



PENINSULA RSN

MANAGEMENT INFORMATION SERVICES POLICIES AND PROCEDURES

Policy Name: LOADING OF MHD ENROLLMENT DATA **Policy Number:** 4.01

Reference: DSHS Contract

Effective Date: 8/2005

Revision Date(s): 12/2007

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

To ensure that all updates to Medicaid enrollment and eligibility are downloaded in a timely way into the on-line Peninsula Regional Support Network (PRSN) database.

PROCEDURE

The Peninsula Regional Support Network contracts with Kitsap Mental Health Services (KMHS) to manage the Information Services network on behalf of the PRSN.

Kitsap Mental Health Services IS staff are responsible to update enrollment information in the PRSN's database monthly.

In order to load enrollment data from the Mental Health Division into the PRSN Information Services database, KMHS staff adhere to the following specific procedures and checks:

ACTION	INSTRUCTIONS
Determine if Eligibility Files are Ready	Go to the MHD website. Go to <u>Facilities</u> , <u>RSN</u> , <u>Eligibility Processing Status</u> . There are 11 steps to the process. When the Month column indicates the current month, and Step 11 Status indicates "Step completed", begin the process. Alternate option: wait for email notification from MHD.

ACTION	INSTRUCTIONS
<p>Data Extract</p> <p>Make sure you get a prompt when saving web page: I:\Elig\filena me already exists. Do you want to replace it?</p>	<p>Go to the MHD web site. Log into the MHD database. Go to <u>Data Extracts</u>, then <u>MMIS</u>. Extract the Demographics by clicking the radio button next to it; click the blue “Press Here” to download. When the file appears in your IE window, click File, Save As, and place in directory \\ADMINSERVER\is-docs\Elig. Name the file “demo” and save it as a text file. Click the Back button. Extract the Medical Eligibility History by clicking the radio button next to it; click the blue “Press Here” to download. When the file appears in your IE window, click File, Save As, and place in directory \\ADMINSERVER\is-docs\Elig. Name the file “elhx” and save it as a text file. Click the Back button. Extract the Third Party Liability (TPL) by clicking the radio button next to it; click the blue “Press Here” to download. When the file appears in your IE window, click File, Save As, and place in directory \\ADMINSERVER\is-docs\Elig. Name the file “tpl” and save as a text file. Log off the MHD server.</p>
<p>Rename Last Month’s File in UNIX</p>	<p>Log in as misadm. Select ufm command. Change to directory /users/ELIG Rename file “mhdelig” to eligmmm.yy where mmm=mon and yy = year (ex. eligfeb.02) Rename file demo to demo.mmm where mmm = month Rename file elhx to elhx.mmm Rename file tpl to tpl.mmm Copy oldest 3 files to read-write CD and delete them from /users/ELIG Change to directory /c9/arch and delete file DB95 Log out of UNIX</p>
<p>Transfer Files to UNIX</p>	<p>At your desktop, click on Start and select RUN. In dialog box type ftp (IP address of UNIX box) Enter misadm at user prompt and provide misadm password. Type lcd i:\ELIG at ftp prompt (response: local directory is now i:\ELIG) Type cd /users/ELIG at ftp prompt (response: CWD command successful) Type bin at the ftp prompt (response: type set to I) Type send demo.txt at ftp prompt (response: Transfer complete. X bytes sent in X seconds) Type send elhx.txt at ftp prompt (response: Transfer complete. X bytes sent in X seconds) Type send tpl.txt at ftp prompt (response: Transfer complete. X bytes sent in X seconds) Type close at ftp prompt (response: Goodbye) Type bye at ftp prompt (return to Windows)</p>

ACTION	INSTRUCTIONS
Set File Permissions/ Ownership	<p>Log in as misadm. Select ufm command. Change to directory /users/ELIG Make sure new file are different size than previous files. If not, new files were not ready! Check MHD web site and begin again. If okay, continue. Rename demo.txt to demo, elhx.txt to elhx, and tpl.txt to tpl Change the Owner and Group of demo, elhx, and tpl to “mis”. Change permissions of demo, elhx and tpl to 777. Press F8 to refresh screen and check. Log out.</p>
Combine three files into one called “mhdelig”	<p>Log into the RSN as yourself. Use function 7.2.14 to get to Medicaid Eligibility File Processing Menu. Run item 1 to convert state files to one file called “mhdelig”. Uses script MHDELIG. Process will take 8 – 10 minutes. Remain logged in.</p>
Set File Permissions/ Ownership	<p>Start another session and log in as misadm. Select ufm command. Change to directory /users/ELIG Change the Owner and Group of mhdelig to “mis”. Change permissions of mhdelig to 777. Log out.</p>
Delete/Create DB 95 In Kitsap Test System	<p>Log in to KMHS TEST System as yourself. Use function 1.17.6.1 to get to menu 392. Run item 2 to delete data base 95 – be careful to enter 95 at the prompt! Run item 3 to create new data base 95 w/uscript MHDDB95. This takes about 1 hour. Run item 4 to create a list of registers to unload. List is called “DB95”. Run item 5 to unload DB 95 to /c9/arch/DB95. Log out.</p>
Process Files at RSN	<p>Return to RSN session or log into the RSN as yourself (if you logged out above). Use function 7.2.14 to get to Medicaid Eligibility File Processing Menu (menu 391). Run item 2 to delete data base 95 – with uscript DELETE95. Run item 3 to load data base 95 from /c9/arch/DB95. This takes about 15 min. Run item 4 to rebuild data base alternate index for DB95. Run item 5 to create new DB search file (note: this will turn DXPOST off). Log in and out of each MIS to turn DXPOST back on. Return to function 7.2.14. Run item 6 to delete all client eligibility records from DB02. Run item 7 to copy data from DB95 to DB02 (client eligibility records) using uscript MHDDB02U. This takes about 2.5 hrs. Run item 8 to copy data from DB95 to DB02 based on SSN, script is MHD02SSN. Notify Mary Anne Miller that process is complete.</p>

ACTION	INSTRUCTIONS
<p>Create DB95 at Forks (WEOS)</p>	<p>Log into Forks as yourself. Use function 7.2.14 to get to Medicaid Eligibility File Processing Menu (menu 391). Run item 2 to delete data base 95 – with uscript DELETE95. Run item 3 to load data base 95 from /c9/arch/DB95. This takes about 15 min. Run item 4 to rebuild data base alternate index for DB95. Run item 5 to create new DB search file (note: this will turn DXPOST off). Log in and out of each MIS to turn DXPOST back on. Notify Deb Palmer that new eligibility file is online.</p>
<p>Process Files at Kitsap (KMHS)</p>	<p>Log into KMHS as yourself. Use function 7.2.14 to get to Medicaid Eligibility File Processing Menu (menu 391). Run item 2 to delete data base 95 – with uscript DELETE95. Run item 3 to load data base 95 from /c9/arch/DB95. This takes about 15 min. Run item 4 to rebuild data base alternate index for DB95. Run item 5 to create new DB search file (note: this will turn DXPOST off). Log in and out of each MIS to turn DXPOST back on, then log back in to KMHS. Go to menu 391 using 7.2.14. Run item 6 to copy data from DB95 to DB02 (client eligibility records) using uscript MHDDDB02U. This takes about 2.5 hrs. Run item 7 to copy data from DB95 to DB02 based on SSN, script is MHD02SSN. Notify Chris Marie that eligibility process is complete and to run her reports. Inform her of the file process date.</p>
<p>Process Files at Port Angeles (PCMHC)</p>	<p>Log into Port Angeles as yourself. Use function 7.2.14 to get to Medicaid Eligibility File Processing Menu (menu 391). Run item 2 to delete data base 95 – with uscript DELETE95. Run item 3 to create new data base 95 w/uscript MHDDDB95. This takes about 1 hour. Run item 4 to rebuild data base alternate index for DB95. Run item 5 to create new DB search file (note: this will turn DXPOST off). Log in and out of each MIS to turn DXPOST back on, then log back in to PCMHC. Go to menu 391 using 7.2.14. Run item 6 to copy data from DB95 to DB02 (client eligibility records) using uscript MHDDDB02U. This takes about 1.5 hrs. Run item 7 to copy data from DB95 to DB02 based on SSN, script is</p>

