

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

PROCEDURE: 6.2	Page 1 of 2	SUBJECT: Data Validation
Related Policy: 6.0		SUBJECT: PIHP Requirements for Information Management
Issuing Directors: PIHP IS Director and Director of Affiliation Operations		Original Effective Date: 10/20/08

REVISED DATE

10/13/09

Review Date(s)

I. PURPOSE:

Define procedures for productivity measurement system.

Define the procedure for ensuring complete and accurate data entry is occurring.

II. STANDARDS:

Medicaid Managed Specialty Supports Services Concurrent 1915 (b)(c) Waiver Program Contract

III. DEFINITION:

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

IV. PROCEDURES:

A. Each CMHSP will run reports to ensure data accuracy and validation of encounters is occurring. These reports include but are not limited to:

1. Longitudinal Report – Used to compare encounter cases and units from month to month and also comparison of prior fiscal year submissions.
2. Timeliness Reports – Ensures that activities are being entered within a timely manner. Timeframes for entry to be developed by the PIHP.
3. Productivity Reports – Shows the total amount of face to face encounters provided by clinical staff. Standardized methods for measuring productivity will be developed by the PIHP. For those service codes where our Affiliation is a cost outlier, as compared to other Affiliations as well as within our Affiliation, the PIHP will examine relative productivity rates as one of the possible causes of the cost discrepancy. (Finance Procedure 7.6, IV.2.a will be used to analyze rates).
4. Exclusion Reports – A report or set of reports that identify encounters that are not going to be reported and why. Data errors that can be corrected will also be identified.

B. The appropriate Leadership Team at each CMHSP will review longitudinal, timeliness and productivity report results on a monthly basis to check for trends and monitor corrective actions.

- C. Each CMHSP will institute a mechanism for proofing data to ensure accurate entry of activities.
- D. The PIHP will provide longitudinal reports for a rolling calendar year on a monthly basis to all affiliates for review.
 - 1. Data will be reviewed by senior management within each affiliate
 - 2. Data will be reviewed by management within each program within an affiliate
 - 3. Data will be reviewed by senior management in an affiliation-wide venue

V. APPLICATION:

The Community Mental Health Authority of Clinton, Eaton, and Ingham Counties Prepaid Inpatient Health Plans and all Community Mental Health Service Programs.

VI. MONITOR AND REVIEW:

The PIHP IS Director will monitor compliance with this procedure across the Affiliation. This procedure is reviewed annually by the Director of Affiliation Operations. External review will include annual compliance audits.

VII. RELATED POLICIES AND PROCEDURES:

CMHAMM Policy	6.0	PIHP Requirements for Information Management
CMHAMM Procedure	7.6	Costing - Finance