

Audit Report

State Use of Electronic Death
Registration Reporting



MEMORANDUM

Date: July 7, 2017 **Refer To:**

To: The Commissioner

From: Acting Inspector General

Subject: State Use of Electronic Death Registration Reporting (A-09-15-50023)

The attached final report presents the results of the Office of Audit's review. The objectives were to determine the percentage of beneficiary and recipient deaths States reported to the Social Security Administration through the Electronic Death Registration process and the timeliness of their death reports.

If you wish to discuss the final report, please call me or have your staff contact Rona Lawson, Assistant Inspector General for Audit, 410-965-9700.

A handwritten signature in black ink that reads "Gale Stallworth Stone".

Gale Stallworth Stone

Attachment

State Use of Electronic Death Registration Reporting

A-09-15-50023



July 2017

Office of Audit Report Summary

Objective

To determine the percentage of beneficiary and recipient deaths States reported to the Social Security Administration (SSA) through the Electronic Death Registration (EDR) process and the timeliness of their death reports.

Background

There are 57 Vital Record Jurisdictions (VRJ) in the United States, which includes the 50 States, 5 U.S. territories, the District of Columbia, and New York City.

EDR is a State-sponsored initiative to improve the accuracy and timeliness of death information. According to SSA, EDR supports the sharing of timely and accurate death data between SSA and States and reduces costs to share death data. SSA's request for proposals for the creation of EDR systems indicated that EDR would significantly reduce incorrect payments if SSA received death information (a) from 90 percent of the States within 5 years, (b) for 90 percent of the deaths from States that implement EDR, and (c) within 5 days of an individual's death.

Findings

Our review found the following:

- 43 (86 percent) of the 50 States and 45 (79 percent) of the 57 VRJs had implemented EDR.
- 1 State reported more than 90 percent of its deaths through EDR. The remaining 32 VRJs that implemented EDR before October 1, 2011 reported fewer than 90 percent of their deaths through EDR.
- 41 percent of EDR reports were made within 5 days of individuals' deaths.

The National Association for Public Health Statistics and Information Systems (NAPHSIS) and Department of Health and Human Services were working with 11 of the remaining VRJs to implement EDR. NAPHSIS also informed us that States that mandate the reporting of deaths through EDR generally should have a higher percentage of EDR reporting. Other factors that may affect the frequency of EDR reporting include budget and staff constraints and physicians' resistance to using EDR to certify deaths.

We made no recommendations because SSA does not have oversight authority of EDR in the States.

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ABBREVIATIONS

AIC	Association of Indiana Counties
C.F.R.	Code of Federal Regulations
EDR	Electronic Death Registration
EDRS	Electronic Death Registration System
DMF	Death Master File
FY	Fiscal Year
NAPHSIS	National Association for Public Health Statistics and Information Systems
NCHS	National Center for Health Statistics
OIG	Office of the Inspector General
POMS	Program Operations Manual System
Pub. L. No.	Public Law Number
SSA	Social Security Administration
SSN	Social Security Number
VRJ	Vital Record Jurisdiction
U.S.C.	United States Code

OBJECTIVE

Our objectives were to determine the percentage of beneficiary and recipient deaths States reported to the Social Security Administration (SSA) through the Electronic Death Registration (EDR) process and the timeliness of their death reports.

BACKGROUND

In Fiscal Year (FY) 2016, SSA paid about \$968 billion under the Old-Age, Survivors and Disability Insurance and Supplemental Security Income programs to nearly 66 million beneficiaries and recipients.¹ Under these programs, payment to a recipient terminates when the individual dies.²

SSA receives death information to stop payments to deceased beneficiaries and recipients. SSA receives death reports from a number of sources, including friends and relatives of the deceased and funeral homes. SSA also receives death reports from State Bureaus of Vital Statistics³ as well as from other Federal agencies.⁴ Additionally, other Federal agencies, the public, and private industry use SSA's death information to identify deceased individuals. For example, SSA provides death information, including State death records, to Federal benefit-paying agencies to prevent payments to deceased individuals.⁵ SSA also provides death information, known as the Death Master File (DMF),⁶ which does not include State death records, to entities not authorized to obtain SSA's file of State death records. For example, the Department of the Treasury uses the DMF in its, "Do Not Pay" initiative. Before other Federal agencies issue any payment or award amount, they must check against the DMF to determine whether they should make a payment.⁷

¹ *The Social Security Administration's Agency Financial Report for Fiscal Year (FY)2016*, issued on November 9, 2016., *Social Security Act*, §§ 201 *et seq.* and 1601 *et seq.*, 42 U.S.C. §§ 401 *et seq.* and 1381 *et seq.*

² 20 C.F.R. § 404.311(b) (2003), § 404.316(b)(1) (2005), and § 416.1334 (2015).

³ *Social Security Act* § 205(r) requires that SSA match State death data against its payment records to identify and prevent erroneous payments after death.

⁴ For example, the Department of Veterans Affairs and the Centers for Medicare and Medicaid Services.

⁵ SSA is constrained by law from sharing all the death information it collects. Section 205(r) of the *Social Security Act* limits the purposes for which SSA may share the death information it receives from the States.

⁶ SSA also provides the DMF to the Department of Commerce, which, in turn, sells that data to public and private customers. *Social Security Act*, § 205 (r), 42 U.S.C. § 405 (r).

