

CHELAN-DOUGLAS RSN/PIHP POLICY AND PROCEDURE MANUAL	Chapter: 6.1
Title: MANAGEMENT INFORMATION SYSTEMS	Page: 1 of 4
	Date Effective: July 1, 2002
Subject: HEALTH INFORMATION SYSTEMS	Date Revised: June 6, 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
42 CFR 438.242(a);(j)(1)(2);(b)(3)
State HRSA 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: Management Information Systems (MIS) provide a system for tracking services provided. Components described in this chapter provide for the tracking of services provided to persons through Provider Agencies (PA). It is the goal of the MIS to provide accurate and timely information in a secure fashion.

The CDRSN/PIHP does the following:

- A. Provides HRSA all data described in the data dictionary for the HRSA Consumer Information System (HRSA-CIS) (Data Dictionary), or any successor. Data is submitted within 60 days of the close of each calendar month. Upon receipt of the data, the HRSA generates an error report. Upon receipt of the error report, the CDRSN/PIHP remedies all data errors within 30 calendar days of the receipt of the error report.
- B. Demonstrates a primary and backup system for electronic submission of data requested by the HRSA. This must include the use of the Inter-Governmental Network (IGN), Information Systems Services Division (ISSD) approved

secured Virtual Private Network (VPN) or other ISSD-approved dial-up. In the event these methods of transmission are unavailable and immediate data transmission is necessary, an alternate method of submission will be considered based on HRSA approval.

- C. Participates in HRSA decisions to add or delete data elements including projected cost analysis.
- D. Implements changes made to the HRSA data dictionary within 120 days from the date of published changes.
- E. Provides written certification which attests, based on best knowledge, information, and belief, of the CDRSN/PIHP Administrator:
 - 1. That the CDRSN/PIHP is in compliance with this agreement;
 - 2. To the accuracy, completeness, and truthfulness of documents specified by the HRSA.
- F. Ensures that the requested information is received in a manner that allows for a timely response to inquiries from CMS, the legislature, HRSA, and other parties about system operations. Such data is provided in a time frame developed with the HRSA at the time of the request and takes into consideration the needs of the inquiring party.
- G. Performs Encounter Validation to ensure the data received from CMHAs is accurate and complete by verifying the accuracy and timeliness of reported data; screening the data for completeness, logic and consistency; and has available proof to document to the HRSA that the monitoring is occurring. Data will be reported to CDRSN by CMHA's within 50 days of the encounter.

PROCEDURE: The RSN and its providers operates an information system, and ensures that information about individuals that received publicly funded mental health services is reported to the state mental health information system according to HRSA guidelines.

The CDRSN/PIHP makes all collected data available to the State and upon request to CMS, as required in the subpart 438.242(b)(3). Basic elements of a health information system are:

- 1. Collect data on enrollee and provider characteristics as specified by the State, and on services furnished to enrollees through an encounter data system or such other methods as may be specified by the State.
- 2. Ensure that data received from providers is accurate and complete. Do the following:
 - a. Verify the accuracy and timeliness of reported data;

- b. Screen the data for completeness, logic, and consistency; and
- c. Collect service information in standardized formats to the extent feasible and appropriate.

The CDRSN/PIHP reviews error reports, conducts simultaneous electronic and paper chart reviews, and conducts comparative data base evaluations to ensure the reliability of data obtained from providers, including:

- 1. Assess the accuracy of data reported by the network providers, including comparing reported data to a sample of clinical records to verify the accuracy of reported data;
- 2. Assess the timeliness of data reported by network providers, comparing a sample of records to reported data;
- 3. Screen data reported by providers for completeness to ensure that reported data contain all data elements required by the CDRSN/PIHP;
- 4. Screen data reported by providers for consistency and logic;
- 5. Collect information on services provided to Medicaid enrollees using standardized formats to the extent feasible and appropriate.

Encounter validation ,which consists of correcting error reports upon receipt and simultaneous electronic and paper chart reviews at least annually, are used by the CDRSN/PIHP to verify the data collection and submittal processes, including provider site visits.

Regular monthly reports generated by the CDRSN/PIHP and contracted providers and practitioners are used to support utilization management, grievance processes, enrollment services, and quality assessment and performance improvement program. In addition, provider contracts reflect expectations for data collection and reporting.

The CDRSN/PIHP Quality Management Plan shows how enrollee and provider service data from all components of the CDRSN/PIHP's network are used in the quality assessment and performance improvement program.

The RSN and its providers shall ensure that the information collected and reported is sufficient to produce accurate reports.

- a. Information about clients is shared or released between service providers only in compliance with WAC 388-865 and chapters 70.02, 71.05 and 71.34 RCW.

- b. Information about clients and their individual crisis plans must be available twenty-four hours a day, seven days a week, to county designated mental health professionals and inpatient facilities, as consistent with confidentiality statutes.
- c. To HRSA for management and program review.
- d. The RSN or provider shall maintain on file a statement signed by RSN and service provider staff having access to the mental health information systems acknowledging that they understand the rules on confidentiality and will follow those rules.
- e. The RSN or provider shall take appropriate action if an employee willfully releases confidential information, as required by chapter 71.05 RCW.

SEE ALSO: Glossary of Terms and Acronyms