

Department of Health and Human Services

**OFFICE OF  
INSPECTOR GENERAL**

**TEXAS MANAGED CARE ORGANIZATIONS  
RECEIVED MEDICAID CAPITATION  
PAYMENTS AFTER BENEFICIARY'S  
DEATH**

*Inquiries about this report may be addressed to the Office of Public Affairs at  
[Public.Affairs@oig.hhs.gov](mailto:Public.Affairs@oig.hhs.gov).*



**Gloria L. Jarmon  
Deputy Inspector General  
for Audit Services**

November 2017  
A-06-16-05004

# *Office of Inspector General*

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The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

## Report in Brief

Date: November 2017  
Report No. A-06-16-05004

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES  
**OFFICE OF INSPECTOR GENERAL**



### Why OIG Did This Review

Texas Medicaid pays managed care organizations (MCOs) to provide covered health care services in return for a monthly fixed payment for each enrolled beneficiary (capitated payment). Previous OIG work found that States had made Medicaid fee-for-service and capitation payments for deceased beneficiaries. Our preliminary review of current data indicated that Texas MCOs may be receiving capitation payments for beneficiaries that died before the first day of the month for which the payment was made.

Our objective was to determine whether Texas Medicaid made capitation payments on behalf of deceased beneficiaries.

### How OIG Did This Review

We selected Texas Medicaid beneficiaries who were listed as deceased as of December 31, 2012, in the Social Security Administration (SSA) Death Master File and had payments made on their behalf to MCOs between January 1, 2013, and December 31, 2015. We compared the dates of death noted in the Texas Medicaid eligibility system or the State Bureau of Vital Statistics records to SSA's dates of death to confirm whether the beneficiaries were deceased. For the deceased beneficiaries, we determined whether Texas Medicaid had already recovered the capitation payments made after the beneficiary's deaths. If the State had no evidence proving a beneficiary's death, we set those capitation payments aside as inconclusive.

## Texas Managed Care Organizations Received Medicaid Capitation Payments After Beneficiary's Death

### What OIG Found

Texas Medicaid did not always stop making capitation payments after a beneficiary's death, despite its efforts to identify and recover any unallowable payments. Specifically, Texas Medicaid paid \$6.4 million for 8,496 capitation payments made between January 1, 2013, and December 31, 2015, for beneficiaries with death dates reported as prior to this period. Though some payments were recovered, we determined that \$1.8 million is yet to be recovered and that \$840,587 was paid for beneficiaries who we could not determine to be deceased.

### What OIG Recommends and Texas Medicaid Comments

We recommend that Texas Medicaid (1) identify and recover unallowable payments totaling \$1.8 million from MCOs and refund \$1 million (Federal share) to the Federal Government, (2) review capitation payments before and after our audit period for additional unallowable payments for the deceased beneficiaries, (3) work with SSA to determine whether the 77 beneficiaries whose status could not be verified are deceased and recover any unallowable payments, and (4) strengthen its policies and procedures for identifying deceased beneficiaries and denying Medicaid benefits and ending eligibility to prevent future unallowable payments

Texas Medicaid agreed with our findings and provided information on actions that it had taken or planned to take to address our recommendations.

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## INTRODUCTION

### WHY WE DID THIS REVIEW

The Texas Health and Human Services Commission (State agency) pays managed care organizations (MCOs) to provide covered health care services in return for a monthly fixed payment for each enrolled beneficiary (capitated payment). In a 2016 audit report (A-04-15-06182),<sup>1</sup> Florida made an estimated \$26.2 million (\$15.2 million Federal share) in capitation payments for deceased beneficiaries. Our preliminary review of current data indicated that Texas MCOs may be receiving Medicaid capitation payments for beneficiaries that died before the first day of the month for which the payment was made.

### OBJECTIVE

Our objective was to determine whether the State agency made capitation payments on behalf of deceased beneficiaries.

### BACKGROUND

#### The Medicaid Program: Administration and Federal Reimbursement

The Medicaid program provides medical assistance to certain low income individuals and individuals with disabilities (Title XIX of the Social Security Act (the Act)). The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. Each State administers its Medicaid program in accordance with a CMS-approved State plan. Although the State has considerable flexibility in designing and operating its Medicaid program, it must comply with applicable Federal requirements. In Texas, the State agency administers the Medicaid program.