ACTION	INSTRUCTIONS
	<p>MHD02SSN. Notify Terri Hill that eligibility process is complete and to run her reports. Inform her of the file process date.</p>
<p>Process File at Jefferson (JMHS)</p>	<p>Log into Jefferson/Port Townsend as yourself. Use function 7.2.14 to get to Medicaid Eligibility File Processing Menu (menu 391). Run item 2 to delete data base 95 – with uscript DELETE95. Run item 3 to load data base 95 from /c9/arch/DB95. This takes about 15 min. Run item 4 to rebuild data base alternate index for DB95. Run item 5 to create new DB search file (note: this will turn DXPOST off). Log in and out of each MIS to turn DXPOST back on, then log back in to JMHS. Go to menu 391 using 7.2.14. Run item 6 to copy data from DB95 to DB02 (client eligibility records) using uscript MHDDB02U. This takes about 30 minutes. Run item 7 to copy data from DB95 to DB02 based on SSN, script is MHD02SSN. Notify Lynnette Post that eligibility process is complete and to run her reports. Inform her of the file process date.</p>

Functional Specification regarding processing MHD Eligibility Files – PRSN

Background:

The former process was to extract files from the Mental Health Division, run them through MS Access for formatting, copy to Unix and run through CMHC’s canned program. This did not allow the necessary flexibility to format the data, nor could we choose how many years of historical data to write to the data bases.

It was determined that Uscrip would give us the flexibility needed to maintain more accurate eligibility information.

Purpose:

Convert eligibility process to Uscrip for the RSN and its providers. Improve the process as stated in the requirements section.

Requirements:

- Leave lapse date blank on open layers instead of writing 12/31/2040.
- Import program/match, date of death, and medical codes to client eligibility records.

- Provide reports to track clients who are dropped from the file for no apparent reason, monitor bad program/match combinations, list clients with multiple eligibility PIC's.
- Restrict number of years history imported to 18 months.
- Write eligibility records for GAU and Medicaid (other than federal).
- Delete state eligibility data base each month and create new one.
- Clean up duplicate and/or overlapping client eligibility layers for accurate data reporting. Write report to monitor layers.
- Delete eligibility layers in the RSN each month and re-write as

Functional Specifications:

- Uscript "**MHDELIG**" is used to combine the three files imported from the Mental Health Division (demo, elhx, and tpl) into one file called "**mhdelig**", stored in **/users/ELIG** in UNIX. Script is run in the RSN system .
- State eligibility data bases in CMHC (DB95) are deleted each month using uscript "**DELETE95**"; purpose is to keep history to 18 months.
- Uscript "**MHDD95**" is used to create new eligibility data base. This is done one time in Kitsap Test System (/c6/TEST).
- CMHC utility Database Register Unload/Load is used to unload the file to working directory **/c9/arch** with file name **DB95**. The same utility is then used in Kitsap, Jefferson, West End, and RSN MIS's to load data base 95. This is much faster than running the Uscript in each system. NOTE: the script IS USED AGAIN for Port Angeles because their fund source numbers are different from everyone else's! The script reads data code table 243 to determine the fund source numbers.
- Uscript "**MHDD02U**" is used in each MIS except West End Outreach to delete client eligibility records, then copy new eligibility layers from data base 95 to data base 02 to the client eligibility records. See Uscript Specification section for details.
- Uscript "**BADPGMAT**" is used in each MIS to find client eligibility layers with program/match combinations that are not in data code table 243. AGS also called "BADPGMAT" then prints the clients found.
- AGS "ELIGMULT" prints clients with multiple matches in data base 95. Staff must manually enter eligibility layers for these clients.
- AGS "ELIGDROP" prints clients with a file process date less than the date specified by the operator. Clients need to be researched to figure out why data is no longer in the state file.
- AGS "ELIGALL" prints all client eligibility for Medicaid, GAU, and Other Medicaid (fund source 222). Staff must review and eliminate duplicate or overlapping layers.
- AGS "ELIGACT" is the same as ELIGALL but just for active clients. Accounting Dept. does not believe they can review all clients every month.

CMHC Data Specifications:

All MIS's contain the following items to create and access the state eligibility data base.

Data Base	95
DST's	939-949, 960-971
Transaction	950
Alpha Inquiry Parm	ALPHA095
Data Base Search Build Parm	BUILD95
DB Search Parm	ELIGSRCH
Menus (path 7.2.14)	391

All MIS's contain the following items for the client eligibility record. Only elements affected by the eligibility process are listed.

Data Base	02
DST's	90, 93, 94, 95, 96, 98, 938, 1555
DST – Kitsap Only	645 (reason for no match)
Transactions:	
Kitsap	301, 305, 307
West End Outreach	none
Jefferson	301, 315
Port Angeles	301
RSN	301
AGS Specs	BADPGMAT, ELIGDROP, ELIGMULT, ELIGALL
AGS Spec – Kitsap	ELIGACT

Contents of Mental Health Division Files:

Demo: RSN id, client PIC, last name, first name, middle initial, social security number, address 1-2-3, date of birth, race, gender, date of death, tpmi, ssi, size, zip, case number, previous case number, alien, language, alternate PIC.

Elhx: RSN id, PIC, segment number, CSO, begin date, lapse date, program code, match code, medical code, alternate PIC.

Tpl: RSN id, PIC, segment number, TPL id, begin date, lapse date, alternate PIC.

Contents of Converted File “mhdeliq”:

Eighteen fields are written: alternate PIC, gender, date of birth, last name, first name, middle initial, social security number, case number, previous case number, date of death, program/match code (combined), eligibility start date, eligibility lapse date, medical code, community service office, TPL id, TPL start date, TPL end date.

Uscript Specifications:

Five Uscripts are used in the process. The table below describes the purpose and logic for each one.

NAME	MHDELIG
MIS:	RSN, copy also in Kitsap for safekeeping.
PURPOSE:	Combine three files extracted from MHD web site into one file called "mhdelig" and reformat fields.
WHAT IS DOES:	Read three input files (demo, elhx, tpl) located in /users/ELIG. Format gender to match data code table 22 in CMHC. Format date of birth and date of death to MM/DD/YYYY. Format social security number to xxx-xx-xxxx. Format elig. start date to MM/DD/YYYY. Format lapse date to MM/DD/YYYY. Clear lapse date if 99999999. Calculate cut off date: today minus 545 = 18 months ago. Write output fields to file "mhdelig" located in /users/ELIG if lapse date is blank or not older than cut off date. Both eligibility and third party liability use the cut off date. Output file is pipe-delimited ().
NOTES:	All files are hard coded in script. Process will fail if input files are not in /users/ELIG.
NAME	DELETE95
MIS:	RSN, Kitsap, Jefferson, Port Angeles
PURPOSE:	Delete all registers in database 95. Safer than using the utility "Logical File Delete".
WHAT IS DOES:	Reads entire database, deleting each register as it goes. Writes message to screen of progress and informs operator when process is complete.
NAME	MHDDDB95
MIS:	Kitsap test system, Port Angeles live system. A copy also is kept in all live MIS's in case it is needed.
PURPOSE:	Convert file "mhdelig" into CMHC data base 95.
WHAT IS DOES:	Read input file "mhdelig" located in /users/ELIG. Clear date of death and tpl lapse date if either contains zeroes. Clear leading spaces from client last name. Establish 10-digit sequential number to be the case number (register id) for DB95 and increment as registers are created. Format the eligibility record header date to the start date. Get the fund source number from alt3 of DCT 243. If program/match is not in DCT, use fund source 222. Format the TPL record header date to the TPL start date.

