



Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

Audit Report

The Social Security
Administration's Processing of
Priority Cases

A-04-21-51033 August 2024



Office of the Inspector General

SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: August 8, 2024

Refer to: A-04-21-51033

To: Martin O'Malley
Commissioner

From: Michelle L. Anderson *Michelle L. Anderson*
Assistant Inspector General for Audit
as Acting Inspector General

Subject: The Social Security Administration's Processing of Priority Cases

The attached final report presents the results of the Office of Audit's review. The objective was to determine whether the Social Security Administration properly identified, expedited, and processed disability applications that qualified as a priority case.

Please provide within 60 days a corrective action plan that addresses each recommendation. If you wish to discuss the final report, please call me or have your staff contact Mark Searight, Deputy Assistant Inspector General for Audit.

Attachment

The Social Security Administration's Processing of Priority Cases

A-04-21-51033



August 2024

Office of Audit Report Summary

Objective

To determine whether the Social Security Administration (SSA) properly identified, expedited, and processed disability applications that qualified as a priority case.

Background

SSA processes about 2 million disability applications each year. According to SSA, the standard initial disability application can take 3 to 5 months from the application date to the date the initial determination is made. SSA identifies certain applications as priority and uses an expedited process to lessen the emotional and financial hardship claimants might experience during SSA's standard processing time.

Each year, SSA identifies at least 200,000 (10 percent) of the initial disability applications as priority cases. SSA identifies priority cases for expedited processing through a combination of automated and manual means. Policy requires that SSA develop and process cases identified as priority expeditiously.

We reviewed 668,352 claimants whose initial disability applications SSA selected for priority processing. We also reviewed 153,964 claimants who had initial disability applications that may have been eligible for priority processing.

Results

Generally, SSA properly identified, expedited, and processed initial disability applications that qualified as a priority case. SSA's selection of cases for priority processing was proper for over 96.1 percent of claimants we reviewed.

However, SSA did not expeditiously develop and process initial disability applications for 11 (6.1 percent) of 180 sampled claimants. Delays occurred because SSA did not always monitor the processing of the 11 cases that were selected for priority processing to ensure they were processed expeditiously. Further, SSA's policy does not specify overall processing timeframes and/or goals for priority cases. As a result, we estimate SSA delayed case development and processing for 40,844 claimants with priority cases.

Recommendation

We recommended SSA modify processing instructions for priority cases to include appropriate processing timeframes and follow-up procedures to support SSA and disability determination services' monitoring of processing times. SSA agreed with our recommendation.

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ABBREVIATIONS

ALJ	Administrative Law Judge
CAL	Compassionate Allowances
DDS	Disability Determination Services
FO	Field Office
FY	Fiscal Year
MC/WW	Military Casualty/Wounded Warrior
OIG	Office of the Inspector General
PD/PB	Presumptive Disability or Blindness
POMS	Program Operations Manual System
QDD	Quick Disability Determination
SSA	Social Security Administration
TERI	Terminal Illness
VAPT	Veterans Affairs 100 Percent Permanent and Total

OBJECTIVE

To determine whether the Social Security Administration (SSA) properly identified, expedited, and processed disability applications that qualified as a priority case.

BACKGROUND

SSA processes about 2 million disability applications each year. According to SSA, the standard initial disability application can take 3 to 5 months from the application date to the date the initial determination is made.¹ SSA identifies certain applications as priority and uses an expedited process to lessen the emotional and financial hardship claimants might experience during SSA's standard processing time. Each year, SSA identifies at least 200,000 (10 percent) of the initial disability applications as priority cases. Priority cases² are:

- Quick Disability Determination (QDD),
- Compassionate Allowances (CAL),
- Terminal Illness (TERI),
- Military Casualty/Wounded Warrior (MC/WW),³
- Veterans Affairs 100 Percent Permanent and Total (VAPT),⁴
- Homeless Cases,
- Presumptive Disability or Blindness (PD/PB),
- Dire Need Cases,
- Critical Cases,⁵
- Inquiries from Public Officials, Delayed Cases, and
- Certain administrative law judge Hearing (ALJ) and Appeals Council Cases⁶ (see Appendix A for additional information about the types of priority cases).

