

# ORGANIZATIONAL PROCEDURE

<b>PROCEDURE # 3.0A</b>	<b>EFFECTIVE DATE</b>	<b>REVISED DATE</b>
<b>TITLE: INFORMATION SYSTEMS MANAGEMENT PROCEDURE</b>	<b>January 1, 2014</b>	<b>02/26/2024</b>
<b>ATTACHMENT TO</b>	<b>REVIEW DATES</b>	
<b>POLICY #: 3.0</b>	1/1/2015, 9/1/2020, 12/16/2021, 02/02/2024	
<b>POLICY TITLE: INFORMATION SYSTEMS MANAGEMENT</b>		
<b>CHAPTER: INFORMATION MANAGEMENT</b>		

## I. PURPOSE

- A. To establish consistent data transmission and maintenance procedures for Lakeshore Regional Entity (LRE) and its members and to ensure compliance with State and Federal contracts and regulations.
- B. To receive and disburse data from Michigan Department of Health and Human Services (MDHHS) as it relates to Quality Improvement (QI), Eligibility and Finance and as specified in MDHHS contract.
- C. To monitor and improve quality of data in the region.
- D. To submit data on a timely basis to MDHHS.
- E. To create and maintain reporting features which provide feedback to LRE and its members and to improve quality and delivery of service and other administrative functions.

## II. PROCEDURES

- A. Receiving electronic files (enrollment and revenue)
  1. LRE will use a standard process to receive enrollment and revenue files, on behalf of the region.
  2. Each month, or more frequently as needed, LRE staff will review the files for HIPAA compliance, using its Managed Care Information System.
  3. LRE, via its Managed Care Information System, will parse the enrollment file by CMHSP and make the data available for each CMHSP to upload into its system.
  4. LRE staff will make the data available for the Chief Financial Officer (CFO) and for each CMHSP CFO to make financial decisions on behalf of the region.
  5. LRE staff will parse the revenue file and make the data available for the LRE CFO and for each CMHSP CFO to make financial decisions on behalf of the region.
- B. Processing clinical, financial, utilization, demographic, quality, and authorization information.
  1. LRE will utilize a Managed Care Information system to receive clinical, financial, utilization, demographic, quality, and authorization information from CMHSP/CA in the region.
  2. HIPAA compliant formats (such as 270/271, 820, 834, 837) will be utilized for eligibility, service delivery and financial information.
  3. BH TEDS data will be received using the ASCII format defined by MDHHS.

4. Clinical data will be received using universally accepted formats where feasible (for example: HL7 or XML).
  5. LRE will accept transaction standards agreed upon with MDHHS, CMHSP/CA, clearing houses or accepted by the industry.
  6. LRE will accept transaction models, instead of online data entry, as adopted by LRE IT Regional Operations Advisory Team (IT ROAT).
- C. Accept clinical, financial, utilization, demographic, quality, and authorization information from third party clearinghouses.
1. LRE will accept transaction standards agreed upon with MDHHS, CMHSP, clearing houses or accepted by the industry.
- D. Analyze, integrate and report clinical, financial, utilization, demographic, quality, and authorization information.
1. LRE will process information in a Managed Care Information System.
  2. The Managed Care Information System will contain a record of any data, as agreed upon by the regional committees such as LRE IT ROAT, LRE QI ROAT, LRE Finance ROAT.
  3. The Managed Care Information System will maintain all records for the length of time agreed upon by the regional committees or by the MDHHS contract, whichever is more stringent.
  4. The Managed Care Information System will process and distribute recurring reports for the QI, Finance and IT committees as needed.
  5. The Managed Care Information System will have features to retrieve data for reporting to MDHHS and other external entities (such as Health Plans), for coordination of care.
- E. Submit BH TEDS, Encounters and other required data sets in compliant formats are specified by MDHHS. Instructions for submitting files into the LRE Managed Information System are provided in the PCE Systems LIDS User Manual (“LRE Affiliate Data Submissions.pdf”).
- F. LCID (Client Registry):
1. LRE will utilize its Managed Care Information System to receive/validate LCID files from CMHSP and to submit client registry data (‘BH Registry’) in compliant format to the MDHHS CHAMPS system on behalf of the region.
  2. Prior to the submission of transactional data associated with a client (such as BHTEDS, Encounters, and Critical Incidents), the client must first be defined/registered in the LRE Managed Care information System through the submission of an LCID (Client Registry) record in the LCID file submission.
  3. LCID files submitted by CMHSP should contain a record for a client only when the client is new or when data changes have occurred on the record (such as when the client address has changed since the previous LCID submission for that client). LCID files should not include all CMHSP clients in every LCID file submission – this creates the need for excessive manual resolution of transactions errors in the PIHP system due to “stale data” submissions.
  4. LCID records rejected by LRE system validations will be reported to the CMHSP via CMH access to error response file within the LRE Managed Care Information

System. Records rejected by LRE system validations will not be automatically reprocessed – rather CMHSP will need to correct and resubmit the LCID record.