	<p>Uses today's date as the file process date. Create the alternate index from last name, first name, middle initial. Add register to DB95 when either an eligibility record or a TPL record is found for the client. Continue to read and add as many eligibility and TPL layers as found in input file for each register id.</p>
NOTES:	<p>Input file name is hard coded in script to be found in /users/ELIG. Script will issue error message if file not found. Script is run once in /c6/TEST. Then CMHC Register Unload/Load utility is used to unload DB95 to a sequential file. Then it is loaded into Jefferson, Kitsap, West End, and RSN MIS's. This only takes about 15 minutes per MIS. The script takes about 1 hour for each MIS. The script MUST BE USED again for Port Angeles as their fund source numbers are different – all others are the same.</p>
NAME	MHDDDB02U
MIS:	RSN, Kitsap, Jefferson, Port Angeles
PURPOSE:	Delete client eligibility records from DB02 and write new ones from DB95 when match is found between the two databases.
WHAT IS DOES:	<p>Read each register in client data base. Initiate DB search using client last name, gender, DOB. Use these three fields to search DB 95 for a match.</p> <p>If NO MATCH found or return code is received (indicating there was either a space or hyphen or other unrecognizable code encountered) a second search is performed using first 2 digits of last name + *, first 3 digits of first name + *, gender, and DOB.</p> <p>If no match found on second search, no action is performed for the client and script moves on to next register.</p> <p>If unique match is found (only one match) delete all client eligibility layers with a file process date present in the record. Write the deleted layers to a report in the print queue called "DELETED ELIG LAYERS". Copy all eligibility records from matching DB95 register to DB02 eligibility record.</p> <p>If more than one match is found another search is performed using last name, gender, DOB, and social security number. If this search results in a unique match, DB02 is updated as described above. Otherwise no action is taken and script moves to the next register.</p>

NOTES:	All files are hard coded in script. Process will fail if input files are not in /users/ELIG. Script outputs four saved lists as follows: BADSRCH – clients w/ a space, hyphen, or unrecognizable character encountered in search criteria. MULTMAT – clients with multiple matches. Used in AGS report “ELIGMULT”. PROCESS – clients processed (layers deleted &/or updated) NOMATCH – clients that did not match DB95.
NAME	BADPGMAT
MIS:	RSN, Kitsap, Jefferson, Port Angeles
PURPOSE:	Find and list invalid program/match combinations to be researched; add to data code table 243.
WHAT IT DOES:	Read client eligibility record and compare program/match to data code table 243. If an invalid code is found in DB02, write client id to saved list BADPNM. Script calls AGS spec “BADPGMAT” to list clients in the saved list. Staff must research program/match at Mental Health Division. Add to data code table as needed. Be sure to enter the correct fund source in alternate value 3 of the table.

Other:

If for some reason the old CMHC eligibility process is needed, we have a Uscript that will produce the file that MS Access produced. The script is backed up in the following two locations:

/c6/TEST/SCRIPT/S/MHDELIGOLD
/c9/mam/MHDELIGOLD

After running it, log into the RSN and convert the file, using menu 390.

MONITORING

This policy is a mandate by contract.

1. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review.
 - PRSN will use a report generated by MHD titled “RSN Weekly Status Report” that lists total errors on data submissions.

2. If a provider performs below expected standards during any of the reviews listed above a correction action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.



PENINSULA RSN

MANAGEMENT INFORMATION SERVICES POLICIES AND PROCEDURES

Policy Name: DATA TRANSFER TO THE DEPARTMENT **Policy Number:** 4.02

Reference: DSHS Contract

Effective Date: 4/2004

Revision Date(s): 4/2006

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

To ensure that the Peninsula Regional Support Network (PRSN) maintains a primary and backup system for the transfer of electronic data to the Mental Health Division (MHD).

PROCEDURE

1. The Peninsula Regional Support Network contracts with Kitsap Mental Health Services (KMHS) to manage the Information Services (IS) system utilized by the PRSN.
2. KMHS, as contracted provider for PRSN Information Services, will use the SSH (Secure Shell) method of data encryption for all electronic data transfers to ensure confidentiality.
3. PRSN data is transferred (using the SSH software) to directories in the Mental Health Division (MHD) data system by connecting to the MHD Virtual Private Network (VPN) via an Internet connection.
 - All data is submitted in accordance with the current MHD Data Dictionary specifications.
 - Encounter data is submitted using HIPAA file formats.

4. In the event the MHD VPN connection is unavailable, data shall be submitted using a modem dial-in to the MHD data system.
 - This data connection will be tested for operation and viability at least once a year. The last certification of testing was accomplished February, 2006.
 - The modem dial-in connection is not secure, therefore once connectivity is established, the SSH software will be loaded to encrypt the data to be transmitted.
5. In the event neither connection is available, data will be sent to MHD using any other acceptable and agreed upon method
 - A writable CD or Flash Drive containing the data will be delivered directly to MHD.

MONITORING

This policy is mandated by contract.

1. This policy will be monitored by the PRSN by the following means:
 - Kitsap Mental Health Services will report to the PRSN any loss of VPN services.
 - KMHS and the PRSN will debrief any loss of connection and resolve problems identified.
2. If a provider performs below expected standards during any of the reviews listed above a correction action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.



PENINSULA RSN

MANAGEMENT INFORMATION SERVICES POLICIES AND PROCEDURES

Policy Name: IS PROCESSING PROCEDURES

Policy Number: 4.03

Reference: WAC 388-865-0275

Effective Date: 4/2004

Revision Date(s): 3/2006

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

The Peninsula Regional Support Network (PRSN) contracts with Kitsap Mental Health Services (KMHS) to operate its Information Services (IS) in accordance with the PRSN's contract with the Mental Health Division (MHD) and the state-issued Data Dictionary.

All providers within the PRSN are connected to KMHS via frame relay, and have a partitioned drive assigned to them. Each provider's data is transferred to the PRSN's data sector monthly. These procedures describe the internal procedures run by KMHS to transfer data between each provider's data base and that of the PRSN in preparation of transmitting data to the state.

PROCEDURE

PROVIDER and RSN Event Export Monthly Procedures (by day of month)

16th or 17th: log into each provider MIS and update the event export parameter files using function **2.11**. Type in the start and end dates for the previous month. The file names are:

- **WEOEREXP** for West End Outreach
- **PMHEREXP** for Peninsula Mental Health
- **JCCEREXP** for Jefferson Mental Health
- **KMHEREXP** for Kitsap Mental Health

Also edit the following parameter files for export of late services. Change the start/end dates to two months ago.

- **WEOELATE** for West End Outreach
- **PMHELATE** for Peninsula Mental Health
- **JMHELATE** for Jefferson Mental Health
- **KMHELATE** for Kitsap Mental Health

18th: At 8:30 p.m. the ISN exception report runs at Jefferson, Peninsula, and West End. ISNs are created for all events for the last two months.

At 9:15 p.m. an AGS report runs in CRON at all providers to find late services (prior to previous month). Report is looking at ISN creation date compared to ISN service date. If the CRON fails, run the report manually using function **14.13**. Spec. name is "LATESVCS".

At 10:00 p.m. the events export in CRON from the provider systems to RSN system, except KMHS which runs at 7:45 p.m.

At 10:15 p.m. the event import runs in CRON at the RSN. It brings in the events for all four providers one after the other. (Actually this process runs every day but only finds events on the 18th or when corrections are manually exported.) The parameter file is **RSNERIMP**.

19th: check the run log in the provider print queues. If the CRON process failed, run it manually using function **15.3**. (Also run event import in the RSN as described in next section).

Check the event export reports in the provider print queues. It's a one page report showing the total number of events exported and the number of errors. If errors are listed contact the systems analyst for assistance.

Copy the provider export files to /c9/cdata.

Find the AGS reports of late services from the 18th. Print to the providers' printer and call them with notification of printing. Provider staff will sign the report indicating which services should be submitted to RSN/MHD and fax it to you.

Remove the ISN Exception Report from the provider print queue.

Log into the RSN and check the run log to make sure the four files were imported. If the CRON process fails, there should be something in the run log to help determine the cause of the failure. If caused by power outage or hardware failure, log in as MISADM and look for the event files. If files are there, import them manually using function **15.8**. If files are not found, contact the systems analyst for help.

Copy the RSN import files to /c9/cdata.

20th: An AGS edit report runs in CRON at 8:30 a.m. in the provider MIŞs and at the RSN.

If the CRON fails, run the report manually using function **14.6**. Spec. name is "EVENTEVR."

Print the reports (called EVENT TO RSN COMPARE). The reports are used to verify that all the events that exported from the providers match the number of events imported to the RSN. Compare each provider summary to the appropriate RSN summary. The reports count number of services and total service hours by RSN category of service.

Investigate and correct errors where any category is more than 1% or in error. To print the detail of services by category, use function **14.7** in both provider and RSN systems; select the category of service; compare line by line to find the errors.

Refer to Event Import /Correction Procedure for details on getting the missing events to the RSN.