⁷ Presidential Memorandum, *Enhancing Payment Accuracy Through a "Do Not Pay List,"* June 18, 2010. Office of Management and Budget Memorandum M-12-11, *Reducing Improper Payments through the "Do Not Pay List,"* April 12, 2012. *Improper Payments Elimination and Recovery Improvement Act of 2012*, Pub. L. No. 112-248, 126 Stat. 2390, 2392, 2393 (2013). This law emphasizes the need for Federal agencies to address improper payments, including payments after death.

EDR is a State-sponsored initiative to improve the accuracy and timeliness of death information. The Department of Health and Human Services, through the Centers for Disease Control and Prevention,⁸ funds the States to assist in establishing EDR. Furthermore, SSA contracted with the National Association for Public Health Statistics and Information Systems (NAPHSIS), an association of State vital records directors and registrars, to develop standards and guidelines for a nation-wide system of EDR (see Appendix A).

Under EDR, States verify Social Security numbers (SSN) and other identifying information with SSA at the beginning of the death registration process. This allows SSA to terminate payments upon receipt of a death report.⁹

There are 57 Vital Record Jurisdictions (VRJ) in the United States—1 in each of the 50 States, 1 in each of the 5 U.S. territories, 1 in the District of Columbia, and 1 in New York City. By the end of 2004, SSA was receiving and processing EDR reports from the District of Columbia, Minnesota, Montana, New Hampshire, and South Dakota.

SSA issued a Request for Proposals to create EDR systems requesting that VRJs submit their proposals by July 2004.¹⁰ SSA's proposal indicated that EDR would significantly reduce incorrect payments if SSA received death information

- from 90 percent of the States within 5 years,
- for 90 percent of the deaths from States that implement EDR, and
- within 5 days of an individual's death.¹¹

According to SSA, EDR supports the sharing of timely and accurate death data between SSA and States and reduces costs to share death data. There are monetary incentives to encourage participating States to submit death information as soon as possible. For example, in 2016, SSA paid \$3.17 for each EDR report received within 6 business days of death.

We analyzed death information recorded on SSA's Numident¹² from October 1, 2011 through September 30, 2014. See Appendix B for our scope and methodology.

⁸ Within the Centers for Disease Control and Prevention, the National Center for Health Statistics (NCHS) collects and disseminates national vital statistics. See the *National Death Index* (last updated February 6, 2017); NCHS, Vital Statistics: Summary of a Workshop, *The U.S. Vital Statistics System: A National Perspective*.

⁹ SSA, *POMS, GN-General*, ch. GN 304, subch. GN 304.005 (March 06, 2012), ch. GN 304, subch. GN 304.100 (January 08, 2016), and ch. GN 2602, subch. GN 2602.050 (February 01, 2017).

¹⁰ All States/jurisdictions that did not have a contract with SSA for the development of an EDR system were invited to respond to the Request for Proposal. SSA-RFP-04-1043/SSA-RFP-06-1044, p. 1.

¹¹ SSA-RFP-04-1043/SSA-RFP-06-1044, p. 8.

¹² The Numident is an electronic file that contains personally identifiable information for each individual issued an SSN and includes such identifying information as SSN, name, date of birth, date of death, and parents' names.

RESULTS OF REVIEW

Our review found the following:

- 43 (86 percent) of the 50 States and 45 (79 percent) of the 57 VRJs had implemented EDR.
- 1 State reported more than 90 percent of its deaths through EDR. The remaining 32 VRJs that implemented EDR before October 1, 2011 reported fewer than 90 percent of their deaths through EDR.
- 41 percent of EDR reports were made within 5 days of individuals' deaths.

EDR Process

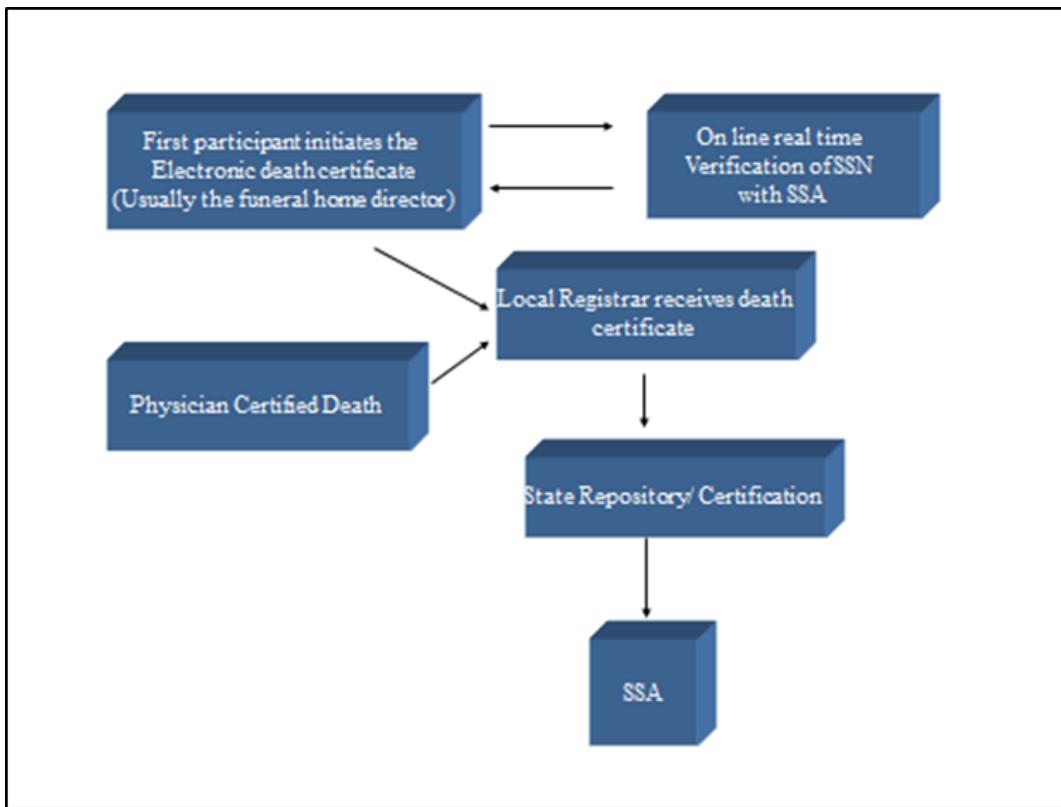
VRJs generally require that both a funeral director and a medical certifier complete different portions of a death record before filing it with the State, territory, or city's vital records office. Funeral directors provide information about the decedent (including the SSN) obtained from the family. The physician or medical examiner certifies the date, time, place, cause, and manner of death and documents other significant medical conditions present at the time of death.

