



Promise Health Plan

POLICY & PROCEDURE

Medical Services

Policy Title: Care Coordination Data Validation			
Policy No: 90.2.6		Original Date: 7/13	
Effective Date: 12/18	Revision Date: 12/18		Revision No: 1
Department Head:	Date:	Medical Services/P&T Committee:	Date:
P&P Committee:	Date:	Department(s): UM	

PURPOSE:

To assure that data used to make care management determinations is accurate. Data may include, but is not limited to, member demographics, clinical information, claims or encounter data or any other information used for care coordination decision making.

POLICY:

Blue Shield Promise Health Plan will monitor the accuracy of care coordination data and amend or correct inaccuracies on an ongoing basis to ensure that care management decisions are based on reliable information.

PROCEDURE:

- Care Management staff will be trained to report discrepancies in information on a routine basis
- If inaccuracies in information are identified, the care management staff will report the inaccuracy to their supervisor.
- Supervisory staff will make a determination to amend the member's record.
- Supervisory staff will track data inaccuracies to identify trends that may require root cause analysis and quality improvement interventions.
- If a data quality issue trend is identified, the care management supervisors will report these issues to the information
- The information technology team, in collaboration with the care management team will provide a root cause analysis and implement any necessary corrective action in order to maintain the integrity of the data used to make care management decisions.
- All issues, analyses, and interventions will be documented and saved in a common shared folder for future reference and available for review, as necessary, by Care1st's Quality and Compliance Departments.

8. The care management team will be responsible for monitoring post-intervention data quality to monitor the effectiveness of the intervention.
9. If any issues are not resolved by the intervention, a reanalysis will be conducted and the intervention revised until a satisfactory resolution is achieved.

REFERENCES/AUTHORITIES:

CMS-CA MOU (Medicare – Medicaid Program)