

BHDID Data Implementation Guide

Fiscal Year 2020

Table of Contents

Introduction

Index to the Guidance Documents	iii
Updates	iv
Data System Overview	vi
Policy on Annual Changes	vii
Standards for Information Quality	viii
The Data Submission Process	xi

Client Data Set

Updates	C-2
Data Conventions	C-3
Historical Client Guidelines and Data Submission Procedure	C-4
Submission File Layout	C-5
Data Set Table Layout.....	C-8
Input Record Format / Descriptions	C-12

TEDS SA Discharge Data Set

Updates	D-2
Data Conventions	D-3
Data Submission Procedures	D-4
Submission File Layout	D-6
Data Set Table Layout.....	D-7
Field Detail Information.....	D-8

Event Data Set

Updates	E-2
Data Conventions	E-2
Submission File Layout	E-3
Data Set Table Layout.....	E-4
Input Record Format / Descriptions	E-7

Human Resources Data Set

Updates	H-2
Data Conventions	H-3
Submission File Layout	H-4
Data Set Table Layout.....	H-5
Input Record Format / Descriptions	H-7

Appendices

A - CMHC Provider Update Form	AA-1
(Providers Table Listing report available on Region's web page in the Reports drop-down box)	
B - County Codes	AD-1
E - Service Codes (Definitions and Crosswalk)	AE-1

Additional tables and listings available on the CMHC Data Guides and Documentation web page in the Reports drop-down box.

Index to Guidance Documents within the BHDID Data Implementation Guide

Document Name	Description
Client Data Set	Detailed description of fields in the monthly Client file
Event Data Set	Detailed description of fields in the monthly Event file
Human Resources Data Set	Detailed description of fields in the monthly Human Resources file
TEDS Discharge Data Set	Detailed description of fields in the Treatment Episode Data System (TEDS) Discharge file
Data Dictionary	Definitions of terminology used throughout the Guide
Appendix A1 - Provider Site Update Form	Use this form to inform the system of the provider sites associated with the Center
Appendix C - Drug Codes	Valid values associated with the following three Client file fields: field #58 - Drug Type Code, Primary at Admission field #62 - Drug Type Code, Secondary at Admission field #66 - Drug Type Code, Tertiary at Admission
Appendix D - Behavioral Health CPT Codes	Listing of CPT Codes for Behavioral Health
Appendix E - BHDID Service Codes w Descriptions	Valid values associated with the Event file field "DMHMR_Modifier_1" (also called "BHDID Service Codes")
Appendix F - ICD9 Codes	List of ICD9 Codes for Behavioral Health
Appendix G - ICD9 Codes - Full Listing w Descriptions	List of ICD9 Codes With Descriptions for Behavioral Health
Appendix H - ICD10 Codes - Behavioral Health	List of ICD10 Codes for Behavioral Health - Valid values associated with the diagnosis fields 25-39 in the Client file and also with Diagnosis fields in the Event file
Appendix HCPCS - Full Listing with Descriptions	List of HCPCS Codes With Descriptions for Behavioral Health

Updates:

Client File

No changes for SFY2020.

Event File DMHMRS Modifier 1 (service code) and Appendix E

No changes for SFY2020.

Human Resources Data Set

No changes for SFY2020.

Data Dictionary

No changes for SFY2020.

Appendix C

No changes for SFY2020.

Appendix D

No changes for SFY2020.

Appendix H

No changes for SFY2020.

DATA SYSTEM OVERVIEW

Data is collected from the CMHCs in four distinct data sets; client, event, human resources and discharge files. The data sets are inter-related and each one is required to attain a complete picture of the service delivery system.

Client Data

The client data set consists of several fields that provide basic demographics along with a clinical snapshot of the client, including diagnoses and substance use information. The Client data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. The file should contain data on clients who received services during the month of submission. For example, content for the February Client File includes only clients receiving services during February and is to be submitted prior to March 31st.