¹ SSA, *What You Should Know Before You Apply for Social Security Disability Benefits*, ssa.gov, p. 2 (February 6, 2024). On March 5, 2024, SSA updated the language for processing timeframes in disability claims applications and notices from 3 to 5 months to 7 to 8 months from the application date to the date the initial determination is made.

² SSA, *POMS*, DI 23020.001 (May 8, 2024).

³ SSA, *POMS*, DI 23020.050 (January 7, 2014).

⁴ SSA, *POMS*, DI 23020.055 (December 1, 2020).

⁵ SSA, *POMS*, DI 23020.005 (effective January 28, 2008 thru April 2, 2024), SSA consolidated this policy with DI 23020.030 in March 2024. DI 23020 TN 15 (March 21, 2024).

⁶ Not all ALJ and Appeals Council cases are expedited. See Appendix A for additional information.

Identifying and Expediting Priority Cases

SSA identifies priority cases for expedited processing through a combination of automated and manual means. To identify MC/WW and VAPT cases, SSA's systems use information received via electronic data exchanges. SSA systems generate alerts and flag cases for priority review based on information received through weekly data exchanges with the Departments of Defense and Veterans Affairs. SSA staff can also manually identify the cases as priority.

SSA uses either predictive modeling or selection software to identify QDD and CAL cases, respectively. When predictive modeling or selection software identifies a QDD or CAL case, SSA systems generate a message to notify field office (FO) staff that a case was selected for expedited processing, and full non-medical development is required.⁷ State disability determination services (DDS) adjudicators can also place an indicator on a case if they determine it meets CAL criteria during their medical development.⁸ FO or DDS employees manually identify and flag priority cases in all other categories based on the circumstances or medical evidence in the case.

Cases SSA identifies as priority should be developed and processed expeditiously.⁹ However, SSA does not have goals or timeframes for processing priority cases. SSA does not outline specific processing timeframes and/or goals when instructing staff to process priority cases expeditiously because each claim has details that are unique to the claimant, and there are factors outside Agency control that can delay its ability to process the cases.¹⁰ Before June 2013, SSA expected QDD cases to be processed in 20 days or fewer.¹¹ However, SSA removed those 20-day guidelines in 2013¹² to "(1) provide [DDS] with greater flexibility in managing the QDD workload[. . .], (2) prevent the removal of claimants who are best served through the benefits associated with the QDD process, and (3) address the concern that the 20-day requirement unduly burdened medical and other providers."¹³ FO employees are responsible for ensuring claims are developed completely and accurately, including documenting medical sources, work activity, and insured status.¹⁴ FOs can expedite DDS development by developing claims completely before they transfer those claims to the DDS.¹⁵ DDS adjudicators should then develop all medical evidence needed to expedite the disability case and process it as soon as possible.¹⁶ To expedite the process for all priority cases,

⁷ SSA, *POMS*, DI 11005.604.D and E (May 24, 2023) and DI 11005.603.A (May 23, 2023).

⁸ SSA, *POMS*, DI 23022.030.C (April 6, 2018).

⁹ SSA, *POMS*, DI 23020.001 (May 8, 2024).

¹⁰ These factors may include an uncooperative claimant or medical sources that do not respond to requests for medical evidence.

¹¹ SSA removed the 20-day timeframe from policy on June 28, 2013. SSA, *POMS*, DI 23022.010.B (effective October 24, 2008 through June 27, 2013).

¹² SSA revised the policy on April 6, 2018 to clarify that the DDS selects experienced employees to process CAL and QDD fast-track cases. SSA, *POMS*, DI 23022.010.D (May 31, 2023).

¹³ Medical and other providers can be burdened by the demands of providing source documents to the Agency with limited turnaround times.

¹⁴ SSA, *POMS*, DI 10005.001.A (November 16, 2022) and DI 10005.005.B (July 10, 2014).