The Medicaid managed care programs are intended to increase access to and improve quality of health care for Medicaid beneficiaries. States contract with MCOs to provide specific services to enrolled Medicaid beneficiaries in return for a capitation payment.<sup>2</sup> States report capitation payments claimed by Medicaid MCOs on the States' Quarterly Medicaid Statement of Expenditures for the Medical Assistance Program. The Federal Government pays its share of a State's medical assistance expenditures (Federal share) under Medicaid based on the Federal medical assistance percentage (FMAP), which varies depending on the State's relative per capita income as calculated by a defined formula (42 CFR § 433.10). During our audit period, the FMAP in Texas ranged from 57.13 to 59.30 percent.

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<sup>1</sup> *Florida Managed Care Organizations Received Medicaid Capitation Payments After Beneficiary's Death (A-04-15-06182)*.

<sup>2</sup> For those beneficiaries not enrolled in the Medicaid managed care program, the State agency pays Medicaid providers on a fee-for-service basis for every Medicaid-eligible service provided to the beneficiary.

## **Social Security Administration: Date of Death Information**

The Social Security Administration (SSA) maintains death record information by obtaining death information from relatives of deceased beneficiaries, funeral directors, financial institutions, and postal authorities. SSA processes death notifications through its Death Alert, Control, and Update System, which matches the information received from external sources against the Master Beneficiary and Supplemental Security Records.<sup>3</sup> SSA records the resulting death information in its Numerical Identification System (the Numident).<sup>4</sup> SSA then uses information from the Numident to create a national record of death information called the Death Master File (DMF).<sup>5, 6</sup> Reported deaths of people who have SSNs are routinely added to the DMF. A full DMF file can be provided to States via a data exchange agreement with SSA. In addition, States can obtain date of death information via the State Data Exchange (SDX).<sup>7</sup> The State agency online data system interfaces with the SDX daily.

## **Federal Requirements**

A capitation payment is “a payment the State agency makes periodically to a contractor on behalf of each beneficiary enrolled under a contract for the provision of medical services under the State plan. The State agency makes the payment regardless of whether the particular beneficiary receives services during the period covered by the payment” (42 CFR § 438.2).

## **Texas’ Medicaid Managed Care Program**

The majority of Medicaid services in Texas are delivered through a managed care demonstration program, called the Texas Healthcare Transformation and Quality Improvement

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<sup>3</sup> SSA, *Programs Operations Manual System*, GN 02602.060 (May 13, 2011). The Master Beneficiary Record is an electronic record of all Title II (of the Act) beneficiaries. The Supplemental Security Record is an electronic record of all Title XVI (of the Act) beneficiaries.

<sup>4</sup> The Numident contains personally identifiable information for each individual issued a Social Security Number (SSN).

<sup>5</sup> SSA, *Program Operations Manual System*, GN 02602.060.B.1 (May 13, 2011).

<sup>6</sup> SSA maintains death data—including names, SSNs, dates of birth, and dates of death—in the DMF for approximately 98 million deceased individuals. The more comprehensive file, referred to as the “full DMF,” is available to certain eligible entities and includes State-reported death data. A subset of the DMF, called the “public DMF,” is available to the public and does not include State-reported death data.

<sup>7</sup> The SDX is a batch data exchange that SSA created to provide electronic data to the States for use in determining entitlement and eligibility for federally funded benefit programs—such as Medicare and Medicaid, subsidized housing, the Supplemental Nutrition Assistance Program, and Temporary Assistance to Needy Families—as well as other federally-funded, State-administered benefit programs.

Program, which operates under a section 1115 waiver authority.<sup>8</sup> The State agency contracts with MCOs to coordinate health care services to eligible Medicaid beneficiaries enrolled in their health plans in exchange for a fixed per enrollee, per month capitation payment. The health plans contract directly with doctors and other health care providers to create provider networks that the enrolled Medicaid beneficiaries can use and that are required to provide all covered medically necessary services.

