

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL		Chapter:	6.1.4
Title:	MANAGEMENT INFORMATION SYSTEMS	Page:	1 of 2
		Date Effective:	November 17, 2006
Subject:	HEALTH INFORMATION SYSTEMS – Encounter Validation and Data Integrity	Date Revised:	June 10, 2011
		Authorizing Signature: Formally Adopted	

AUTHORITY: Chelan-Douglas Contract, Appendix A and Related Work Orders
WAC 388-865-0275, Management Information System
DSHS Title XIX Contract and Federal Waiver
CDRSN/PIHP DBHR Integrated Contract **#0969-74944** and Contract **#0969-74848**
42 CFR 438.242(a);(j)(1)(2);(b)(3)
State DBHR Quality Strategy Doc, Sec. VII

SCOPE: This policy applies to Chelan-Douglas Regional Support Network/Prepaid Inpatient Health Plan (CDRSN/PIHP) and its contractors (agencies/providers), and subcontractors (referred to as contractors or agencies or providers throughout this policy).

PURPOSE: This policy directs CDRSN/PIHP and its contractors to provide a comprehensive Management Information System to track service delivery to persons in Chelan and Douglas Counties.

POLICY: The CDRSN/PIHP MIS will review the consumers' records for timeliness of data, required content, and whether or not the data transmitted to the RSN database is accurately reflected in the consumers' records.

Attachments: 2.03.23 MSO Chart Review Template
2.03.24 MSO Service by Client and Date Range Audit Version Template

THE PROCEDURE IS AS FOLLOWS:

1. CDRSN/PHIP will notify the contractor Executive Director or appropriate staff via mail of Encounter Data Validation Audit onsite chart review.
2. Encounter Data Validation Audit will include, at minimum, 1% or 411 encounters per provider, which ever is less, as required by DBHR for the time period within the current Agreement period. Over sampling is at the discretion of the CDRSN.
3. CDRSN/PIHP MIS staff will produce a Crystal report from the RSN database listing by agency the consumers served and number of encounters reported during the audit period. This report will be used to calculate the number of encounters to be reviewed for each agency.
4. From the list above, CDRSN/PIHP will randomly draw a representative sample proportionate to the client served (children vs. adults) by the Subcontractors within the RSN service delivery system in a 12-month time period.
5. The Crystal report tools referenced above will be generated for each consumer selected and used to audit the chart (see below for specific tool categories).

6. Verification for each randomly selected encounter record shall include the following minimum data elements and the recipient's demographics: Recipient Ethnicity, Date of Service, Name of Service Provider, Service Location, Procedure Code, Service Unit/Duration and Provider Type.
7. CDRSN/PIHP MIS staff will provide a list of the consumer records to be audited to the agency 1 working day prior to the scheduled on-site review.
8. A point system will be assigned to each data element audited as scoring sheets are compiled.

The audit tools include, but may not be limited to, the following categories:

- Admission/Discharge/Client Information: includes all the consumer demographic and consumer contact information
- Assessment: includes diagnoses and priority information
- Access: First Contact Information
- Financial/Income: includes financial eligibility and consumer income
- Crisis Investigation/ITA Data: includes all investigation, detention and hearing information
- Billing/Encounter Data:
 - Does Service Date match Service Date reported to the CDRSN?
 - Does the service provided match the Progress Note?
 - Does Start/End Time match times reported to CDRSN?
 - Are the minutes of service consistent with data submitted to CDRSN?
 - Is the location of the service consistent with the location submitted to the CDRSN?
 - Are the Provider Name and Provider Type appropriate for Service performed?
 - Is there a note in the chart?
 - Does Progress Note annotation match service provided?
 - Is the service on the Treatment Plan?
 - Are there encounters/notes in the chart that have not been submitted to the RSN that should have been submitted?

Encounter Data Verification Report to Provider:

After completing the audits, CDRSN/PIHP MIS staff will prepare a written report to each agency indicating category scores, overall scores, and document areas where compliance requires improvement. Agencies will submit letters of improvement within 30 days of receipt of the written report to CDRSN.

Encounter Data Verification Report to DBHR:

CDRSN/PHIP will complete and submit Encounter Data Verification (EDV) Template to DBHR annually within 90 days at the end of 12 month period (October to September).