The first participant in the death registration process, usually the funeral director, collects information about the decedent, including first, middle, and last name; SSN; gender; and date of birth. When an SSN is included, EDR can provide an online, real-time verification of the decedent's SSN through SSA's Online Verification System. SSA's Online Verification System compares the decedent's information to SSA's Numident, including the name, SSN, gender, and date of birth. If the funeral home receives a message that the information failed to match, the funeral home must obtain better information from the family to verify the SSN.¹³ This verification ensures the accuracy of the death information SSA receives from the EDR process as well as the accuracy of death information the State maintains in its records. After VRJs verify the SSN with SSA, they submit the death report to SSA (see Figure 1).¹⁴

¹³ SSA, Dallas Region, Regional Program Circulars DAL 15-02 GS, August 14, 2015.

¹⁴ SSA, New York Region, Program Message #09-038, August 7, 2009.

Figure 1: EDR Process



After SSA verifies the decedent's name and SSN with the State/funeral home director, SSA's systems process the EDR report as first party reports of death. If the decedent is a beneficiary, SSA routes the death information to its payment systems to terminate benefits and record the death information on the Numident file. If the decedent is not a beneficiary, SSA only records the death information on the Numident.¹⁵

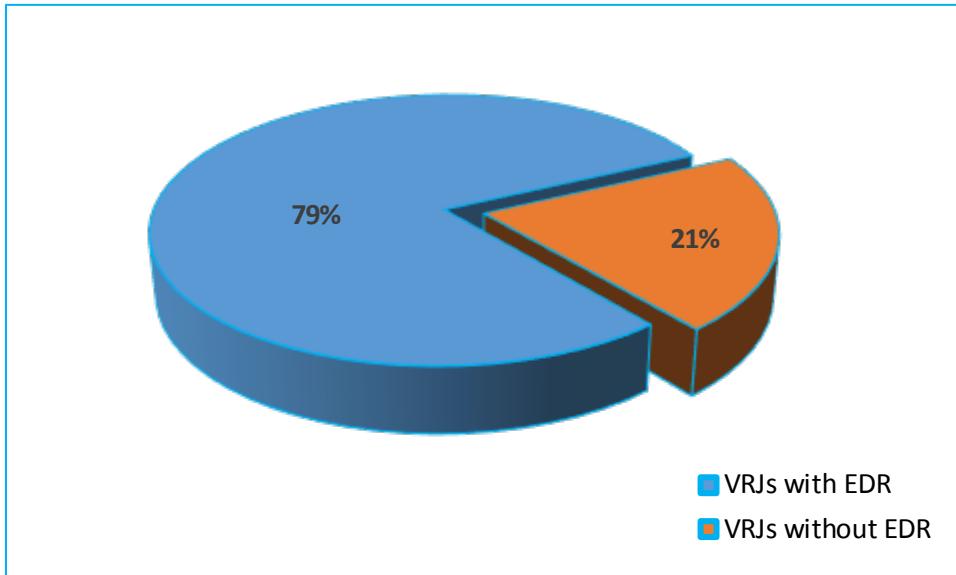
VRJ Implementation of EDR

As of January 2017, 45 (79 percent) of the 57 VRJs had implemented EDR¹⁶ (see Figure 2). This consisted of 43 States, the District of Columbia, and New York City.

¹⁵ SSA, *POMS, GN- General*, ch. GN 2602, subch. GN 2602.050 (February 01, 2017) and ch. GN 304, subch. GN 304.100 (January 08, 2016).

