



Office *of the* Inspector General

SOCIAL SECURITY ADMINISTRATION

Audit Report

Using Medicare Data to Identify
Disabled Individuals Who Are
Deceased

A-08-13-13038 | April 2015



Office of the Inspector General

SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: April 7, 2015

Refer To:

To: The Commissioner

From: Inspector General

Subject: Using Medicare Data to Identify Disabled Individuals Who Are Deceased (A-08-13-13038)

The attached final report presents the results of our audit. Our objective was to determine whether the Social Security Administration could use Medicare non-use data to identify disabled beneficiaries who are receiving benefits but are deceased.

If you wish to discuss the final report, please call me or have your staff contact Steven L. Schaeffer, Assistant Inspector General for Audit, at (410) 965-9700.

A handwritten signature in black ink, appearing to read 'Patrick P. O'Carroll, Jr.' with a stylized flourish at the end.

Patrick P. O'Carroll, Jr.

Attachment

Using Medicare Data to Identify Disabled Individuals Who Are Deceased

A-08-13-13038



April 2015

Office of Audit Report Summary

Objective

To determine whether the Social Security Administration (SSA) could use Medicare non-use data to identify disabled beneficiaries who are receiving benefits but are deceased.

Background

Title II of the *Social Security Act* allows individuals to receive Disability Insurance (DI) benefits if they are fully insured, have not reached retirement age, and are determined to be disabled. The *Social Security Act* considers an adult disabled if they cannot engage in any substantial gainful activity because of a medically determinable physical or mental impairment that can be expected to result in death or has lasted, or can be expected to last, for a continuous period of not less than 12 months.

Medicare is a Federal health insurance program for individuals who are receiving Title II retirement benefits or who have been receiving disability benefits. Generally, after 24 months of DI entitlement, individuals are entitled to hospital insurance (Medicare Part A) and can elect supplemental medical insurance (Medicare Part B).

Findings

Based on the results of our review, we believe SSA should use Medicare non-use data to identify disabled beneficiaries who are receiving benefits but are deceased. Because disabled beneficiaries often need medical care, we believe some beneficiaries for whom we could not find evidence of routine medical care may be deceased. For example, SSA either terminated or suspended the benefits of 5 (10 percent) of our 50 sample beneficiaries.

Recommendations

We recommend that SSA:

1. Work with the Centers for Medicare and Medicaid Services to obtain an agreement to identify disabled beneficiaries who are not using Medicare and use this information to determine whether these beneficiaries are alive. SSA should focus on disabilities that generally require routine medical care to identify high-risk beneficiaries.
2. Work the remaining cases in our universe (who are in current payment status) that SSA identifies as high-risk to determine whether these beneficiaries are alive.

SSA agreed with our recommendations.

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ABBREVIATIONS

C.F.R.	Code of Federal Regulations
CMS	Centers for Medicare and Medicaid Services
DI	Disability Insurance
OA	Office of Audit
POMS	Program Operations Manual System
SSA	Social Security Administration
U.S.C.	United States Code

FORM

SSA-1099	<i>Social Security Benefit Statement</i>
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OBJECTIVE

Our objective was to determine whether the Social Security Administration (SSA) could use Medicare non-use data to identify disabled beneficiaries who are receiving benefits but are deceased.

BACKGROUND

Title II of the *Social Security Act* allows individuals to receive Disability Insurance (DI) benefits if they are fully insured, have not reached retirement age, and are determined to be disabled.¹ DI benefits are financed from the DI Trust Fund until an individual reaches retirement age. Then, benefits are financed from the Retirement Insurance Trust Fund.² The *Social Security Act* considers an adult disabled if they cannot engage in any substantial gainful activity because of a medically determinable physical or mental impairment that can be expected to result in death or has lasted, or can be expected to last, for a continuous period of not less than 12 months.³

Medicare is a Federal health insurance program for individuals who are receiving Title II retirement benefits or who have been receiving disability benefits. Generally, after 24 months of DI entitlement, individuals are entitled to hospital insurance (Medicare Part A) and can elect supplemental medical insurance (Medicare Part B).⁴ If an individual elects Medicare Part B coverage, SSA can withhold a premium from their monthly benefit and forward it to the Centers for Medicare and Medicaid Services (CMS)⁵ or the individual can send the payment directly to CMS. To refuse Medicare Part B coverage, a beneficiary must return the Medicare card to CMS.⁶

¹ *Social Security Act* § 223, *et seq.*, 42 U.S.C. § 423 *et seq.* See also 20 C.F.R. §§ 404.130 - 404.133.