This data set should contain data on all clients served by the Center, regardless of payer source, during the month for which the file is created. The Client file should only contain clients having one or more services during the month; that is, do not include in a month's Client file, clients not having services in that month's corresponding Event file. The Client file should contain data on all status 1, 2 and 3 clients of the center during that month. A full definition of the different Client status is defined in field #6 "Client Status Code" of the Client file description (page C14).

Event Data

The event data set includes information on individualized services provided by the center. All such services, regardless of payer source, that occurred during the month for which the file is created are required to be submitted in the Event file. Each service in the Event file must have a corresponding client record in that month's corresponding Client file. The Event data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on services that occurring during February are to be submitted prior to March 31st.

NOTE: ALL services / events provided by the Centers shall be reported in this data submission, regardless of the payer source. Refer to guides and instructions produced by each payer source to determine how services are delivered (e.g. telehealth, face-to-face, phone), population criteria, billing requirements and further information.

Human Resources

The human resources data provides information on the staff who provide clinical services at the center. This data should directly relate to the Event data file field NTE02, columns 19-33 - Rendering Professional ID. Each service in the Event file must have a corresponding staff record in that month's corresponding Human Resources file. The Human Resources data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on services that occurring during February are to be submitted prior to March 31st.

TEDS SA Discharge Data Set

The Discharge data set contains a record for every client who is discharged from a Substance Abuse program each month based upon the federal TEDS criteria. A full definition of those criteria is available in the Data Dictionary under the headings of "Substance Abuse Client" and "Substance Abuse Client Admissions and Discharges".

The TEDS SA Discharge data file is required to be submitted electronically on a monthly basis prior to midnight on the last calendar day of the following month. For example, the file containing data on discharges that occurred during February are to be submitted prior to March 31st.

NOTE: The file format and various aspects of the data submission protocol are unique to the Discharge File. For an overview, see the “File Submission Procedures” subsection of the “TEDS SA Discharge Record” section of the Implementation Guide.

POLICY ON ANNUAL CHANGES

Changes to this Data Submission Guide will only be made annually effective July 1 of each year with the exception being made by the BHDID Commissioner or his/her designee. Changes must be submitted for review to the Joint Committee for Information Continuity (JCIC) prior to the January JCIC meeting. All regions will be notified of any changes no later than the end of March. The JCIC team will be notified on any changes developing later than January.

STANDARDS FOR INFORMATION QUALITY

PURPOSE: The purpose of the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) Standards for Information Quality is to insure that timely, accurate and complete data is available for monitoring and improving the quality of services supported or provided by DBHDID.

TIMELINESS STANDARD*

Files: Client, Event, Human Resource, Discharge

Criteria: For the Client and Event files, the final submission must be completed by the last day of the month following the Reporting Period. For the Discharge File, final submission must be made by the end of the month that the file was provided by RDMC. See the Discharge File Section in the Data Submission Guide for details.

Example: If the Client Data Set submission for May is received by DBHDID on June 30, the timeliness standard is met. If data is received on July 1, the standard is not met.

FATAL ERROR STANDARD

Files: Client, Event, Human Resources, Discharge

Criteria: Each Fatal Field is to have no more than 1.0 % invalid values. See “Fatal Field Listing” for a list of fatal fields. Errors in fatal fields cause the entire record to be rejected from the data base.

Example: The record contains an invalid Client ID. The record is rejected.

GENERAL ERROR STANDARD

Files: Client, Event, Human Resources, Discharge

Criteria: The percentage of incorrect or incomplete values for each field must be under a set percentage rate for that field. This standard includes the current General Accuracy errors as well as the current Incomplete errors. It applies to all non-fatal fields. See “General Field Listing” for threshold values for each field. Errors in General Error fields only cause the loss of information for that particular field. The remaining portion of the record will be saved in the data base.

Example: A ‘4’ is submitted in the Client Sex field. The ‘4’ is changed to an ‘8’ (Not collected), and the record is added to the Client table. This is counted against the Accuracy standard for the Client Sex field.