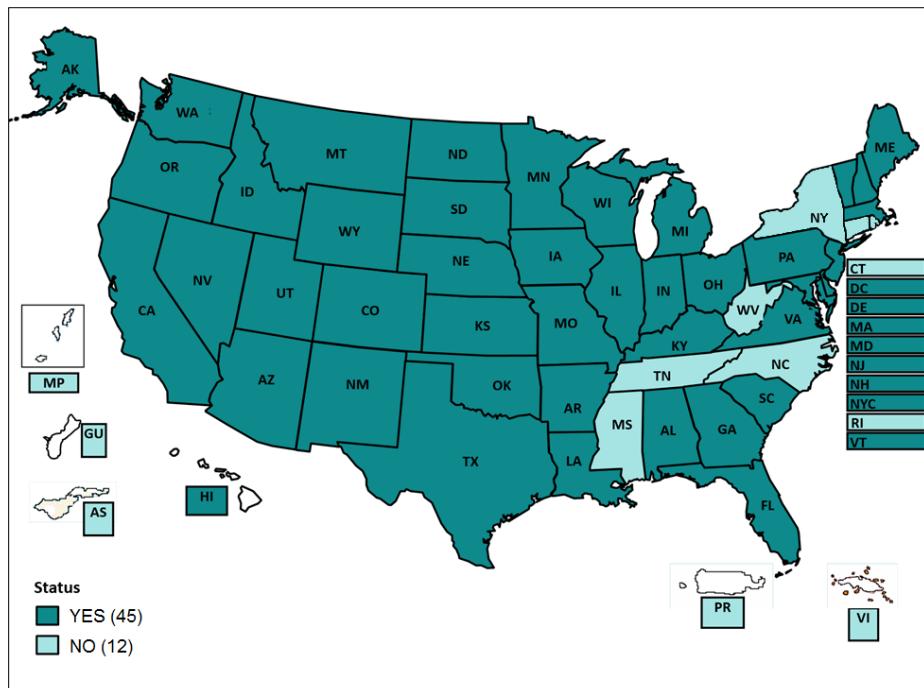
¹⁶ NAPHSIS, *Electronic Death Registration System (EDRS)*.

Figure 2: VRJs Implemented EDR



The remaining 12 VRJs (21 percent) had not implemented EDR: Connecticut, Mississippi, New York, North Carolina, Rhode Island, Tennessee, West Virginia, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.

Figure 3: EDR Map



NAPHSIS informed us it was working with the six States,¹⁷ Puerto Rico, and the Virgin Islands to implement EDR; and the Department of Health and Human Services was working with the remaining three territories. Challenges to implementation include lack of funding and technical difficulties encountered when States implemented EDR. For example, systems problems forced Connecticut to end its EDR rollout in August 2012.

Percent of Deaths Reported Through EDR

To evaluate the frequency of EDR reporting, we reviewed the 33 VRJs that had implemented EDR for at least 3 years (FYs 2012 through 2014).

Of the 33 VRJs,

- 1—Indiana—reported over 90 percent of deaths through EDR,
- 19 reported between 80 and 90 percent of deaths through EDR, and
- 13 reported less than 80 percent of deaths through EDR.

The EDR death reports for the 33 VRJs ranged from 30.6 to 91.9 percent (see Figure 4 and Appendix C).

According to NAPHSIS, States that mandate the reporting of deaths through EDR generally should have a higher percentage of EDR reporting. Other factors that may affect the frequency of EDR reporting include budget and staff constraints and a physician's resistance to using EDR to certify deaths.

For example, Indiana implemented EDR in January 2008 and had the highest percent of EDR reporting, averaging 91.9 percent between FYs 2012 and 2014. All 92 counties in Indiana¹⁸ reported deaths through EDR. These 92 counties' EDR use ranged from 57 to 100 percent between 2012 and 2014. As of January 1, 2011, the Indiana Code mandated reporting deaths through the Indiana Death Registration System.¹⁹

Conversely, Michigan implemented EDR in February 2010 and had the lowest percent of EDR reporting, averaging 30.6 percent between FYs 2012 and 2014. Of the 83 counties in Michigan,²⁰ 81 reported deaths through EDR. These 81 counties' EDR use ranged from 2 to 88 percent between 2012 and 2014. Michigan did not mandate use of EDR. However,

¹⁷ Neither NAPHSIS nor the Department of Health and Human Services was working with New York State to develop EDR.