During our audit period (January 1, 2013, through December 31, 2015), the State agency entered into 44 Medicaid managed care contracts (contracts)<sup>9</sup> with 25 different MCOs. Because capitation payments are paid before the first day of every month that the beneficiary is enrolled, the contracts that were current during the audit period allowed the State to make adjustments to funds previously paid to MCOs “for a beneficiary if the beneficiary dies before the first day of the month for which the payment was made.”<sup>10</sup>

The State agency performs monthly reviews of capitation payments and beneficiary eligibility to identify and recover unallowable payments made after a beneficiary’s death. Several State agency offices are involved in the monthly review process. The State agency’s Office of Inspector General, Business Analysis and Support Services (BASS) begins the process by combining the death records from the weekly State Bureau of Vital Statistics files and monthly SSA file and removing any duplicate records. BASS loads the combined death records file into the Texas Medicaid eligibility system that is maintained by the Office of Eligibility Services (OES) to perform an automated process that denies Medicaid benefits and ends eligibility for those beneficiaries whose selected personal information (i.e., the first five characters of the first and last name, SSN, date of birth, and gender) was identical. Alternatively, the Texas Medicaid eligibility system creates a Date of Death Action Alert Task List Manager for those beneficiaries whose selected personal information was not identical and the OES office manually confirms whether the beneficiary is deceased and denies Medicaid benefits and ends eligibility accordingly. Lastly, the State agency’s Program Support Services office makes adjustments to capitation payments made to MCOs for deceased beneficiaries.

## **HOW WE CONDUCTED THIS REVIEW**

We selected Texas Medicaid beneficiaries who were listed in the SSA DMF as deceased as of December 31, 2012, and had payments made on their behalf to MCOs between January 1,

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<sup>8</sup> Section 1115 of the Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of Medicaid and the Children’s Health Insurance Program. The purpose of these projects, which gives States additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

<sup>9</sup> These contracts included the provider service agreement between the MCO and the State agency and a number of attachments and exhibits.

<sup>10</sup> State agency contract, Attachment A—Contract Terms and Conditions, section 10.07(a)(4) or section 10.08(a)(4), depending on contract.



2013, and December 31, 2015. We identified 8,496 capitation payments totaling \$6,392,834 for 2,224 beneficiaries.

We compared the dates of death noted in the Texas Medicaid eligibility system or the State Bureau of Vital Statistics records to SSA's dates of death to confirm whether SSA's dates of death were correct. If the date of a beneficiary's death that was listed in SSA's file was the same as the date in one of the two State files or was different but both were on or before December 31, 2012, then we accepted the SSA date of death as accurate. If the date of a beneficiary's death that was listed in one of the State's files was different from the date in SSA's file, we requested the beneficiary's date of death listed on the death certificate, from the State Bureau of Vital Statistics records, to obtain conclusive evidence of death. For the deceased beneficiaries, we determined whether the State agency had already recovered the capitation payments made after the beneficiary's deaths. If the State had no evidence proving a beneficiary's death, then we set those capitation payments aside as inconclusive.

We conducted this performance audit 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.

Appendix A contains the details of our audit scope and methodology.

## **FINDINGS**

The State agency did not always stop making capitation payments after a beneficiary's death, despite its efforts to identify and recover any unallowable payments. Of the \$6,392,834 in capitation payments that the State agency made to MCOs during our audit period on behalf of 2,224 beneficiaries, \$14,288 was allowable because the payments were made before the beneficiaries' deaths. The State agency previously identified and recovered \$3,759,185 and \$850,587 was set aside as inconclusive because we could not determine whether the beneficiaries were deceased. The remaining \$1,768,774 (\$1,038,875 Federal share) was unallowable and had not been identified and recovered as of the end of our audit work.

### **THE STATE AGENCY MADE UNALLOWABLE PAYMENTS TO MEDICAID MANAGED CARE ORGANIZATIONS**

The State agency's contracts with MCOs allows the State agency to make adjustments to funds previously paid to MCOs for a beneficiary if the beneficiary dies before the first day of the month for which the payment was made. The State agency, however, did not always stop making payments after a beneficiary's death, despite its efforts to identify and recover any unallowable payments during our audit period.

