

**Bureau of Managed Care
Managed Care Organizations
Policy / Procedures**

General Contract Monitoring

Reporting the Death of a Member

MCOs are required to report the death of any Member monthly to HFS on the attached form. MCOs must notify BMC when a Member's death is reported to them, but the notification should only be made if the MCO has the appropriate supportive documentation. Verbal notification by family members without documentation cannot be accepted. Family members should be directed to notify the Department of Human Services local office or caseworker to report the death of a Medicaid client.

The appropriate unit in HFS verifies the death and updates the Member's Medicaid eligibility in the system. If the date of death is retroactive, BMC staff will terminate MCO coverage per Section 4.14.1.1 of the Contract for Furnishing Health Services in a Managed Care Organization. *"Upon the Enrollee's death. Termination of coverage shall take effect at 11:59 p.m. on the last day of the month in which the Enrollee dies. Termination may be retroactive to this date."* The 834 File will reflect the disenrollment from the MCO.

The monthly capitation run will pick up the change in the date of death and retroactively recoup the MCO capitation back to the system's MCO end date.

The following information is required on the attached form:

- Case Name
- Case Number
- Name of Deceased
- Date of Death
- Acceptable documentation of death notification (must be attached to the email sent securely to BMC)
 - Death Certificate
 - Obituary
 - Notification received directly from a LTC or SLF provider
- Provide two (2) of the three (3) identifiers listed below:
 - Date of Birth
 - RIN
 - Social Security Number

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-1200
TTY: (800) 526-5812

To: Mike Trimmer (Michael.Trimmer@illinois.gov)

From: Phone Number:
with Area Code

Date: Fax Number:

RE:

Case Name:

Case Number:

Name of Deceased:

Date of Death:

Source of Information (attach a copy of the death certificate, obituary, or LTC or SLF provider notification):

Provide AT Least Two (2) of the Three (3) Below

Date of Birth:

RIN:

SSN:

Policy History
General Contract Monitoring
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Date:
March 2021

Action:
Contract Clarification

Policy Originator
Bonnee Hartman

Policy Revisions
[revision date]

Revision Approved
[name of person whom approved revision]