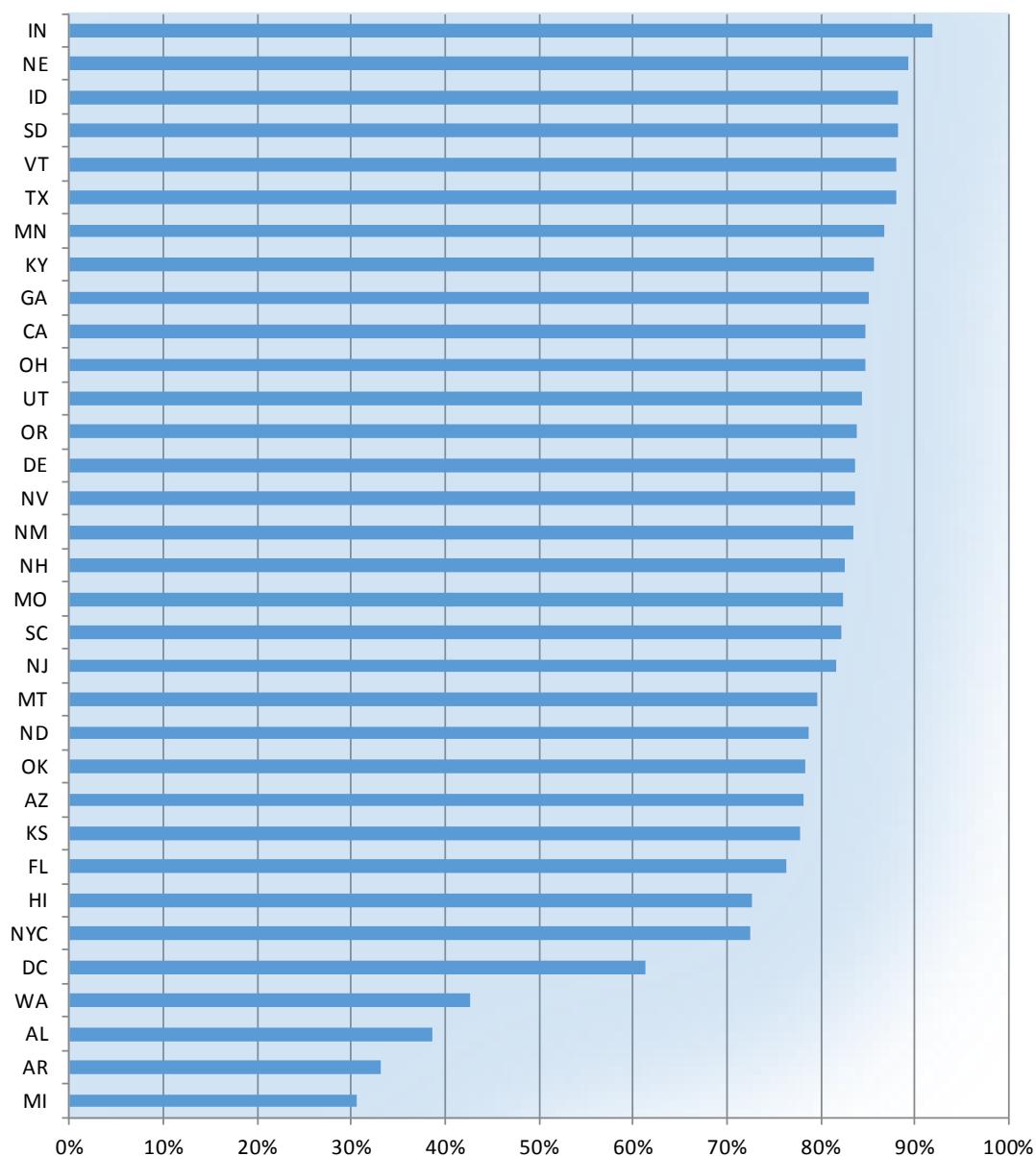
¹⁸ The Association of Indiana Counties (AIC), *About AIC*; State of Indiana, *List of Indiana Townships*.

¹⁹ State of Indiana, Indiana Code 2016, Title 16, Article 37, Chapter 1, Section 3.1.

²⁰ For a list of Michigan counties, see the State of Michigan Website.

according to the Michigan State Medical Society, the Michigan Vital Records Office is making a stronger effort to increase the use of EDR by the medical professions.²¹

Figure 4: Percent of Deaths Reported Using EDR²²



²¹ See Michigan State Medical Society website for article “Michigan EDRS: Benefits for Physicians and Patients.”

²² For State abbreviations, see the U.S. Postal Service Website.

Timeliness of EDR Reporting to SSA

Our analysis showed that, for FYs 2012 through 2014, SSA received 41 percent of EDR reports within 5 days of death. Of the approximately 3 million deaths the 33 VRJs reported through EDR during this 3-year period, about 1.2 million were reported to SSA within 5 days of death (see Figure 5). The average ranged from 4 to 61 days (see Appendix D).

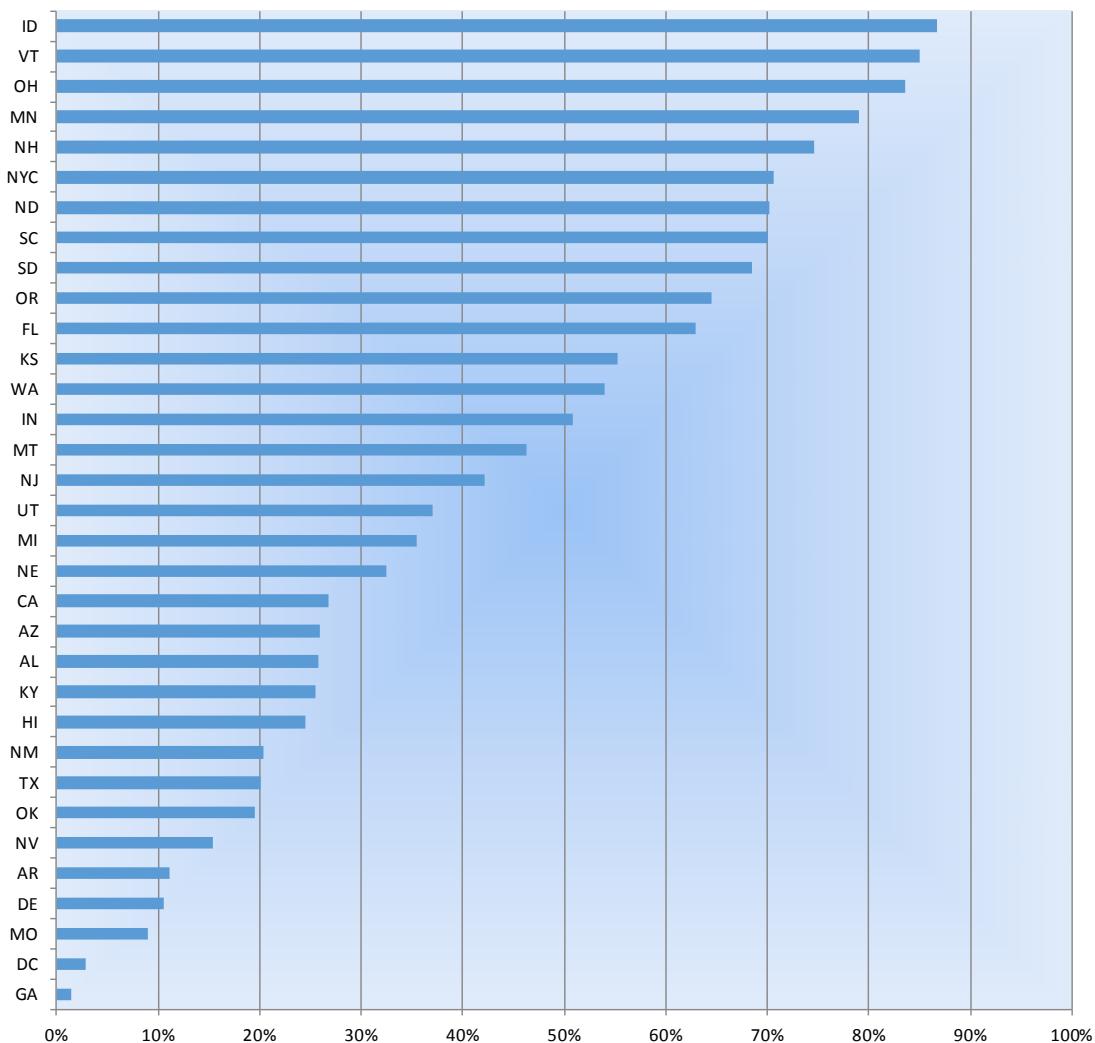
On average, the 33 VRJs reported EDR deaths to SSA within 14 days for FYs 2012 through 2014. We found the timeliness of EDR reporting improved from an average of 17 days in FY 2012, to 13 days in FY 2013, and 11 days in FY 2014. Each of the 33 VRJs generally improved their timeliness of EDR reporting during the 3-year period (see Figure D-1).