21st: Use late service reports returned by providers to determine if any need to be exported. If all listed on the report are to be sent, log into the appropriate MIS and run function **15.13**.

If only certain clients are to be exported, use function 11.6 to create a saved list of the clients. Edit the parameter file using 2.11 and place the list name on the line beneath the end date. Remove the comment. Then run the export (15.13)

Services will import to the RSN the same night they were exported.

22nd: AGS reports run in CRON at 6:15 p.m. in the provider systems. If the CRON fails, run the reports manually using **11.7**. Spec name is RSNOEXPT.

Print reports the next day from the print queue (called RSN Svcs Not Export RSN) on provider printer. The report list clients who are Send Register=No with RSN services. The provider can investigate and correct the Send Register flag for the following month. This doesn't affect the month you're working on; it's FYI to the provider.

Make copy of HIPAA monthly checklist and follow all steps to completion. Begin PRSN event preparation work on the 22nd.

23rd – 27th: make sure consumer periodics were sent to MHD and corrections made.

PRSN Information Services Contractor Service/Event Processing Calendar

<p>15 CRON: AGS MCS2RSN. PRSN: Find missing data - enter UNK/NR, send info to providers & PRSN. Providers to enter correct data before the 17th of month.</p>	<p>16</p>	<p>17 CRON: Populate T19 indicator at providers & PRSN. PRSN: Update provider event export parameter files.</p>	<p>18 CRON: Uscript "mhdtyp60" writes MHD type to events. CRON: Export events from Provider to PRSN. CRON: Import events from Provider to PRSN.</p>	<p>19 PRSN: Cleanup event import errors.</p>	<p>20 CRON: AGS EVENTEVR compares provider to PRSN event data. PRSN: investigate/ correct any discrepancies.</p>	<p>21 CRON: AGS MCSRSN edit. PRSN: correct any errors.</p>
<p>22 CRON: AGS RSNOEXPT Finds Send Reg No clients w/RSN Svcs/Rus. Begin HIPAA event prep work in PRSN.</p>	<p>23 CRON: Create Consumer Periodics record. CRON: AGS MCSSUMM to review CPR record – resolve any errors before sending to MHD. Export CPR records from PRSN to MHD.</p>	<p>24 PRSN: Investigate and correct any CPR errors on exception report.</p>	<p>25 PRSN: CPR exception export from PRSN to MHD.</p>	<p>26 PRSN: Investigate and fix any CPR errors from corrections sent.</p>	<p>27 Export events from PRSN to MHD. See Event Export Procedure for instructions</p>	<p>28</p>
<p>01 CRON: Write county stat info to PRSN database 53-all providers.</p>	<p>Dates from EOM to 3rd of following month used by PRSN to correct any event errors and to adjust for weekends/ holidays as needed.</p>	<p>03</p>	<p>04</p>	<p>05 PRSN: Prepare County Stat reports for each provider and unduplicated for PRSN.</p>		

Evaluation & Treatment Episode Procedures - Prepare Inpatient Services for HIPAA Transactions

Make sure all events arrived at the RSN database.

Check with Analysts to make sure the Medicaid eligibility process is complete in the RSN. We need the most up-to-date eligibility information we can get.

Make sure outpatient service process is complete (837P). The preparation steps in that procedure affect the inpatient services also.

Run AGS "ETLIST" to create client save list of all clients discharged from the E&T that month. Call it ET**mmmy** where "**mmmy**" is the month/year of services. This list is used throughout the process.

Search ISN file for staff id. 036, service code 500 and date range to ensure all clients in above list have an ISN for the discharge day. Screen print and compare to client list.

Update 837 parameter file with the client saved list name. Change the lines to indicate we are doing a test. We will run all batches as a test for the first few months before going live. Refer to sample page for list of lines to change. The parameter file name is:

- ET837I

Prepare test file for the month. Submit test file to EDIFECS web site for validation. Correct errors found. Remember this is to test 837I (inpatient).

Update the parameter file to production mode. Refer to sample page for list of lines to change.

Update the parameter file called "ISASEQ" with the last batch number sent.

Prepare production file in /c1/transfers/hipaa.

Each time you run the program two files are produced in the print queue. Print the report called "ANSI 837I Event Rpt". Copy the report to /c9/cdata and call it ET837I.xxx where "xxx" is the batch number.

Print the last page of the reports called 837I-ET REPORT". Delete from print queue after printing; don't copy this one.

Use JSB file transfer or FTP to transfer batches to your workstation.

Follow instructions to transfer HIPAA batches to MHD and retrieve error reports.

Evaluation and Treatment Services Checklist

FUNCTION	DESCRIPTION OF TASK	SAVED LIST	PARAM OR SPEC	NOTES		DATE COMPL.
	Ensure all events arrived at the RSN					
	Ensure Medicaid eligibility complete-RSN?					
5.15.7	AGS - create client saved list - ET????		ETLIST	Print		
5.16.2	Srch ISN-provider 036 / date range / svc code 500			Screen print		
2.11	Update start/end dates, client list		ET837I	Test files to PQ	2.11 - T	
15.4.9	Create test files		ET837I	Use screen prints		
IE	Submit test file to HIPAA-Desk at EDIFECS			Web site		
	Correct errors found					
PQ	Remove all test files from print queue					
2.11	Update test flag to production		RMH837P	ISA		
2.11	Check/update last batch number sent		ISASEQ	See HIPAA log		
15.4.9	Create 837I production file		ET837I			
PQ	ANSI 837I Event Rpt-print last two pages			Copy to /c9/cdata		
PQ	837I ET RPT-print last page					
misadm	Rename batch file to .txt extension			/c1/transfers/hipaa		
FTP	Copy 837I file to workstation					
SSH	Send file to MHD			Secure Shell		
email	Email to Anders: send data certification form			inform date range		

Peninsula RSN – Monthly Outpatient Event Procedures Prepare Events for HIPAA Transactions

Use date range of previous two months throughout process unless otherwise noted.

Make sure all events arrived at the RSN database.

Check with Help Desk to make sure the Medicaid eligibility process is complete in the RSN. We need the most up-to-date eligibility information we can get.

Run AGS “EVNTLIST” to create client save list of all clients served in previous 2 months. Call it SVD**mmmy** where “**mmmy**” is the month/year of services. This list is used throughout the process.

Recompute events for reporting months using client saved list.

Run ERS “FSCHECK” for reporting months. Make sure all services are in fund source 1 or 2.

Run AGS “EVNOTYPE” to make sure all events have an MHD type. If any listed, log into provider MIS and look up events in 5.1. If MHD type is found, make note on report. Return to RSN system and update events using function 5.1, update item 17. If MHD type is missing from provider, contact systems analyst.

Run Usript “DUPEVENT” to change any events with a duplicate start time. NOTE: just run previous month. Anything older will be found in ISN audit.

Edit parameter file “EVNTOISN” – put in correct start date, end date, client list.

Run lattice export to create ISN file. Make sure number of events matches total from ERS above. Note totals in print queue.

Run lattice import to bring ISNs in from the export file. Make sure total matches ERS.

Run Usript “hicpic” to update ISNs with the CPT/HCSPCS.

Build the database search file for the ISN file, DB 09. This is faster than waiting for the DXPOST to update the existing file with all the new ISNs.

Search ISN file with date range of reporting months. Number of registers found should match the total from the import file in the print queue and the number of events from “FSCHECK”.

Search ISNs again and print audit report to make sure they all have a valid CPT\HCSPCS. Search for “ERROR” in CPT and print any errors found. Correct the events and ISNs in the RSN. Correct the events in the provider MIS’s. Repeat until no errors are found.

Run ISN audit report to find any remaining duplicate start times (the Uscript is not perfect yet). Refer to the sample screen print and run exactly as shown. Print audit report in print queue and use to update the start time in each event and its matching ISN. Make sure they match; check the client duration and service code if in doubt.

Search ISN file by provider and date range to find no more than 2,000 events in date range. Screen print each one.

Update 837 parameter files with the client saved list name. Change the lines to indicate we are doing a test. We will run all batches as a test for the first few months before going live. Refer to sample page for list of lines to change. There are eight parameter files and the names are:

- PCMH837P
- WEOS837P
- JMHS837P
- KMHS837P
- BURW837P
- SECO837P
- RMH837P

Prepare test files using date ranges from your screen prints. Submit test files to EDIFECs web site for validation. Correct errors found. Ignore errors regarding location 21 or 51.