Of the 2,224 beneficiaries:

- 2,145 beneficiaries were deceased as of December 31, 2012.
  - For 1,958 beneficiaries, SSA's records had the same dates of death as the Texas Medicaid eligibility system.<sup>11</sup>
  - For 186 beneficiaries, SSA's dates of death did not match the Texas Medicaid eligibility system, but dates of death were in the same month or on the same date as listed in the State Bureau of Vital Statistics records.
  - For one beneficiary, SSA's dates of death did not match the Texas Medicaid eligibility system, but both dates were on or before December 31, 2012. The State Bureau of Vital Statistics records did not have a date of death for this beneficiary.

The State agency paid MCOs \$5,521,704 for 6,743 capitation payments for 2,145 beneficiaries after their dates of death. The State agency had appropriately identified and recovered \$3,752,930 of those unallowable payments through its normal review process. The remaining \$1,768,774 (\$1,038,875 Federal share) paid on behalf of 174 of the 2,145 deceased beneficiaries had not been appropriately identified and recovered as of the end of our audit work. We determined that 107 of the 174 deceased beneficiaries, or 61 percent, had payments made over one year after their dates of death.

- Two beneficiaries died after December 31, 2012.<sup>12</sup> The State agency paid MCOs \$20,543 for 40 capitation payments for the 2 beneficiaries. Of the 40 capitation payments, 25 totaling \$14,288 were allowable because they occurred before the beneficiaries' death dates, and the remaining 15 totaling \$6,255 were unallowable because they occurred after the beneficiaries' death dates. The State agency had appropriately identified and recovered those unallowable payments through its normal review process.
- Seventy-seven beneficiaries did not have a date of death noted by the State Bureau of Vital Statistics. The Texas Medicaid eligibility system and the State Bureau of Vital Statistics records did not show dates of death for any of the 77 beneficiaries. Therefore, we were not able to verify whether these beneficiaries were deceased. The State agency paid MCOs \$850,587 for 1,713 capitation payments for these 77 beneficiaries.

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<sup>11</sup> We did not request the date of death information for these beneficiaries from the State Bureau of Vital Statistics because the SSA's and Texas Medicaid eligibility system had the same dates of death.

<sup>12</sup> The SSA DMF dates of death were incorrect for these two beneficiaries.

## **THE STATE AGENCY DID NOT HAVE SUFFICIENT SAFEGUARDS TO IDENTIFY AND RECOVER UNALLOWABLE PAYMENTS**

The contracts between the State agency and the MCOs that were current during our audit period allowed adjustments to funds previously paid “to MCOs for a beneficiary if the beneficiary dies before the first day of the month for which the payment was made.”

### **Inadequate Policies and Procedures To Identify Deceased Beneficiaries**

The State agency had inadequate policies and procedures to identify deceased beneficiaries through its monthly death reviews. Specifically, the State agency did not have a date of death in its Texas Medicaid eligibility system for 116 of the 174 deceased beneficiaries with unallowable payments that had not been appropriately identified and recovered. The State agency stated that it would conduct further research and determine why it did not have a date of death for these beneficiaries.

### **Unallowable Payments for Beneficiaries That Had a Date of Death**

Of the 174 deceased beneficiaries with unallowable payments that had not been appropriately identified and recovered, 58 were associated with beneficiaries who had dates of death in the Texas Medicaid eligibility system. According to the State agency, these unallowable payments occurred because it did not deny Medicaid benefits and end eligibility appropriately for the deceased beneficiaries. Therefore, capitation payments were made to MCOs after beneficiary’s deaths.

## **RECOMMENDATIONS**

We recommend that the State agency:

- identify and recover unallowable payments totaling \$1,768,774 from MCOs and refund \$1,038,875 (Federal share) to the Federal Government;
- review capitation payments before and after our audit period for additional unallowable payments for these deceased beneficiaries;
- work with SSA to determine whether the 77 beneficiaries whose status could not be verified are deceased and recover any unallowable payments; and
- strengthen its policies and procedures for identifying deceased beneficiaries and denying Medicaid benefits and ending eligibility to prevent future unallowable payments.

