

State Use of Electronic Death Registration Reporting

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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.