Fatal Field Listing

Client File

System Reporting Date
Region Number
Client ID
Client Status Code

Event File

Client ID
Service From Date
DMHMRS Modifier 1 (when Source of Pay = Y/DMHMRS)
Provider ID

Human Resources File

Region Number
Staff Identifier
System Reporting Date
Date of Employment

Discharge File

Reporting Period
Region Number
Client ID
SA Admission Date
SA Discharge Date

General Field Listing

<u>Client File</u>	<u>Maximum Error Rate</u>
Date of Birth	1%
Sex	1%
Education	3%
Employment Status	3%
Referral Source Primary	3%
Referral Source Secondary	3%
Living Arrangements	3%
County of Residence	3%
Primary Diagnosis	3%
All other fields	5%
<u>Event File</u>	
DMHMRS Modifier 1	2%
Place of Service	5%
Source of Pay	5%
Special Program Indicator	2%
Units of Service	5%
<u>Human Resources File</u>	
Separation Date	5%
Highest Degree	5%
Employment Status	5%
First Additional Language (No Completeness check)	5%
Primary Taxonomy Code	5%
<u>Discharge File</u>	
Reason for Discharge	5%
Drug Type Code – Primary	5%
Frequency of Use – Primary	5%
Drug Type Code – Secondary	5%
Frequency of Use – Secondary	5%
Drug Type Code – Tertiary	5%
Frequency of Use – Tertiary	5%
Living Arrangements	5%
Employment Status	5%
Number of Arrests	5%
Self-Help Attendance	5%

THE DATA SUBMISSION PROCESS

Transmission Protocol

In order to maintain an efficient system for processing data, the department will accept submissions only via the Internet. This will enhance the communication process between the Department and the Centers by allowing automated processing, verification and reporting to occur.

Submitting Data

The Department maintains a password protected internet site. The naming convention for data files is as follows: *<region number><month><year><file type>.DAT*. **NOTE: <year> is calendar year, not fiscal year.** Each section is two digits with leading zeros where appropriate. The valid file types are:

- CS (Client Submission)
- CR (Client Resubmission)
- DS (TEDS Discharge Submission)
- DR (TEDS Discharge Resubmission)
- EH/N (Event Submission in HIPAA format)
- EP (Event Resubmission in HIPAA format)
- HR/HS (Human Resources Submission)

For example, the October 2014 client data submission from Region 1 would be **011014CS.DAT**.

A test file submission may be made by using the following naming convention: *<region number><month><year><file type>_Test.DAT*. Test file submissions allow centers to evaluate data quality without the risk of any penalties associated with not meeting data standards.

Transmission Procedure - Internet

To access the data upload, you must have activated your account by contacting the website security administrator at the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) (502-782-6112). Using your web browser, go to the address <https://dbhdid.ky.gov/Login/>. You will need to enter your user name and password. Please keep these in a secure place and do not share them with others in your organization. If you ever fear a breach of security, please change your password as soon as possible and notify HopeB.Beatty@ky.gov at DBHDID.

The interface should be easy to understand. Here are a few instructions which should be of help.

Uploading files: To upload a file, go to the "File Management" page and hit the browse button at the bottom of the page. Find the file on your system that you wish to send. After doing this, press the "Upload File" button. A message should appear indicating that the file transmission was successful.

Downloading files: If you need to obtain a copy of a file appearing in your folder on the "File Management" page, right-click on the file. Your browser should give you an option to save a copy of the target file on your computer.

A note about security: By using the web interface, you accept the risk incurred when transferring data over the internet. You agree to not hold the University of Kentucky Institute for Pharmaceutical Outcomes and Policy or the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities responsible for any such unlawful interception of data by an outside entity.

NOTE: BE SURE TO ENCRYPT THE SSN IN YOUR FILES BEFORE SENDING. USE THE PROGRAMS PROVIDED AND CONTACT YOUR LIAISON IF YOU HAVE ANY QUESTIONS.

Data Corrections

Client Data Set

Changes to previously submitted Client records can only be made by resubmitting the entire data file for the month where the change is needed. If the file submission deadline for the month has already passed, notify your IPOP liaison prior to resubmitting the data file.

Event Data Set

Event files may contain records where the service dates are prior to the month and year specified in the file name. If a service was not included in the original Event file, it can be included in a later data file.

Centers may delete individual services by providing IPOP with a comma-separated text file containing a record for each service to be deleted. Each record in the file should contain the following eight fields to uniquely identify the service: Region Number, Patient Control Number, Service From Date, DMHMRS Modifier 1, Provider Number, Professional Staff ID, Place of Service, and Source of Pay 1. Each field value should be separated by a comma. Centers should contact their IPOP liaison prior to submitting an Event deletion file.

Any necessary Event changes that cannot be made by adding or deleting services as specified above must be made by resubmitting the entire Event file for the month. If the file submission deadline for the month has already passed, notify your IPOP liaison prior to resubmitting the data file.

TEDS Discharge Data Set

Changes to previously submitted TEDS Discharge records can only be made by resubmitting the entire data file for the month needing changed. If the file submission deadline for the month has already passed, notify your IPOP liaison prior to resubmitting the data file.

Human Resources Data Set

Beginning with the July, 2005 data, the Human Resources Data Set retains each month's data rather than replacing the entire data set. This allows the system to track staff members with broken service periods. HR records with fatal errors will be rejected and not loaded to the data set.

Provider / Organizational Data

Updates to center provider information should be made using the form on the DBHDID web site. To access that form, log on to <https://dbhdid.ky.gov/Login/>. Once logged on, users with appropriate permissions can follow the "Add, Delete, or Update Provider Site" link to make changes to their providers. For additional information on accessing the secure web site, see the "Transmission Procedure – Internet" section above.

To update other organizational data, contact your IPOP liaison for details.

DBHDID Responsibilities

Upon receipt of a Client, Event, HR or Discharge dataset, IPOP will provide a Data Quality Report to the center's liaison via email. IPOP will provide the report within 24 hours of receipt of the dataset (excluding weekends and holidays). Centers may then resubmit the data file to IPOP to resolve any issues as set out on the Data Quality Report.

Procedure for Changing Client Identifiers

There are occasions when a client identifier may change. For example, when the client first comes in for treatment, a SSN is not available and a pseudo-number is generated. Later, the true SSN is discovered and the ID changes.

In order to correct the previously submitted records, centers should submit a special corrections file. IPOP will process the corrections file and update its tables with the corrected values. The method to do this is as follows:

- Include the corrections in an Excel file or a tab-delimited text file. Name the file “RR_SSN_Corrections” where “RR” is the two-digit region number.
- The file should contain three columns: “Region Number”, “Old SSN”, and “New SSN”. Column headers should be included. If Excel format is used, be sure to format the cells as text to prevent the loss of leading zeros. Unencrypted SSNs should be used in the file to identify clients.
- Submit the file to IPOP using standard file submission protocol as set out above under “Submitting Data”. IPOP will process the corrections file and update its tables with the corrected client identifiers.

Fatal, General, Completeness, and Possible Error Definitions

Fatal error: A fatal error occurs when an invalid value is reported in a key field. This record will be rejected from the submission and the Center must correct and resubmit it in order for the record to be accepted into the data set.

Example: The record contains an invalid Client ID.

General error: A general error occurs when an invalid value is reported in a required, but non-key field. The error is recorded and displayed on the Audit report, the field is changed to the default value (normally the Not Collected code), and the record is accepted into the data set.

Example: A ‘4’ is submitted in the Client Sex field. The ‘4’ is changed to an ‘8’ (Not collected), and the record is added to the Client table.

Completeness error: A completeness error occurs when an Unknown or Not Collected value is reported in a required, but non-key field. The error is recorded and displayed on the Audit report. The record is accepted into the data set.

Example: The “Employment Status” field contains a ‘98’ (Not Collected).

Possible error: A possible error occurs when a field’s value conflicts with the value in a related field or when a field’s value falls outside the normally accepted range. The error is displayed on the Audit report, but no change is made to the record. The record is accepted into the data set.

Example: The Pregnant Woman field contains a ‘1’ (Yes) but the Client Sex field contains a ‘1’ (Male).
Example: The Client Date of Birth field is over 100 years ago.