² *Social Security Act* § 201(h), 42 U.S.C. § 401(h).

³ *Social Security Act* § 223(d)(1), 42 U.S.C. § 423(d)(1).

⁴ SSA, POMS, HI 00801.146 (July 6, 2004). Individuals entitled to premium-free hospital insurance based on age, disability or end-stage renal disease, or are entitled to premium hospital insurance for the working disabled, are eligible for supplemental medical insurance. Additionally, an individual is eligible for supplement medical insurance when they attain age 65 and meet residency requirements. SSA, POMS, HI 00805.005 (March 12, 1999).

⁵ CMS is a Federal agency within the Department of Health and Human Services. CMS administers the Medicare program and works in partnership with the States to administer Medicaid and the State Children's Health Insurance Program.

⁶ *Medicare and You 2014*, CMS Product Number 10050, December 2013, page 19.

In a previous audit, *Using Medicare Claim Data to Identify Deceased Beneficiaries*,⁷ we determined SSA could use enhanced Medicare claim data to better identify deceased beneficiaries age 90 and older. Based on the audit results, we estimated that SSA overpaid 890 deceased beneficiaries about \$99 million. Based on our recommendation, SSA implemented a Medicare Non-Utilization Project in September 2013 to identify deceased Title II beneficiaries aged 90 through 99. As of March 2015, SSA's Medicare Non-Utilization Project had detected about \$123 million in erroneous payments.⁸

To accomplish our objective, we obtained, from 1 of the 20 segments of SSA's Master Beneficiary Record, a data extract of 214,480 permanently disabled⁹ Title II beneficiaries who were in current payment status and entitled to DI benefits for at least 5 years and Medicare for at least 3 years. After matching SSA and CMS data files, we reduced this population to 3,382 beneficiaries who did not use Medicare from 2009 through 2011. We refined the population to 1,250 beneficiaries who did not have a group health plan during 2009 through 2011 and, according to CMS records, had Medicare Part B every month of 2009 through 2011. We then further refined this population to 313 beneficiaries with residential addresses in a postal zone within 50 miles of an Office of Audit (OA) field office.¹⁰ From this population, we randomly selected and attempted to contact 50 beneficiaries to determine whether they were alive. See Appendix A for additional information regarding our scope and methodology.

RESULTS OF REVIEW

Based on the results of our review, we believe SSA should use Medicare non-use data to identify disabled beneficiaries who are receiving benefits but are deceased. Because disabled beneficiaries often need medical care, we believe some beneficiaries for whom we could not find evidence of routine medical care may be deceased. For example, SSA either terminated or suspended the benefits of 5 (10 percent) of our 50 sample beneficiaries. Table 1 summarizes our results.

⁷ SSA, Office of the Inspector General, *Using Medicare Claim Data to Identify Deceased Beneficiaries*, (A-08-09-19105), August 2012.

⁸ SSA, *Medicare Non-Utilization Project Report*, last modified March 23, 2015.

⁹ We obtained the permanently disabled indicator information from the Disability Control File.

¹⁰ OA field office locations are Atlanta, Georgia; Baltimore, Maryland; Birmingham, Alabama; Boston, Massachusetts; Chicago, Illinois; Crystal City, Virginia; Dallas, Texas; Denver, Colorado; Kansas City, Missouri; New York, New York; Philadelphia, Pennsylvania; and Richmond, California. We selected beneficiaries with addresses near OA field offices to enhance our ability to conduct timely interviews. We had no reason to believe these beneficiaries were more or less likely to be deceased.

Table 1: Status of Beneficiaries

Status of Beneficiaries	Number of Beneficiaries
Alive	44
Deceased	
Benefits Terminated	2
Whereabouts Unknown	
Benefits Suspended	3
Died After Fieldwork	1
Total	50

Note: The beneficiary who died after fieldwork did so after referral to our Office of Investigations.

