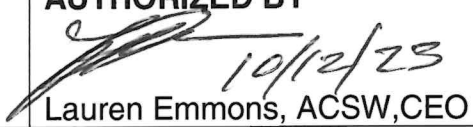


CHAPTER Information Management	CHAPTER 07	SECTION 002	SUBJECT 10
SECTION Data Management		DESCRIPTION Integrity of Electronic Data: OASIS	
WRITTEN BY Lauren Emmons, ACSW COO	REVISED BY Sandy Koyl, BHSA IT and Data Management Supervisor	AUTHORIZED BY  10/12/23 Lauren Emmons, ACSW, CEO	

APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) ensures data in Optimal Alliance Software Information System (OASIS) is accurate, entered in a timely manner, and documented in compliance with regional, state and federal requirements. Best practice procedures are employed to ensure the safety, integrity and quality of information in OASIS.

STANDARDS:

- A. All responses to the Freedom of Information ACT, HIPAA Privacy regulations, confidentiality and any other applicable policies and procedures apply to the data and files associated with OASIS.
- B. Users follow standards and expectations for documentation in the electronic health record supporting accurate, complete and timely data entry.
- C. The accuracy, comprehensiveness and timeliness of data in OASIS shall meet the requirements of the Michigan Department of Health and Human Services (MDHHS), External Quality Review (EQR), CARF and any other necessary regulatory or accrediting organizations.

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- D. LCCMH data staff monitor the accuracy, completeness and timeliness of the data in OASIS.
- E. All documentation complies with the standards of administrative and clinical record keeping as specified in the Medicaid Provider Manual, MDHHS Administrative Rules, Michigan Mental Health Code and other polices and guidelines set forth by the Region 10 Prepaid Inpatient Health Plan (PIHP).
- F. Service Activity Logs (SALS) for direct operated programs are signed in accordance with LCCMH clinical documentation requirements (LCCMH Form #339) and are reviewed by supervisors for accuracy as needed and by billing personnel through auditing and error reports.
- G. Claims are entered or imported as denoted by Lapeer CMH designated process and should pass through system edits as part of the claims processing cycle.
- H. All data entries are dated by month, day and year. Many entries in the individual chart contain the author's identification by name and credentials. The author identification may be handwritten signature (if document is scanned) or by a unique electronic identifier/signature. It is expected all documentation must be signed by the author at the time of completion.
- I. All data entries in OASIS involving authorized services requiring specific times indicate actual beginning and ending times of the service provided. Exceptions may include per diem services or equipment, etc.
- J. Individual Plans of Service (IPOS) are not effective (valid) until the individual/guardian has provided a signature. Therefore, documentation must be completed prior to effective date.
- K. Delayed entries are acceptable within a reasonable time period after the service, for the purposes of clarification, error correction, the addition of information not initially available, on holidays or weekends, or if certain unusual circumstances prevented the generation of the document at the time of service.

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- L. All staff who create, handle, view or modify personal health information that is part of the clinical record have a responsibility to ensure the information is as accurate as possible and belongs in the record. Any staff suspecting a certain document or piece of information does not belong in the record should notify their supervisor. In addition, if documents or information appears to be missing, it is the responsibility of the primary case holder to attempt to obtain this information or provide documentation of its absence.

PROCEDURES:

Clinical Staff/Supervisors

- A. Enter information and data into OASIS following and/or during interaction with the individual or non-face to face activity. Electronic documentation is the preferred method but approved documents can be scanned to the system by trained support staff.
- A. Are granted authorization to perform system tasks in OASIS based on their department alignment and agency job duties.
- B. Use OASIS as the primary means to access, retrieve information and capture data. Clinical staff are informed of documentation due dates by the alerts and notices within OASIS, access to “how-to” documents in the help menu of OASIS and by trainings provided by data staff, supervisor and Chief Clinical Officer.

Data Staff

- A. Maintains list of acceptable procedure codes and location codes for staff use.
- B. Reviews data to ensure accuracy, completeness and timeliness.
- C. Follows up with staff as needed with data errors or questions.
- D. Submits encounter data to the PIHP.
- E. Submits Behavioral Health Treatment Episode Data Set (BH-TEDS) data to the PIHP.

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DEFINITIONS:

- A. Behavioral Health Treatment Episode Data Set (BH-TEDS): Data record collected per episode of care and reported to the Michigan Department of Health and Human Services on an on-going basis.
- B. Information System: The network of computers, hardware and software used to categorize, store, retrieve, copy, protect, analyze and manipulate data, including OASIS modules of clinical and administrative operations.
- C. Integrity of Data: A condition of OASIS and related data which is compiled, utilized and analyzed by the Information System that is believed to be accurate, valid and is a result of processes employed through the Data Management Department to protect the accuracy, security, comprehensiveness and standardization of the data and electronic information.
- D. OASIS: Optimal Alliance Software Information System – the certified electronic health record utilized by the LCCMH and contract providers.
- E. Protected Health Information (PHI): Individually identifiable health information (1)(i) transmitted by electronic media; (ii) maintained in any medium described in the definition of electronic media or (iii) transmitted or maintained in any other form or medium. (2) Excludes individually identifiable health information in (2)(i) Education records covered by the Family Educational Right and Privacy Act, as amended 20 U.S.C. 1232g; and (ii) records described at 20 U.S.C. 1232g(a)(4)(B)(iv).
- F. User: Individual having access to OASIS as staff, contractor, temporary employee, or other person given some level of access to OASIS information.

REFERENCES:

- HIPAA Privacy Rule, 45 CFR Part 164 (164.501), Part 160 (160.130)
- Mental Health Code, Act 258 of 1974, 330.114 (section 141)
- LCCMH Form #339 Documentation Requirements

SK:mgr