



Data Exchange Solution Summary

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| Data Exchange Solution Name: | Death Notifications |
| Sponsor: | Michigan Department of Health and Human Services |
| Date: | 12-18-2025 |

Executive Summary

The Death Notifications Data Exchange Solution (DES) helps participating organizations receive notifications of deaths in a timely and accurate fashion. Electronic death notifications help improve awareness of the event, avoid unnecessary and wasteful spending, preclude falsified insurance claims, and stop dispensation of prescribed medications.

Deaths are an unfortunate reality in the world of healthcare. When a patient passes away, it is critical to quickly notify their care team members and insurance provider(s) to help reduce administrative burden and healthcare waste. As an example, in a 2023 health system study, 5.8% of the patient cohort were deceased according to external death data yet marked alive in the electronic health record (EHR). Of those, 80% had one or more outstanding encounters post-mortem, including but not limited to, scheduled appointments, health maintenance letters, portal messages, and authorized medications.¹ This illustrates how delayed recognition of death creates operational waste (outreach, scheduling, etc.) and unnecessary stress for families.

Additionally, delays in death notification have led to substantial financial waste and potential fraud in Michigan. Between 2014 and 2016, an estimated \$39.9 million in Medicaid capitation payments was made for individuals after their death.² Similarly, a Michigan Unemployment Insurance Agency audit found approximately \$20 million in

¹ Wenger NS, Sanz Vidorreta FJ, Dudley MT, Walling AM, Hogarth M. Consequences of a Health System Not Knowing Which Patients Are Deceased. *JAMA Intern Med.* 2024;184(2):213–214. doi:10.1001/jamainternmed.2023.6428

² Office of Inspector General (U.S. Department of Health & Human Services), *Michigan Made Capitation Payments to Managed Care Entities After Beneficiaries' Deaths*, Report No. A-05-17-00048 (14 Feb, 2020), <https://oig.hhs.gov/reports/all/2020/michigan-made-capitation-payments-to-managed-care-entities-after-beneficiaries-deaths/>

improper payments to deceased persons from January 2020 through October 2022.³ These examples illustrate how delayed or incomplete death reporting can directly translate into millions of dollars in avoidable expenditures across public programs.

Overview

There are approximately 104,000 deaths annually in Michigan, a death rate of approximately one percent. Roughly 75% of these deaths are residents over the age of sixty-five who are likely to have been Medicare beneficiaries.⁴

In addition to the benefits listed in the Executive Summary, the Death Notifications Data Exchange Solution (DES) provide broad benefits including, but not limited, to the following:

- **Timely awareness of patient death:** Ensures clinicians know when their patient dies, mitigating administrative burden and avoiding inappropriate follow-up.
- **Improved medication safety:** Prevents prescriptions from being authorized for deceased patients.
- **Optimized resource allocation:** Opens staff time that would otherwise be spent managing records or appointments for deceased patients.
- **Data completeness for population health and real-time mortality surveillance:** Facilitates faster reporting of deaths, enabling better detection of public health trends, and improves the accuracy of vital statistics.
- **Reduction in improper payments:** Prevents claims or capitation payments from being made for deceased beneficiaries.
- **Fraud prevention:** Minimizes opportunities for benefits fraud using deceased patient information.

Please Note: This data exchange solution requires implementation of the following data exchange solutions:

- Health Directory
- Common Key Service

³ Michigan Office of the Auditor General, *Fraud and Investigation Activities: Unemployment Insurance Agency, Department of Labor and Economic Opportunity*, Report No. 186-0320-22 (Lansing: Michigan Office of the Auditor General, December 27, 2023), <https://audgen.michigan.gov/wp-content/uploads/2023/12/r186032022-7846.pdf>

⁴ "Number of Deaths and Crude Death Rates, Michigan and United States Residents, 1970-2023," Michigan Department of Health & Human Services, accessed 5 Nov 2025, <https://www.mdch.state.mi.us/osr/deaths/USMlcrudedxrt.asp>

- Active Care Relationship Service® (ACRS®)

Persona Story

Persona: Dr. David Senoid (Pharmacist)

Background: Dr. David Senoid is the Pharmacy Manager at Pinewood Pharmacy. He enjoys being able to work directly with patients and helping them get better as quickly as possible.

As a pharmacist, Dr. Senoid has an ethical and legal responsibility to uphold laws surrounding dispensation of controlled substances. He must be aware of situations that can lead to prescription diversions that are not for legitimate medical purposes.



One issue Dr. Senoid faces more often than he would like is finding out his pharmacy has been filling prescriptions for deceased patients. He has seen prescriptions that continue to be on automatic-refill and shipment, with no notifications of death sent to the pharmacy.

