

441 G St. N.W.  
Washington, DC 20548

April 23, 2021

The Honorable James Lankford  
Ranking Member  
Subcommittee on Government Operations and Border Management  
Committee on Homeland Security and Governmental Affairs  
United States Senate

The Honorable Marsha Blackburn  
United States Senate

The Honorable James M. Inhofe  
United States Senate

### **Medicaid: Information on the Use of Electronic Asset Verification to Determine Eligibility for Selected Beneficiaries**

Individuals who receive assistance from the federal Supplemental Security Income (SSI) program may also become eligible for Medicaid, a federal-state health financing program for low-income and medically needy individuals.<sup>1</sup> SSI, which is administered by the Social Security Administration (SSA), provides cash assistance to eligible individuals who are over age 65, blind, or disabled; and who have limited resources and income. SSA and state Medicaid programs use electronic data sources to verify the assets of these individuals when determining financial eligibility.

You asked us to review the use of electronic asset verification to determine eligibility for selected Medicaid beneficiaries. In this report, we answer key questions related to electronic asset verification for Medicaid beneficiaries who are eligible because they receive SSI, and changes in enrollment of those and other beneficiaries, among other issues. These questions are listed in enclosure I.

To answer those questions, we reviewed our prior work, as well as related research by the Medicaid and CHIP Payment and Access Commission (MACPAC) and other organizations. We also obtained input from Centers for Medicare & Medicaid Services (CMS) and SSA officials; and we reviewed relevant federal laws, regulations, and guidance. Finally, we reviewed CMS enrollment numbers for 2014 (the earliest year available) through 2019 (the most recent year with complete data) from three sources: (1) CMS's Transformed Medicaid Statistical Information System Analytic File; (2) CMS's dataset on enrollment reported by states on the CMS-64 form; and (3) MACPAC's analysis of CMS enrollment data in its annual publication, *MACStats*:

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<sup>1</sup>This report focuses on SSI recipients who qualify for Medicaid on the basis of section 1902(a)(10)(A)(i)(II)(aa) of the Social Security Act. Medicaid beneficiaries who are considered aged, blind, or disabled, but who do not receive SSI are outside of our scope. For more information on SSI-related pathways to Medicaid eligibility, see Congressional Research Service, *Medicaid Eligibility: Older Adults and Individuals with Disabilities*, R46111 (Dec. 9, 2019).

*Medicaid and CHIP Data Book.*<sup>2</sup> To examine the reliability of these enrollment numbers, we reviewed relevant documentation, reviewed CMS's data assessments of the quality of the data where applicable, checked for missing values, and examined the consistency of the trends. We determined that the enrollment data were sufficiently reliable for our purposes.

We conducted this performance audit from March 2021 to April 2021 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 that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

### **Agency Comments**

We provided a draft of this report to the Department of Health and Human Services and SSA for review and comment. In a written response, SSA stated that it had no comments on the draft report, and its response is reprinted in enclosure II. Both agencies provided technical comments, which we incorporated as appropriate.

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We are sending copies of this report to the appropriate congressional committees, the Acting Administrator of the Centers for Medicare & Medicaid Services, the Commissioner of the Social Security Administration, and other interested parties. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or [YocomC@gao.gov](mailto:YocomC@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Other key contributors to this correspondence included Lori Achman (Assistant Director), Corissa Kiyon-Fukumoto (Analyst-in-Charge), Zhi Boon, Drew Long, Kristeen McLain, and Jennifer Rudisill.



Carolyn L. Yocom  
Director, Health Care

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<sup>2</sup>We accessed data on March 17, 2021, from the Transformed Medicaid Statistical Information System Analytic File, a national Medicaid dataset administered by CMS. We analyzed the Medicaid enrollment data as they were reported by states to CMS. We did not otherwise independently verify the accuracy or completeness of the Medicaid enrollment information with the states.

## Enclosure I: Key Questions and Our Answers on the Use of Electronic Asset Verification to Determine Eligibility for Selected Beneficiaries

### 1. What is known about how state Medicaid programs verify assets of applicants who are eligible because they receive Supplemental Security Income (SSI), and how the Social Security Administration (SSA) verifies assets of SSI applicants?

Individuals who receive SSI may also become eligible for Medicaid.<sup>3</sup> SSI provides cash assistance to eligible individuals who are over age 65, blind, or disabled; and who have limited resources (i.e., assets) and income.<sup>4</sup> As shown in table 1, Medicaid programs in 42 states and the District of Columbia—known as section 1634 or SSI criteria states—use the SSI asset limit of \$2,000 for an individual and \$3,000 for a married couple.<sup>5</sup> Medicaid programs in the remaining eight states, which are known as section 209(b) states, may set an asset limit that differs from the current SSI asset limit.<sup>6</sup> For example, Virginia has a limit of \$5,000 for ownership of property contiguous to an individual's home.

