

**Subject: Health Information Systems: Auditing Data (Page 1 of 2)**

**Objective:**

- I. To ensure accuracy and timeliness of data information systems and compliance with the Electronic Code of Federal Regulations Title 42 CFR 438.242 Health Information Systems, Health Share/Tuality Health Alliance (THA) has developed a mechanism to validate data prior to submission to the State and Health Share of Oregon.

**Definitions:**

CCO – Coordinated Care Organizations  
RAE – Risk Accepting Entity

**Policy:**

- I. Health Share/Tuality Health Alliance (THA) Data Analysts are responsible for maintaining, collecting, extracting, assessing, analyzing and validating the data utilized to report to the Oregon Health Authority/Medical Assistance Program and Health Share of Oregon.
- II. Establishing a procedure that requires data validation by the Data Analysts before data is submitted to the State by:
  - a. Qualifying personnel must be used to collect data.
  - b. Gaining access to financial reports and / or invoices to compare and balance out collected data and financial records.
  - c. Verifying the accuracy and timeliness of reported data by running a script to validate the total count of records and the summary of total amounts of data in the system.
  - d. Providing specific documentation to verify that indicator criteria are met.
  - e. Collecting service information in standardized formats to the extent feasible and appropriate by using Microsoft T-SQL language to extract and validate the data. Microsoft Access database will be used when the data is not available in T-SQL format.
- III. Ensure that data received from providers is accurate and complete by:
  - a. Using an automated system to validate enrollees, procedures, diagnosis codes, billing and provider credentialing information.
  - b. Setting up automated rules in the claim system to stop invalid or incomplete data to be processed.

**Subject: Health Information Systems: Auditing Data (Page 2 of 2)**

- c. Running quality reports and reviewing pending claims before closing payable batches.
  - d. Using an automated claims coding validation system to assess and report billing office coding practices. The automated claims coding validation system uses CMS and American Medical Association coding standards.
- IV. Make all collected data available to the State and Health Share of Oregon as required in the CCO contract by:
  - a. Compliant with the required data format and deadline of data submission as agreed by the RAE's.
- V. Shall participate in encounter data reconciliation
  - a. Including any initiatives to support the reconciliation of encounter data submitted on behalf of Health Share to OHA/MAP, which shall include, but shall not be limited to:
    - i. the timely submission of all information deemed necessary or appropriate by Health Share as detailed in the Figure A2: RAE Encounter Reconciliation Form (AKA the RAE Weekly Summary).
    - ii. the active participation in all scheduled meetings and online discussion groups deemed necessary or appropriate by Health Share.
- VI. Shall participate in enrollment reconciliation
  - a. Including any initiatives to support the reconciliation of member enrollment, which shall include, but shall not be limited to:
    - i. the timely submission of all information deemed necessary or appropriate by Health Share as detailed in the "Enrollment" summary.
    - ii. the active participation in all scheduled meetings and online discussion groups deemed necessary or appropriate by Health Share.

**References:** 2014 OHA Coordinated Care Organization Contract # 143115  
42 CFR 438.242  
OAR 410-141-3430; OAR 943-120-0100 through 943-120-0200

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