For example, Idaho reported deaths through EDR within an average of 4 days after death.²³ Generally, Idaho reported 86.7 percent of its deaths within 5 days and 0.2 percent of its deaths 3 months after the date of death. Conversely, Georgia reported deaths through EDR within an average of 61 days after death.²⁴ Generally, Georgia reported 1.5 percent of its deaths within 5 days of death and 12.3 percent of its deaths 3 months after the date of death.

²³ Mean was 4 days, median was 2 days, minimum was 0 days (on the date of death), and the maximum was 142 days.

²⁴ Mean was 61 days, median was 46 days, minimum was 0 days (on the date of death), and the maximum was 505 days.

Figure 5: Percent of Deaths Reported Within 5 days of Death



CONCLUSIONS

SSA's Request for Proposals to create EDR systems indicated that EDR would significantly reduce incorrect payments if SSA receives death information (1) from 90 percent of the States within 5 years, (2) for 90 percent of the deaths from States that implement EDR, and (3) within 5 days of an individual's death.

We found the following:

- 43 (86 percent) of the 50 States and 45 (79 percent) of the 57 VRJs had implemented EDR.
- 1 State reported more than 90 percent of its deaths through EDR. The remaining 32 VRJs that implemented EDR before October 1, 2011 reported fewer than 90 percent of their deaths through EDR.

- 41 percent of EDR reports were made within 5 days of individuals' deaths.

Overall, we found that, while 45 VRJs were using EDR to some extent, only 1 State reported 90 percent of its deaths through EDR in FYs 2012 through 2014. Therefore, while EDR use had expanded, States that implemented EDR were not reporting all deaths through their EDR systems.

Finally, 12 VRJs had not implemented EDR. NAPHSIS and the Department of Health and Human Services were working with 11 of the remaining VRJs to implement EDR. NAPHSIS also informed us that States that mandate the reporting of deaths through EDR generally should have a higher percentage of EDR reporting. Other factors that may affect the frequency of EDR reporting include budget and staff constraints and physicians' resistance to use EDR to certify deaths.

We made no recommendations because SSA does not have oversight authority of EDR in the States.

AGENCY COMMENTS

SSA stated it had no further comments. The Agency's comments are included in Appendix E.

A handwritten signature in black ink, appearing to read "Rona Lawson".

Rona Lawson
Assistant Inspector General for Audit

APPENDICES

Appendix A – NATIONAL ASSOCIATION FOR PUBLIC HEALTH STATISTICS AND INFORMATION SYSTEMS

The National Association for Public Health Statistics and Information Systems (NAPHSIS) is an association of State vital records directors and registrars that develops standards and guidelines for a nation-wide system of Electronic Death Registration (EDR).¹

An EDR system performs the following functions.

- Allows funeral homes to enter the personal and demographic information on the State's death certificate.
- Allows medical certifiers (such as physicians and medical examiners) to enter and certify information regarding the cause and manner of death.
- Provides for legal and medical amendments that may affect the information on the death certificate.
- Supports the secure issuance of certified copies of the death certificate, which are used to verify death, terminate Social Security and other payments, settle estates, and collect insurance and other benefits.
- Makes data available for reporting and analysis of vital statistics, surveillance, and other public health and administrative needs.
- Secures and protects death information from unauthorized use or alteration.

Effective use of an EDR system means that death certificates can be issued more quickly for insurance claims and other benefit or property issues. It also helps ensure the accuracy of the death record. The system checks automatically for many types of errors and prevents unauthorized access or alterations to the information. Electronic systems also help public health professionals analyze data to track outbreaks and trends that affect health.

