



NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: 4100

Assigned Policy Number: Data Entry and Data Reporting Requirements

Mega Regs Policy Area(s): Mark All That Apply

- | | |
|---|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input checked="" type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 4/16/2018

Policy developed by: Laura Luna

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 4/16/2018

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 4/16/2018

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 4/16/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



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|-------------------------------------|---|
| <input checked="" type="checkbox"/> | BHSD County Staff |
| <input checked="" type="checkbox"/> | Contract Providers |
| <input checked="" type="checkbox"/> | Specialty Mental Health |
| <input checked="" type="checkbox"/> | Specialty Substance Use Treatment Services |

Title: Data Entry and Data Reporting Requirements

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| Approved/Issue Date: | Behavioral Health Services Director: | |
| Last Review/Revision Date: | Next Review Date: | Inactive Date: |

- REFERENCE:**
- 42 Code of Federal Regulations (C.F.R.) § 438.242 (b) (i-iii) Health Information Systems
 - 9 California Code of Regulations (CCR) § 1810.215
 - 9 California Code of Regulations (CCR) § 1810.238
 - 9 California Code of Regulations (CCR) § 1810.247
 - 9 California Code of Regulations (CCR) § 1810.345
 - 9 California Code of Regulations (CCR) § 1810.376
 - Title XIX of the Social Security Act, 42 U.S.C. section 1396 et seq.
 - 22 California Code of Regulations (CCR), § 51341.1
 - W&I Code, Section 14124.24
 - California's Medicaid State Plan, including the DMC ODS Section 1115 Demonstration Waiver standard terms and conditions

POLICY:

Pursuant to 42 C.F.R. § 438.242 and consistent with Cal. Code Regs., tit. 9, § 1810.376, the Behavioral Health Services Department (BHSD) shall maintain a health information system that collects, analyzes, integrates, and reports data.

BHSD's health information will: (1) collect data on beneficiary and provider characteristics and on services furnished to beneficiaries as specified by DHCS, (2) verify the accuracy and timeliness of data reported by its providers, and if applicable, data from network providers receiving capitation payments; (3) screen the data received from providers for completeness, logic, and consistency, and (4) collect data from providers in standardized formats to the extent feasible and appropriate, including via secure information exchanges and technologies utilized for state Medicaid quality improvement and care coordination efforts.

BHSD will make all collected data available to DHCS upon request.



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DEFINITIONS:

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics, hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.



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| <u>PROCEDURE</u> | |
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| Responsible Party | Action Required |
| Contractor Provider & BHSD | <p>I. Data Entry for Client Services</p> <p>A. If Contract Provider enters data into the billing system:</p> <ol style="list-style-type: none"> 1. Contract Provider is required to input all data regarding client services into the Behavioral Health Services Department (BHSD) Health Information System within ten (10 business days from the date the services were rendered. 2. BHSD ensures that data received from providers is accurate and complete. This includes screening the data received from providers for accuracy, timeliness, completeness, logic, and consistency. <ol style="list-style-type: none"> a) The same process is followed for received data from network providers who are compensated on the basis of capitation payments. <p>B. Contract Provider shall complete the following:</p> <ol style="list-style-type: none"> 1. Upon admission of client, Contract Provider shall submit to BHSD client registration forms in an agreed upon format. 2. By the 20th day of the following month, Contract Provider will submit claims in an agreed upon format, detailing services rendered in the prior month, to BHSD. The claims will include the client and provider identification, date and location of services, mode/service function, and duration of services. |



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| | <ol style="list-style-type: none"> 3. BHSD is responsible for screening the data received from providers for completeness, logic, and consistency, including: <ol style="list-style-type: none"> a) Verifying the accuracy and timeliness of data reported by providers (if applicable, this includes data from network providers who are compensated on the basis of capitation payments). 4. BHSD will enter Contract Provider services into the BHSD Health Information System and provide Contract Provider with a Preliminary Claim Report within 10 business days of receipt of report. 5. Contract Provider will review and make any necessary adjustments to the BHSD- generated Preliminary Claim Report and return the report to BHSD within 5 business days of receipt of the report. 6. BHSD will supply to Contract Provider a final Claim Report incorporating Contract Provider’s adjustments for use as the basis for the Contract Provider’s claim for services to BHSD within 5 business days of receipt of Contract Provider’s adjusted report. 7. Contract Provider will submit a signed final Claim Report to BHSD within 5 business days following receipt of final Claim Report. |
| <p>Contract Provider</p> | <ol style="list-style-type: none"> II. Data Reporting Requirements <ol style="list-style-type: none"> A. Contract Provider will comply with the reporting requirements reflected in Division 5 of the California Welfare Institutions Code (W&I), Division 1, Title 9 of the California Code of Regulations (CCR), and all applicable laws. B. Contract Provider is required to measure individual outcomes for clients served to assist in determining areas for service improvements. |



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| | <p>C. When applicable, the Contract Provider will administer assessment tools as part of the BHSD's program requirements, and collect and report on assessment tool data.</p> <p>D. Data Submission</p> <ol style="list-style-type: none">1. The Contract Provider will collect treatment and service data for outcomes data reporting.2. The Contract Provider will enter client demographic information, direct services information, and other appropriate data into the BHSD's health information system.3. When applicable, other data collection methods may include, but are not limited to, entering data into a database as specified by the BHSD and electronic submission of data to the BHSD using other formats such as Microsoft Excel. <p>E. 90+ Days Without Service Reports:</p> <ol style="list-style-type: none">1. The Contract Provider shall run the 90+ Day without Service report (using the BHSD health information system) that will consist of a status update for each consumer listed. This report will be submitted to the BHSD Contract Monitor within 15 working days from the end of the quarter. In addition, the BHSD Contract Monitor may run the report on a monthly basis based on the department's capacity needs.2. The Contract Provider report shall include the disposition for each consumer listed on the 90+ Days without Service report and indicate the reason the consumer has not been closed to behavioral health services. Status reasons may include:<ol style="list-style-type: none">(a) Moved out of the area;(b) Incarceration/IMD;(c) When case is to be closed. |
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| | <p>(d) The Contract Provider shall maintain consumers placed in Institutions of Mental Disease (IMDs) open during the duration of their stay and will coordinate treatment during placement in the IMD and following discharge of clients into the community. The date of admission to the IMD is to be included in the report.</p> <p>F. The Contract Provider shall comply with the reporting requirements reflected in Division 5 of the California Welfare and Institutions Code (W&I), Division 1, Title 9 of the California Code of Regulations (CCR), in standardized formats to the extent feasible and appropriate, per BHSD.</p> <p>G. The Contract Provider and BHSD are to ensure secure information exchanges and technologies utilized for quality improvement and care coordination efforts that contain protected health information of clients and their rendered Medi-Cal services.</p> |
| Attachments: | |