We believe SSA has an opportunity to identify disabled beneficiaries who may be deceased. Based on the percentage of disabled beneficiaries whose benefits SSA either terminated or suspended, we believe SSA should conduct Medicare non-use reviews. To identify high-risk beneficiaries in its reviews, SSA should focus on disabilities that generally require routine medical care (for example, patients with cancer or chronic heart failure).

Deceased Beneficiaries

We determined that 2 (4 percent) of our 50 sample beneficiaries were deceased, but SSA was unaware of these deaths. As of November 2014, SSA had terminated these two deceased beneficiaries' benefits. The following describes the overpayments made to these deceased beneficiaries.

- One beneficiary had been deceased for 12 years and was overpaid \$114,435. Our Office of Investigations opened a criminal investigation on this case, which is ongoing.
- One beneficiary had been deceased for 13 years and was overpaid \$70,137. We believe SSA should have suspended benefits because checks had not been negotiated since June 2007. Our Office of Investigations opened a criminal investigation on this case, which is ongoing.

Beneficiaries Whose Whereabouts Were Unknown

We could not determine the whereabouts of 3 (6 percent) of our 50 sample beneficiaries. SSA suspended the benefits for these three beneficiaries between August and October 2014. As of March 2015, these beneficiaries' benefits remain suspended. Although we believe these

beneficiaries may be deceased, they may remain in suspense for 7 years because SSA policy requires that death be verified before it terminates benefits.¹¹

Other Overpayments

We determined that one beneficiary received Title II benefits under one Social Security number and Title XVI benefits under another. During an interview, the beneficiary stated she had received both benefits for many years and knew it was wrong. We determined that she improperly received Title XVI benefits for 24 years and was overpaid \$161,305. Our Office of Counsel to the Inspector General is pursuing a civil monetary penalty for this case.

Opportunity for SSA to Identify Beneficiaries Who May Be Deceased

We believe SSA should use CMS data to identify beneficiaries who may be deceased. Given the percentage of beneficiaries whose benefits SSA either terminated or suspended, we believe SSA should conduct Medicare non-use reviews to identify disabled beneficiaries who are deceased. SSA already has a *Computer Matching and Privacy Protection Act* agreement with CMS to obtain Medicare non-use information for Title II beneficiaries age 90 and older. As such, we believe SSA should work with CMS to establish a similar data use agreement to identify disabled beneficiaries who have not used Medicare for several years.

Because disabled beneficiaries often need medical care, we believe those for whom we could not find evidence of routine medical care may be deceased. For example, one beneficiary whose whereabouts were unknown had a primary diagnosis of diabetic and other peripheral neuropathy and had not visited a medical provider for at least 3 years. Another beneficiary whose whereabouts were unknown began receiving DI benefits in 1994 for end-stage renal disease and had not visited a medical provider during our 3-year audit period. Although we included all disabilities, we believe SSA should focus on high-risk beneficiaries who generally require routine medical care (for example, patients with cancer or chronic heart failure). Appendix B provides the primary diagnoses and reasons for not using Medicare for the 50 beneficiaries.

CONCLUSIONS

We commend SSA for its efforts to identify deceased beneficiaries, including the current Medicare Non-Utilization Project. However, based on the results of this audit, we believe disabled beneficiaries (especially those with serious medical issues) who do not routinely seek medical care may be deceased. When the Agency does not receive timely death reports, overpayments occur. As such, we believe SSA would benefit by taking additional steps to identify deceased beneficiaries.

¹¹ SSA, POMS, GN 02602.320F (March 14, 2014) and GN 02602.071C (August 1, 2014). These beneficiaries were full retirement age and receiving benefits from the Retirement Insurance Trust Fund.

RECOMMENDATIONS

We recommend that SSA:

1. Work with CMS to obtain an agreement to identify disabled beneficiaries who are not using Medicare and use this information to determine whether these beneficiaries are alive. SSA should focus on disabilities that generally require routine medical care to identify high-risk beneficiaries.
2. Work the remaining cases in our universe (who are in current payment status) that SSA identifies as high-risk to determine whether these beneficiaries are alive. We will provide these cases separately.

AGENCY COMMENTS

SSA agreed with our recommendations. The Agency's comments are included in Appendix C.