Most jurisdictions acquire EDR systems from one of several vendors, although some States develop one with internal information technology resources. These systems must support national standards while also accommodating the laws, regulations, and business practices of the individual jurisdiction. According to NAPHSIS, the improved efficiency within vital records agencies far outweighs the considerable cost and effort of implementing an EDR system.

¹ NAPHSIS, EDR System.

Appendix B – SCOPE AND METHODOLOGY

We obtained data from one segment of the Social Security Administration's (SSA) Numident for all deaths between October 1, 2011 and September 30, 2014 that had a valid address on the Master Beneficiary and Supplemental Security Records. Of these, we identified 33 States and jurisdictions that implemented Electronic Death Registration (EDR) on or before October 1, 2011. These States reported approximately 4 million deaths between October 1, 2011 and September 30, 2014; see Table B–1.

Table B–1: Estimated Deaths Reported Using EDR in the 20 Segments

	Individuals
Deaths Recorded using EDR in 1 Segment	198,164
Estimate in 20 Segments (1 segment multiplied by 20)	3,963,280

To meet our objective, we

- reviewed applicable sections of the *Social Security Act* and State laws;
- reviewed SSA's regulations, policies, and procedures, including the Program Operations Manual System, National and Regional Instructions, regional circulars, and memorandums;
- met with Agency managers and staff in SSA's Offices of Operations, Systems, and Policy;
- met with staff from the National Association for Public Health Statistics and Information Systems (NAPHSIS);
- obtained contracts among SSA and NAPHSIS and States that implemented EDR;
- summarized the data by Vital Records Jurisdiction (VRJ);¹ and
- analyzed the number of deaths VRJs reported through EDR and how timely they reported those deaths.

We limited our review of internal controls to gaining an understanding of the EDR process and how reported deaths interfaced with SSA's Numident. We did not review internal controls at any of the 57 VRJs.

We determined whether the computer-processed data from the Numident 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.

¹ There are 57 VRJs in the United States: 1 in each of the 50 States, 1 in each of the 5 U.S. territories, 1 in the District of Columbia, and 1 in New York City.

We conducted audit work in Richmond, California, between June 2016 and March 2017. The entities audited were SSA's Offices of the Deputy Commissioners for Operations and Systems.

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 objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective.

Appendix C – STATE ELECTRONIC DEATH REGISTRATION REPORTS

Table C–1 summarizes the number and percent of death reports by the 33 Vital Records Jurisdictions that implemented an Electronic Death Registration (EDR) system before October 1, 2011.

Table C–1: State EDR Reports (Ranked from Highest to Lowest Percent)

State/Jurisdiction	Number of Deaths	EDR Death Reports	Percent of EDR Reports	EDR Effective Date
Indiana	137,820	126,620	91.9%	January 2, 2008
Nebraska	36,180	32,280	89.2%	March 28, 2006
Idaho	27,280	24,060	88.2%	April 21, 2009
South Dakota	17,580	15,500	88.2%	January 23, 2004
Vermont	13,080	11,520	88.1%	July 2, 2008
Texas	402,400	354,040	88.0%	December 30, 2005
Minnesota	92,860	80,540	86.7%	September 14, 2004
Kentucky	103,220	88,380	85.6%	July 1, 2010
Georgia	181,240	154,100	85.0%	February 1, 2008
California	587,940	498,460	84.8%	December 19, 2005
Ohio	254,180	215,240	84.7%	December 18, 2006
Utah	36,040	30,380	84.3%	August 1, 2006
Oregon	80,520	67,460	83.8%	May 21, 2007
Delaware	19,780	16,560	83.7%	January 2, 2009
Nevada	52,320	43,740	83.6%	September 25, 2006
New Mexico	39,960	33,340	83.4%	August 21, 2006
New Hampshire	27,520	22,700	82.5%	April 14, 2004
Missouri	139,140	114,580	82.3%	August 9, 2010
South Carolina	105,540	86,640	82.1%	March 14, 2005
New Jersey	172,780	141,140	81.7%	October 25, 2005
Montana	22,040	17,560	79.7%	April 30, 2004
North Dakota	13,220	10,400	78.7%	January 2, 2008
Oklahoma	87,900	68,860	78.3%	January 11, 2011
Arizona	118,100	92,200	78.1%	November 2, 2007
Kansas	59,540	46,340	77.8%	July 13, 2009
Florida	438,120	334,680	76.4%	April 29, 2008
Hawaii	25,000	18,180	72.7%	December 16, 2005
New York City	130,300	94,380	72.4%	May 15, 2006

State/Jurisdiction	Number of Deaths	EDR Death Reports	Percent of EDR Reports	EDR Effective Date
District of Columbia	11,160	6,840	61.3%	October 25, 2004
Washington	121,120	51,740	42.7%	August 8, 2005
Alabama	120,520	46,620	38.7%	December 1, 2010
Arkansas	72,140	23,940	33.2%	May 31, 2011
Michigan	216,740	66,360	30.6%	February 1, 2010
Total	3,963,280	3,035,380	76.6%	

Appendix D– AVERAGE DAYS DEATH REPORTED

The average number of days that deaths were reported to the Social Security Administration using the Electronic Death Registration (EDR) process ranged between 4 and 61 days for 33 Vital Records Jurisdictions during Fiscal Years (FY) 2012 through 2014 (see Table D–1 and Figure D–1).