Transformation with the Death Notifications Data Exchange Solution: By connecting to MiHIN and enrolling in the Death Notification DES, Dr. Senoid can receive notifications from the death registry and can discontinue service for patients that have died.

Impact: The Death Notifications DES has the following effects on Dr. Senoid's pharmacy, including:

- **Improved Confidence in the Prescriptions that are Distributed to Patients:** Knowing that any deceased patients on record will be current in the pharmacy's system, the pharmacy can be sure that what they are distributing will only help those who still have an active need.
- **Improved Patient Relationships:** Since the pharmacy now will know of any recent patients passing away, they can prevent unnecessary stress on families due to inappropriate outreach.
- **Increased Security:** Because prescriptions for deceased patients are known and cancelled, the pharmacy is at reduced risk of distributing medicines to those who have illegitimate or criminal uses for them.

Persona: Dr. Julie Lawson (Physician)

Background: Dr. Julie Lawson runs a high-volume primary care practice where staff routinely conduct outreach for wellness visits, chronic care management, and quality-reporting programs. During one outreach cycle, a medical assistant called an older patient to schedule an annual visit, only to learn from a grieving family member that the patient had passed away weeks earlier.



The team was unprepared for the conversation, unintentionally caused distress, and then had to rapidly update the EHR, cancel future reminders, and review multiple workflows to prevent additional outreach. The incident revealed a broader issue: without timely, accurate information on patient deaths, the practice risked repeated painful interactions, operational inefficiencies, inaccurate quality data, and unnecessary administrative costs.

Transformation with the Death Notifications Data Exchange Solution: With the Death Notifications DES, Dr. Lawson's practice now receives authoritative, near-real-time updates from the state death registry whenever a patient passes away, allowing her practice to better keep more accurate records and alleviate administrative burden.

Impact: The Death Notifications DES has the following impacts on Dr. Lawson's practice:

- **Increased Patient Accuracy:** Because Dr. Lawson and her team now receive death notifications quickly, she can update a patient's medical record to reflect this, which allows her to always feel prepared for following up with any patient or their families.
- **Improved Patient Relationships:** The practice avoids sending reminders, billing statements, or prescription notices to grieving families, reducing the risk of causing additional distress. Staff can instead use appropriate, sensitive communication when needed.
- **Reduced Administrative Burden:** Timely updates help the care team focus their efforts where they are needed most. With accurate information already in place, staff spend less time on unnecessary outreach or chart reviews and can avoid the extra work that comes from outdated data.
- **Reduced Risk and Liability:** Accurate death status prevents continued lab orders, scheduled procedures, or prescription renewals after a patient's passing, supporting compliance and error prevention.

Diagram

This diagram displays the information flow for this data exchange solution.

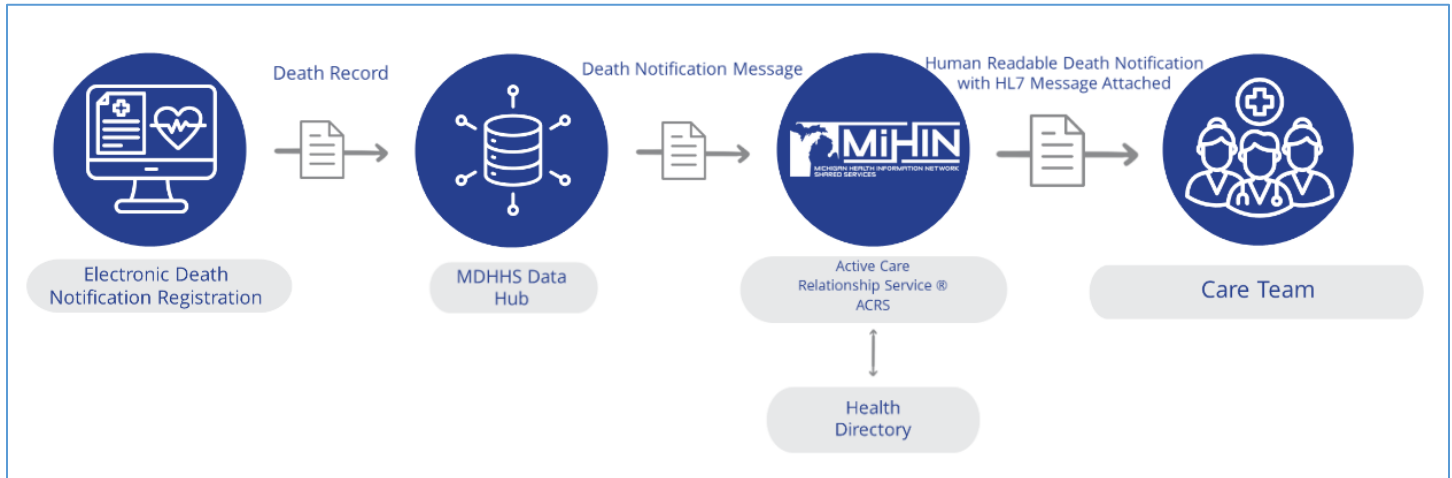


Figure 1. Death Notifications Data Flow Diagram

Electronic death notifications are generated on a transactional basis.

