



<b>TITLE:</b> Public Hospital Redesign and Incentives in Medi-Cal(PRIME) Data Integrity	<b>NUMBER:</b> 7:1500 (full revision) BOT Approval: 8/17								
<b>STANDARD:</b>  #7 Leadership	<table border="0"> <tr> <td><u>Approvals</u></td> <td><u>Date</u></td> </tr> <tr> <td>Functional Team Approval</td> <td>6/17</td> </tr> <tr> <td>MEC Approval</td> <td>7/17</td> </tr> <tr> <td>Administration</td> <td>Responsible:</td> </tr> </table>	<u>Approvals</u>	<u>Date</u>	Functional Team Approval	6/17	MEC Approval	7/17	Administration	Responsible:
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**PURPOSE:**

To define the processes and procedures used at Natividad Medical Center to ensure the integrity of financial, clinical and quality improvement (QI) data utilized for the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Program.

**POLICY:**

1. Natividad Medical Center (NMC) will create and maintain information in the form of reports, attestations, and/or internal data to substantiate a claim for metric achievement under the PRIME Program in accordance with the Special Terms and Conditions of Medi-Cal 2020, California’s Section 1115 Medicaid Waiver.
2. Data will be collected in compliance with federal and state laws and NMC policies, and will be documented in an attributable, legible, contemporaneous and accurate manner in order to substantiate metrics and claims.
3. All materials and information used to substantiate a claim for metric achievement, this includes clinical, and quality improvement, and patient-level data used to create submitted PRIME reports, will be maintained for at least 5 years after submission of Demonstration Year reports.
4. The data used to substantiate a claim will be made available for state and federal officials, in their oversight capacity. Such data may be provided to the officials in forms of interview, written responses, reports, site visits, or other forms of formal channels of communication.
5. Data Storage and Handling will be secured according to applicable laws, regulations and NMC policies.
6. Data shall only be accessed by designated individuals, and security breached reported per all laws, regulations and NMC policies.
7. Data issues and errors discovered post submission to DHCS shall be reported and corrected in a timely manner. Errors will be investigated per the procedure below and a plan of correction developed and implemented to mitigate the possibility of producing similar errors in the future.

NMC will report to DHCS within 10 business days of discovery, any breach of these requirements that may result in discrepancies from submitted PRIME quantitative or qualitative reports. The breach will be reported by emailing NMC’s DHCS PRIME liason with a summary of the discovery. If NMD determines within 10 business days that the breach would not result in a discrepancy with submitted PRIME quantitative or qualitative reports, the breach does not need to be reported to DHCS.

**PROCEDURE:**

1. A folder on the network shared drive has been created to store the PRIME project plan, specifications, timelines, supporting documents, and evidence of the metric reports created within the SQL Server Reporting System (SSRS). Raw data and/or report specifications for reports that were run and used to compile internal reports will be kept on file so that reports can be re-run or raw data can be retrieved.
2. Access to the PRIME folder on the share drive will be restricted to users directly involved with the project, including but not limited to members of the Waiver Integration Team (WIT) PRIME Committee and Data Team.
3. NMC staff will be readily available for state and federal officials in their oversight capacity to answer questions regarding data integrity, retrieve or re-run reports, and review contents of the PRIME folder on the share drive.
4. The validation of data will occur as follows:

**SSRS Dashboard Metrics****1) Measure Specifications Review.**

- Primary MEDITECH Analyst
- Primary EPIC Analyst
- Programmer/Report Writer
- Metric Steward
- Secondary Analyst (Neutral Analyst)
- Other Clinical Expert(s) as needed

**2) Create Metric Reports.**

- Programmer/Report Writer

**3) Metric Reports Review.** (See Attachment A for validation procedure, steps 3 through 6).

- Primary MEDITECH Analyst
- Primary EPIC Analyst
  - A. Review and confirm accuracy for metric population and description, numerator and denominator, and inclusion and exclusion criteria
  - B. Select minimum of 10 representative patients from report for review
  - C. Include at least 2 patients with:
    - a. Numerator inclusion(s)
    - b. Numerator exclusion(s)
    - c. Denominator inclusion(s)
    - d. Denominator exclusion(s)
  - D. Issues
    - a. If no issues, sign off on metric report within PRIME Reporting Dashboard
    - b. Resolve with Programmer/Report Writer
    - c. If unable to resolve, refer to escalation procedure

