Detailed Plan Request

Behavioral Health Data Consolidation Plan Data Elements, Exhibit A

The Behavioral Health Data Consolidation project has identified the draft set of data elements required for collection from the BHOs. Many of the data elements have standing definitions in current data dictionaries or reporting instructions and this is indicated in the attached Tables. Reporting rules and definitions and values for new elements, will be developed with the RSN/BHO representatives between July 1 – September 11, 2015 either through the SERI workgroup or the BHDC data group.

1. Provide your plan and timeline to collect and report on the data elements contained in Table 1 (Non-Provider One data elements) and Table 2 (Provider One data elements).

2. Describe your plan to assess and ensure the provider agencies in your network (or subcontractors) are able to submit client and service data that meets the BHO reporting requirements (as specified in table below).

   a. Describe any barriers your substance use disorder treatment agencies have in meeting the data collection and transmission requirements?
   b. How are your communicating the data reporting requirements?
   c. Describe technical assistance or other support you are providing to substance use disorder treatment agencies?
   d. Describe the IT systems/EHRs used by the provider agencies in your network to collect and submit client and services information?

3. Document your plan to collect client and services data from the substance use residential providers located throughout the state?

4. Document your systems capacity to collect, store, and submit funding source information associated with a person and service, in order to meet block grant reporting requirements.

5. Describe how will you ensure that encounters are submitted <u>within 30 days</u> after the close of the month of service?

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Table 1 – Data elements not collected through Provider One

Note: Gray items are not collected by the BHO's.

Category	Data Element	Existing Element (Y/N)
Client ID	CLIENT_ALTERNATE_LAST_NAME	Y
Client ID	CLIENT_FIRST_NAME	Y
Client ID	CLIENT_IDENTIFIER	Y
Client ID	CLIENT_LAST_NAME	Y
Client ID	CLIENT_MIDDLE_NAME	Y
Client ID	CLIENT_SOCIAL_SECURITY_NUMBER	Y
Client ID	CLIENT_WA_STATE_DRIVERS_LICENSE	Y
Client ID	DOC_OFFENDER_NUMBER	N
Client Profile/Client	RESADDLINE1	Y
Client Profile/Client	RESIDENCE_CITY	Y
Client Profile/Client	RESIDENCE_COUNTY	Y
Client Profile/Client	RESIDENCE_STATE	Y
Client Profile/Client	RESIDENCE_ZIP_CODE	Y
Client Profile/Client	RESADDLINE2	Y
Client Profile/Education	YEARS_OF_EDUCATION	Y
Client Profile/Family	KIDS_AT_HOME	Y
Client Profile/Family	KIDS_ELSEWHERE	Y
Client Profile/Health Services	EMERGENCY_ROOM_VISITS	Y
Client Profile/Health Services	INPATIENT_ADMISSIONS	Y
Client Profile/Health Status	ACCESS_TO_CARE_DIAGNOSIS	N
Client Profile/Health Status	CLIENT_DIAGNOSIS	Y
Client Profile/Health Status	DISABILITY_TYPE_ID	Y
Client Profile/Health Status	DISCHARGE_TYPE_ID	Y
Client Profile/Health Status	DISPOSITION	Y
Client Profile/Health Status	PREGNANCY_EST_DUE_DATE	Y
Client Profile/Health Status	SELF_HELP_COUNT	Y
Client Profile/Housing	RESIDENCE_TYPE_ID	Y
Client Profile/Income	EMPLOYMENT_ACTIVITY_ID	Y
Client Profile/Income	MONTHLY_PERSONAL_INCOME	Y
Client Profile/Income	PRIMARY_INCOME_SOURCE	Y
Client Profile/Legal	ARREST_TYPE_ID	Y
Client Profile/Legal	ARRESTED_30_DAYS	Y
Client Profile/Legal	CURR_DOMESTIC_VIOLENCE	Y
Client Profile/Legal	LEGAL_ISSUE_TYPE_ID	Y
Client Profile/Legal	LEGAL_STATUS	Y
Client Profile/Legal	PAST_DOMESTIC_VIOLENCE	Y
Client/Profile	BHAS SCREENER INDICATOR	Y
Client/Profile	CANS SCORE	Y
Client/Profile	COD_CODE_TYPE	N
Client/Profile	COD_CODE_VALUE	N
Client/Profile	ENTRY_REFERRAL_ID	Y
Client/Profile	GAINSS SCORE	Y
Client/Profile	LEGAL AUTHORITY CODE	Y
Client/Profile	OP_COD_SCREEN_ID	N

