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Review Date:

North Sound Mental Health Administration

Section 4000 – CIS: Verification of Accuracy of Data

Authorizing Source: PIHP Contract 2007-09; SMHC 2007-09
Cancels: 1535.00
See Also:
Providers must have a “policy consistent with” this policy
Responsible Staff: Quality Manager

Approved by: Executive Director
Signature:

Date: 12/5/2008

POLICY #4015.00

SUBJECT: VERIFICATION OF ACCURACY OF DATA

PURPOSE

To ensure that the North Sound Mental Health Administration (NSMHA) submits accurate data to the Mental Health Division (MHD) in order to meet contractual requirements.

POLICY

Data accuracy of NSMHA’s administrative systems and processes is critical to ensure that encounter data submissions to MHD are complete and accurate reflections of the care provided to Medicaid beneficiaries; instances where the editing process rejects data for data quality deficiencies are minimized; and, report templates and quality measures accurately reflect the data that are truly comparable across all Regional Support Networks (RSNs). The goal is to design an encounter data validation process that ensures the accuracy, completeness, and integrity of encounter data by comparing encounter data with other administrative data.

PROCEDURE

- 1) Provider level: Providers will establish internal forms, policies and staff training that support the collection of accurate data. Provider staff will validate consumer demographic information at least monthly or at each visit if less than monthly.
- 2) NSMHA Macro level: NSMHA will test the entire encounter database; assess quantity, completeness and quality of encounter data; and, analyze the entire system, provider networks or individual providers. By identifying problems, NSMHA can ensure that data will be accurate when used to develop rates, project service needs, maintain fidelity to access criteria, assess performance indicators, etc.
- 3) NSMHA Micro level: Comparison of individual encounters to clinical records (encounter validation).
 - a) Clinical chart reviews allow NSMHA to validate that the service was performed and that the correct information was collected. Chart reviews shall include verification of dates of encounters, diagnoses codes and ensure that diagnoses codes are current and complete. Procedure codes will also be reviewed against system records. These reviews will identify over-reporting, under-reporting and inaccurate reporting.
 - b) NSMHA will validate encounters using a sampling protocol, methodology, sample size, and tool. NSMHA Information Systems (IS) staff will generate reports for Quality Management according to our defined sampling methodology for selection of medical records for individual record audits.
 - c) Quality Management staff will do individual record audits. This will be combined with Utilization Review or other record review activities for efficiency.

- d) NSMHA will maintain aggregate data and a system of tracking the audits and validation process, provide feedback to MHD and the provider on the results of an audit, provide technical assistance on how to improve deficiencies, and determine the amount of under-reporting of encounters by using other data systems to cross validate and investigate reasons and causes of under-reporting. NSMHA shall educate providers on our mutual benefit of appropriate reimbursement and if necessary, consider corrective action, quality improvement, sanctions or other remedies as needed and appropriate as warranted by the type and amount of inaccurate data.
- e) Staff from IS will complete the macro level functions, initial error checks, complete error analysis reports and notify providers of errors.

ATTACHMENTS

None