**Table 1: Medicaid Enrollment and Asset Limits for Supplemental Security Income (SSI) Recipients, 2020**

States	Enrollment	Asset limits <sup>a</sup>
<b>Section 1634 states:</b> AL, AR, AZ, CA, CO, DC, DE, FL, GA, IN, IA, KY, LA, MA, MD, ME, MI, MS, MT, NC, NJ, NM, NY, OH, PA, RI, SC, SD, TN, TX, VT, WA, WI, WV, and WY (34 states and DC)	SSI recipients are automatically approved for Medicaid at the same time their SSI application is approved. <sup>b</sup>	State uses SSI asset limit of \$2,000 for an individual and \$3,000 for a married couple. <sup>a</sup>
<b>SSI criteria states:</b> AK, ID, KS, NE, NV, OK, OR, and UT (8 states)	SSI recipients file a separate application with their state or local Medicaid office to enroll in Medicaid, but the state automatically confers Medicaid eligibility.	

<sup>3</sup>This report focuses on SSI recipients who qualify for Medicaid on the basis of section 1902(a)(10)(A)(i)(II)(aa) of the Social Security Act. Medicaid beneficiaries who are considered aged, blind, or disabled, but who do not receive SSI are outside of our scope.

<sup>4</sup>For purposes of SSI and Medicaid eligibility, resources include cash, other liquid assets, or any real or personal property that are owned and can be converted into cash. Not all of an individual's assets are considered to be resources for SSI or Medicaid purposes. For example, the individual's primary residence, one car, household goods, and personal effects are not considered to be resources. In addition, certain unique rules for resources apply to applicants seeking certain Medicaid-covered long-term services and supports, such as nursing facility services. See Centers for Medicare & Medicaid Services, State Medicaid Manual, § 3257 (definition of resource). For purposes of this report, we refer to resources as assets.

<sup>5</sup>Section 1634 of the Social Security Act authorizes states to enter an agreement with SSA under which SSA conducts Medicaid eligibility determinations and redeterminations for SSI recipients on the state's behalf. 42 U.S.C. § 1383c. These states are known as section 1634 states. In contrast, states that automatically confer Medicaid eligibility to SSI recipients, but do not have such an agreement, are known as SSI criteria states. These states generally require SSI recipients to file a separate application with their state or local Medicaid office to enroll in Medicaid.

<sup>6</sup>Under section 1902(f) of the Social Security Act, a state may use more restrictive Medicaid eligibility standards and methodologies, such as asset limits, than SSI. However, those standards and methodologies cannot be more restrictive than those the state had in place as of January 1, 1972. See Pub. L. No. 92-603, § 209(b), 86 Stat. 1329, 1381 (codified as amended at 42 U.S.C. § 1396a(f)). These states are known as section 209(b) states.

States	Enrollment	Asset limits <sup>a</sup>
<b>Section 209(b) states:</b> CT, HI, IL, MN, MO, NH, ND, and VA (8 states)	SSI recipients must meet the state's eligibility standards, based on the state's unique financial methodologies. <sup>c</sup>	State has opted to apply financial eligibility methodologies that are more restrictive than the SSI program. <sup>c</sup>

Source: GAO analysis of Medicaid eligibility requirements and Medicaid and CHIP Payment and Access Commission data. | GAO-21-473R

Notes: This table focuses on SSI recipients who qualify for Medicaid on the basis of section 1902(a)(10)(A)(i)(II)(aa) of the Social Security Act.

<sup>a</sup>For purposes of SSI and Medicaid eligibility, resources include cash, other liquid assets, or any real or personal property that are owned and can be converted into cash. Not all of an individual's assets are considered to be resources for SSI or Medicaid purposes. For example, the individual's primary residence, one car, household goods, and personal effects are not considered to be resources. In addition, certain unique rules for resources apply to applicants seeking certain Medicaid-covered long-term services and supports, such as nursing facility services. For example, states must determine whether such individuals transferred any resources for less than fair market value in the 5 years preceding their Medicaid application. See Centers for Medicare & Medicaid Services, State Medicaid Manual, § 3257 (definition of resource). For purposes of this report, we refer to resources as assets.

