

# ***Summary of Supplemental Security Income Recipients Whose Medicare Benefits Were Terminated Due to Death***

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Social Security Administration Office of the Inspector General

## **Objective**

Our objective was to determine whether Supplemental Security Income (SSI) payments should be terminated for recipients whose Medicare benefit records indicated they were deceased.

## **Background**

We matched a file of over 3 million Medicare records, coded terminated due to death in the Social Security Administration's (SSA) system as of July 2011, against a file of SSI records as of October 2011. This match identified 1.48 million SSI records terminated due to death. In addition, this match identified 346 SSI records not terminated due to death that were in current or suspended payment status. In March 2012, we narrowed the records to 52 individuals whose SSI payments continued even though their Medicare records were terminated due to death.

## **Our Findings**

Our review found SSA should terminate SSI payments for some individuals whose Medicare records were terminated for death. Specifically, of the 52 individuals identified:

- 30 were deceased and SSI payments should have been terminated. SSA overpaid these deceased individuals \$405,357 in SSI payments for an average of 23 months.
- 21 were alive and Medicare benefits should have been reinstated. Medicare records were erroneously terminated for these living individuals for an average of 43 months.
- 1 was being reviewed by our Office of Investigations (OI) because of possible fraud.

As of September 14, 2012, SSA had corrected 48 of the 52 cases. Therefore, the remaining four cases still required corrective action.

## **Our Recommendations**

We recommend that SSA take corrective action on the remaining four cases. Specifically, SSA should terminate SSI payments for the deceased individual, reinstate Medicare benefits for the two living individuals, and take appropriate action on case referred to OI once its investigation is completed.

SSA agreed with the recommendation.