

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: 7/10/24	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: QI/UM Specialist	CEO APPROVAL DATE: 8/6/24 Megan Rooney	

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 its Network Providers assure compliance with written reporting guidelines and requirements as published by NorthCare Network, MDHHS (Michigan Department of Health and Human Services) and other payors. All regional and State reporting will be generated from NorthCare’s electronic medical record (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 establish a validation and management system for data that is entered, collected, and utilized by NorthCare Network and its Network Providers in order to comply with necessary reporting requirements while ensuring the data is accurate and timely.

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
- PIHP/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, 8/1/23, 7/10/24

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, 8/1/23, 7/10/24

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, 8/1/23, 8/6/24

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

PROCEDURES

- A. NorthCare Network's electronic medical record (ELMER) is developed by PCE Systems and is the primary data source of consumer, staff, and service provider information that is used for validation and reporting.
 1. PCE Systems runs a complete backup of ELMER tables which is downloaded by NorthCare Network every night via a SQL job. The job is stored on the nc-sql server and the ELMER tables are stored within the DATANCR database on nc-sql.
 2. PCE Systems provides a Data Dictionary within ELMER to identify the table and field names to support reporting and warehouse development.

- B. NorthCare Network ensures data integrity prior to integrating data that is used to manage key work processes at various points in its lifecycle.
 1. Many forms and modules within ELMER that are utilized for data collection are validated for the reliability of the data entry. ELMER will prompt the user via a warning prior to saving or will prevent the user from saving prior to correcting invalid entries.
 2. Additional validations occur in various stages such as claims adjudication, performance indicator calculations, encounter and TEDS gathering and submission, etc.

- C. After data validation is complete, NorthCare Network shall prepare the data for submission to MDHHS in accordance with the Reporting Requirements section of the MDHHS/PIHP contract. The following processes for required and Ad Hoc reporting provides a consistent approach to ensuring data integrity, completeness and reliability of the information reported.
 1. Review reporting specifications outlined by MDHHS or other oversight/accrediting entities requiring data measures.
 2. Establish data collection methods based on statistical principles and techniques as applicable.
 3. Ensure sample size is sufficient to draw valid conclusions.
 4. Identify output, format and calculations based on requirements.
 5. Establish baseline where appropriate.

6. Establish benchmarks to compare against organization/department's own performance, customer data, and/or comparative data to set goals and target performance levels.
 7. Submit report request and work with data analyst to identify the systems that hold the data elements for calculating the measure.
 8. Extract and validate the data for integrity. If anomalies are found (i.e., incomplete, inaccurate, invalid), identify root cause and correct.
 9. Once reliable output is achieved calculate measure, finalize output and format for submission.
- D. Network Providers are required to have data quality review procedures in place. Users 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.
- E. NorthCare Network has various documented procedures that all Network Providers are required 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 the time of annual site reviews. Measures shall be compared to selected benchmarks as applicable, in an ongoing manner.