5. LCID data submission format will be maintained and published by PCE Systems, and may be amended from time to time if required by PCE Systems, MDHHS or LRE. LCID file layout (codebook) and processing documentation is available within the LRE IT ROAT regional documentation set.

G. BHTEDS:

1. LRE will utilize its Managed Care Information System to receive/validate BHTEDS from CMHSP and to submit BH TEDS in compliant format to MDHHS on behalf of the region.
2. BHTEDS records rejected by LRE system validations will be reported to the CMHSP via CMH access to error response file within the LRE Managed Care Information System. Records rejected by LRE system validations will not be automatically reprocessed – rather CMHSP will need to correct and resubmit the BHTEDS record.
3. The compliant data submission format for BHTEDS will be maintained and published by MDHHS per MDHHS reporting requirements including BHTEDS Coding Instructions, which may be amended by MDHHS from time to time.

H. Encounters:

1. LRE will utilize its Managed Care Information System to receive/validate encounters from CMHSP and to submit encounters in compliant format to the MDHHS CHAMPS system on behalf of the region.
2. Encounter records rejected by LRE system validations will be reported to the CMHSP via CMH access to error response file within the LRE Managed Care Information System. Records rejected by LRE system validations will not be automatically reprocessed – rather CMHSP will need to correct and resubmit the encounter record.
3. The compliant data submission format for encounters will be maintained and published by MDHHS per MDHHS reporting requirements for 837 encounters including the MDHHS 837 Companion Guides, Encounter Financial Reporting Instructions (which includes Coordination of Benefits reporting requirements), the applicable Behavioral\_Health\_Code\_Charts\_and\_Provider\_Qualifications document in effect for the reporting period, and any other additional specifications or technical advisories which may be released by MDHHS from time to time.
4. Additional (region specific) guidelines for reporting of CMHSP encounters into the LRE Managed Care Information System are specified in the PCE Systems user guide for CMHSP (“LRE 5010A1 Encounter Companion Guide.pdf”). These requirements are designed to ensure that CMHSP submitted data is correctly interpreted by the LRE Managed Care Information System so it can be relayed accurately to MDHHS in alignment with MDHHS reporting rules.
5. Additional encounter reporting conventions designed to improve data quality, clarity and usability, maybe be added or amended from time to time when adopted by LRE IT ROAT.

- I. CIRE (Critical Incidents and Risk Events):
  1. LRE will utilize its Managed Care Information System to receive/validate CIRE files from CMHSP and to submit critical incidents in compliant format to MDHHS on behalf of the region.
  2. If any records in the CMH file are rejected, the entire file will be rejected by the LRE Managed Care Information System. The CMH will need to correct (or remove) bad records and then resubmit the entire CIRE file.
  3. CIRE data submission format will be maintained and published by PCE Systems, and may be amended from time to time if required by PCE Systems, MDHHS or LRE. CIRE file layout (codebook) and processing documentation is available within the LRE IT ROAT regional documentation set.
- J. Quality Indicator Reporting (MMBPIS or other MDHHS required quality data):
  1. LRE will utilize its Managed Care Information System to receive/validate quality indicator files from CMHSP and to submit quality indicators in compliant format to MDHHS on behalf of the region.
  2. Quality indicator data submission format(s) will be maintained and published by LRE and/or PCE Systems in accordance with the reporting constructs necessary to meet MDHHS reporting requirements. These may be revised or amended from time to time if required by PCE Systems, MDHHS or LRE. Quality indicator data layout (codebook) and processing documentation is available within the LRE IT ROAT regional documentation set.
- K. Submit Provider Data and other data sets required by LRE in format(s) adopted by LRE IT ROAT or other applicable formats if required by MDHHS or by other applicable compliance statutes (such as Code of Federal Regulations).
  1. Provider Data:
    - a. LRE will utilize its Managed Care Information System to receive/validate Provider Data files from CMHSP and use this information to establish and maintain an accurate regional Master Provider Index
    - b. Provider data submission format(s) will be maintained and published by LRE and/or PCE Systems in accordance with the reporting constructs necessary to maintain an accurate Master Provider Index and provider information store within the PIHP system, which will:
      - i. Assures comprehensive and accurate identification and enumeration of all providers in the regional provider network.
      - ii. Ensures a complete and accurate regional provider directory which meets CMS and MDHHS compliance requirements.
      - iii. Satisfies MDHHS reporting expectations with regard to the PIHP provider network.
      - iv. Provides the ability to accurately identify invalid encounter claims submitted to the PIHP system based on provider identification and active/inactive status for both mental health and SUD encounter types.
    - c. Provider data submission format(s) may be revised or amended from time to time if required by PCE Systems, MDHHS or LRE. The Provider Data submission