¹⁵ SSA, *POMS*, DI 10005.005.B (July 10, 2014).

¹⁶ SSA, *POMS*, DI 23020.001 (May 8, 2024); DI 23022.040 (May 31, 2023); DI 10005.005 (July 10, 2014).

adjudicators typically obtain medical evidence from the providers via telephone, fax, or electronic transmission.¹⁷

Scope and Methodology

We identified 668,352 claimants who filed initial applications for Disability Insurance, Supplemental Security Income, or both that SSA selected for priority processing in Fiscal Years (FY) 2019, 2020, and 2021. From this population, we selected a random stratified sample of 180 claimants to determine whether SSA processed these priority cases timely and accurately.

In addition, we identified 153,964 claimants (1) who filed initial applications for disability benefits¹⁸ with diagnosis codes that may have been related to QDD, CAL, and TERI or (2) were included in the Department of Defense's list of individuals who were eligible for benefits related to MC/WW that were not selected for priority processing in FY 2021. From this population, we selected a random stratified sample of claimants who had a diagnosis that may have qualified for expedited processing under QDD, CAL, or TERI, and we reviewed all the MC/WW cases, for a total of 103 claimants to determine whether SSA properly identified cases for priority processing and processed them timely and accurately.¹⁹ We could not compare the actual processing times for priority cases to any SSA-established expectations because SSA did not have goals or timeframes for processing priority cases. This limited us in assessing the effect of delays.

RESULTS OF REVIEW

Generally, SSA properly identified, expedited, and processed disability applications that qualified as a priority case. SSA's selection of cases for priority processing was proper for over 96.1 percent of claimants we reviewed. However, SSA did not expeditiously develop and process disability applications for 11 (6.1 percent) of 180 sampled claimants. Delays occurred because SSA did not always monitor the processing of the 11 cases that were selected for priority processing to ensure they were processed expeditiously. Further, SSA's policy does not specify overall processing timeframes and/or goals for priority cases.

The Agency Did Not Process Some Priority Cases Expeditiously

Generally, SSA expeditiously developed and processed disability applications that qualified for priority handling. Of the 180 sampled claimants who filed disability applications that SSA selected for priority processing, SSA processed 117 (65 percent) in fewer than 3 months. The processing times for 52 (28.9 percent) cases exceeded 3 months; however, they were delayed for reasons outside SSA's control, and we did not consider them to be errors.²⁰ For the remaining 11 (6.1 percent) claims, SSA did not develop and process disability applications

¹⁷ SSA, POMS, DI 23020.001 (May 8, 2024) and DI 23022.040 (May 31, 2023).

¹⁸ For this review, disability benefits includes both Disability Insurance and Supplemental Security Income.

¹⁹ See Appendix B for more information on our scope and methodology.

²⁰ We considered instances where delays in processing times were outside SSA's control. We did not consider delays outside SSA's control as errors. The causes for delays outside SSA's control included delayed responses from medical providers and/or claimants, special processing during the COVID-19 pandemic, and complex cases that needed supporting documents from multiple sources, which took longer to obtain and process.

expeditiously, in accordance with policy.²¹ As a result, we estimate SSA delayed case development and processing for 40,844 claimants with priority cases.

For example, an individual filed for benefits on April 27, 2021, and SSA flagged the case for VAPT. SSA's systems documented DDS employees requested medical records on May 3, 2021 and received the requested information on June 29, 2021. According to SSA, the system generated an alert when the requested information was received. However, a DDS employee did not address the alert timely, which resulted in a break in development between June 30 and August 1, 2021. SSA did not process the claim until August 2, 2021, even though it appears SSA had all necessary documentation to process the claimant's case. SSA was unable to determine the cause for the break in development for this case, which resulted in SSA delaying payment of \$14,434 in benefits to the claimant.²²

Lack of Processing Timeframes for Priority Cases

Of the 11 claims we reviewed, 5 were QDD cases that had unexplained and/or unsupported delays.²³ SSA stated the average processing time for a QDD case in FY 2021 was 34 days. Because of the large volume of QDD cases, for this review, we used the average processing time for QDD to show the number of cases that were above average.²⁴ The average processing time for these five QDD cases was 60 days (with a range of 35 to 88 days). We identified unexplained and/or unsupported delays by SSA, which resulted in above-average QDD processing times for these cases.²⁵ As a result, the individuals received \$15,205 in benefit payments later than they could have had the delays not occurred.

