

 <p><b>SPOKANE COUNTY</b> Regional Support Network Prepaid Inpatient Health Plan</p>	Policy Title: <b>Service Encounter and Data Certification</b>		Policy # <b>MIS-8</b>
	Signature:  Signature on file	Revised: 8/30/07	
	Christine Barada, Director Community Services, Housing and Community Development	Reviewed: Date	
	Signature Date: 8/30/07	Signing by authority of Res. No. 2007-0038	

Applies to:  Internal  External

**References**

42 CFR 438.606; SCRSN/Washington State Mental Health Division Contract; BBA; and all other applicable statutes or codes

**Scope**

SCRSN/PIHP and its contracted providers.

**Policy**

SCRSN/PIHP and it's subcontractors shall submit data that is complete and accurate within the contracted time frames. Data submissions will be verified and certified on a monthly basis.

**Procedures/Mechanisms**

1. Service Encounter data is to be validated using table and program validation as part of the SCRSN Management Information System.
2. Provider agencies are required to certify on a monthly basis service data for accuracy against their local service tracking system. (See MIS – 2 for detailed information)
  - 2.1. SCRSN will provide monthly reports that are available on the SCRSN website for reconciliation purposes.
  - 2.2. Provider Agencies will reconcile Individuals and Hours of Service

- 2.3. Provider Agencies will complete and submit to SCRSN a monthly Reconciliation report that is to be signed by the agency's designee. Submission to the SCRSN is via FAX on the number provided on the form.
3. Data to be submitted to the State is validated in a monthly State Data Preparation and Verification process. Any issues found in this process are to be brought to the attention of the RSN IS staff for resolution.
4. IS staff will review the results of the State Data Preparation process as well as the counts by data and record type. A report is to be prepared for management viewing along with the monthly certification memo.
5. Management will verify data reports and submit MHD Certification Form at the time of data submittal to MHD via e-mail to [MHDDataCertification@dshs.wa.gov](mailto:MHDDataCertification@dshs.wa.gov).
6. Signed, original copies are to be mailed to MHD within 7 days.

**Monitoring**

This policy will be monitored through the annual contracted provider monitoring, with the appropriate recommendations, findings and/or corrective actions required in performance improvement projects.