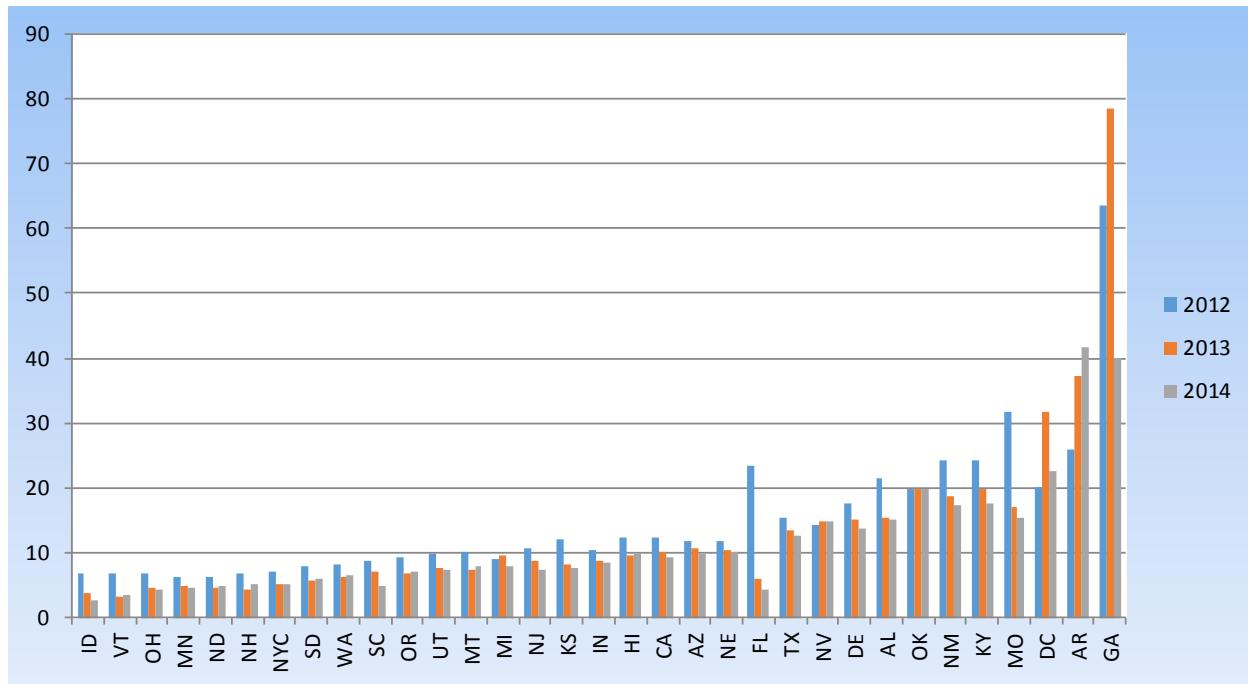
**Table D–1: Average Number of Days EDR Deaths Reported in FYs 2012 Through 2014
(Ranked from Lowest to Highest Number of Days)**

State/Jurisdiction	EDR Death Reports	Average Days Death Reported	Maximum Days Death Reported
Idaho	24,060	4	142
Vermont	11,520	5	105
Ohio	215,240	5	726
Minnesota	80,540	5	461
North Dakota	10,400	5	60
New Hampshire	22,700	5	154
New York City	94,380	6	140
South Dakota	15,500	7	207
Washington	51,740	7	279
South Carolina	86,640	7	367
Oregon	67,460	8	459
Utah	30,380	8	124
Montana	17,560	8	109
Michigan	66,360	9	483
New Jersey	141,140	9	543
Kansas	46,340	9	122
Indiana	126,620	9	359
Hawaii	18,180	11	265
California	498,460	11	526
Arizona	92,200	11	795
Nebraska	32,280	11	116
Florida	334,680	11	413
Texas	354,040	14	570
Nevada	43,740	15	385
Delaware	16,560	15	387
Alabama	46,620	16	463

State/Jurisdiction	EDR Death Reports	Average Days Death Reported	Maximum Days Death Reported
Oklahoma	68,860	20	876
New Mexico	33,340	20	738
Kentucky	88,380	21	944
Missouri	114,580	22	262
District of Columbia	6,840	25	224
Arkansas	23,940	40	212
Georgia	154,100	61	505
Total	3,035,380	14	944

The timeliness of EDR reporting generally improved from 2012 to 2014: from an average of 21 days in FY 2012, to 18 days in FY 2013, and 16 days in FY 2014. Each of the 33 VRJs generally improved their EDR reporting timeliness from FYS 2012 to 2014 (see Figure D–1).

Figure D–1: 3-year Comparison of Average Number of Days of EDR Death Reports for FYS 2012 Through 2014



Appendix E – AGENCY COMMENTS



SOCIAL SECURITY

MEMORANDUM

Date: July 03, 2017 Refer To: S1J-3

To: Gale S. Stone
Acting Inspector General

From: Stephanie Hall /s/
Acting Deputy Chief of Staff

Subject: The Office of the Inspector General Draft Report, “States Use of Electronic Death Registration Reporting” (A-09-15-50023)--INFORMATION

Thank you for the opportunity to review the draft report. We appreciate your work in this area and have no further 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.

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Website: <https://oig.ssa.gov/report-fraud-waste-or-abuse>

Mail: Social Security Fraud Hotline
P.O. Box 17785
Baltimore, Maryland 21235

FAX: 410-597-0118

Telephone: 1-800-269-0271 from 10:00 a.m. to 4:00 p.m. Eastern Standard Time

TTY: 1-866-501-2101 for the deaf or hard of hearing