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Owner **Suzanne Henson**
Policy Area **Information Technology**

Data Submission and Completeness

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) to ensure that data received by DWIHN from the contracted Providers is complete, accurate and timely.

PURPOSE

DWIHN requires many forms of data from the Clinically Responsible Service Providers (CRSP), Specialty Providers, Crisis Services Vendors, including but not limited to:

1. Authorizations
2. BH-TEDS
3. Biopsychosocial (BPS)
4. CAFAS
5. CALOCUS
6. Claims & Encounters with Coordination of Benefits (COB)
7. Consumer Demographic Information
8. Crisis Plan and Advance Directive
9. IPOS
10. Level of Care by Consumer
11. LOCUS
12. PECFAS
13. Performance Indicators
14. PHQ-9

15. PHQ-A
16. Provider Staff Credentials
17. SIS Assessment

APPLICATION

1. The following groups are required to implement and adhere to this policy: Clinically Responsible Service Provider (CRSP), Specialty Providers, Crisis Services Vendors
2. This policy serves the following populations: Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/DD), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), Autism
3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

1. **Data Submission:** Any data uploaded into MH-WIN. Some data must be entered directly into DWIHN computer systems or by HIE. Some information can be Structured and unstructured data.
2. **Data Completeness:** All elements of the data record are completed and accurate.

STANDARDS

1. The Clinically Responsible Service Provider (CRSP), Specialty Providers, Crisis Services Vendors are responsible for gathering, consolidating and validating all of the following consumer assessments and information: Claims & Encounters with Coordination of Benefit (COB), Performance Indicators, SIS Assessment, CAFAS, PECFAS, LOCUS, CALOCUS, PHQ-9, BPS, IPOS, Crisis Plan and Advance Directive, Level of Care by Consumer, BH-TEDS, Authorizations, Consumer Demographic Information, and Provider Staff Credentials from their providers into the DWIHN computer system.
2. At least 85% of encounters with COB must be submitted and accepted into MH-WIN within 30 days of the date of service. The CRSP is responsible for performing weekly encounter with COB submissions to DWIHN computer system for claims process each week.
3. Consumer Performance Indicators, SIS Assessment, CAFAS, PECFAS, LOCUS, CALOCUS, PHQ-9, PHQ-A, IPOS, Crisis Plan and Advance Directive, Level of Care by Consumer, BH-TEDS, Authorizations, and Consumer Demographic Information must be reviewed, submitted, and accepted upon completion of any of the aforementioned documents/assessments into DWIHN computer system. The frequency of document transmission needs to coincide with the required frequency of submission of assessment/document per the pertinent DWIHN policies.
4. The Clinically Responsible Service Provider (CRSP), Specialty Providers, and Crisis Services Vendors are responsible for monitoring and ensuring compliance with data collection and submission to DWIHN of all MDHHS performance indicators.
5. The Clinically Responsible Service Provider (CRSP), Specialty Providers, and Crisis Services

Vendors must use DWIHN published data exchange protocols for transmitting data to DWIHN.

6. The Clinically Responsible Service Provider (CRSP), Specialty Providers, and Crisis Services Vendors must reconcile Claims & Encounters with COB, Performance Indicators, SIS Assessment, CAFAS, PECFAS, LOCUS, CALOCUS, PHQ-9, PHQ-A, IPOS, Crisis Plan and Advance Directive, Level of Care by Consumer, BH-TEDS, Authorizations, Consumer Demographic Information, and Provider Staff Credentials data between their system and DWIHN's system quarterly.
7. The Clinically Responsible Service Provider (CRSP), Specialty Providers, and Crisis Services Vendors and DWIHN staff will collaborate on designs for maintaining the definitions, structure, and content of submitted records on an on-going basis.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The Direct Contractor's quality improvement program must include measures for both the monitoring of and the continuous improvement of the program or process described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, Direct Contracted Network Providers, and their subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Mental Health Code Act 258, PA 258 of 1974, as revised
2. Department of Community Health Administrative Rules
3. Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program (PIHP/CMHSP contracts in effect, and as amended)

RELATED POLICIES

1. [Assessment Policy](#)
2. [Staff File Maintenance](#)

CLINICAL POLICY

No

INTERNAL/EXTERNAL POLICY

EXTERNAL

Approval Signatures

Step Description	Approver	Date
Final Approval Policy	Eric Doeh: President and CEO	06/2022
Stakeholder Feedback	Allison Smith: Project Manager, PMP	06/2022
Director Committee Review	Yolanda Turner: Legal Counsel	05/2022
Director Committee Review	Ricarda Pope-King: Provider Network Administrator	05/2022
Director Committee Review	Andrea Smith: Director of Workforce Training & Program Devel.	05/2022
Director Committee Review	Brooke Blackwell: Chief of Staff	04/2022