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Client/Profile	VETERAN	Y
Category	**Data Element**	**Existing Element (Y/N)**
Crisis Services	INVESTIGATION_REASON	Y
Crisis Services	DETENTION_LEGAL_REASON	Y
Crisis Services/Outcome	HEARING_OUTCOME	Y
Crisis Services/Outcome	INVESTIGATION_OUTCOME	Y
Crisis Services/Provider	DETENTION_AGENCY_NUMBER	Y
Crisis Services/Provider	DETENTION_COUNTY	Y
Crisis Services/Provider	DMHP_AGENCY_NUMBER	Y
Crisis Services/Provider	HEARING_COUNTY	Y
Crisis Services/Provider	INVESTIGATION_COUNTY	Y
Crisis Services/Provider Info	INVESTIGATION_PROVIDER_TYPE	Y
Crisis Services/Service Date	DETENTION_START_DATE	Y
Crisis Services/Service Date	HEARING_DATE	Y
Crisis Services/Service Date	INVESTIGATION_END_DATE	Y
Crisis Services/Service Date	INVESTIGATION_START_DATE	Y
Demographics	CLIENT_BIRTHDATE	Y
Demographics	CLIENT_GENDER	Y
Demographics	CLIENT_HISPANIC_ORIGIN	Y
Demographics	MARITAL_STATUS_ID	Y
Demographics	PRIMARY_LANGUAGE_ID	Y
Demographics	RACE_ID	Y
Demographics	SEXUAL_ORIENTATION_ID	Y
Demographics	TRIBE_ID	Y
Header	BATCH_NUMBER	Y
Header	CLAIMID	Y
Header	MILESTONE_TYPE_ID	Y
Header	RECEIVED_DATE	Y
Services/Amount	ACTIVITY_DURATION_HOURS	Y
Services/Amount	ACTIVITY_DURATION_MINUTES	Y
Services/Amount	SERVICE_HOURS	Y
Services/Amount	SERVICE_MINUTES	Y
Services/Edit	CHANGE_UPDATE_DATE	Y
Services/Edit	CHANGE_USER_ID	Y
Services/Gambling	BETTING	Y
Services/Gambling	BINGO	Y
Services/Gambling	BOWL_POOL	Y
Services/Gambling	CARDS	Y
Services/Gambling	CASINO	Y
Services/Gambling	CONSEQUENCE	Y
Services/Gambling	DICE	Y
Services/Gambling	DOGS_HORSES	Y
Services/Gambling	EPISODES	Y
Services/Gambling	HARM	Y
Services/Gambling	INTERNET	Y
Services/Gambling	LIED	Y
Services/Gambling	LIMIT	Y
Services/Gambling	LOTTERY	Y
Services/Gambling	OTHERGAMBLING	Y