Update the parameter files to production mode. Refer to sample page for list of lines to change.

Check the parameter file called "ISASEQ" which contains the last batch number sent. This should match your HIPAA log. If not, update ISASEQ with the correct batch number.

Prepare production files which are stored in /c1/transfers/hipaa.

Each time you run the program two files are produced in the print queue. Print the last two pages of the reports called "ANSI 837 Event Rpt". Copy these reports to /c9/cdata and call them ???837P.xxx where ??? is the provider initials and "xxx" is the batch number.

Print the last page of the reports called "???? - 837P RPT" where ??? is the provider initials. Example: the report for Jefferson is called "JMHS - 837P RPT". Delete from print queue after printing; don't copy this one.

Log in as misadm and rename the batch files to have a ".txt" extension.

Use JSB file transfer or FTP to transfer batches to network "adminserver" in the coredata directory.

Follow instructions to transfer batches to MHD and retrieve error reports.

Send email to Anders for EVERY single batch prepared. He must send a data certification form to MHD.

After both outpatient and inpatient batches are complete, run EVENT BILL/POST FLAG RESET to set Post flags to "Yes". This is how we keep track of the late services and whether or not they have been submitted.

	OUTPATIENT SERVICE CHECKLIST	HIPAA				
FUNCTION	DESCRIPTION OF TASK	SAVED LST	PARAM OR SPEC	NOTES		DT COMPL
	Ensure all events arrived at the RSN					
	Help Desk: Medicaid eligibility complete-RSN?					
5.15.1	AGS - create client saved list SVD????		EVNTLIST	Print		
5.15.2	Recompute events					
5.15.3	ERS-all events are fund source 1 or 2		FSCHECK	Print		
5.15.4	AGS-all events have MHD type		EVNOTYPE	Print		
5.15.5	Uscript-change events w/duplicate start time		DUPEVENT			
2.11	Edit Parm, update start/end dates, client list		EVNTOISN			
5.16.4	Export events to create ISN's		EVNTOISN	Match to FSCHECK		
5.16.5	Import ISN's from above file		ISNIMPRT	Match to FSCHECK		
10.15	Build search file for DB 09		BUILD09			
5.16.6	Uscript-write CPT/HCSPCS to ISN		hicpic			
WAIT !	At least 5 minutes for DXPOST to update					
5.16.2	Search ISN file, verify # ISN registers			Match to FSCHECK		
5.16.2	Search ISN file, verify CPT/HCSPCS all there			No CPT missing		
5.16.2	Search by date range, print ISN's		ISNERRS	Search PQ-ERROR		
5.16.7	ISN Audit-find remaining duplicate start times			Update event & ISN	5.1 & 5.16.1	
5.16.2	Srch ISN-provider&date range not > 2000 svcs			Screen print all		
2.11	Update start/end dates, client list-Pt Angeles		PCMH837P	Test files to PQ	2.11 - T	
2.11	Update start/end dates, client list-West End		WEOS837P	Test files to PQ	2.11 - T	
2.11	Update start/end dates, client list-Jefferson		JMHS837P	Test files to PQ	2.11 - T	
2.11	Update start/end dates, client list-Kitsap		KMHS837P	Test files to PQ	2.11 - T	
2.11	Update start/end dates, client list-2nd St House		SECO837P	Test files to PQ	2.11 - T	
2.11	Update start/end dates, client list-Burwell		BURW837P	Test files to PQ	2.11 - T	
2.11	Update start/end dates, client list-RMHS		RMH837P	Test files to PQ	2.11 - T	
15.4.1	Create test files - Pt Angeles		PCMH837P	Use screen prints		

	OUTPATIENT SERVICE CHECKLIST	HIPAA				
15.4.2	Create test files - West End		WEOS837P	Use screen prints		
15.4.3	Create test files - Jefferson		JMHS837P	Use screen prints		
15.4.4	Create test files - Kitsap		KMHS837P	Use screen prints		
15.4.5	Create test files - 2nd Street House		SECO837P	Use screen prints		
15.4.6	Create test files - Burwell House		BURW837P	Use screen prints		
15.4.7	Create test files - RMH Services		RMH837P	Use screen prints		
XFJSB	Xfer test files from PQ to workstation					
	Submit test files to HIPAA-Desk (EDIFECS)			Web site		
	Correct errors found and repeat test			Ignore loc 21/51		
PQ	Remove all test files from print queue					
2.11	Update test flag to production		PCMH837P	ISA		
2.11	Update test flag to production		WEOS837P	ISA		
2.11	Update test flag to production		JMHS837P	ISA		
2.11	Update test flag to production		KMHS837P	ISA		
2.11	Update test flag to production		SECO837P	ISA		
2.11	Update test flag to production		BURW837P	ISA		
2.11	Update test flag to production		RMH837P	ISA		
2.11	Check/update last batch number sent		ISASEQ	See HIPAA log		
15.4.1	Create 837P files - Pt Angeles		PCMH837P			
15.4.2	Create 837P files - West End		WEOS837P			
15.4.3	Create 837P files - Jefferson		JMHS837P			
15.4.4	Create 837P files - Kitsap		KMHS837P			
15.4.5	Create 837P files - 2nd Street House		SECO837P			
15.4.6	Create 837P files - Burwell House		BURW837P			
15.4.7	Create 837P files - RMH Services		RMH837P			
PQ	ANSI 837 Event Rpt-print last two pages			Copy to /c9/cdata		
PQ	???? - 837P RPT-print last page			???? Is provider		

	OUTPATIENT SERVICE CHECKLIST	HIPAA				
misadm	Rename batch files to .txt extension			/c1/transfers/hipaa		
FTP	Copy 837P files to adminserver network					
SSH	Send files to MHD			Secure Shell		
Email	Email to Anders: send data certification form			inform date range		
1.10.4	Event Bill/Post Flag Reset			after Inpatient done !		

Late Service Entry Procedure

Providers need to strive to continue to submit service encounter data by the 18th of the month following the service month. It will be expected that 90% of all service data is completed by the standard above, however, the system will allow service entry up to 2 months after the date of service.

- ❑ Services will be entered into CMHC according to each provider’s standard operating plan. Provider can zero fees if services are covered by the Medicaid capitation, or bill according to their Standard Operating Procedures.
- ❑ Providers will ensure that MHD staff type and all other required items are input. I.S. will not run the full audits on late activity; it is the provider’s responsibility to ensure the accuracy of the services.
- ❑ A report of late services entered will be printed for each provider for review on the 19th of each month.
- ❑ Providers must review the report of late services, write on the form whether or not to send, sign and date the report, and fax the report to the Database Administrator in I.S. requesting him to export the services. I.S. must receive it back on the 20th (we realize this is a short turnaround but cannot delay the submission of services).
- ❑ The late services will arrive at the RSN on the 21st of the month and will be submitted to the Mental Health Division along with the services for the previous month.

HIPAA DATA TRANSMIT LOG

DATE MADE	BATCH NUMBER	INPATIENT SERVICES	OUTPATIENT SERVICES	DATE SENT	ACK. REC	EXCEPTION REPORT	
						REC'D	CLEAR

MONITORING

This policy is mandated by contract.

1. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review.
 - RSN will use a report generated by MHD titled “RSN Weekly Status Report“ that lists error statistics and total services received by MHD within 60 and 90 days of close of the month in which the service was provided to ensure timeliness is achieved.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy



PENINSULA RSN

MANAGEMENT INFORMATION SERVICES POLICIES AND PROCEDURES

Policy Name: IS ENCOUNTER SUBMISSION AND EVALUATION

Policy Number: 4.04

Reference: DSHS Contract

Effective Date: 10/2005

Revision Date(s): 10/2006

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan
- Policy: Data Error Resolution

PURPOSE

Network providers within the Peninsula Regional support Network (PRSN) will be responsible for submitting encounter data into the PRSN Management Information System (MIS) according to the Mental Health Division (MHD) Consumer Information System Data Dictionary by the 18th of each month. Late services will be accepted beyond this time, and must be flagged accordingly. The PRSN MIS contractor shall be responsible for reviewing all data, formatting it, and transmitting it to the state MHD within sixty (60) days of the close of the calendar month in which the encounter occurred.