<sup>b</sup>Section 1634 of the Social Security Act authorizes states to enter an agreement with the Social Security Administration under which the Social Security Administration conducts Medicaid eligibility determinations and redeterminations for SSI recipients on the state's behalf. 42 U.S.C. § 1383c.

<sup>c</sup>Under section 1902(f) of the Social Security Act, a state may use more restrictive Medicaid eligibility standards and methodologies, such as asset limits, than SSI. However, these standards and methodologies cannot be more restrictive than those the state had in place as of January 1, 1972. These states are known as section 209(b) states. See Pub. L. No. 92-603, § 209(b), 86 Stat. 1329, 1381 (codified as amended at 42 U.S.C. § 1396a(f)).

When determining financial eligibility, state Medicaid programs and SSA electronically verify individuals' assets.

**Section 209(b) states.** In these states, the state Medicaid program must verify Medicaid eligibility for SSI recipients using an electronic asset verification system (AVS). An AVS provides a portal between state eligibility systems and banks or other third-party systems with electronic access to financial information. Once a state has an AVS in place, state eligibility workers can submit a request through the portal to perform an asset check for a Medicaid applicant. The request is sent to different financial institutions. A vendor gathers the information from the financial institutions and returns it to the state, and eligibility workers use the information to make an eligibility determination.<sup>7</sup> Some states also use their AVS to check on applicants' property information, which may come from commercial data sources.

According to an issue brief from October 2020 by the Medicaid and CHIP Payment and Access Commission (MACPAC), state officials have reported challenges receiving information from financial institutions.<sup>8</sup> In particular, state officials said some financial institutions have been resistant to participate due, in part, to cost and privacy concerns. This has primarily occurred with small and rural banks and credit unions. Similarly, state officials have reported delays in receiving information, particularly from smaller banks and credit unions. While larger banks use an automated process, smaller institutions often process requests and provide information through manual entry; fax; or mail, which can take up to 30 days.

**Section 1634 and SSI criteria states.** In these states, SSA is the entity that verifies applicants' assets. SSA has two data sources to detect assets among SSI recipients, as we have

<sup>7</sup>If the state cannot obtain the necessary information or results from these asset checks are not reasonably compatible with the information provided by the applicant, states must take certain steps to resolve the inconsistencies, such as requesting additional documentation or accepting a reasonable explanation from the applicant. See 42 C.F.R. § 435.952(c) (2019).

<sup>8</sup>See Medicaid and CHIP Payment and Access Commission, *State Compliance with Electronic Asset Verification Requirements* (Washington, D.C.: October 2020).

previously reported.<sup>9</sup> The first data source is the Access to Financial Institutions (AFI) initiative, which helps SSA detect potential excess assets of SSI recipients during the application and redetermination processes. Through a secure internet-based system, SSA technicians can, with the recipient's permission, conduct semi-automated verification requests of commercial banks where the SSI recipients, their spouse, or, in the case of a child, their parents may have an account, according to SSA officials. In addition to verifying reported bank accounts, AFI can detect potential undisclosed accounts from financial institutions within geographic proximity of an SSI recipient's residence. SSA officials said they consider AFI to be highly accurate, reliable, and up-to-date. The second data source is Non-home Real Property, which uses a commercial data source to help investigate potential ownership of real property other than a primary residence. According to Centers for Medicare & Medicaid Services (CMS) officials, given that SSA has conducted these asset verifications, Medicaid programs in the section 1634 and SSI criteria states do not need to independently verify the assets of SSI recipients.

## 2. What is known about electronic asset verifications performed by state Medicaid programs or SSA for purposes of redetermining Medicaid eligibility of SSI recipients?

State Medicaid programs and SSA electronically verify the assets of SSI recipients at redetermination:

**Section 209(b) states.** In these states, according to CMS, using an AVS is a required component of the Medicaid renewal process for SSI recipients.<sup>10</sup> These renewals occur at least once every 12 months.<sup>11</sup> As part of this, these states must begin their renewal process early enough to complete a redetermination of eligibility prior to the end of the renewal period. In particular, they must allow for a reasonable time frame for electronic information from the AVS to be returned and for beneficiaries to submit other needed documentation.

In addition, according to CMS, the state Medicaid program must check the AVS for certain changes in circumstances reported by beneficiaries that affect assets. This includes when a beneficiary reports a change in assets that would result in a positive change in benefits, such as paying less in cost sharing or receiving increased benefits. This does not include when a beneficiary reports a change in assets that would result in a negative change in benefits—such as paying more in cost sharing, receiving decreased benefits, or having benefits terminated. In those cases, the state Medicaid program does not need to check the AVS in order to proceed with processing the redetermination.

**Section 1634 and SSI criteria states.** In these states, as in the section 209(b) states, Medicaid eligibility must be renewed for SSI recipients at least once every 12 months.<sup>12</sup> However, according to CMS officials, these states do not need to independently verify assets during the

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<sup>9</sup>See GAO, *Federal Low-Income Programs: Use of Data to Verify Eligibility Varies Among Selected Programs and Opportunities Exist to Promote Additional Use*, [GAO-21-183](#) (Washington, D.C.: Feb. 25, 2021).

<sup>10</sup>Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services, *CMCS Informational Bulletin: Medicaid and Children's Health Insurance Program (CHIP) Renewal Requirements* (Baltimore, Md.: Dec. 4, 2020).

<sup>11</sup>See 42 C.F.R. §§ 435.916(b), (d) (2019). However, the Families First Coronavirus Response Act includes a provision that generally disincentivizes states from terminating coverage for Medicaid beneficiaries enrolled on or after March 18, 2020, through the end of the Coronavirus Disease 2019 public health emergency. See Pub. L. No. 116-127, § 6008(b)(3), 134 Stat. 178, 208 (2020) (codified as amended at 42 U.S.C. § 1396d note).

<sup>12</sup>In section 1634 states, SSA agrees to conduct redeterminations on behalf of the state Medicaid program, and the SSI redetermination is also a redetermination of Medicaid eligibility. In SSI criteria states, the state Medicaid program must conduct Medicaid eligibility redeterminations.

Medicaid renewal, because the state renews eligibility based on the findings from SSA without requiring information from the beneficiary. According to SSA policy, SSI redeterminations are scheduled annually if SSA has determined that the beneficiary's circumstances are likely to change and lead to a change in payment; redeterminations are scheduled every 6 years if SSA has determined the beneficiary's circumstances are unlikely to change. Redeterminations can also occur on an unscheduled basis, including any time there is a report of a change that may affect eligibility or payment amounts, or as needed if there is suspicion of fraud. These redeterminations include electronically identifying potential assets using the data sources described in our response to question 1. SSA may also use recipients' original documents to verify their assets.

### **3. What is known about savings for state Medicaid programs using AVS, as compared with states' previous asset verification processes?**

For a report published in January 2020, we reviewed 47 state and federal audits published between 2014 and 2018 related to 21 states' eligibility determinations. We found that incorrect or incomplete income or asset information was the most frequently identified issue.<sup>13</sup> However, the identified accuracy issues did not always result in erroneous eligibility determinations. For example, a 2018 audit from the legislative auditor of one state, which did not have an AVS at the time, found that eligibility was approved for three beneficiaries with assets above statutory limits; this was out of a sample of 100 Medicaid beneficiaries who were aged, blind, or disabled. The same audit also found that 10 of the 100 beneficiaries had vehicles that were not reported as assets to the Medicaid program, but the value of these vehicles did not cause the beneficiaries to exceed the asset limit and thus did not affect eligibility. Officials we interviewed in the five states selected for our January 2020 report said that an AVS was one process they had in place to mitigate this accuracy issue.

The MACPAC issue brief notes that neither states nor CMS are systematically tracking information to describe the efficiency or effectiveness of an AVS compared with the states' previous asset verification processes.<sup>14</sup> In particular, vendors can provide states with certain information on results (such as the number of undisclosed accounts found and the number of cases in which the assets found exceeded Medicaid asset limits), but, according to MACPAC, these data cannot be used to determine whether the information would have been found through the previous process or whether it led to more accurate eligibility determinations. For example, according to MACPAC, one state official reported that the system identified undisclosed assets for 12,000 applicants out of 41,158 asset verification checks conducted, but that it was not clear how many of those cases resulted in a finding of ineligibility. However, according to the MACPAC issue brief, most state officials reported that using an AVS has generally reduced the burden on state Medicaid eligibility staff.

### **4. What changes over time have occurred in the enrollment of beneficiaries who are eligible because they receive SSI, as well as other eligibility groups within Medicaid?**

Enrollment of SSI recipients in Medicaid remained relatively flat between 2015 and 2018, and then slightly decreased in 2019, as shown in table 2. During that same time period, enrollment

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<sup>13</sup>Our previous review was not limited to Medicaid beneficiaries who are eligible because they receive SSI. See GAO, *Medicaid Eligibility: Accuracy of Determinations and Efforts to Recoup Federal Funds Due to Errors*, [GAO-20-157](#) (Washington, D.C.: Jan. 13, 2020).

<sup>14</sup>See Medicaid and CHIP Payment and Access Commission, *State Compliance with Electronic Asset Verification Requirements*.

in the new adult group and the Children’s Health Insurance Program generally increased.<sup>15</sup> According to the American Academy of Actuaries, Medicaid enrollment changes may disproportionately affect certain eligibility groups based on their eligibility rules and changes in the economy.<sup>16</sup> As one example, they cited the more expansive levels of eligibility for children compared with those of the new adult group.

**Table 2: Enrollment for Selected Medicaid Populations, 2014 – 2019**

Basis of eligibility	2014	2015	2016	2017	2018	2019
Supplemental Security Income (SSI) recipients <sup>a</sup>	<sup>b</sup>	6,823,334	6,965,222	6,934,476	6,878,713	6,740,438
New adult group <sup>c</sup>	5,077,489	11,103,627	14,152,166	15,365,343	15,408,947	15,061,535
Children’s Health Insurance Program (CHIP) <sup>d</sup>	8,129,426	8,397,651	8,900,074	9,463,000	9,633,000	9,676,000

Source: GAO analysis of Centers for Medicare & Medicaid Services (CMS) data. | GAO-21-473R

Note: Except where noted, totals include the 50 states and the District of Columbia. There are income limits but no asset limits for Medicaid beneficiaries in the new adult and CHIP groups.

<sup>a</sup>The numbers shown do not include Medicaid beneficiaries who are considered aged, blind, or disabled, but who do not receive SSI. We accessed data on March 17, 2021, from the Transformed Medicaid Statistical Information System Analytic File, a national Medicaid dataset administered by CMS. We analyzed the Medicaid enrollment data as they were reported by states to CMS. We did not otherwise independently verify the accuracy or completeness of the Medicaid enrollment information with the states. We reported the number of people enrolled in Medicaid with the most recent eligibility group in calendar year of either (1) individuals receiving SSI; or (2) aged, blind, and disabled individuals in 209(b) states. This total excludes the following states due to concerns with data quality: AL, AR, CT, DC, ID, IL, MS, NE, OH, OR, PA, TN, UT, VT, and WV.

<sup>b</sup>We did not report data for SSI recipients in 2014 due to the number of states with missing data.

<sup>c</sup>The numbers shown are from CMS’s dataset on enrollment in the new adult group, as reported by states on the CMS-64 form for January in each year listed. The Patient Protection and Affordable Care Act established a new eligibility group for certain nonelderly, nonpregnant adults whose income does not exceed 133 percent of the federal poverty level. For purposes of this report, we refer to this eligibility group as the new adult group. Pub. L. No. 111-148, § 2001, 124 Stat. 119, 271 (2010) (codified as amended at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII)).

<sup>d</sup>The numbers shown are from the Medicaid and CHIP Payment and Access Commission’s analysis of CMS enrollment data in its annual publication, *MACStats: Medicaid and CHIP Data Book*. Data are for each fiscal year and reflect the number of children ever enrolled in CHIP in that year, even if for a single month.

<sup>15</sup>The Patient Protection and Affordable Care Act established a new eligibility group for certain nonelderly, nonpregnant adults whose income does not exceed 133 percent of the federal poverty level. For purposes of this report, we refer to this eligibility group as the new adult group. Pub. L. No. 111-148, § 2001, 124 Stat. 119, 271 (2010) (codified as amended at 42 U.S.C. § 1396a(a)(10)(A)(i)(VIII)).

<sup>16</sup>See American Academy of Actuaries, *FAQs on COVID-19’s Potential Impact on Medicaid and Medicaid Managed Care Organizations* (Washington, D.C.: American Academy of Actuaries, 2020).

**Enclosure II: Comments from the Social Security Administration**



**SOCIAL SECURITY**  
Office of the Commissioner

April 7, 2021

Ms. Carolyn L. Yocom  
Director, Health Care  
United States Government Accountability Office  
441 G Street, NW  
Washington, DC 20548

Dear Director Yocom,

Thank you for the opportunity to review the draft report, "Medicaid: Information on the Use of Electronic Asset Verification to Determine Eligibility for Selected Beneficiaries" (GAO-21-473R). We have no comments.

If you have any questions, please contact me at (410) 965-2611. Your staff may contact Trae Sommer, Director of the Audit Liaison Staff, at (410) 965-9102.

Sincerely,

A handwritten signature in blue ink that reads "Scott Frey".

Scott Frey  
Chief of Staff

SOCIAL SECURITY ADMINISTRATION BALTIMORE, MD 21235-0001



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