Mississippi Department of Mental Health (DMH)

Data Warehouse Implementation FAQs

Last Revision Date: 4/21/2020

General Questions

Will the initial submission files have to be built from scratch using the manuals or is there any XML template files to help us in the initial builds?

- There are XML Schema Definitions and XML Examples provided on the DMH website: http://www.dmh.ms.gov/wits-documentation/

Where can we validate our XML files against the XML Schema Definitions?

- Notepad ++
- https://www.w3schools.com/xml/xml_validator.asp
- https://docs.microsoft.com/en-us/dotnet/standard/serialization/xml-schema-def-tool-gen

Can a CSV file be converted to XML?

- Theoretically, yes, but it is not recommended.
- Converting from CSV to XML as a proof-of-concept, or to aid developers with creating the XML file for the first time is acceptable. However, having a system export to CSV and then translating that into XML as a standard practice is inadvisable.

Does the system allow attributes within element tags or do they need to be displayed as child elements?

- Attributes within elements are not valid within the DWH. In other words:

  ```
  <ProviderTreatmentEpisode SourceRecordIdentifier=123>

  </ProviderTreatmentEpisode>
  ```

  Is NOT a valid way to structure the XML.

  You would need to send something like

  ```
  <ProviderTreatmentEpisode>

  <SourceRecordIdentifier>123</SourceRecordIdentifier>

  </ProviderTreatmentEpisode>
  ```

How is the transfer of Client IDs from legacy systems to the new system going to work? Are the IDs for clients already in DMH going to be retired and everyone is expected to submit a new client record, or are they going to be transferred so that the ID DMH has currently becomes that client's ClientSourceRecordID?

- Clients that have been submitted to the CDR will have new IDs generated and those IDs will be sent to Eagle Tech for them to update on their end. The Source Record ID links everything together in the Data Warehouse, but the DW will generate a UCN for clients and that will be the ID that will be sent to TEDS.
- Providers and Vendors don't need to take any action for the update to happen.

DMH Policy Questions

Does this replace our EHR system that our company uses now?

- The Data Warehouse does not replace the EHR you are currently using. Your EHR needs to be configured to generate XML files that can be sent to the Data Warehouse. Your EHR is a source of data in the Data Warehouse.
- If your EHR cannot be configured to generate XML files, then you will have to enter data into the WITS EHR. You can choose to transition to only using the WITS EHR or keep your own EHR and enter data into WITS.

What historical information should be submitted with the initial data sets?

- For any client that receives a service in July 2020 you should submit:
  - The Service Event Data Set containing that Service
  - The Treatment Episode Data Set including the Admission that the provided service falls under
  - The Client Data Set that includes that client that received the service

What address do we enter if our client is homeless?

- If your client is homeless, please use the facility address.

Is an SSN required for every client? Do we just not submit a client if they don't have one?

- You can submit the last 4 or 9 digits of a client's SSN. You can also enter all zeros if the SSN is unavailable (i.e. 000-00-0000).
- If you are given an incorrect SSN or have data entry errors on SSN, you can update the information when you receive the correct data. An update should be sent with the next Client XML file you upload to the Data Warehouse. The update will not affect the Unique Client Number that is assigned within the Data Warehouse.
- If you are using SSN (or part of the SSN) as the Client Source Record Identifier, **do not** change the Client Source Record Identifier if you change the SSN. Once created, the Client Source Record Identifier must never change.

What if we don't collect some of the fields listed in the submission guides?

- The submission guides will point out if a field is required or optional. If the field is optional, you do not have to collect the information.
- If the field is optional and you do not collect that data, you do not have to produce a line within the XML file for that field.
  - For example, Middle Name is optional. Either of these formats will work:

    ```
    <FirstName>Joe</Firstname>
    <MiddleName></MiddleName>
    <Lastname>Smith</Lastname>
    ```

    or

    ```
    <FirstName>Joe</Firstname>
    <Lastname>Smith</Lastname>
    ```

  - Sending the optional field with no data will not cause problems but is not necessary.

Would there be a time limit to re submit the error file in the WITS. Say if we submitted a file for Jan but didn't fix errors till February could we still submit the error file?

- Please submit files with errors fixed as soon as possible, but at least before your next monthly submission.

Will there be changes to our provider identifier numbers?

- The Provider Source Record Identifier will be your Agency ID.
- The Provider Site Source Record Identifier will be your Facility ID.
    - These values were sent via email on 2/14/2020

Injection Drug User Code only accepts no, yes and refused, we are mental illness not substance abuse, why is there not an option for unknown?