SSA identified the remaining six disability cases for priority processing;²⁶ however, their processing times exceeded the minimum processing time of 3 months for a standard disability case. Absent processing goals or timeframes, a priority case should generally be expedited and processed sooner than the minimum time it takes to process a standard disability case. However, SSA took an average of 6.8 months to process these six cases (with a range of 3.2 to 11.1 months). As a result, these individuals received a total of \$18,755 in benefit payments later than they should have had the delays not occurred.

²¹ SSA, *POMS*, DI 23020.001 (May 8, 2024).

²² SSA determined the claimant was entitled to benefits beginning January 2021. The claimant was due benefits for January through July 2021.

²³ These five cases were processed between FYs 2019 and 2021.

²⁴ We did not perform the same analysis for the CAL category.

²⁵ SSA processed the cases in less than the minimum 3-month processing time for a standard disability case; however, processing delays resulted in processing times greater than that of the average QDD case.

²⁶ These cases were for CAL, MC/WW/VAPT, Homeless, PD/PB, and Delayed.

SSA agreed the 11 cases we identified had unexplained and/or unsupported delays in development and processing. Of the 11 cases,

- 5 had periods of time when there was no development,²⁷
- 3 were delayed because the FO mishandled them,²⁸ and
- SSA could not determine the cause for the delays for the remaining 3.

To ensure priority cases are processed expeditiously, SSA should modify processing instructions to support SSA and DDS' tracking and monitoring of all priority cases. For example, although SSA's policy did not specify overall processing timeframes and/or goals for priority cases, SSA did have specific guidance for tracking the processing TERI cases. For instance, policy instructed DDS management to ensure quality assurance or supervisory follow up every 10 days until the DDS completes its actions on the case.²⁹ Additionally, FO staff also tracked the processing of TERI cases by contacting the disability examiner if case processing was not complete within 30 days and DDS management if case processing was not complete within 60 days. We did not identify any processing delays that resulted from SSA actions for the TERI cases in our sample.

The Agency Did Not Identify All Cases for Priority Processing

SSA properly identified most cases for priority processing. Of the 103 sampled claimants who filed initial disability applications that may have qualified for priority processing, we identified applications for 4 (3.9 percent) that SSA employees or systems did not properly identify for priority processing. Of the four cases, SSA did not properly flag two for TERI, one for PD/PB, and one for MC/WW.

FO or DDS employees can flag TERI and PD/PB cases based on the circumstances or medical evidence found in the case. For MC/WW, SSA systems generate alerts and flag cases for priority review based on information received through the weekly Department of Defense data exchange.³⁰ SSA staff can also manually identify them as priority. SSA agreed that staff did not always apply policy pertaining to processing TERI, PD/PB, or MC/WW cases correctly. As a result, they did not flag four cases despite evidence supporting they qualified for priority processing.

²⁷ The periods of inactivity ranged from 19 to 33 days.

²⁸ They did not ensure the claimant signed the application before they sent it to the DDS for further processing, they did not verify the mailing address even though there were multiple return to sender letters requesting medical evidence, or the FO failed to contact the claimant.

²⁹ SSA, POMS, DI 23020.045.A.4 (October 6, 2023).

³⁰ SSA, POMS, DI 11005.003 (October 31, 2023).

For example, a claimant had a medical condition that met the requirements for TERI and qualified her application for priority processing. According to policy, SSA should flag a case for expedited processing for TERI if the claimant alleges, or medical evidence indicates, their cancer has metastasized.³¹ SSA agreed it should have flagged the case for TERI because the medical evidence on file supported the allegation of metastatic disease. However, an employee did not flag the case as TERI and therefore SSA processed the case using standard processing procedures and, as a result, took 120 days to make a determination.

