



<b>Health Care Agency Behavioral Health Services Policies and Procedures</b>	Section Name:	Compliance
	Sub Section:	Billing
	Section Number:	07.01.04
	Policy Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised

	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>9/6/18</u>

**SUBJECT:** Postmortem Claiming

**PURPOSE:**

To establish a process to ensure that services are not billed to Medi-Cal, Medicare or other payors following the date of a client’s death.

**POLICY:**

Services provided following the date of death of a client shall not be claimed to any payor.

If services are claimed following the date of death of a client, those services shall be repaid within timeframes required by law and contracts.

**SCOPE:**

All services provided by Behavioral Health Services (BHS). This includes but is not limited to services under the Medi-Cal Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS).

**REFERENCES:**

Health Care Agency (HCA) [P&P IV-1.03 Special Incident Report](#)

HCA [P&P IV-1.04 Reporting the Death of Agency Staff Members, Clients and Other Persons](#)

**PROCEDURE:**

- I. HCA P&P IV-1.03 and IV-1.04 require that when an employee becomes aware of the death of a client, a Special Incident Report (SIR) is to be completed and routed through the chain of command to the office of the Deputy Agency Director of BHS.
- II. Contracts with providers and provider organizations require that when a contracted employee becomes aware of the death of a client, an SIR is to be completed and forwarded to the County Monitor of that program. The County Monitor, in turn, forwards the SIR through the chain of command and to the office of the Deputy Agency Director of BHS.

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- III. The office of the Deputy Agency Director of BHS shall forward to Authority and Quality Improvement Services (AQIS) a copy of all SIRs related to notification of client death.
- IV. At the time of notification, if the date of death has not been determined, the Service Chief/Program Director will contact the Coroner's office to obtain the date, and contact the appropriate AQIS (AOABH, CYBH, or DMC-ODS) Program Manager.
- V. AQIS shall implement the review process spelled out in the "Guidelines: Client Postmortem Notification Process" which requires:
  - A. All programs with an open episode of care (no discharge summary/discharge documentation has been completed) for that client immediately discharge the client with a discharge reason of "deceased."
  - B. The "date of death" field in the client registration conversation be completed with the identified date of death.
  - C. The client services be reviewed to identify any services with date of service after the date of death that have already been claimed to be voided and replaced with a non-billable code. This results in an automatic "repayment" of the service.
- VI. For programs that do not bill for Medi-Cal services in IRIS, the Service Chief/Program Manager will need to confirm that no billing occurred post-mortem.
  - A. The IRIS billing system will place a "hold" on any services with a date of service after the date of death, so that the services are not billed and are changed to a non-billable code.
  - B. All services with a date of service after the date of death and identified as having been claimed to any payor shall be voided and replaced with a non-billable code within 60 days of identification of that inappropriate claim.
- VII. If the staff implementing the "Guidelines: Client Postmortem Notification Process" identifies a face-to-face billable services was claimed after the date of death the following steps will be taken:
  - A. Determine the appropriate AQIS (AOABH, CYBH, or DMC-ODS) Program Manager based on the claim.
  - B. The AQIS Program Manager will be notified via email with the Financial Identification Number (Fin) number.
  - C. The AQIS Program Manager will review the claim and determine if the service was inappropriately billed.
  - D. If inappropriately billed, the AQIS Program Manager will open a Compliance incident for investigation and upon completion will send a copy of the investigation results to the HCA Office of Compliance (OOC).