## STATE AGENCY COMMENTS

In its written comments on our draft report, regarding the first recommendation, the State agency stated that it would identify the unallowable payments and refund the Federal share to the Federal Government. Regarding our second recommendation, the State agency stated that it would evaluate capitation payments outside our audit period to identify any additional unallowable payments associated with the deceased beneficiaries. Regarding our third recommendation, the State agency stated that it would conduct research to determine the status of those beneficiaries and ensure that capitation payments stopped for those beneficiaries determined to be deceased. Regarding our final recommendation, the State agency stated that it was conducting a thorough review of its process for recording beneficiaries' death information.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

We selected Texas Medicaid beneficiaries who were listed as deceased as of December 31, 2012, in the SSA DMF and had payments made on their behalf to MCOs between January 1, 2013, and December 31, 2015. We identified 8,496 capitation payments totaling \$6,392,834 for 2,224 beneficiaries.

We compared the dates of death noted in the Texas Medicaid eligibility system or the State Bureau of Vital Statistics records to SSA's dates of death to confirm whether SSA's dates of death were correct. If the date of a beneficiary's death that was listed in SSA's file was the same as the date in one of the two State files or was different but both were on or before December 31, 2012, then we accepted the SSA date of death as accurate. If the date of a beneficiary's death that was listed in one of the State's files was different from the date in SSA's file, we requested the beneficiary's date of death listed on the death certificate, from the State Bureau of Vital Statistics records to obtain conclusive evidence of death. For the deceased beneficiaries, we determined whether the State agency had already recovered the capitation payments made after the beneficiary's deaths. If the State had no evidence proving a beneficiary's death, then we set those capitation payments aside as inconclusive.

We did not review the overall internal control structure of the State agency or its Medicaid program. Rather, we reviewed only those internal controls related to our objective. We limited our review to determining whether MCOs in Texas received capitation payments for beneficiaries that died before the first day of the month for which the payment was made.

We conducted our audit work from October 2016 through June 2017.

### METHODOLOGY

To accomplish our objective, we:

- reviewed Federal and State laws, regulations, and guidance;
- gained an understanding of the State agency's policies and procedures related to death notification and to preventing payments or recovering payments after beneficiaries' deaths;
- reviewed the State agency contracts with the MCOs during our audit period;
- matched the Texas Medicaid eligibility system to the SSA DMF by SSN to identify potentially deceased Texas Medicaid beneficiaries;

- limited the population to those beneficiaries who had capitation payments between January 1, 2013, and December 31, 2015;
- compared SSA death information to the Texas Medicaid eligibility system or State Bureau of Vital Statistics records to determine whether the SSA date of death was accurate for each beneficiary;
- determined whether the State agency had identified and recovered unallowable payments for deceased beneficiaries, or whether the payments remained outstanding; and
- coordinated our review with the State agency.

We conducted this performance audit 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.

APPENDIX B: STATE AGENCY COMMENTS



TEXAS  
Health and Human  
Services

Texas Health and Human Services Commission

Charles Smith  
Executive Commissioner

October 23, 2017

Ms. Patricia Wheeler  
Regional Inspector General for Audit Services  
Office of Inspector General, Office of Audit Services  
1100 Commerce, Room 632  
Dallas, Texas 75242

Reference Report Number: A-06-16-05004

Dear Ms. Wheeler:

The Texas Health and Human Services Commission (HHSC) received a draft audit report entitled *Texas Managed Care Organizations Received Medicaid Capitation Payments After Beneficiary's Death* from the U.S. Department of Health and Human Services Office of Inspector General. The cover letter, dated September 22, 2017, requested that HHSC provide written comments, including the status of actions taken or planned in response to report recommendations.

I appreciate the opportunity to respond. Please find the attached HHSC management response which (a) includes comments related to the content of the findings and recommendations and (b) details actions HHSC has completed or planned.

If you have any questions or require additional information, please contact David M. Griffith, Deputy Inspector General for Audit, HHSC Inspector General. Mr. Griffith may be reached by telephone at (512) 491-2806 or by e-mail at David.Griffith@hhsc.state.tx.us.

Sincerely,

A handwritten signature in black ink that reads "Charles Smith". The signature is written in a cursive, flowing style.