OTHER MATTERS

Nine (35 percent) of the 26 beneficiaries we interviewed who had Medicare Parts A and B coverage told us they did not know they had such coverage. For example, one beneficiary had Parts A and B coverage for 35 years, but her mother told us she could not pay her daughter's medical bills because Medicare did not cover her. However, we determined that SSA sent eligibility letters to these beneficiaries when their coverage began. SSA also sent the beneficiaries annual cost-of-living adjustment letters that showed their Part B medical insurance premiums. Furthermore, SSA sent the beneficiaries Forms SSA-1099, *Social Security Benefit Statement*, that showed medical insurance premiums withheld from their benefits. Although these beneficiaries told us they were unaware of their Medicare coverage, we believe SSA provided sufficient information.

In addition, 3 (27 percent) of the 11 beneficiaries we interviewed who had only Medicare Part A coverage told us they did not know they had refused Medicare Part B coverage. However, we determined that all of these beneficiaries received SSA notices that explained they had refused Part B coverage and to contact SSA if they had questions.

Because some beneficiaries were unaware of their Medicare coverage, we shared our report with the Department of Health and Human Services' Office of the Inspector General for action they deem appropriate.

APPENDICES

Appendix A – SCOPE AND METHODOLOGY

To accomplish our objective, we:

- Reviewed pertinent sections of the Social Security Administration’s (SSA) policies and procedures, applicable laws, and regulations.
- Obtained a data extract from 1 of the 20 segments of SSA’s Master Beneficiary Record. This file comprised 214,480 permanently disabled Title II beneficiaries who were in current payment status and entitled to Disability Insurance for at least 5 years and Medicare for at least 3 years. We obtained the permanently disabled indicator information from the Disability Control File.
- Obtained usage files from the Centers for Medicare and Medicaid Services’ (CMS) contractor for 2009 through 2011.
- Matched SSA and CMS data files and reduced our population to 3,382 beneficiaries who did not use Medicare in 2009, 2010, or 2011. We excluded beneficiaries who had accruals for medical services, such as inpatient, outpatient, skilled nursing facility, durable medical equipment, or home health visit claims. We also excluded beneficiaries who had health maintenance organization coverage, had other insurance, or were deceased.
- Refined the population of 3,382 beneficiaries by excluding those beneficiaries who were no longer in current payment status; had a group health plan during 2009 through 2011; and, according to CMS records, did not have Medicare Part B every month of 2009 through 2011. These exclusions reduced our population to 1,250 beneficiaries. We then refined the population by excluding beneficiaries who did not live in a postal zone within 50 miles of an Office of Audit (OA) field office.¹ The result was 313 beneficiaries who met our criteria.
- Selected a random sample of 50 beneficiaries.
- Obtained addresses and telephone numbers from the Master Beneficiary and Supplemental Security Records, LexisNexis, and White Pages and mailed letters to our sample beneficiaries.
- Queried the Department of the Treasury’s Check Information System to identify consistencies in signatures and ensure beneficiaries receiving their benefits via check were cashing the checks.
- Used online death searches to look for unreported beneficiary deaths.

¹ We selected beneficiaries with an address near OA field offices to enhance our ability to conduct timely interviews. We had no reason to believe these beneficiaries were more or less likely to be deceased.

- Conducted face-to-face interviews with beneficiaries at either their residence or a local Social Security field office.
- Replaced 3 beneficiaries in our sample of 50. One beneficiary died during our fieldwork, and two others were living outside of the country.
- Referred whereabouts unknown beneficiaries to our Office of Investigations.²

Our review of internal controls was limited to gaining an understanding of information contained in the Master Beneficiary and Supplemental Security Records and Numident. We conducted our audit at the OA field office in Birmingham, Alabama, and other OA locations nationwide. We determined the computer-processed data were sufficiently reliable for our intended use. We conducted tests to determine the completeness and accuracy of the data. These tests allowed us to assess the reliability of the data and achieve our audit objective.

The SSA entities audited were the Office of Public Services and Operations Support under the Office of the Deputy Commissioner for Operations and the Office of Disability Policy under the Office of the Deputy Commissioner for Retirement and Disability Policy. We conducted this audit from December 2013 through January 2015 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 objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

² One beneficiary died after we sent the information to our Office of Investigations.