**4) Prepare Validation Lists.** Total of 70 cases (30 NMC + 30 LFM + 10 Dual)

- Clinical Data Analyst
  - A. Eligible Population/Target Population level
  - B. Metric level

- 5) **Pre-Validation Review.** Review at least 5 cases to verify understanding of metrics specifications and where data resides in MEDITECH and/or EPIC (billing, problem list, flowsheet, assessments, etc.).
  - Primary MEDITECH/EPIC Analyst
  - Validator(s)
- 6) **Validate Metric Reports.** Validation is complete when 100% of cases reviewed have no identified issues that require the metric report to be changed. Review and confirm metric population and description, numerator and denominator, and inclusion and exclusion criteria
  - Validator(s)
  - Primary MEDITECH Analyst verifies successful validation
- 7) **PRIME Dashboard Review.** Review includes comparison with previously reported data and like metrics with the following metric Stewards/Project Stakeholders
  - Primary MEDITECH Analyst
  - Primary EPIC Analyst
  - Validator(s)
  - Project Managers
  - Programmer/Report Writer
- 8) **Report Data.**
  - PRIME Project Manager and Co-Project Manager
  - Primary MEDITECH Analyst
- 9) **Escalation Procedure.** Should the need arise, the following path of escalation will be utilized for mediation and escalation of issues:
  - Validator, Primary Data Analyst, and/or Programmer/Report Writer
  - PRIME Project Manager
  - Other experts as required, such as the Primary Care Project Manager, HD Medical Director, etc.
  - NMC CMIO
  - WIT Executive
- 10) **Investigation of Data Integrity Issues.** If there should be a question of data integrity at any time, the following process for investigating and remediating will occur:
  - A. Any involved team member will notify the PRIME Project Manager
  - B. The PRIME Project Manager will ensure documentation of the issue and will assign the Metric Steward, Primary and Secondary Analyst(s), and Programmer/Report Writer to investigate.
  - C. The Primary Analyst will present a resolution and/or recommendation to the PRIME Project Manager in a timely manner.
  - D. The PRIME Project Manager will review the recommendation, and then consult and review with the CMIO. A decision will be made on resolution and plan of correction, and implemented following the aforementioned validation process.

11) **Metric Reports will be revalidated:**

- A. If a software update occurs in any of the applicable software systems, all reports shall be rerun to confirm no change. If a change has occurred, the affected metric reports are to be re-validated.
- B. If metric reports are edited due to changes in the measure specifications.

**CMQCC Metrics (California Maternal Quality Care Collaborative)** (See Attachment B)

Three reports are uploaded from NMC to CMQCC each month. (Target the 15<sup>th</sup> of each month.)

- **Discharge Report.** This report is the core CMQCC report, based on the NMC OSHPD file.
- **Supplemental Report – Maternal.** This report identifies the PRIME population.
- **Supplemental Report – Infant.** This report has supplemental data elements for the metrics.

**1) Monthly Upload Validation.**

- Clinical Data Analyst
  - A. Any errors identified by the CMQCC Maternal Data Center during the file uploading/receiving process shall be corrected.
  - B. The monthly data uploaded to and received by the CMQCC Maternal Data Center shall be compared to NMC financial data: Maternal Discharges and Infant Discharges.