PROCEDURE

1. Consumer encounters submitted from the Community mental Health Agencies (CMHAs) will be successfully submitted to the PRSN MIS subdelegated contracted by the 18th of the month following service.
2. The PRSN's subdelegated contracted Information Services provider conducts a series of procedures with the data to ensure that it is accurate and prepared to send to the Department of Social and Health Services (DSHS) on behalf of the PRSN.

3. The PRSN monitors submission of data to DSHS via the MHD “RSN Weekly Status Report”, and compares key indicators on MHD report to statistics reported directly to the PRSN by KMHS off of the PRSN IS database.
 - a. Factors such as numbers served and hours of service per month are matched.
 - b. If specific inconsistencies are found, corrective action is required.

MONITORING

This policy is mandated by contract.

1. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review.
 - RSN will use a report generated by MHD titled “RSN Weekly Status Report“ that lists total services received by MHD within 60 and 90 days of encounter date to ensure timeliness is achieved.
 - RSN will use a report generated by MHD titled “RSN Weekly Status Report“ that lists total services received by MHD to match key indicators with statistical reports run off of the PRSN database.
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy



PENINSULA RSN

MANAGEMENT INFORMATION SERVICES POLICIES AND PROCEDURES

Policy Name: DATA ERROR RESOLUTION

Policy Number: 4.05

Reference: DSHS Contract

Effective Date: 4/2004

Revision Date(s): 4/2006

Approved by: PRSN Executive Board

CROSS REFERENCE

- Policy: Corrective Action Plan

PURPOSE

To ensure that any errors encountered through the processing of data from providers into the Peninsula Regional Support Network (PRSN) database are addressed and corrected in a timely manner.

PROCEDURE

Event Export / Import - Provider to RSN - Correcting Lattice Errors

This document addresses known errors that have occurred during event processing and explains how to correct them. It is possible at any time for new errors may occur that are not listed here. Contact the Systems Analyst whenever a new error occurs.

Errors are found by looking at the last line of the export or import report in the print queue. Lattice keeps track of errors and prints the message: ***ERRORS NOTED: X. When this message occurs, search the print out to find the specific client and error. Check the Lattice manual to see if the error is listed; the manual should describe the problem such that the reader can fix the problem. Many of the processing errors are not in the manual, however. Follow the instructions below to correct these errors.

Provider Event Export Errors

- No errors in last 4.5 years.

RSN Event Import Errors

*****INVALID SERVICE CODE: 152. EVENT NOT IMPORTED. Error occurs when service code does not exist in the receiving system.

Reason for error and solution:

- It is likely that a new service code was added to the provider database which also needed to be added to the RSNs but wasn't. Check the provider recode table "SACTORSN" for the SAC (Service Activity Code) which is recoding to the invalid RSN service code. Check the PRSN Code Change Form to see what is needed. Correct the provider recode and add event rule if needed. Add the code to the RSN if the form indicates. Reset the provider's events and export them again according to the Event Reset Procedure.

Adding A Service Into The RSN Database

Use this procedure to manually enter a service into the RSN event file. Services only need to be entered manually when an import error occurs. See "Resolving Event Import Errors" for details about why errors happen.

Before a service can be entered into the RSN you must look up the provider codes for the following items and convert them to the RSN codes:

- Staff ID and Reporting Unit
- Location Code
- Service Code

Refer to RSN Service Activity Master & Cross Reference and RSN Location Code Cross Reference to make the conversion.

Two methods are given to add the services to the RSN. The data base administrator may use either one. Both are listed so the DBA can pick whichever entry method they are most comfortable with.

Log on to the RSN system using either own user id. or "ru416".

Method 1: Service Entry Using Function 5.1 (Update Event Record Detail)

Select function 5.1 from the RSN CMHC/MIS main menu. At the functions window select "Add a New Event".

Enter the staff id. which is the provide 3-digit MHD number. See Attachment A.

Enter the client id. This is the RSN unique id., not the provider's client id.

There are two screens of information that need to be entered. The first screen is items 1 - 17. The second screen is items 18 - 31. When you have completed the first screen the system automatically continues to the second screen.

You must make an entry for these items on screen 1: items 1,2,3,4,10,14,15,16. Press <ENTER> through the other items and the system will place defaults in for you, if any.

There are no required items on screen 2. Press <ENTER> through all the items on screen 2 and the system will place defaults in for you.

When you have completed item 31 the prompt line changes to give you a chance to update an item if you made a mistake. Use the F1 and F2 keys to page between the two screens. If you complete the entry and still need to make a correction return to the functions window and select "Update Events".

Method 2: Service Entry Using Function 9.2 (Re-Enter Service/Activity Logs)

Select function 9.2 from the RSN CMHC/MIS main menu. Type in a SAL Control Number such as "999999" (the number isn't important, you just need to put in something to get to the next screen).

Enter the staff id. which is the provider 3-digit MHD number. See Attachment A.

Enter the date of service. Press <ENTER> at Total Time For Day. Continue to the next screen.

Here is a guideline to help make the correct entries:

Prompt	Meaning	What to Type
?	Status of Event	E
RU	Reporting Unit	See Attachment A
L	Location Code	See RSN X-REF
ACT	Service Activity Code	See RSN X-REF
PROJ	Project Code (not used)	Press <ENTER>
GROUP	Group ID (not used)	Press <ENTER>
DUR	Staff Duration	Hours/minutes of service
PREP	Prep. Time (not used)	Press <ENTER>
TIME	Appointment Time (not used)	Press <ENTER>
CLIENT	Client ID	RSN unique id. for client, not provider id.
R	Recipient Code	/ <ENTER>

The slash and <ENTER> signals the program to end the line and fill in the remaining items with defaults. If you have more than one service for a client for the same day you may continue making entries on lines 2 through 22. When all services for this date are entered type "/" and hit <ENTER>. At this point the prompt line changes to give you a chance to update an item if you make a mistake. Type the line number to update, make your changes and then keep hitting the <ENTER> key until you get to another screen showing items 23-44. Type "/" and hit <ENTER> twice and the entry is complete. If you complete the entry and still need to make a correction, use function 5.1 to update events.

NOTE: Service data may result in errors received from the MHD exception report. These errors seldom occur; therefore there is not a master correction instruction. The exception report must be reviewed and any errors must be researched and corrected within 3 business days. Usually these errors are due to client information not being recorded prior to the service data is submitted – before any service corrections, ensure all required client (daily) data is recorded at MHD.

E&T Inpatient Episode Correction Procedures (AIU/YIU)

Corrections to RTC/ATU episodes come to your attention by reading the RSN print out called "CLIENT DB E&T IMPORT".

Find and update the ISN for the episode discharge date: input the "force bill flag" value of "Y". The staff id is 036 and the service code is 500.

Screen print the ISN register. Highlight the ISN Claim Unique ID.

Remove client saved list "ETCOR" if it exists.

Create client saved list "ETCOR".

Update 837I parameter file "CORR837I" used for corrections: check the client saved list name. Make sure the ISA record is set for production. Change the line in the CLM record as follows:

- 7 = change/correct
- 8 = void

Refer to sample page for list of lines to change.

Check the parameter file called "ISASEQ" and update the last batch number sent if needed.

Display the E&T episode for the client and screen print.

Run parameter file with admit/discharge dates from above and prepare production file in /c1/transfers/hipaa.

Print the report called "837ICORR-ET REPORT". Make sure the ISN Claim Unique ID is the same as the one you highlighted on the ISN screen print. If not the same, contact Mary Anne for help. Copy the report to /c9/cdata and call it ET837IC.xxx where "xxx" is the batch number.

Print the last page of the report called "ANSI 837I Event Rpt". Delete from print queue after printing; don't copy this one.

Use JSB file transfer or FTP to transfer batches to your workstation.

Follow instructions to transfer HIPAA batches to MHD and retrieve error reports.

Note: if there is a change to the discharge date after original submission, see Mary Anne. We may have to do some extra things if that happens. Episode change will occur but event will remain the same.

E&T Exception Report – Error Resubmission Procedure

The most common error is when discharge date is prior to admission date. This occurs when we are behind in submitting the inpatient services and the client has multiple layers of inpatient stays.

Log in to the RSN to process the resubmissions. You will need the exception report to tell you the client id's in error.