Because of the low number of errors we identified involving the identification of cases for priority processing, we are not making a recommendation in this area. However, because the errors we identified resulted in processing delays to potentially vulnerable individuals, we encourage SSA to remind staff to properly identify and apply priority flags for all cases that qualify.

CONCLUSION

Though SSA generally properly identified, expedited, and processed priority disability applications, it could do more to ensure it expedites processing to lessen the emotional and financial hardship on vulnerable disability claimants. To more effectively serve these claimants and minimize the time they wait for a decision, SSA must improve its monitoring of priority case processing. If SSA does not improve its monitoring of priority cases, claimants are at risk of receiving delayed benefit payments.

RECOMMENDATION

We recommend SSA modify processing instructions for priority cases to include appropriate processing timeframes and follow-up procedures to support SSA and DDS' monitoring of processing times.

AGENCY COMMENTS

SSA agreed with the recommendations, see Appendix D.

³¹ SSA, *POMS*, DI 23020.045 (October 6, 2023).

APPENDICES

Appendix A –TYPES OF PRIORITY CASES

The standard initial disability application can take an average of 3 to 5 months from date of application to the date an initial determination is made.¹ The Social Security Administration (SSA) identifies certain applications as priority and uses an expedited process to lessen the emotional and financial hardship claimants might experience during SSA's standard processing. Cases identified for priority handling should be developed and processed expeditiously. Development should be completed using the telephone, fax, or other electronic means of information gathering.² Priority cases include:

1. Quick Disability Determination (QDD)³ - QDD cases are selected when predictive modeling software determines there is a high probability the claimant is disabled, medical and non-medical evidence is readily available, and a disability determination services (DDS) can process the case quickly.
2. Compassionate Allowances (CAL)⁴ - CAL cases are identified electronically by CAL selection software, or manually by the DDS, as having alleged impairments based on minimal, but sufficient, medical information that meets the standards for disability. CAL selection software identifies cases for CAL processing based solely on the claimant's alleged impairments. Examples of conditions that qualify a case for CAL are Acute Leukemia, Esophageal Cancer, and Rett Syndrome.⁵
3. Terminal Illness (TERI)⁶ - Field office (FO) staff identify and flag TERI cases. TERI cases involve a terminal illness, which SSA defines as a medical condition that is untreatable and expected to result in death. Cases may involve claimants in hospice, palliative care, or a coma for 30 days or longer.
4. Military Casualty/Wounded Warrior (MC/WW)⁷ - SSA identifies MC/WW cases using a data exchange with the Department of Defense. MC/WW cases involve any current or former member of a military service who sustained an illness, injury, or wound while on active duty or alleges a physical or mental impairment, regardless of how the impairment occurred, or where it occurred.

¹ SSA, *What You Should Know Before You Apply for Social Security Disability Benefits*, ssa.gov, p. 2 (February 6, 2024). On March 5, 2024, SSA updated the language for processing timeframes in disability claims applications and notices from 90 to 120 days (3 to 6 months) to 200 to 230 days (7 to 8 months) from the date of application to the date the initial determination is made.

² SSA, *POMS*, DI 23020.001 (May 8, 2024).

³ SSA, *POMS*, DI 23022.010 B.2. (May 31, 2023).

⁴ SSA, *POMS*, DI 23022.010 B.1 (May 31, 2023).

⁵ SSA, *Compassionate Allowances*, ssa.gov (April 18, 2024).

⁶ SSA, *POMS*, DI 23020.045 (October 6, 2023).

⁷ SSA, *POMS*, DI 23020.050 (January 7, 2014). MC/WW involves any current or former member of military service who sustained an illness, injury, or wound while on active duty on or after October 1, 2001 and alleges a physical or mental impairment, regardless of how the impairment occurred, or where it occurred. MC/WW cases are given priority processing through all levels of case development and adjudication.