Appendix B – BENEFICIARIES’ PRIMARY DIAGNOSES AND REASONS FOR NOT USING MEDICARE

Table B–1: Sample Beneficiaries’ Primary Diagnoses and Reasons for Not Using Medicare

Count	Primary Diagnoses	Beneficiaries’ Reasons for Not Using Medicare
1	Disorders of Back (Discogenic and Degenerative)	Used State workers compensation program
2	Intellectual Disability	Used private insurance
3	Late Effects of Musculoskeletal and Connective Tissue Injuries (Amputation)	Whereabouts Unknown
4	Cerebral Palsy	Representative payee claimed beneficiary used Medicare, but no record found
5	Affective Disorders/Mood Disorders	Unknown, Office of Investigations confirmed alive
6	Intracranial Injury	Had not visited a doctor since 2008
7	Symptomatic Human Immunodeficiency Virus (HIV) Infection	Unaware of Medicare Part A coverage and Part B eligibility
8	Intellectual Disability	Representative payee claimed beneficiary used Medicare, but no record found
9	Disorders of Back (Discogenic and Degenerative)	Claimed Medicare use, but no record found
10	Disorders of Muscle, Ligament and Fascia	Claimed Medicare use, but no record found
11	Intellectual Disability	Representative payee unaware of beneficiary’s Medicare Parts A and B coverage
12	None Listed	Whereabouts Unknown
13	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder	Representative payee claimed beneficiary used Medicare, but no record found
14	Fractures of Upper Limb	Used private insurance
15	Muscular Dystrophies and Other Myopathies	Had not visited a doctor
16	Affective Disorders/Mood Disorders	Unknown, Office of Investigations confirmed alive

Count	Primary Diagnoses	Beneficiaries' Reasons for Not Using Medicare
17	Inflammatory Arthritis	Used private insurance, and unaware of Medicare Parts A and B coverage
18	Multiple Sclerosis	Used private insurance, and unaware of Medicare Parts A and B coverage
19	Malignant Neoplasm of Breast	Claimed Medicare use, but no record found
20	Late Effects of Acute Poliomyelitis	Had not visited a doctor in 4 or 5 years
21	Hearing Loss	Used private insurance
22	Disorders of Back (Discogenic and Degenerative)	Had not visited a doctor in several years, and unaware of Medicare Parts A and B coverage
23	Intellectual Disability	Unknown, Office of Investigations confirmed alive
24	Intellectual Disability	Used private insurance, and unaware of Medicare Parts A and B coverage
25	Disorders of Back (Discogenic and Degenerative)	Used private insurance, and unaware of Medicare Part A coverage
26	Disorders of Back (Discogenic and Degenerative)	Unknown, Office of Audit confirmed alive
27	Hearing Loss	Unaware of Medicare Parts A and B coverage
28	Epilepsy	Died in 2002
29	Hearing Loss	Unknown, Office of Investigations confirmed alive
30	Visual Disturbances	Had not visited a doctor
31	Disorders of Back (Discogenic and Degenerative)	Had not visited a doctor
32	Other Retinal Disorders (Including Diabetic Retinopathy)	Unaware of Medicare Parts A and B coverage
33	Other Disease of Spinal Cord	Had not visited a doctor since 2007
34	Disorders of Back (Discogenic and Degenerative)	Unknown, Office of Investigations confirmed alive
35	Other Disorders of the Nervous System	Unaware of Medicare Part A coverage
36	Disorders of Back (Discogenic and Degenerative)	Used private insurance