- 3.17.2 Print each client's episode history. Update the record effective date on the appropriate layer (the one that caused the error) to today's date.
- 11.6 Remove saved list called "ETERRS" if it exists. Then create a new saved list of client id's to be used in the resubmit process.
- 5.16.2 Search for the ISN for each client based on discharge date and service code 500. Update each ISN (item 25 on the screen) to "Y". That forces the program to "bill" the service again.
- 2.11 Edit the parameter file called ETERRS and put in the client list name. Change the commands as shown in sample to prepare a test file. Make sure the "claim frequency type code" = 1.
- 15.4.10 Create test file, review, and submit to EDIFECS for error detection. Make sure all clients are included in the file and admit/discharge dates are correct.
- 2.11 Edit ETERRS parameter file to production status as shown in sample.
- 2.11 Display parameter file ISASEQ and make sure next batch number is correct and matches your HIPAA batch log. If not, update as needed.

- 15.4.10 Create production file and submit to MHD according to regular processing procedures. Archive files as usual.
- 3.17.2 Update episode layers back to chronological order (use your screen prints). Make sure this is done before the end of the day you changed them or the daily import of data to the RSN could be updated incorrectly!

MONITORING

This policy is a mandate by contract.

1. This policy will be monitored through use of PRSN:
 - Annual PRSN Provider and Subcontractor Administrative Review.
 - PRSN will use a report generated by MHD titled “RSN Weekly Status Report” that lists total errors on data submissions.
2. If a provider performs below expected standards during any of the reviews listed above a correction action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy



PENINSULA RSN

MANAGEMENT INFORMATION SERVICES POLICIES AND PROCEDURES

Policy Name: ACCEPTANCE OF LATE MIS DATA

Policy Number: 4.06

Reference: EQRO Findings, FY 2007

Effective Date: 5/2005

Revision Date(s): 12/2007

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Data Transfer to the Department
- Policy: IS Encounter Submission
- Policy: IS Processing Procedures

PURPOSE

Contracted providers shall attempt to comply with data submission requirements outlined in the State Data Dictionary. If a provider needs to submit data after the cut off for the period in question, the Peninsula Regional Support Network (PRSN) Information Services (IS) contractor shall accept the late data.

PROCEDURE

If a contracted network provider needs to submit data after the data cut off timeframe outlined in the state Data Dictionary, the PRSN Information Services contractor will accept the data submission.

The PRSN IS contractor shall submit the late data to the Mental Health Division.

MONITORING

This policy is mandated by contract.

1. This policy will be monitored by the PRSN by the following means:
 - Kitsap Mental Health Services and the PRSN will identify trends of late MIS data submission from the provider network.
 - Annual EQRO audits and findings. The PRSN will follow-up with any assigned corrective action requirements.
 - Annual PRSN Subdelegation Review of the regional IS system

2. If KMHS performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy
 - Because KMHS contractually provides the PIHP regional Information System, the PRSN has the ability to impose penalties, modify the subdelegation contract, or decide to not continue to contract.



PENINSULA RSN

MANAGEMENT INFORMATION SERVICES POLICIES AND PROCEDURES

Policy Name: DATA SYSTEM BACKUP AND RECOVERABILITY

Policy Number: 4.07

Reference: DSHS Contract

Effective Date: 4/2004

Revision Date(s): 9/2008

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plans

PURPOSE

To ensure the Peninsula Regional Support Network (PRSN) data stored electronically is adequately backed up and plans in place to provide recoverability due to data corruption or a regional computer system failure.

Background

The Peninsula Regional Support Network contracts with Kitsap Mental Health Services (KMHS) to operate and maintain the data system used by all network contractors within the PRSN. The system uses CMHC/Netsmart software. All PRSN network providers are connected to the data system through either a VPN or a secure Point to Point T1 data connection, and are assigned a data base which is unique to each provider. KMHS is responsible for maintaining the network, importing required data from each provider's database into the unduplicated PRSN database, and transmitting required data to the Department of Social and Health Services Mental Health Division.

PROCEDURE

Preparedness

Because of the potential risk and ongoing vulnerability to loss of data, the KMHS Information Services Department has in place a backup and storage policy and procedure that is practiced every working day. These backup procedures would allow KMHS and the other network providers within the PRSN to retrieve critical information

necessary for the conduct of business functions on an immediate basis, and ultimately allow a full restoration of the data system given a catastrophic failure.

Backups

Data backups will occur on a daily basis with tape verification and rotation as follows:

1. Bootable backup:

- Frequency: Each time any updates or changes are made to the system
- Copies: Two
- Storage: IS Lockbox (on-site), designated off-site location

2. Daily backup:

UNIX

- Frequency: Monday through Friday (backups actually run Tuesday through Saturday at 1 a.m.)
- Copies: One
- Storage: IS Lockbox (on-site)

3. Situational backup:

- Prior to any major version upgrade to the system(s). These are kept at the designated off-site location until the next major event.

Rotation of backups:

1. Bootable backup:

- 1 copy of current in IS Lockbox (destroy previous version in lockbox)
- 1 copy of previous 2 at designated off-site location

2. Daily backup:

- Non end-of period *(see below): Monday, Tuesday, Thursday, Friday in IS Lockbox (re-using oldest tapes in rotation)
- Wednesday at designated off-site location
- End of month: Designated off-site location (keep a quarter's worth of monthly tapes – Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec – then place older tapes back into rotation).
- End of quarter: Designated off-site location (keep 4 quarter's worth – placing oldest tape back into daily rotation).
- End of year: Designated off-site location (keep all yearly tapes). This should be created when all processing is completed and books closed for the FY.

3. Situational backup:

- Keep current and one previous version at designated off-site location

Hard Copy Reports

- Should temporary manual operations be required, monthly reports (data as identified in the Disaster Recovery Plan) from the data system will be copied to a device (ZIP, Flash or CD).

System Restoration and Recovery

Critical Need

The following functions have been identified as critical:

1. Daily transfer of information to MHD/MAA. This includes new data as well as any researched and corrected data. MHD IP for file transfers: [ftp 147.56.37.121](ftp://147.56.37.121) is connected to using a secure VPN connection and is encrypted using SSH data transfer protocol. Should the preferred secure VPN connection to MHD be unavailable for transfer (for more than 3 working days), the following alternative methods shall be used (in order of preference):
 - Dial-up connection to MHD (with their approval) from any so equipped computer (with approved encryption protocols).
 - Secondary transmission method (dial-up) is tested and certified by MHD on an annual basis.
 - Files (in approved format) will be transferred to an external device (such as flash or CD) and delivered to MHD in person.
2. Basic client information. This includes information such as scheduled appointments, client contact/ location information, caseload lists. Basic client data mentioned above will be downloaded monthly from CMHC and written to a flash drive stored in the off-site safe. This file can be loaded to any standard personal computer for access/printing.
3. PRSN eligibility data from the State on a monthly basis. The database (master) containing the eligibility information will be downloaded monthly from CMHC and written to a flash drive stored in the off-site safe.
4. Payroll, Accounts Receivable, Protective Payee and Accounts Payable at any PRSN center that uses these features within CMHC. The items described below will be downloaded monthly in a text or delimited file and written to a flash drive stored in the off-site safe. This would require, at a minimum, the following to allow these crucial business functions to be manually processed:
 - Payroll: Listing of staff pay scales, FTE, deductions.
 - Accounts Receivable: Listing of client balances from each funding source.
 - Protective Payee: Listing of current balances and check details for current FY.

- Accounts Payable: Listing of vendors and Journal Detail/General Ledger information for the current FY.

All other services could be deferred to the recovery stage.

Recovery

The main impacts of catastrophic loss of computer equipment or extended delays in resuming full processing capacity would be delays in financial and statistical procedures: reports and backlogs of client and activity information to be entered. This would not affect services to the public following an emergency, but could have effect to the provider financial stability and ability to determine impact.

1. The provider information systems would face difficulties in returning to full production in the face of backlogs, if the system were unavailable for more than one month, under normal circumstances. Staff shortage and unusual demand for services would make the need more critical. Business department needs would be given first priority if computer access were limited.
2. Finance could tolerate a 1-2 month delay, depending on the timing of checks to be processed.