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Services/Gambling	SLOTS	Y
Category	**Data Element**	**Existing Element (Y/N)**
Services/Gambling	SPENT	Y
Services/Gambling	SPORTS	Y
Services/Gambling	STOCKS	Y
Services/Gambling	SUICIDE	Y
Services/Gambling	THINKING	Y
Services/Payment	CONTRACT_TYPE_ID	Y
Services/Payment	FUNDING TYPE	N
Services/Payment	FUNDING_SOURCE_ID	Y
Services/Payment	PRIVATE_INSURANCE_PAYMENT_ID	Y
Services/Payment	SERVICE_FUNDING_DATETIME	Y
Services/Provider	AGENCY_NUMBER	Y
Services/Provider	BHO_ID	Y
Services/Provider	SERVICE_LOCATION	Y
Services/Service Date	AUTH_DATE	Y
Services/Service Date	AUTH_END_DATE	Y
Services/Service Date	AUTH_START_DATE	Y
Services/Service Date	EFFECTIVE_DATETIME	N
Services/Service Date	FIRST_CONTACT_DATETIME (Request_for_service_datetime)	Y
Services/Service Date	INTAKE_DATE_TIME (Admit_Datetime?)	Y
Services/Service Date	PROGRAM_END_DATETIME	Y
Services/Service Date	PROGRAM_START_DATETIME	Y
Services/Service Date	SERVICE_DENIAL_DATE	N
Services/Service Date	SERVICE_DENIAL_REASON	N
Services/Service Date	SERVICE_END_DATETIME	Y
Services/Service Date	SERVICE_START_DATE	Y
Services/Service Date	SERVICES_START_TIME (Admit_Datetime?)	Y
Services/Service Date	SUPPORT_ACTIVITY_DATETIME	Y
Services/Service Date	TREATMENT_DATETIME	Y
Services/Service Date	EBP AUTH DATE	Y
Services/Service Date	EBP END DATE	Y
Services/Service Date	EBP START DATE	Y
Services/Type	MODALITY_ID	Y
Services/Type	PROCEDURE CODE	Y
Services/Type	PROGRAM_ID	Y
Services/Type	RESIDENTIAL_ADMIT	N
Services/Type	SERVICE_TYPE	Y
Services/Type	SPECIAL_ASSESSMENT_TYPE_ID	Y
Services/Type	TREATMENT_ACTIVITY_TYPE_ID	Y
Substance Use	ASAM_LEVEL_ID	Y
Substance Use	DATE_LAST_USED	Y
Substance Use	FIRST_USE_AGE	Y
Substance Use	FREQUENCY_OF_USE_ID	Y
Substance Use	METHOD_ID	Y
Substance Use	NEEDLE_USE_ID	Y
Substance Use	PEAK_USE_FREQUENCY_ID	Y

Category	Data Element	Existing Element (Y/N)
Substance Use	RELAPSED	Y
Substance Use	RELATIVE_IMPORTANCE	Y
Substance Use	SMOKING_STATUS	N
Substance Use	SUBSTANCE_ID	Y
Substance Use	USED_NEEDLE_RECENTLY	Y

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Table 2 – Data Elements Collected through Provider One

ProviderOne Data Elements	
ADMISSION_SOURCE_LKPCD	INDCTR_OPTION_CODE
ADMISSION_SOURCE_NAME	INPATIENT_SERVICE_TYPE
AMOUNT_CLAIM_CHARGE	ITA_INDICATOR
AMT_HEADER_ALLOWED	LINE_ALLOWED_AMT
AMT_HEADER_BILLED	LINE_BILLED_AMT
AMT_HEADER_MEDICARE_COST_AV	LINE_BILLED_UNITS
AMT_HEADER_PAID	LINE_PAD_AMT
AMT_HEADER_TPL_COST_AVOIDANCE	LINE_TPL_COST_AVOID_AMT
AMT_MEDICARE	META_GROUP_CODE
AMT_RECIPIENT	META_GROUP_DATA_VALUE1
AMT_REIMBURSEMENT	ORIGINAL_EIMBURSED_AMT
AMT_TOTAL_COMPUTED_RECIP_PMT	PATIENT_ACCOUNT_NUMBER
AUTH_AGENCY_NUMBER	PATIENT_COMM_SRVC_OFF_LKPCD
AUTH_DATE	PATIENT_MMIS_ID (PIC)
AUTH_SERVICE	PATIENT_STAUS_LKPCD
AUTH_SERVICE_LEVEL	PAY_ORDER_DATE
BLNG_NATIONAL_PRVDR_IDNTFR	PAY_SOURCE
BLNG_PRVDR_LCTN_IDNTFR	PROVIDER_ID
BLNG_PRVDR_LEGACY_ID	PRVDR_COUNTY_CODE
CLAIM_CHARGE	PRVDR_POSTAL_CODE
CLAIM_ID	RECIPIENT_AID_CATEGORY (RAC)
CLAIM_LINE_TCN	REVENUE_SOURCE
CLAIM_TYPE_CID	SERVICE_DAYS
CSO_REGION	SERVICE_LOCATION
CTZNSHP_STATUS_LKPCD	SERVICE_MODIFIER
DATE_PAID	SERVICE_PROVIDER_TYPE
DENIAL_REASON_CODE_1	SERVICE_UNITS
DENIAL_REASON_CODE_2	TCN_DATE
DIAGNOSIS	TCN_ORIGINAL
DIAGNOSIS_RELATED_GROUP (DRG)	TRANSACTION_CONTROL_NUMBER (TCN)