5. Veterans Affairs 100 Percent Permanent and Total (VAPT)⁸ - SSA identifies VAPT cases using a data exchange with the Department of Veterans Affairs. VAPT involves any veteran of a military service who has a VAPT disability compensation rating and is alleging a physical or mental impairment, regardless of how the impairment occurred. VAPT cases are given priority processing through all levels of case development and adjudication.
6. Homeless Cases⁹ - FO and DDS staff identify and flag homeless cases. A claimant is homeless if they do not have a fixed, regular, and adequate night-time residence. SSA also considers a claimant homeless if they expect to lose current accommodations within 14 days and will not have a fixed, regular, and adequate night-time residence.
7. Presumptive Disability or Blindness (PD/PB)¹⁰ – FO and DDS staff selects PD/PB cases. SSA makes PD/PB determinations in cases that involve certain special impairment categories (such as blindness, deafness, or Down syndrome) or with a high probability of allowance. PD/PB claimants receive advanced payments before a formal medical review.
8. Dire Need Cases¹¹ - FO and DDS staff identify and flag Dire Need Cases. A dire-need situation exists when a claimant alleges one or more of the following circumstances: (1) the claimant does not possess sufficient income or resources to address an immediate threat to their health or safety; (2) the non-receipt or interruption of benefit checks caused a hardship; or (3) another hardship situation with adverse public relations potential (for example, congressional inquiry, or inquiries from other public officials).
9. Critical Cases¹² - Critical cases are Old-Age, Survivors, and Disability Insurance cases that involve dire financial need; the non-receipt or interruption of benefit checks that has caused a hardship; or an adverse public relations potential.
10. Inquiries from Public Officials¹³ - SSA handles cases involving congressional inquiries and inquiries from public officials other than Congress members on a priority basis.
11. Delayed Cases¹⁴ - Delayed cases are those that sit at a workstation for an extended period and are considered excessive when measured against normal case processing experience. The period for considering a case “delayed excessively” is normally 70 calendar days; however, when DDS and FO workloads permit, the Assistant Regional Commissioner may decide that expedited processing is warranted earlier than 70 days.

⁸ SSA, *POMS*, DI 23020.055 (December 1, 2020).

⁹ SSA, *POMS*, DI 11005.004 (September 11, 2014).

¹⁰ SSA, *POMS*, DI 23020.015 (October 4, 2012).

¹¹ SSA, *POMS*, DI 23020.030 (March 21, 2024).

¹² SSA, *POMS*, DI 23020.005 (effective January 28, 2008 thru April 2, 2024), SSA consolidated this policy with DI 23020.030 in March 2024. DI 23020 TN 15 (March 21, 2024).

¹³ SSA, *POMS*, DI 23020.035 (January 28, 2008); DI 31005.020 (April 15, 2013); and DI 31005.010 (April 15, 2013).

¹⁴ SSA, *POMS*, DI 23020.040 (February 20, 2024).

12. Administrative Law Judge Hearing (ALJ)¹⁵ - ALJ hearings occur when a claimant asks to appear at a hearing, present witnesses at a hearing, submit additional evidence, or request that an ALJ review the evidence of record plus any supplemental evidence the claimant may submit. Not all ALJ cases are expedited.
13. Appeals Council Cases^{16 17}- A claimant who is dissatisfied with an ALJ's decision may request the Appeals Council review the decision. Not all Appeals Council cases are expedited.

¹⁵ SSA, *POMS*, DI 23020.020 (January 28, 2008). Not all ALJ cases are expedited. The Office of Hearings Operations flags the following as critical and requires special processing: TERI, VAPT, MC/WW, CAL, Dire Need, and Potentially Violent claimant cases. SSA, *HALLEX*, vol. I, ch. I-2-1, sec. I-2-1-40 (September 1, 2022).

¹⁶ SSA, *POMS*, DI 23020.025 (January 28, 2008). Not all Appeals Council cases are expedited. The Office of Appellate Operations flags the same categories of cases as critical and needing special processing, along with cases experiencing an inordinate delay. SSA, *HALLEX*, vol. I, ch. I-3-1, sec. I-3-1-5 (July 23, 2015).