Use of On-Line Terminals during and after a system failure or natural disaster

- Responsibilities

The Recovery Team (led by KMHS Information Services Director, staffed by KMHS Information Services staff as well as staff designated by provider agencies as needed) will ensure recovery within the priorities as listed below. In the event the KMHS Information Services Director is not available, the PRSN can delegate assignment, activities and leading of the Recovery Team as deemed necessary.

Emergency shutdown procedures are posted on the reverse of the entrance door to the KMHS Server Room (5455 Almira Drive NE – Bremerton, WA Room 509) along with contact phone numbers for Information Services staff (in order of priority).

The most critical computer functions will be assigned to any terminals that remain on-line at KMHS.

- First Priority

1. Verify that the CMHC system is still functioning safely, and will have a source of continuous power.
 - a. Physically inspect the computer room and status of UPS.
 - b. An Information Systems staff (usually the IS Director) at Kitsap Mental Health Services will determine if the computer must be shut down.
2. Verify that terminal locations function properly and the areas are safe to work in.

- Second Priority

1. After critical needs are met, allocate existing terminal access for emergency use by Jefferson Mental Health, West End Outreach and/or Peninsula Community Mental Health Services at Kitsap Mental Health Services locations.
2. Information Services staff from Kitsap Mental Health Services will be assigned to assist each site staff at KMH locations as needed.

Use of a Portable Computer as a Terminal during and after a system failure or natural disaster

- Responsibilities

A portable PC may be assigned to replace or supplement office terminals. The portable PC must be equipped with a modem for dial-up connectivity or, preferably, high speed Internet to connect to the PRSN VPN system.

- First Priority

1. If the Information Services offices are inaccessible, but the CMHC system and phone lines are working, assign at least one laptop to serve as a terminal in a remote location.
 - a. Set up laptop in location with electricity and a phone jack.
 - b. Use modem to dial into CMHC System (360-373-1928, 360-373-0979 or 360-373-0981) or have a secure Internet connection with the KMHS VPN client installed (IP 66.81.199.165)

- Second Priority

1. After critical needs are met, allocate existing access to Jefferson Mental Health, West End Outreach and Peninsula Community Mental Health staff for maintaining data processing.

Connection to and use of a CMHC “HOT SITE” during and after a system failure or natural disaster

- Responsibilities

Critical services for clients must be maintained by extracting or entering data in the system. If the CMHC system is not running, an emergency backup may be run at another location. Potential hot sites would include CMHC Systems in Dublin, Ohio; Jet Computers in Olympia, Washington; and Spokane Mental Health in Spokane, Washington. There would be costs associated with this hot site usage that would require negotiation at the time of the need.

- First Priority

1. Data necessary for direct client services.
 - a. Retrieve most recent CMHC backup tape from lock box in Room 508 (Note: If the hot site does not have BRU as a backup program, the weekly TAR

backup will have to be used – or the BRU could be provided to the remote site for installation).

- b. If Room 508 (located at KMHS main campus) is inaccessible, retrieve most recent backup tape (BRU or TAR format) from the safe located at 900 Sheridan, Bremerton, Washington.
- c. Load /c1/RSN, /c0/MIS, /c2/FKS, /c3/PT, /c4/IMAGEFILE and /c5/PA at hot site.
- d. Depending on location, dial in or have staff at hot site log on and print reports designated in the Critical Need section of this document.

- **Second Priority**

If staff may sustain access to the hot site, the following functions may be run, depending on time and equipment available.

1. Additional lists of staff or client, inventory, or financial/statistical reports for urgent needs.
2. Data lookups or updates for service to existing clients.
3. New client registers and services.

Information Services Evacuation Plan During a Natural Disaster

The following actions should be taken by KMHS IS staff upon evacuation and/or other assigned disaster prep staff upon assignment:

Upon initial evacuation:

IS Staff from room 508 (located on KMHS main campus) will take contents of the lock box. This lock box is located in room 508, by door. This lock box contains:

1. Nightly backup tapes from the IBM and Windows servers
2. Agency master key
3. Safe combination (for safe located at Sheridan facility)
4. Up-to-date IS, Agency, Cell Phone and vendor POC listing
5. Recovery procedures (data/programs, etc)
6. IS inventory listing
7. Emergency shutdown procedures
8. Contact phone numbers for Information Services staff (in order of priority).

Upon re-entrance/secure actions:

1. The main computer systems (room 508 computer room, labeled in orange) will be powered off and CPUs removed.
2. The computer designated for the DBA (room 508, labeled in orange) will be powered off and the CPU removed.

3. If power is on and water is present in room 508 or computer room, power should be secured via the circuit breakers. Any circuit breaker work must be coordinated with KMHS Facilities staff.
4. The telephone system computer (phone equipment room, labeled in orange) will be powered off and the CPU removed.
 - If power is on and water is present in phone equipment room, power should be secured via the circuit breakers. Any circuit breaker work must be coordinated with KMHS Facilities staff.
5. The IS companion telephones (assigned to the Help Desk and Computer/Telecommunication Technicians) will be removed and offered to command post for assistance (local on-campus communications only).
6. Additional charged batteries (as many as available) and charger units for companion phones.
7. If additional threat, the safe located at 900 Sheridan (Bremerton, WA) should be removed from area as soon as possible. This safe contains:
 - a. Master copies of software (CMHC latest releases, Acuprint, SolAce, BRU, Donor Perfect, Windows licensing and CD copies, and Backup Exec).
 - b. Master and scheduled backup tapes
 - c. Up-to-date IS POC listing
 - d. Disaster Plan (data/programs, etc)
 - e. IS inventory listing (quarterly run)
 - f. Critical printouts (identified in plan)

MONITORING

This policy is mandated by contract.

1. This policy will be monitored by the PRSN by the following means:
 - Kitsap Mental Health Services and the PRSN will debrief any extended down-time and/or restoration action and resolve problems identified.
 - Annual EQRO audits and findings. The PRSN will follow-up with any assigned corrective action requirements.
 - Annual PRSN Subdelegation Review of the regional IS system
2. If KMHS performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy
 - Because KMHS contractually provides the PIHP regional Information System, the PRSN has the ability to impose penalties, modify the Subdelegation contract, or decide to not continue to contract.



PENINSULA RSN

ADMINISTRATION POLICIES AND PROCEDURES

Policy Name: MANAGEMENT ATTESTATION OF ACCURACY OF DATA

Policy Number: 4.08

Reference: DSHS Contract , 42 CFR 438

Effective Date: 8/2004

Revision Date(s): 12/2007

Approved by: PRSN Executive Board

CROSS REFERENCES

- Policy: Corrective Action Plan

PURPOSE

To ensure that required data submitted to Mental Health Division (MHD) is complete and accurate.

DEFINITIONS

Management Certification: Federal regulations require that utilization data be certified by management prior to submission to the Department.

PROCEDURE

1. The Peninsula Regional Support Network (PRSN) Administrator certifies the accuracy of all data submitted to MHD.
2. Data is certified at the time of batch transmission to the MHD.
3. The PRSN has authorized all edits and audits used by the PRSN Information Services contractor Kitsap Mental Health Services (KMHS) and providers to ensure data is managed in accordance with MHD Data Dictionary and Trading Partner Agreement as described below.

- These processes provide PRSN Administration staff with the ability to ensure accuracy of data prior to submission to MHD.
4. Data entry screens used by providers to enter all information is controlled, utilizing tables that allow entry of only authorized values in client records. The authorized tables are as specified in the MHD Data Dictionary.
 5. Clients identified as RSN clients are not allowed to be sent to the RSN database until all required elements are completed.
 6. Prior to any service/encounter information generation, all PRSN providers review miscellaneous audit reports and correct data within prescribed timelines.
 7. PRSN Administrator is notified by email of any encounter data as it is being transmitted to MHD to provide for the HIPAA Encounter Certification.
 - This form is completed by the PRSN Administrator for each encounter (HIPAA) claim submitted.

MONITORING

This policy is a mandate by contract and statute.

1. This policy will be monitored through use of PRSN:
 - Monthly Provider Chart Reviews
Data integrity is assessed on a random sample of charts to ensure that encounter data submitted to the PRSN is documented in the clinical file and that all documented encounters are submitted to the IS system.
 - PRSN IS Attestation document signed and mailed to MHD, daily.
2. If a provider performs below expected standards a Corrective Action Plan will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy