

DATE OF DEATH INVESTIGATION (2013)

The Office of Program Integrity (OPI) investigated questionable payments to Medicaid providers beyond the Medicaid beneficiaries' actual date of death. The OPI reviewed data covering both Fee for Service (FFS) and the Managed Care Organizations (MCO) plans. The MCO plan data showed 104 participants with \$333,350.57 in claims paid after the participants' dates of death. The FFS claims revealed 116 participants with \$53,090.13 in paid claims after the participants' dates of death.

The Social Security Act mandates that State Medical Assistance Programs disallow benefits after the participant has died. The Rhode Island Medical Assistance program policy states, "If the participant dies, the date of disenrollment shall be the date of death. The Department of Human Services (DHS) will recoup any whole capitation payments for months subsequent to the month a participant dies."

During its analysis, the OPI discovered two participants in the MCO model who accounted for \$301,493.87 of the claims made after their dates of death. After reviewing the participants' claims, the OPI determined that there were several providers within each claim and, therefore, it was unlikely that this was an intentional act. The OPI determined this was an error in the recording of the death date in InRhodes.

The OPI initiated an internal investigation which considered the State's claims paid with dates of death. It examined data with the Department of Health to review its Vital Records procedures in an effort to streamline the Department's process of updating the date of death entries in InRhodes for Medicaid recipients.

As part of the review, the OPI requested that the Department of Health Bureau of Vital Statistics perform a validation on the death dates being questioned by OPI against their internal records. The Vital Records staff completed its review and found 54 participants whose dates of death were different in MMIS than that of InRhodes.

Following the Vital Records validation, the OPI adjusted the data set for its review. The MCO data were adjusted and decreased to the amount of \$17,051.88, representing 93 participants where claims were paid to providers after the recipients' reported dates of death. The FFS results were adjusted and decreased to the amount of \$35,602.56, representing 85 participants where claims were paid to providers after the recipients' reported dates of death. The total questioned cost is \$52,654.44 in claims paid to providers after the posted dates of death of Medicaid recipients.