

**Community Mental Health Affiliation  
of Mid-Michigan**

<b>PROCEDURE:</b> 6.1	Page 1 of 2	<b>SUBJECT:</b> Information Management
<b>Related Policy:</b> 6.0		<b>SUBJECT:</b> PIHP Requirements for Information Management
<b>Issuing Directors:</b> PIHP <a href="#">Director of Information Service-Chief Information Officer</a> and Director of Affiliation Operations		<b>Original Effective Date:</b> 11/16/06

**REVISED DATE**

09/08/09
11/09/09

**Review Date(s)**

01/08/08					
02/02/09					
<a href="#">09/22/2010</a>					

**I. PURPOSE:**

To ensure that all CMHAMM affiliates submit required data and comply with the standards of the BBA.

**II. STANDARDS:**

- A. 42 CFR Part 438
- B. 42 CFR parts 160 and 164
- C. MDCH Reporting Requirements Contact

**III. DEFINITIONS:**

**A. Affiliation Error Checking Software:**

A program written by the PIHP to use specifically with DCH required reports for QI data for CMHSPs. (All CMHSPs have access to and use this software.)

**B. QI Data:**

The individual consumer demographic (QI) elements for which data is required. These elements are specified in the Department of Community Health Reporting Requirements Contract.

**C. 837 Format:**

The specific transaction set required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996. HIPAA requires all electronic transactions sent to Prepaid Inpatient Health Plans or CAs from providers to be in a HIPAA compliant format. The 837 format is one of the approved transactions to be used for some QI and all Encounter and Children's Waiver data.

**D. Encounter Data:**

The individual services or encounters per consumer collected, regardless of payment source of funding stream. Encounters are defined in the Department of Community Health Reporting Requirements Contract.

**IV. PROCEDURES:**

- A. Each CMHSP is responsible for participation in trainings, meetings, and discussions in order to understand data collection, management, submission, and reporting requirements. Trainings, meetings and discussions include, but are not limited to, regularly scheduled and ad hoc meetings of the QI/IS group as well as ad hoc opportunities provided by MDCH.

Each CMHSP affiliate is to report the MDCH training, meetings and sessions that a representative from the affiliate attended.

- B. Each CMHSP and CA shall accurately report required data on time and in accordance with CMHAMM and MDCH requirements.

1. QI Files

- a. Each CMHSP shall ensure that there is a record in the QI file for each consumer who has had a service in the [month quarter](#).
- b. Each CMHSP shall successfully run the QI file through the Affiliation Error Checking Software before submission to the PIHP.
- c. Each CMHSP shall submit to the PIHP an encrypted, comma delimited text format QI file by the 17<sup>th</sup> of the month the data is due.

2. Encounter Files

- a. Each CMHSP and CA will create an encounter file in valid 837 format that meets MDCH reporting requirements.
- b. Each CMHSP and CA shall submit to the PIHP an encrypted, 837 file by the 17<sup>th</sup> of the month the data is due.
- c. Each CMHSP and CA shall correct and re-submit any PIHP rejected encounters by the next monthly reporting period.

3. Incident Files.

- a. [Each CMHSP and CA will create incident files in the format specified at MiPIHPWarehouse.org, according to the time frame requirements specified at the same location.](#)
- b. [Each CMHSP and CA shall submit to the PIHP an incident file where all records are accepted by the PIHP data warehouse, by the 17<sup>th</sup> of the month in which the data is due.](#)

- C. Each CMHSP and CA shall meet the standards BBA and provide evidence of compliance with the BBA.

1. Each CMHSP and CA shall provide an Information Systems Capability Assessment as required by the PIHP. MDCH, CMS or other governmental or accrediting agency.
2. Each CMHSP and CA shall maintain data security for its information management system, complying with HIPAA security policies and procedures.

**V. APPLICATION:**

Currently, MDCH has slightly different standards for CMHSPs and CAs. Each "Procedure" in Section IV clearly identifies the application of the individual procedure to CMHSPs, CAs, or both.

**VI. MONITOR AND REVIEW:**

The PIHP Director of Information Services will monitor these functions and, along with the Director of Affiliation operations review this procedure annually. External review will include MDCH and CMS site visits and reporting.

**VII. RELATED POLICIES AND PROCEDURES:**

CMHAMM Policy: 6.0 PIHP Requirements for Information Management

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