

NORTHCARE NETWORK

POLICY TITLE: Data Quality Management	CATEGORY: Quality Assessment & Performance Improvement	
EFFECTIVE DATE: 3/3/06	BOARD APPROVAL DATE: 6/1/11	
REVIEW DATE: 10/19/22	REVISION(S) TO POLICY STATEMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	OTHER REVISION(S): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
RESPONSIBLE PARTY: Quality Improvement Coordinator	CEO APPROVAL DATE: 11/1/22 Dr. Tim Kangas, CEO	

APPLIES TO

NorthCare Network Personnel
Network Providers

POLICY

NorthCare Network ensures data quality throughout local and regional data collection, calculation, validation, and reporting processes. NorthCare Network and Network Providers assure compliance with written reporting guidelines and requirements as published by NorthCare Network, MDHHS and other payors. All regional and State reporting will be generated from ELMER, Great Plains, and other approved sources. NorthCare Network will monitor compliance with reporting requirements through ongoing reporting and data analytics, documentation reviews, and annual site reviews.

PURPOSE

To assure NorthCare Network and all Network Providers report accurate and timely data as required by NorthCare Network, MDHHS, and other payors including, but not limited to, BH-TEDS, PI data, encounter/claims data.

DEFINITIONS

1. **Accurate Reporting** is the timely submission of complete, validated data as defined by MDHHS requirements.
2. **Data Integrity** means the quality or condition of being accurate, complete and valid, and not altered or destroyed in an unauthorized manner.
3. **Network Provider** refers to all providers employed or under contract with NorthCare Network, Member CMHSPs, and SUD Providers.
4. **Validated Data** means that file content has been confirmed to be accurate either manually or via automated routines.

REFERENCES

- 42 CFR 438.604,438.606
- MDHHS/PIHP Contract
- MDHHS Estimated Cost of Services Technical Advisory
- MDHHS Explanation of Benefits Technical Requirement

- Accreditation Standards, as applicable
- NorthCare Network/Member CMHSP Delegation Agreement
- PIHP Data Certification – Annual Attestation
- ELMER Clinical Directives
- NorthCare Network Information Management Policy
- NorthCare Network Information Management Plan

HISTORY

REVISION DATE: 1/23/07, 4/5/11, 9/12/13, 8/27/14, 3/21/16, 1/23/17, 11/20/17, 9/12/18, 2/18/21, 12/21/21, 10/19/22

REVIEW DATE: 4/5/11, 3/20/13, 9/12/13, 8/27/14, 5/22/15, 3/21/16, 1/23/17, 11/20/17, 9/12/18, 7/30/19, 4/29/20, 2/18/21, 12/21/21, 10/19/22

CEO APPROVAL DATE: 3/20/13, 9/12/13, 8/27/14, 6/2/15, 4/4/16, 2/7/17, 12/11/17, 10/2/18, 8/6/19, 6/2/20, 3/2/21, 1/4/22, 11/1/22

BOARD APPROVAL DATE: 3/3/06, 6/1/11

PROCEDURES

A. NorthCare Network selects, collects, analyzes, and ensures data integrity prior to integrating data that is used to manage key work processes. The following process for required and AdHoc reporting will provide a consistent approach to ensuring data integrity.

1. Steps for Required Reporting:

- a. Review reporting specifications outlined by MDHHS or other oversight/accrediting entities requiring data measures.
- b. Establish data collection methods based on statistical principles and techniques as applicable.
- c. Ensure sample size is sufficient to draw valid conclusions.
- d. Identify output, format and calculations based on requirements.
- e. Establish baseline where appropriate.
- f. Establish benchmarks to compare against organization/department's own performance, customer data, and/or comparative data in order to set goals and target performance levels.
- g. Submit report request and work with data analyst to identify the systems that hold the data elements for calculating the measure.
- h. Extract data.
- i. Validate for integrity - if data anomalies are found (i.e., incomplete, inaccurate, invalid); identify root cause and correct.
- j. Once reliable output is achieved calculate measure, finalize output and format.
- k. Ongoing measures should be compared to selected benchmarks.

2. Steps for Ad Hoc Reporting:

- a. Identify reporting specifications by soliciting input from individuals requesting and who will be using the data.
- b. Establish data collection methods based on statistical principles and techniques as applicable.
- c. Ensure sample size is sufficient to draw valid conclusions.

- d. Identify output, format and calculations based on requirements.
 - e. Establish baseline where appropriate.
 - f. Establish benchmarks to compare against organization/department's own performance, customer data, and/or comparative data in order to set goals and target performance levels.
 - g. Submit report request and work with data analyst to identify the systems that hold the data elements for calculating the measure.
 - h. Extract data.
 - i. Validate for integrity - if data anomalies are found (i.e., incomplete, inaccurate, invalid); identify root cause and correct.
 - j. Once reliable output is achieved calculate measure, finalize output and format.
 - k. Ongoing measures should be compared to selected benchmarks.
- B. Network Providers are required to have data quality review procedures in place. Member CMHSPs have access to tools such as data quality edits in ELMER and use of reporting and analytics to identify and correct data issues in accordance with established submission schedule.
- C. NorthCare Network has various documented procedures to follow that address eligibility, payment, Performance Indicator data, BH-TEDS data and 837 processing. NorthCare Network monitors data quality and reviews procedures on an ongoing basis and at time of annual site review.