- layout (codebook) and processing documentation will be made available within the LRE IT ROAT regional documentation set.
2. ConsumerList: Supplemental demographics to support ACRS/ADT reporting mechanisms, Zenith ICDP client attribution, and enhanced client reporting features including the ability to identify open consumers across the region (with or without the presence of encounters), for LRE audit and reporting purposes.
    - a. LRE will receive/validate ConsumerList files from CMHSP and to submit client registry data ('BH Registry') in compliant format to the MDHHS CHAMPS system on behalf of the region.
    - b. Information carried in the ConsumerList file will serve many purposes, most of which are based around the need for data to arrive sooner (with greater frequency) than any other client demographic data sources which are delivered within the confines of the other reporting systems previously in place (such as the LCID, Encounters, and BH-TEDs). This is especially important for the timely initiation/triggering of ADT messages for consumers as they are entering care. Therefore, in this data feed, the completeness of all data elements is stressed a little bit less (than with, for example, BH-TEDS), and the enhanced timeliness and frequency of the data is stressed more.
    - c. ConsumerList data submission format will be maintained and published by LRE, and may be amended from time to time if changes are adopted by LRE IT ROAT. ConsumerList layout (codebook) and processing documentation is available within the LRE IT ROAT regional documentation set.
  3. Additional Files: Other clinical, assessment, or administrative data files as applicable and as agreed upon by the region, in a format adopted by LRE IT ROAT (including but not limited to LOCUS, FUH, ABAEpisode, Authorizations, Claims and COFR).
    - a. File will be imported and validated by LRE.
    - b. Error response file will be returned to the submitting CMHSP.
    - c. File specifications and submission documentation will be made available within the LRE IT ROAT regional documentation set.
- L. Identify, analyze, and report costs and revenues for services.
1. The LRE Managed Care Information System and reporting data warehouse will aggregate data as specified by MDHHS.
  2. The Managed Care Information System and reporting data warehouse will contain a record of any data as agreed upon by the regional committees such as LRE IT ROAT, LRE QI ROAT, and LRE Finance ROAT.
  3. The LRE Managed Care Information System or the LRE (or any associated MCO or ACO) reporting data warehouse systems [extracted from the LRE Managed Care Information System] will produce recurring reports for the QI, Finance, IT committees.
- M. Detect and correct errors in data receipt, transmissions, and analyses.
1. The LRE Managed Care Information System will validate HIPAA compliance and formats (such as 270/271, 820, 834, 837). The system will also detect errors during transmission and receipt of data.

2. LRE staff will monitor, analyze, and correct data sets for re-submission to MDHHS when necessary.
  3. The data warehouse will be capable of reporting data integrity errors.
- N. Safely and securely send and receive data to and from other systems.
1. The LRE Managed Care Information System will have the capability to make data available via API or in HL7, CCD or other acceptable formats, to Health Plans and other payers, provider networks, beneficiaries, or members of the public as appropriate and as required by MDHHS.
  2. Encryption methods will be employed whenever appropriate to guarantee the secure transmission of Protected Health Information.

**I. RELATED POLICIES AND PROCEDURES**

- A. LRE Information Management Policy and Procedures
- B. MDHHS online reporting requirements page:  
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
- C. LRE 5010A1 Encounter Companion Guide.pdf
- D. LRE Affiliate Data Submissions.pdf
- E. LCID Codebook and LCID Documentation (see LRE IT ROAT materials at:  
PCE (LIDS) System Documentation / CMH Submissions to LIDS / LCID
- F. Critical Incident Codebook and documentation (see LRE IT ROAT materials at:  
PCE (LIDS) System Documentation / CMH Submissions to LIDS / CIRE