1. A death record is filed electronically in the Electronic Death Notification Registration System (EDRS).
2. The record is transmitted to the Michigan Department of Health and Human Services (MDHHS) State Data Hub.
3. Upon receipt, MDHHS generates an electronic death notification message and forwards it to MiHIN.
4. MiHIN utilizes the Common Key Service (CKS) to fulfill patient matching.
5. MiHIN uses its Health Directory to evaluate the notification and route it to the appropriate participating organizations and care team members.
6. MiHIN sends a human-readable death notification, along with an HL7® message, to participating organizations and care teams that receive notifications via Direct Secure Messaging (DSM).

Regulation

This section describes whether this data exchange solution is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.

Legislation/Administrative Rule/Directive:

- ☒ Yes
- ☐ No
- ☐ Unknown

Meaningful Use:

- ☐ Yes
- ☒ No
- ☐ Unknown

Cost and Revenue

This section provides an estimate of the investment of time and money needed or currently secured for this data exchange solution.

Costs

There is one projected cost associated with this data exchange solution:

- The cost of implementing the data exchange solution, which utilizes existing infrastructure.

Additionally, there are costs for organizations participating in the data exchange solution in the following ways:

- The cost of engaging with MiHIN for the distribution of services associated with this data exchange solution. If organizations have additional questions about these costs, they can request pricing information from MiHIN.
- The cost of implementing the data exchange solution with a participating organization's EMR. This cost can vary and organizations will need to work with their EMR vendor to ascertain these figures.

The waste and fraud described in this summary can be greatly reduced or in some cases possibly eliminated. The return on investment for successfully implementing and adopting this data exchange solution is very high.

Revenues

The cost savings achieved by adjusting services upon receipt of electronic death notifications should prompt stakeholders to participate in this data exchange solution.

Together with the Michigan Department of Health and Human Services (MDHHS), MiHIN has prepared a pricing model for participants in this data exchange solution.

Different stakeholders who may wish to receive electronic death notifications may include, but are not limited to:

- Payers
- Pharmacies (especially interested in notifications related to physicians and other healthcare providers that write prescriptions)
- Medical supply companies
- Providers
- Hospitals
- Specialists (for research)
- Home health care/long term post-acute care/skilled nursing facilities
- Rehabilitation centers

Currently, MiHIN has established pricing for hospital and non-hospital systems. For pricing information, please reach out to your MiHIN account manager or send an email to help@mihin.org

Implementation Challenges

This section describes the challenges that may be faced in implementing this data exchange solution.

This data exchange solution is straightforward to implement: the data flow takes advantage of current processes for reporting deaths to EDRS, the existing VPN connection between MiHIN and the MDHHS Data Hub, ACRS®, and the Health Directory.

Vendor Community Preparedness

This section addresses the vendor community preparedness to readily participate in the implementation of this data exchange solution.

As the Death Notifications DES leverages ADTs as a message type, EMRs and vendors should be in a good position for implementation since the adoption of ADTs is widespread throughout Michigan. This, coupled with the fact that there are several tools available for organizations to receive and view ADT messages, increases the readiness of vendors and their EMRs to implement this solution.

Additionally, every type of stakeholder listed in the [Cost and Revenue](#) section can easily receive electronic death notifications that are attached to Direct Secure Messages (or Dir

Support Information

This section provides known information on the support for this data exchange solution.

Political Support:

- ☐ Governor
- ☐ Michigan Legislature
- ☐ Health Information Technology Commission
- ☒ Michigan Department of Health and Human Services or other State of Michigan department
- ☐ CMS/ONC
- ☐ CDC
- ☒ MiHIN Board

Sponsor(s) of Data Exchange Solution

This section lists the sponsor(s) of the data exchange solution

The only current sponsor for this data exchange solution is the Michigan Department of Health and Human Services.

Metrics of Data Exchange Solution

This section lists and defines the target metrics identified to track the success of the data exchange solution.

Metrics to measure the success of the data exchange solution include:

- Volume of death notifications received from MDHHS by MiHIN
- Number of participants in this data exchange solution
- Volume of death notifications sent from MiHIN to participants
- Change in volume for total electronic death notifications received by MDHHS/EDRS