Count	Primary Diagnoses	Beneficiaries' Reasons for Not Using Medicare
37	Gout	Unaware of Medicare Parts A and B coverage
38	Disorders of Back (Discogenic and Degenerative)	Used private insurance, and unaware of Medicare Part A coverage and Part B eligibility
39	Diabetic and Other Peripheral Neuropathy	Whereabouts Unknown
40	Fractures of Upper Limb	Used private insurance
41	Intellectual Disability	Unknown, Office of Investigations confirmed alive
42	Intellectual Disability	Died after referral to our Office of Investigations
43	Disorders of Muscle, Ligament and Fascia	Used private insurance, and unaware of Medicare Part A coverage and Part B eligibility
44	Osteoarthritis and Allied Disorders	Had not visited a doctor since 1998
45	Late Effects of Cerebrovascular Disease	Died in 2001
46	Disorders of Back (Discogenic and Degenerative)	Used private insurance
47	Osteoarthritis and Allied Disorders	Unaware of Medicare Parts A and B coverage
48	Chronic Ischemic Heart Disease with or without Angina	Visited a doctor in Mexico
49	Disorders of Back (Discogenic and Degenerative)	Had not visited a doctor
50	Chronic Ischemic Heart Disease with or without Angina	Used local hospital program

Appendix C – AGENCY COMMENTS



SOCIAL SECURITY

MEMORANDUM

Date: March 18, 2015 Refer To: S1J-3

To: Patrick P. O’Carroll, Jr.
Inspector General

From: Frank Cristaudo /s/
Executive Counselor to the Commissioner

Subject: Office of the Inspector General Draft Report, “Using Medicare Data to Identify Individuals Who Are Deceased” (A-08-13-13038) – INFORMATION

Thank you for the opportunity to review the draft report. Please see our attached comments.

Please let me know if we can be of further assistance. You may direct staff inquiries to Gary S. Hatcher at (410) 965-0680.

Attachment

**COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL DRAFT REPORT,
“USING MEDICARE DATA TO IDENTIFY DISABLED INDIVIDUALS WHO ARE
DECEASED” (A-08-13-13038)**

The agency uses a multi-faceted and cost-effective set of initiatives to ensure the integrity of our programs. Since fiscal year 2003, our Continuing Disability Review (CDR) screening process and model has used Medicare and other data to identify cases due for CDRs. This process has proven to be a highly cost-effective method for identifying candidates for review. It is important to note that budgetary constraints, rather than limitations within the selection process itself, have prevented us from processing all due CDRs on a timely basis.

In addition, we use first and third party reports to identify deceased individuals. First party reports include reports from funeral directors, representative payees, Electronic Death Reports from states, a competent adult on the same Social Security record, or other acceptable reporters (e.g., an authorized representative, a family member, or individual who can provide proper identification). Third party reports include reports from other government agencies such as the Centers for Medicare and Medicaid Services, the Department of Veterans Affairs, the Department of Treasury, and state records and data exchanges.

We also use alerts that compare death information posted on the Numident (i.e., a query display of the information taken from an individual's application for a social security number card) to our records. Any discrepancy creates an alert to the field office to verify death information.

In addition, the agency is developing a predictive analytics capability that will rely upon robust data analytics to identify cases with characteristics that may indicate a higher potential for fraud. This tool is now under development, and early pilots have demonstrated the value of this approach. Going forward, we will consider Medicare non-utilization as one of the variables considered in the predictive analytics tool. Since the predictive analytics initiative is already underway and the agency is developing a business process to review cases identified through the predictive analytics tool, considering Medicare non-utilization within this context provides the most cost-effective way to enhance our existing initiatives.

Recommendation 1

Work with the Centers for Medicare and Medicaid Services to obtain an agreement to identify disabled beneficiaries who are not using Medicare and use this information to determine whether these beneficiaries are alive. The Social Security Administration (SSA) should focus on disabilities that generally require routine medical care to identify high-risk beneficiaries.

Response

We agree. We will consider Medicare non-usage, and disabilities that require routine medical care as variables when we assess building predictive analytics capabilities in the future to identify and prevent fraud. We recognize there are numerous valuable sources of information available that will assist the agency in enhancing its business processes and fraud mitigation efforts. As we develop a new methodology to harness available data sets from multiple sources within the confines of our anti-fraud efforts, we will evaluate the potential of this data set.

Recommendation 2

Work the remaining cases in our universe (who are in current payment status) that SSA identifies as high-risk to determine whether these beneficiaries are alive.

Response

We agree. We will review the remaining cases by the end of calendar year 2015.

Appendix D – MAJOR CONTRIBUTORS

Theresa Roberts, Director, Atlanta Audit Division

Jeff Pounds, Audit Manager

Hollie Calhoun, Senior Auditor

Janet Matlock, Senior Auditor

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