¹⁷ SSA flags for expedited processing, at the Appeals Council level, cases in which a federal court issues a time-limited remand. SSA, *HALLEX*, vol. I, ch. I-4-6, sec. I-4-6-5 (June 26, 2023).

Appendix B – SCOPE AND METHODOLOGY

To determine whether the Social Security Administration (SSA) properly identifies, expedites, and processes disability applications that qualify as a priority case, we:

- Reviewed application sections of the *Social Security Act*, SSA's *Program Operations Manual System*, applicable laws, and regulations.
- Obtained information from subject-matter experts regarding SSA's priority case processing, procedures, and controls.
- Reviewed prior SSA, Government Accountability Office, and Office of the Inspector General reports with recommendations related to priority cases and obtained information on the status of the recommendations from SSA.
- Obtained disability application data and identified two populations for review:
 - **Cases SSA selected for priority processing:** 668,352 claimants who filed disability applications for Disability Insurance Benefits, Supplemental Security Income payments, or both that SSA selected for priority processing in Fiscal Years (FY) 2019, 2020, and 2021.
 - We separated the claims into two strata: high-volume and low-volume.
 - The high-volume stratum included the four priority categories with the most claims (Quick Disability Determination [QDD], Compassionate Allowances [CAL], Terminal Illness [TERI], and Military Casualty/Wounded Warrior/Veterans Affairs 100 Percent Permanent and Total [MC/WW/VAPT]).
 - The low-volume stratum included the eight priority categories with the least claims (Homeless, Presumptive Disability or Blindness, Dire Need, Critical, Administrative Law Judge, Public Inquiry, Delayed, and Appeals Council).
 - We selected and reviewed a random stratified sample of 137 claimants from the high-volume stratum and 43 claimants from the low-volume stratum to determine whether SSA processed these priority cases timely and accurately (see Appendix C for our sampling methodology and results).
 - **Cases that may have been eligible for priority processing:** 153,964 claimants who filed initial applications for disability benefits with diagnosis codes that may be related to the top 3 high-volume categories (QDD, CAL, and TERI) or were included on the Department of Defense's list of individuals who were eligible for benefits related to MC/WW that were not selected for priority processing in FY 2021.
 - From this, we selected a random stratified sample of claimants who had a diagnosis that may have qualified for expedited processing under QDD, CAL, and TERI, and we reviewed all the MC/WW cases, for a total of 103 claimants. We determined whether SSA properly identified cases for priority processing and processed them timely and accurately.

We conducted our audit from August 2022 to March 2024. We assessed the reliability of the files of disability applications SSA selected for priority processing and initial disability applications SSA did not select for priority processing by (1) performing electronic testing; (2) checking for duplicates; and (3) tracing statistically random samples of data to source documents. We determined the data used in this report were sufficiently reliable given our audit objective's' intended use of the data.

We assessed the significance of internal controls necessary to satisfy the audit objectives. This included an assessment of the five internal control components, including control environment, risk assessment, control activities, information and communicating, and monitoring. In addition, we reviewed the principles of internal controls associated with the audit objectives. We identified the following components and principles as significant to our objective to determine whether SSA properly identify, accurately, and timely process disability cases for priority processing.

- Component 3: Control Activities
 - Principle 10: Design control activities
 - Principle 12: Implement control activities
- Component 5: Monitoring
 - Principle 16: Perform monitoring activities

The entities audited were SSA's Offices of the Deputy Commissioners for Operations and Retirement and Disability Policy. We conducted this performance audit 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 the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix C – SAMPLING METHODOLOGY AND RESULTS

To determine whether the Social Security Administration (SSA) properly identified, expedited, and processed disability applications that qualified as priority cases, we identified two populations of claimants as described in Appendix B.

We used a stratified random sample statistical approach to review each population. This is a statistical approach used to select samples proportionately equal to subgroups within the larger population. For purposes of this review, we allocated sample items among our strata proportionally. As a result, each sample item had a proportional chance of being selected throughout the sampling process, and the selection of one item had no impact on the selection of other items. Therefore, we were guaranteed to choose a sample that proportionately represented the population, absent human biases, and ensured statistically valid conclusions of, and estimations to, the entire population under review. Our sampling approach for this review ensures our reported estimates are statistically sound and defensible.

Cases Selected for Priority Processing

From our population of 668,352 claimants who filed initial disability applications SSA selected for priority processing in Fiscal Years (FY) 2019 thru 2021, we randomly selected a stratified sample of 180 claimants for review. To ensure each stratum is proportionally sampled, we randomly selected 137 claimants from the high-volume stratum¹ and 43 from the low-volume stratum² (see Table C–1).

Table C–1: Priority Cases Population and Sample Size

Description	Number of Claimants with Priority Cases	Sample Size
High-volume Stratum	508,759	137
Low-volume Stratum	159,593	43
Total	668,352	180

¹ The high-volume stratum included the four priority categories with the most claims (Quick Disability Determination [QDD], Compassionate Allowances [CAL], Terminal Illness [TERI], and Military Casualty/Wounded Warrior/Veterans Affairs 100 Percent Permanent and Total [MC/WW/VAPT]).

² The low-volume stratum included the eight priority categories with the least claims (Homeless, Presumptive Disability or Blindness, Dire Need, Critical, Administrative Law Judge, Public Inquiry, Delayed, and Appeals Council).

Of the 180 sampled claimants SSA selected for priority processing, SSA did not develop and process disability applications for 11 claimants expeditiously, in accordance with policy. Projecting our sample results to the population of 668,352, we estimate SSA delayed case development and processing for 40,844 claimants with priority cases (see Table C–2.)

Table C–2: Projected Priority Cases with Delayed Processing

Description	Number of Claimants Whose Priority Cases Had Delayed Processing
Sample Results	11
Point Estimate	40,844
Projection – Lower Limit	23,158
Projection – Upper Limit	66,247

Note: All projections are at the 90-percent confidence level.

SSA delayed payments totaling \$33,960 for 8 of the 11 claimants. Due to the low rate of payment errors, we did not project the delayed payments to the population.

Cases that May Have Been Eligible for Priority Processing

We identified 153,964 claimants who had initial applications for disability benefits that may have been eligible for priority processing in FY 2021. To ensure each stratum is proportionally sampled, we selected a random stratified sample from QDD, CAL, and TERI categories and we reviewed all the WW/MC claimants identified for a total of 103 claimants (see Table C–3)

Table C–3: Cases that May Have Been Eligible for Priority Processing

Description	Number of Claimants with Priority Cases	Sample Size
QDD	144,997	94
CAL	6,561	3
TERI	2,403	3
MC/WW	3	3
Total	153,964	103

Of the 103 sampled claimants who filed initial disability applications that may have qualified for priority processing, we identified applications for 4 (3.9 percent) that SSA employees or systems did not properly flag for priority processing. Because of the low error rate, we did not project our sample results to the population.

Appendix D – AGENCY COMMENTS



SOCIAL SECURITY

MEMORANDUM

Date: July 23, 2024

Refer To: TQA-1

To: Michelle L. H. Anderson
Acting Inspector General

From: Dustin Brown 
Acting Chief of Staff

Subject: Office of the Inspector General Draft Report “The Social Security Administration’s Processing of Priority Cases” (A-04-21-51033) – INFORMATION

Thank you for the opportunity to review the draft report.

We agree with the recommendation, and appreciate your focus on this important issue.

On July 3, we issued a reminder to field office and Disability Determination Services that staff must identify priority cases and process them expeditiously through all levels of adjudication. We have also taken steps to monitor processing times for priority cases as part of SecuritySTAT meetings that have resulted in a decrease in the number of QDD/CAL cases that are awaiting a decision. We continue to look for opportunities to accelerate disability decisions timelines, especially for priority cases and will work to establish timeframes when appropriate.

Please let me know if I can be of further assistance. You may direct staff inquiries to Hank Amato at (407) 765-9774.



Mission:

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