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WRITTEN BY Kathy Tilley & Kelly VanWormer		REVIEWED BY		AUTHORIZED BY PIHP Board

I. APPLICATION:

- PIHP Board
- PIHP Staff
- CMH Providers
- CMH Subcontractors
- SUD Providers

II. POLICY STATEMENT:

It shall be the policy of the Region 10 PIHP that the PIHP and all providers/sub-contractors and their computer users (“users”) will ensure that data in their Information System is accurate, and entered into the Information System in a timely fashion, in order to promote the use of this data and appropriate information tools for decision making, operations, and third party reporting. The PIHP and Agencies must employ best practice procedures to ensure the safety and integrity of such data, and to continuously monitor and improve its quality.

III. DEFINITIONS:

EHR (Electronic Health Record): A systematic collection of patient electronic health information generated by one or more encounters in any care delivery setting and including various health-related, demographic and service information.

Enterprise Database: A relational database which is centralized and shared by many users (in this case the CMHs and SUD Providers) and used for reporting and data analytics.

Information System: The network of computers and other hardware and software used to categorize, store, retrieve, copy, protect, and manipulate data on behalf of the agency and its clinical and administrative operations.

Integrity of Data: A condition in which the data compiled and manipulated by the Information System is believed to be valid and accurate as a result of processes employed by the agency to protect the accuracy, security, comprehensiveness, and standardization of the data.

Protected Health Information (PHI): Anything that can possibly identify the client, including but not limited to name, address, phone number, social security number, medical record number (e.g., case

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numbers and MDHHS CONID), date of birth, Medicaid number or other insurance ID, etc. The PHI items listed above are not all-inclusive, but are simply examples of commonly used identifiers. See HIPAA regulations for more details.

Security: Methods used to protect the Information System and its contents from fraud, computer viruses, power failure, sabotage, destruction, and unauthorized access or alteration.

User: Individual who has access to Information Systems as personnel, contractor, temporary employee, client, or other person who uses Agency computers.

IV. STANDARDS:

- A. All PIHP and CMH Administrative, CMH Providers/Sub-contractor & SUD Provider policies and procedures regarding paper records and/or standards of conduct also apply to the data and files in the Information Systems, including response to the Freedom of Information Act, HIPAA Privacy regulations, confidentiality policies, and any other applicable policies and procedures.
- B. PIHP and Agency technical staff will establish proper authorities and permissions to ensure that access to and operations on data and files are consistent with individual job roles and responsibilities.
- C. PIHP staff will make appropriate on-line documentation available to PIHP staff, CMH Administrative Staff, and CMH Providers/Sub-contractors and SUD Providers, that define processes and data elements of the PIHP Information System.

V. PROCEDURES:

ENTERPRISE DATABASE

An enterprise database will be maintained by the PIHP which will be a subset of PIHP, CMH Administrative, CMH Providers/Sub-contractor & SUD Provider electronic data, particularly the data received from MDHHS and submitted to the PIHP by CMH providers and sub-contractors. This data includes, but is not limited to, encounters, QI and other demographic data, Performance Indicator data, TEDS, authorization, eligibility, and other data as required by MDHHS or needed by the PIHP for operation, data analysis and management.

- A. The PIHP's information management system will include protection and security features to ensure confidentiality, data integrity and protection from intrusion, including risk mitigation and management procedures for a loss of confidential data or security breach to include notification of affected consumers.
- B. The accuracy and timeliness of data submitted by CMH Administrative Staff, CMH Providers/Sub-contractors and SUD Providers will meet the requirements of the Michigan Department of Health and Human Services (MDHHS), and all other necessary payers, accrediting organizations, or regulatory entities.

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- C. PIHP management, assisted by the PIHP technical staff, will monitor the accuracy and timeliness of this data.
- D. CMH/SUD Providers/Sub-contractors will have policies and procedures requiring that data shall be entered into the EHR as soon as practical.
- E. CMH/SUD Providers/Sub-contractors will have policies and procedures requiring that only users authorized to enter, alter, or remove data, and trained in the appropriate standards and procedures, shall enter or alter data in their EHR/Information System.
- F. CMH/SUD Providers/Sub-contractors must have policies and procedures requiring that demographic (QI and TEDS) data submitted to the PIHP must be reviewed and updated at any known event which affects relevant information for the individual served, and at least quarterly. Third-party reimbursement data shall be reviewed and updated as often as necessary to ensure that the PIHP remains the payer of last resort. Specific responsibilities include:
- Access and Crisis workers who register new or returning clients are responsible to capture and update, to the extent possible, all client demographic and eligibility information in the computer record, or to ensure that the information is entered into the correct computer record in a timely manner.
 - Primary Caseholders are responsible to review and ensure the accuracy and completeness of the client's demographics at least quarterly.
- G. CMH/SUD Providers/Sub-contractors must have policies and procedures requiring that clinical documentation shall be signed in accordance with the PIHP's documentation rules, and must be reviewed for accuracy by management and billing personnel as needed.

VI. EXHIBITS: N/A