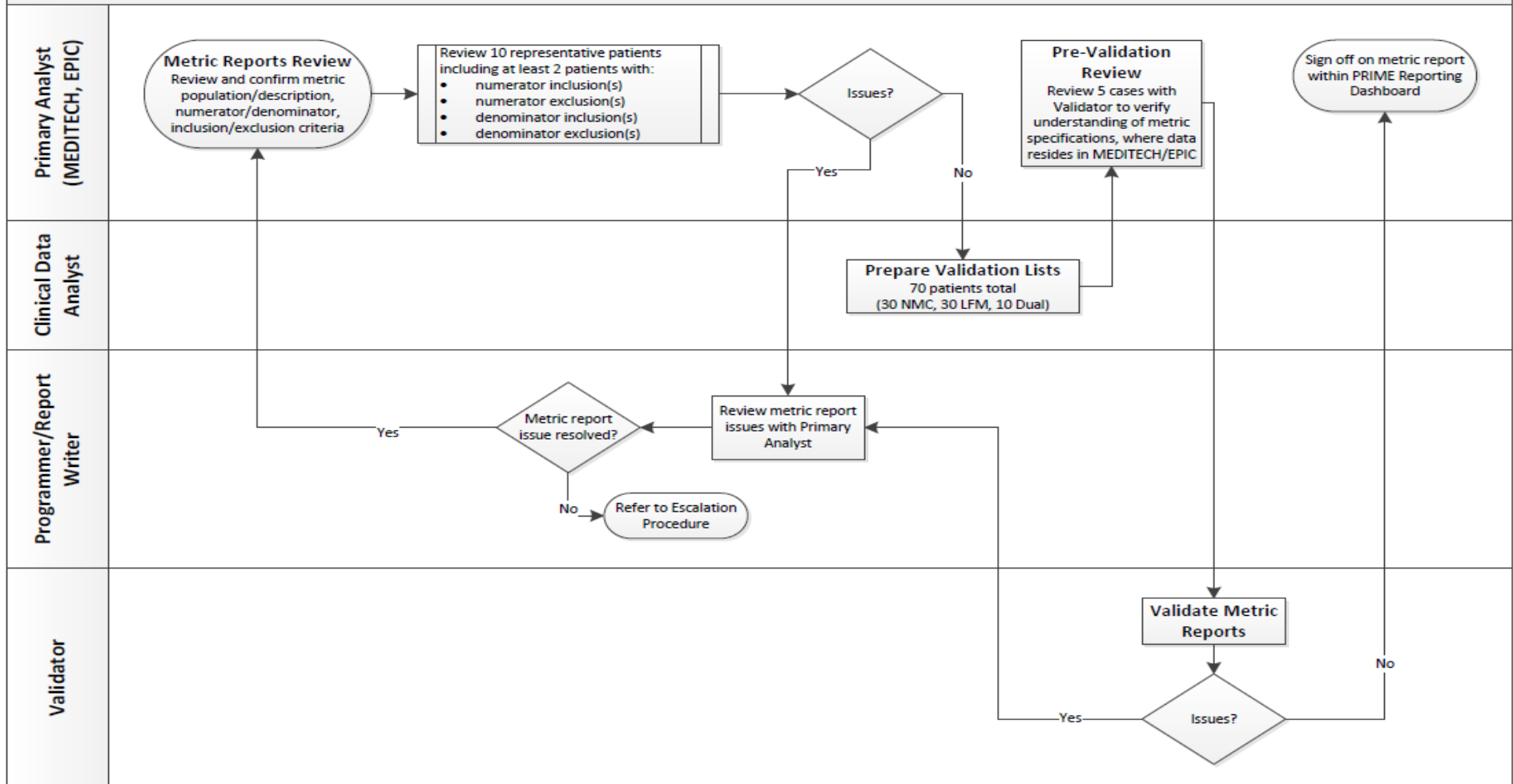
**2) Semi-Annual Metric Validation.** Prior to submitting PRIME CMQCC metrics to DHCS, the metrics will be reviewed by the Perinatal Measures review group and compared to NMC's Core Measure data for the same timeframe.

- Clinical Data Analyst
- PRIME Project Manager
- Director of Women's and Children's Services
- OB/GYN Service Director



ATTACHMENT A

Attachment A. Validation Procedure (steps 3 through 6).



ATTACHMENT B

Attachment B. CMQCC Procedure.

