another consequence of the current APT measure is that SSA does not have an accurate metric to assess how individual offices contribute to processing times. Our prior work has shown that federal managers should use accurate performance information in decision making to improve results. Further, standards for internal control call for program managers to define objectives in measurable terms so that performance toward achieving those objectives can be assessed. According to SSA officials in headquarters, the agency does not use APT to rank or otherwise assess individual offices’ timeliness. Instead, they focus on overall APT at the agency level. They also said APTs should not be used to measure the performance of NHCs and NCACs, which have workloads entirely comprised of transferred cases. SSA uses other measures of productivity, such as number of cases decided, to evaluate these offices, the officials said. Nonetheless, reducing wait times for decisions on appeals is a performance goal for SSA, and APT is a key measure aligned with this goal. Not assessing how individual offices contribute to processing times could make it difficult for regional and headquarters managers to identify problems and inform decision making about how to improve the timeliness of processing appeals.

SSA officials said that they recognize the limitations of the current metrics for monitoring office-level timeliness. For example, the NHCs created their own internal measure of processing time, starting the clock when an NHC receives a transfer. In other words, this modified APT captures only the time the transferred case is at the NHC, which officials said was a more informative way of gauging its performance relative to other offices. SSA officials at the headquarters level also recognized the need to modify the measures and give credit for the work performed by individual offices. They said that they are considering ways to do this, but have not taken action due to other priorities. Without office-specific measures of timeliness for transferred appeals cases, SSA lacks critical information needed to assess the effectiveness of transfers in meeting timeliness goals intended to better serve disability claimants.


SSA Has Taken Steps to Address Challenges in Transferring Cases, but Some Remain

Improving the quality of judges’ instructions to decision writers

Through interviews with SSA staff, observation of staff practices, and review of agency guidance and policy documents, we identified three main challenges related to transferring appeals cases. Staff described steps they have taken to address these challenges. Interviewees emphasized challenges in: (1) providing clear instructions for decision writers, (2) software limitations for selecting cases to transfer, and (3) coordinating video hearings.

SSA staff we interviewed in all three regions we visited reported facing challenges in efficiently processing cases that have been transferred for decision writing because some judges do not provide legible or adequate instructions, which can then require follow-up communication that slows down the process. When cases are heard and written in the same hearing office, decision writers can gain familiarity with the communication styles and preferences of the judges with whom they repeatedly work. This includes understanding how to interpret certain instructions that are not spelled out or written clearly. In contrast, staff who write decisions for transferred cases must rely on the instructions’ legibility and completeness in order to write policy-compliant decisions within the expected timeframe. While staff working remotely are able to contact judges directly to obtain further instructions, they said this step slows down the writing process.

There is no standard format that judges must adhere to when providing instructions to decision writers, but judges are supposed to provide complete and clear instructions and avoid handwriting them, according to SSA’s hearings operations manual. Some judges use templates SSA has designed to assist them with providing a complete set of instructions in a typed, electronic format, while other judges write their instructions, which then have to be scanned into the case processing system. For example, in one hearing office we visited, 11 of 14 judges typed their instructions and the other 3 wrote instructions by hand. In another office we visited 1 of the office’s 7 judges wrote instructions by hand.

Instructions can be problematic for decision writers when judges do not provide sufficiently clear information. In one case assistance center we

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22The hearings operations manual lists specific information that judges will generally include as applicable.
visited, officials estimated that about 30 to 40 percent of instructions they receive require follow-up work because they contain contradictory, incomplete, or illegible information. For example, decision writers cited a judge’s instructions that supported contradictory conclusions about whether the claimant was disabled. As another example, decision writers sometimes receive 20 pages of instructions, which in effect are just the judge’s case notes and not actual instructions on how to document the hearing decision. In such instances, decision writers have to do additional work to understand the circumstances of the case. Specifically, they may have to thoroughly review the judge’s notes as well as listen to the audio recording of the hearing, and examine the case evidence file, all of which adds time to processing the case. Figure 11 illustrates how difficult it can be to read handwritten instructions. Three of the six hearing offices we spoke with have taken steps to mitigate this problem by not transferring cases from judges who handwrite their instructions.
To improve the quality and consistency of judge’s instructions to decision writers, SSA has issued additional guidance, conducted training, and created tools. For example, in July 2013, SSA issued a memorandum
clarifying expectations for the instructions that judges provide to decision writers. This memorandum emphasized judges’ responsibility to provide complete, clear, and policy-compliant instructions and provided tips for doing so. In June 2016, SSA issued another memorandum to emphasize the essential elements judges need to include in instructions to decision writers. Further, in addition to judges’ initial training period, judges receive quarterly continuing education training which include topics such as decision-writing expectations and clarity. In addition, to help judges prepare complete and typed instructions, SSA developed two electronic templates: the Electronic Bench Book (eBB) and the Findings Integrated Template (FIT). However, some judges have found these tools cumbersome to use given their design.23 GAO reported in December 2017 that about one-third of judges used eBB in fiscal year 2016,24 and officials in one NCAC we visited said that about one-quarter of judges use FIT. In response to some judges’ concerns about using these tools, SSA recently developed a web-based tool that judges may use instead and is developing an internal marketing plan to encourage its use.

Using available software to select cases for transfer

Hearing office staff reported and we observed challenges they face in efficiently and accurately identifying cases for permanent transfer because of current software limitations. Although staff have developed workarounds to overcome these limitations, the extra steps are inefficient and the potential to incorrectly select cases remains.

We observed three main case processing system limitations in the three hearing offices we visited where SSA staff demonstrated how they process large batches of cases for permanent transfer to another office. First, staff cannot use the case processing system’s search function to locate all appropriate cases to transfer. Because some cases may be categorized with a temporary status code—for instance when awaiting information from a claimant representative—searches by status do not always show all the cases that are available for transfer. Second, the case processing system restricts each search query to a 6-month time period to avoid slowing it down. As a result, staff cannot retrieve the

23A 2016 SSA OIG report identified three concerns with eBB based on interviews with judges and other staff: the training for eBB was insufficient, the design of eBB was not easy for users, and using eBB could increase case processing times. Social Security Administration, Office of the Inspector General, Electronic Bench Book (A-01-12-11217), Jun. 21, 2016.

24GAO-18-37.
universe of potential transfer cases at once for large transfer batches. Instead, to overcome this limitation, staff in four of the six hearing offices we visited employed several time-consuming strategies. In one office, for example, staff first created a report that lists all the cases that meet the selection criteria and used this report to identify the oldest cases and then retrieved the cases one at a time. Third, the case processing system restricts the transfers of batches of cases to a maximum of 100 cases at a time. As a result, staff have to repeat the transfer process several times because DWM often has hearing offices permanently transfer several hundred cases at a time. For example, one hearing office we visited reported that it typically transfers batches of between 500 and 1,200 cases. According to SSA officials, the batch transfer limit of 100 cases was designed to minimize the possibility of computer crashes which could lead to system-wide errors.

These system limitations impede productivity for the staff selecting cases to transfer and also can create the potential for error and misuse. Specifically, the constraints on searching for appropriate cases to transfer make it challenging for the sending office to identify the oldest cases—a key selection criterion as the agency works to meet its goal of reducing the backlog of aged cases. In addition, because these limitations cause staff to use manual workarounds, using the case processing system’s search functions to retrieve cases might either omit cases that should be transferred or inadvertently include cases that should not be transferred. Officials we spoke with in five offices reported the potential for misuse of the system given its current limitations. For example, it would be possible to use the current system to select cases to transfer that might not strictly meet the criteria, but might be cases that are considered more difficult to process. One office we visited reported receiving cases that staff felt were deliberately selected for transfer because they were all handwritten by a judge or were a specific category of case that is more challenging to process than other categories. After identifying these cases as improperly transferred, staff were able to send them back to the originating office.

According to agency officials, SSA does not plan to address the software challenges associated with batch transfers, even though SSA’s plan to improve its hearings and appeals process calls for modernizing its case processing system. Specifically, SSA’s plan calls for information technology improvements that help to remove inefficiencies in the agency’s case processing systems, drive policy compliance and
SSA is planning to update its case processing system over the next 3 years including a release in September 2018 but does not plan to address the software-related challenges in accurately and efficiently selecting batches of cases to transfer because of concerns about system-wide computer processing capacity. However, SSA has not evaluated the costs versus benefits of potential software changes to help staff transfer cases in batches. Doing so would help SSA better understand any tradeoffs between maintaining the status quo of manual work—which is contrary to SSA’s stated goal of redirecting staff away from manual work as part of its plan to improve its hearings and appeals process—and any impact on its system’s capacity.

Coordinating video hearings

Coordinating video hearings for permanently transferred cases can be challenging according to SSA officials, but SSA has taken steps to improve coordination. Without effective coordination and communication between offices, hearings may be delayed, according to SSA hearing office staff. Several offices we visited identified challenges with coordination of logistics and practices to mitigate them. For example, one hearing office we visited that received permanent transfers sometimes lacked a point of contact in the originating office to escort the claimant and help troubleshoot any logistical issues which necessitated some rescheduled hearings. Hearing office officials said that, to address this issue, it is important to have a point of contact in each office involved in the transfer to facilitate coordination. To further prevent such miscommunication, officials at one NHC we visited reported that they hold a video conference meeting when they start assisting a new hearing office. The NHC provides a protocol to the hearing office that describes what the NHC needs to successfully run a video hearing, including points of contact, logistics, and claimant escorts.

To set expectations about coordination for permanently transferred cases and to disseminate promising practices that some offices had adopted, SSA issued guidance to hearing office managers in June 2017. Among other things, the memo instructs offices to identify points of contact in each office, list the available hearing rooms in the originating office, and establish which office is responsible for providing an escort for the

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25Social Security Administration, 2017 Updated Compassionate And REsponsive Service (CARES) and Anomaly Plan.
claimant on the hearing day. Hearing office staff we interviewed described taking similar actions to coordinate hearings for permanently transferred cases.

As SSA faces a backlog of over 1 million disability appeals waiting to be decided, it has undertaken numerous efforts to reduce processing times at the hearings level. Transferring cases across offices has increasingly become a key component of those efforts. Transfers provide the agency an opportunity to smooth its workloads and mitigate staffing constraints at the hearings level and potentially provide claimants with more timely decisions.

However, as a substantial and growing percentage of cases are transferred between offices, SSA has not adapted its metrics and electronic systems to take the transfer process into account. Its current performance metrics do not enable adequate oversight of individual offices’ contributions. Although timeliness is just one dimension of hearing office performance, as it continues to monitor transfers, SSA would benefit from developing and using metrics that hold originating and assisting offices accountable for the time that they held cases. Without such metrics, SSA cannot accurately measure offices’ performance and therefore may not be able to incentivize offices to process cases in a timely way. In addition, without metrics that reflect the time that individual offices held cases, SSA does not have key inputs for quantifying how case transfer efforts affect timeliness.

As SSA updates its case processing and management information system, SSA has the opportunity to consider addressing system limitations that create inefficiencies and vulnerabilities when staff transfer batches of cases. Without evaluating the costs and benefits of incorporating related software changes, SSA may be missing an opportunity to fully understand potential ways to improve its processing of appeals.

We are making the following two recommendations to the Social Security Administration:

The Deputy Commissioner for Hearings Operations should develop a timeliness metric or set of metrics that more accurately reflect offices’ performance in light of case transfers. For example, SSA could develop additional APT metrics for cases that are permanently transferred that
reflect the time the originating and assisting offices held cases. (Recommendation 1)

The Deputy Commissioner for Hearings Operations should evaluate the costs versus the benefits of changing system limitations that hinder users’ ability to correctly and efficiently identify and transfer batches of cases. (Recommendation 2)

Agency Comments and Our Evaluation

We provided a draft of this report to SSA for review and comment, and its written comments are reproduced as appendix II in this report. SSA agreed with our recommendations and emphasized its recent progress in reducing pending caseloads. The agency also provided technical comments, which we incorporated into the report as appropriate. SSA described how it plans to address our recommendations as follows.

- Regarding our recommendation to develop a timeliness metric or set of metrics of offices’ performance in light of case transfers, SSA agreed and stated that it will refine existing metrics to more accurately reflect timeliness of cases before and after being transferred. Furthermore, SSA stated that it may develop additional reporting tools to better measure the contributions of individual offices that receive transferred cases.

- Regarding our recommendation to evaluate the costs versus the benefits of changing system limitations that hinder users’ ability to correctly and efficiently identify and transfer batches of cases, SSA agreed and stated that it is developing a new case processing system that will replace its Case Processing and Management System. SSA expects the new system will eliminate the limitations that we cited.
As agreed with your office, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees and the Commissioner of Social Security. In addition, the report will be available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or curdae@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix III.

Elizabeth H. Curda
Director, Education, Workforce, and Income Security Issues
Appendix I: Objectives, Scope, and Methodology

The objectives of this report were to examine (1) trends in the Social Security Administration’s (SSA) case transfers and processing times of appealed disability cases over the past decade, (2) SSA’s monitoring of its efforts to meet processing time goals through case transfers, and (3) any challenges SSA faces in transferring cases between offices. We limited the scope of our analysis to cases transferred for workload redistribution.¹

To inform all objectives, we reviewed relevant SSA documents and interviewed officials in SSA’s Office of Hearings Operations (OHO). Specifically, we reviewed SSA planning documents, operational guidance about case transfers, SSA Office of the Inspector General reports, and relevant federal laws and regulations. For example, to help identify any challenges SSA faces in transferring cases between offices, we reviewed operational guidance such as OHO memorandums. To gather additional evidence about how SSA monitors case transfers in the context of its goals to reduce processing times and any challenges it faces in transferring cases, we visited and interviewed staff from OHO headquarters and four assistance centers established to process transferred cases.² We also interviewed OHO officials and staff in three regional offices and six hearing offices about the criteria for transferring cases for workload assistance, how they ensure that transferred cases satisfy selection criteria, and any challenges they face in transferring cases. We also observed how they select cases to transfer and the steps they take and systems used to process case transfers. See below for which specific locations we visited and how we selected them.

We evaluated the agency’s oversight of transfers and related challenges against SSA planning documents to improve its hearings and appeals process, federal standards for internal control for defining objectives (see GAO, Standards for Internal Control in the Federal Government, GAO-14-704G, Washington, D.C.: September 2014), and other performance management practices we have identified in our prior work (see GAO, Executive Branch Should More Fully Implement the GPRA Modernization Act to Address Pressing Governance Challenges, GAO-13-518, Washington, D.C.: June 26, 2013; Managing for Results:

¹SSA also transfers cases between offices for other reasons such as when claimants move. In this report, “case transfers” only refers to cases transferred for workload redistribution.

²The four assistance centers were a national hearing center; two national case assistance centers; and a regional case assistance center.
Appendix I: Objectives, Scope, and Methodology

To examine trends in case transfers and processing times of appeal disability cases, we analyzed nationwide, summary-level data from SSA’s Case Processing and Management System (CPMS) and related Disability Adjudication Reporting Tool (DART) reports for fiscal years 2008 through 2017. We used CPMS data to analyze trends in hearing requests, pending caseloads, and average processing times. We used data from DART E15 reports to analyze trends in the number and type of case transfers and the offices involved (i.e., sending and receiving). We separately and collectively analyzed three types of case transfers: (1) permanent transfers, (2) temporary transfers for workup, and (3) temporary transfers for decision writing. We assessed the reliability of these data by conducting electronic data tests and interviewing knowledgeable officials about how the data were collected, and found the data to be sufficiently reliable for the purposes of this review.

To contextualize case processing trends, we analyzed staffing data from SSA’s Payroll Operational Data Store system. Specifically, we analyzed the number of administrative law judges, decision writers, and other support staff OHO-wide and by hearing office in each fiscal year from 2008 through 2017. In addition, we examined how hearing offices’ ratios of decision writers and other support staff per administrative law judge varied over time and nationwide. We excluded satellite offices and other OHO offices such as regional offices from this analysis because they are not designed to function like hearing offices. We also used the staffing data by office and year to determine the number of hearing offices by fiscal year because some offices did not exist (i.e., have staff) in certain years we analyzed. We assessed the reliability of SSA’s staffing data by comparing them to published data from a different source, reviewing the agency’s responses to questions about the data and their reliability, and reviewing related reports, and found the staffing data to be sufficiently reliable for the purposes of this review.

To identify which of OHO’s 10 regions to visit, we considered those with a relatively large number of cases transferred for workload redistribution, regional offices near OHO headquarters or a national or regional assistance center established to process transferred cases, or both. We
used data from fiscal year 2016 because it was the most recent complete year when we made our selections. We chose regions with a relatively high number of transfers so that we could observe a reasonable workload of transfers. On the basis of these factors as detailed in table 1, we chose to visit OHO’s Philadelphia (#3), Atlanta (#4), and San Francisco (#9) regions.

Table 2: Office of Hearings Operations (OHO) Region Selection Factors

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<thead>
<tr>
<th>Region</th>
<th>Percent of all transfers sent in fiscal year 2016</th>
<th>Percent of all transfers received in fiscal year 2016</th>
<th>Near(^a) a National Hearing Center(^b)</th>
<th>Near(^a) a National Case Assistance Center(^c)</th>
<th>Near(^a) a Regional Case Assistance Center(^d)</th>
<th>Near(^a) OHO headquarters</th>
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<tr>
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<td>Baltimore, Maryland Falls Church, Virginia</td>
<td>Baltimore, Maryland Falls Church, Virginia</td>
<td>Queens, New York No</td>
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<td>10</td>
<td>4</td>
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<td>4 – Atlanta</td>
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<td>—</td>
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<td>5 – Chicago</td>
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<td>6 – Dallas</td>
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Source: GAO analysis of Social Security Administration information.  

\(^{a}\) = within a 3 hour drive of a regional office or OHO headquarters in Falls Church, VA  
\(^{b}\) National Hearing Centers are located in Albuquerque, NM; Baltimore, MD; Chicago, IL; Falls Church, VA; and St. Louis, MO.  
\(^{c}\) National Case Assistance Centers are located in Baltimore, MD; Falls Church, VA; Louisville, KY; Richmond, CA; and St. Louis, MO.  
\(^{d}\) Regional Case Assistance Centers are located in Falls Church, VA; Louisville, KY; Phoenix, AZ; Philadelphia, PA; St. Louis, MO; San Bernardino, CA; Stockton, CA; and Queens, NY.
We selected two hearing offices in each of the three regions we visited—in Region 3, we visited the Baltimore, Maryland and Philadelphia, Pennsylvania hearing offices; in Region 4, we visited the Atlanta Downtown and Covington offices in Georgia; and in Region 9, we visited the San Francisco and Stockton offices in California—on the basis of various factors. We selected relatively high-sending and high-receiving offices so that we could obtain perspectives from offices that commonly engage in workload assistance. Our selection also captured a mix of types of case transfers because the processes for permanent and temporary transfers differ. Two of the six hearing offices (Baltimore and Atlanta Downtown) sent a higher than average number of cases among all hearing offices in their respective regions. Three of the six hearing offices (Covington, San Francisco, and Stockton) received a higher than average number of cases among all hearing offices in their respective regions. We also considered the hearing offices’ average processing time (APT) rank among all hearing offices to obtain different perspectives on performance management. For example, of the 164 hearing offices in fiscal year 2016, the APT of the Atlanta Downtown hearing office ranked 155th (the lowest we visited) and that of the Stockton office ranked 77th (the highest we visited). Finally, we selected hearing offices that were located within a 3-hour drive from their regional office.

To gain additional perspectives, we conducted interviews at four assistance centers selected because they were near the regional offices we visited or OHO headquarters. The four assistance centers were a national hearing center in Falls Church, Virginia; a national case assistance center in each of Richmond, California and Baltimore, Maryland; and a regional case assistance center in Stockton, California.
Appendix II: Comments from the Social Security Administration

June 20, 2018

Ms. Elizabeth Curda
Director, Education, Workforce, and Income Security Issues
United States Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Curda:

Thank you for the opportunity to review the draft report, “Social Security Disability: Better Timeliness Metrics Needed to Assess Transfers of Appeals Work” (GAO-18-501). Please see our enclosed comments.

If you have any questions, please contact me at (410) 965-9704. Your staff may contact Trae Sommer, Acting Director of the Audit Liaison Staff, at (410) 965-9102.

Sincerely,

Stephanie Hall
Acting Deputy Chief of Staff

Encl.
COMMENTS ON THE GOVERNMENT ACCOUNTABILITY OFFICE DRAFT REPORT, "SOCIAL SECURITY DISABILITY: BETTER TIMELINESS METRICS NEEDED TO ASSESS TRANSFERS OF APPEALS WORK" (GAO-18-501)

GENERAL COMMENTS

Our updated 2017 Compassionate And REsponsive Service (CARES) plan outlines a comprehensive and multi-layered approach to address the number of hearings pending and long wait times through increased decisional capacity, business process efficiencies, and Information Technology (IT) innovations and investments. At the end of fiscal year (FY) 2017, approximately 1,056,000 people were waiting for a decision on their hearing requests. With continued support from Congress, in the form of special funding in FYs 2017 and 2018 for the hearings operation, we reduced the number of pending cases in each of the last 17 months, and as of May 2018, the number of people awaiting a hearing is under 950,000. In addition, declining receipts and increased productivity have positioned us well in FY 2018, and we are on track to end FY 2018 with about 900,000 cases pending a hearing decision, a 15 percent decrease from FY 2017.

Essential to our efforts is our ability to balance workloads by transferring cases from heavily impacted hearing offices to hearing offices with the capacity to assist. We are maximizing the use of our National Hearings Centers (NHC) and National Case Assistance Centers (NCAC) — national resources designed to assist hearing offices prepare and adjudicate cases. We prioritize our oldest pending hearings with case transfers to NHCs, which hold video hearings and issue decisions. In addition, we implement case transfers to NCACs and regional case assistance centers to provide case preparation and decision writing assistance. Our workload redistribution ensures that we efficiently use our resources to adjudicate the oldest cases first, while also being responsive to unanticipated emergencies such as natural disasters. We continue to bolster centralized case assistance capacity by adding resources to provide greater assistance to hearing offices throughout the country.

Additionally, we have made significant progress on our priority goal of improving customer service in the hearings process by prioritizing the cases of those individuals who have waited the longest for a hearing decision, and we are on track to exceed our goal of deciding 97 percent of our oldest cases by the end of the fiscal year. We expect the reduction in hearings pending and the aggressive approach we have taken in the last 12 months towards our aged case goal will result in reduced wait times in FY 2019 and beyond.

We are also focused on key IT initiatives to support improved business processes in the hearings operation. In our future IT modernization efforts, we are replacing the aging hearings and appeals case processing systems with an end-to-end modern disability case processing system that will allow us to incorporate functionality to improve business processes and achieve efficiencies, such as those recommended by this audit.

Recommendation 1

The Deputy Commissioner for Hearings Operations should develop a timeliness metric or set of metrics that more accurately reflect offices’ performance in light of case transfers. For example,
SSA could develop additional APT metrics for cases that are permanently transferred that reflect the time the originating and assisting offices held cases.

**Response**

We agree. We will explore refining existing metrics and reporting mechanisms to more accurately reflect timeliness of cases before and after they were transferred and, if necessary, develop additional reporting tools to better measure individual office contributions and ensure that an office’s overall performance is accurately reflected when it receives transferred work.

**Recommendation 2**

The Deputy Commissioner for Hearing Operations should evaluate the costs versus the benefits of changing system limitations that hinder users’ ability to correctly and efficiently identify and transfer batches of cases.

**Response**

We agree. Our legacy Case Processing Management System (CPMS) was initially designed to support a paper-based hearing process, and we recognize it is no longer sufficient to support our current business needs. In 2017, we started developing a comprehensive plan to modernize our case processing systems, which was integrated into our IT modernization efforts to develop a modern and cohesive end-to-end disability claims processing infrastructure that supports the full life-cycle of a disability claim. The new system will include hearings and appeals case processing functionality and will replace CPMS. We are prioritizing key features, including broad case transfer functionality, to support a national workload model, and we expect to eliminate the limitations cited in this report.
Appendix III: GAO Contact and Staff Acknowledgments

<table>
<thead>
<tr>
<th>GAO Contact</th>
<th>Elizabeth H. Curda, (202) 512-7215 or <a href="mailto:curdae@gao.gov">curdae@gao.gov</a></th>
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<td>Staff Acknowledgments</td>
<td>In addition to the individual named above, Erin M. Godtland, Assistant Director; Joel Green, Analyst-in-Charge; Jennifer Cook; and Adam Windram made significant contribution to the report. In addition, Susan Aschoff, Kate Blumenreich, Melinda Cordero, Brian Egger, Alex Galuten, Melissa Jaynes, Joel Marus, Mimi Nguyen, Samuel Portnow, Silvie Senauke, Almeta Spencer, and Shana Wallace made valuable contributions.</td>
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