Charles Smith

P.O. Box 13247 • Austin, Texas 78711-3247 • 512-424-6500 • [hhs.texas.gov](http://hhs.texas.gov)

**Texas Health and Human Services Commission  
Management Response to the  
U.S. Department of Health and Human Services  
Office of Inspector General Report:  
Texas Managed Care Organizations Received Medicaid Capitation Payments  
After Beneficiary's Death**

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**DHHS - OIG Recommendation:** *We recommend that the State agency identify and recover unallowable payments totaling \$1,768,774 from managed care organizations and refund \$1,038,875 (Federal share) to the Federal Government.*

**HHSC Management Response:**

**Actions Planned:** HHSC will identify the unallowable payments totaling \$1,768,774 from managed care organizations and refund the \$1,038,875 (Federal share) to the Federal Government.

**Estimated Completion Date:**  
One year from date of final audit report.

**Title of Responsible Person:**  
Deputy Associate Commissioner for Program Enrollment and Support

**DHHS - OIG Recommendation:** *We recommend that the State agency review capitation payments before and after our audit period for additional unallowable payments for the deceased beneficiaries.*

**HHSC Management Response:**

**Actions Planned:** HHSC will evaluate capitation payments outside the audit period to determine any additional unallowable payments associated with the deceased beneficiaries.

**Estimated Completion Date:**  
One year from date of final audit report.

**Title of Responsible Person:**  
Deputy Associate Commissioner for Program Enrollment and Support

**DHHS - OIG Recommendation:** *We recommend that the State agency work with the U.S. Social Security Administration to determine whether the 77 beneficiaries whose status could not be verified are deceased and recover any unallowable payments.*

**HHSC Management Response:**

**Actions Planned:** HHSC will conduct research to determine the status of the 77 individuals. Capitation payments associated with those individuals



determined to be deceased will be reviewed to ensure payment stopped after the date of death.

**Estimated Completion Date:**

Review of 77 Individuals: October 31, 2017

Review of capitation payments: October 31, 2017

**Title of Responsible Person:**

Deputy Associate Commissioner for Program Enrollment and Support

Deputy Associate Commissioner Eligibility Operations

**DHHS - OIG Recommendation:** *We recommend that the State agency strengthen its policies and procedures for identifying deceased beneficiaries and denying Medicaid benefits and ending eligibility to prevent future unallowable payments.*

**HHSC Management Response:**

**Actions Planned:** HHSC is currently conducting a thorough review of the end-to-end processing of death information. This review will include the receipt of death information by HHSC Information Technology (IT), automated processing of the data, and the eligibility determination process.

At this time, HHSC has identified the following issues by researching the 186 clients cited in the audit report:

- For 34 of 186 beneficiaries, HHSC did not receive notification of death from U.S. Social Security Administration (SSA) or Birth Verification System (BVS)
- For 80 of 186 beneficiaries, HHSC IT received death match information from SSA or BVS; however, an alert was not generated for eligibility staff action. HHSC has identified a situation when SSA/BVS data is received after the SSA State Data Exchange (SDX) interface updates the date of death in Texas Integrated Eligibility Redesign System (TIERS), but fails before the automated process is complete. Due to this issue, an eligibility alert is not generated if the date of death received from SSA/BVS matches the date received from SDX.
- For 73 of 186 clients, HHSC Access and Eligibility Services (AES) did receive notification of death and eligibility alerts were generated.

HHSC AES is working with HHSC IT to develop short term and long term solutions to address the issues identified above.

To assess the current accuracy and timeliness of case actions taken by eligibility staff for death information, HHSC AES reviewed a sample of cases where death match alerts have been completed by eligibility staff within the last 60 days. Of 153 cases reviewed, 152 were addressed in a timely manner and 142 were processed correctly. Errors in the remaining 11 cases are being analyzed to determine corrective action steps.

**Estimated Completion Date:**

Analysis of case errors: October 31, 2017

Case Error Corrective Action: October 31, 2017

Review of end-to-end processing: October 31, 2017

Implementation of short-term solutions: November 30, 2017

Implementation of long-term solutions: December 31, 2019

**Title of Responsible Person:**

Deputy Associate Commissioner Eligibility Operations