- If you are a mental health facility, please select "No".

Procedure Questions

How should I name my XML files?

- The Data Warehouse does not have any rules around file names OTHER THAN the file must start with the name of the data set. Anything that follows that name is up to you.
- Examples:
    - ClientDataSet_02272020 (lists the date of the file)
    - TreatmentEpisodeDataSet_001 (lists the number of the file)
    - ServiceEventDataSet (no extra information listed)
- We recommend that whatever method you choose, you keep consistent among your Provider Agencies, but do not have a preference for whatever method you choose.

What order should I upload files in?

- If you upload files separately, they should be sent in the following order:
    - Client
    - Treatment Episode
    - Service Event
- You can also upload all three files at the same time and the Data Warehouse will upload them in the correct order. (Recommended procedure)

How will we know exactly which data needs to be corrected in the Client/Treatment Episode/Service Event uploads?

- In the Entity Errors Report within the Data Warehouse Portal, each error will be shown. The error will show:
    - Source
        - Will include the file type, Provider Source Record Identifier, and Source Record Identifier (for either the Client, Treatment Episode, or Service Event).
    - Type
        - Will include the type of error (Data Link, Business Rule, etc.).
    - Message
        - Will describe the error and why it's happening.

How do we fix an error that is shown in the Data Warehouse?

- You will fix the error in your source system. The update should be included in your next XML file upload.

If there is an error on submission do we have to send the whole file over again or just the errors?

- You only need to send the records that had errors.

Do we enter every session that our providers have with our clients into WITS like we do in our system that we use?

- The system you use should generate XML files that can be uploaded to the Data Warehouse. If your system can generate the XML files, you should not need to submit client data into the WITS EHR.
- If your system is not ready to generate XML files by the go-live date, you will have to enter client, treatment episode, and service event data into the WITS EHR.

Will we be able to submit using SFTP?

- DMH is currently investigating this option.

Can you provide more clarification on Source Record Identifiers?

- A separate document will be provided with guidance on Source Record Identifiers.

Client Data Set Questions

Should we anticipate additional identifiers beyond the SSN?

- There are no plans to require additional identifiers beyond the SSN.

In the Client Data Set schema there is a field called "IsWitsExtract" which is under the "UniqueClientIdentifier" field. This field is not mentioned in the provider submission guide for the Client Data Set. Should this field be removed from my schema? If it is to remain there, what value do you expect to receive in this field?

- This field would be populated by the system if the data is coming from WITS into the DW and not needed for those who will be uploading their data directly into the DW.

Treatment Episode Data Set Questions

Define treatment episode --is this discharge from agency or discharge from program?

- A Treatment Episode is the episode of care in which a client was treated by a provider. The treatment episode may contain admissions and discharges. The initial admission describes the formal admission of the client into care. A transfer admission can happen after the client has been discharged after their initial admission. After the client’s final discharge, when they are no longer receiving treatment from that provider, the Treatment Episode is closed.

What is the definition of a Tx Episode for IDD

- This is the same as an SUD or MH Treatment Episode – a period of time in which a client receives services from a provider.

What is an example of Mental Health Performance Measure?

- Performance Outcome Measures track certain metrics about a client.
- A Mental Health Performance Outcome Measure will contain certain MH-related fields, including:
    - SED Code
    - CGAS Score or GAF Score

Can we have multiple admissions in one Treatment Episode?

- Yes, you can have multiple admissions within one Treatment Episode. The first admission is always an Initial Admission; subsequent admissions are Transfer Admissions. Multiple Transfer Admissions are permissible, but all open Admissions must be Discharged before a new Transfer Admission can be created.

Can we have one admission pointing to more than one treatment episode?

- No, you cannot have one admission that points to more than one Treatment Episode.

Can the first contact date be the same as the admit date?

- Yes, the first contact date can be the same as the admit date.

Why is there a Source Record Identifier (SRI) on Discharge if there is only one Discharge possible for an Admission?

- This was added to be flexible – If an EHR submitting to the DWH has its own identifier for a Discharge, this would allow for that EHR to use its Discharge ID (e.g. to facilitate subsequent updates).
- If creating another identifier for Discharge is extra work, the Admission SRI may be used as the Discharge SRI.

Does the discharge record need to have the only the admission source record sent or resend the entire matching admission record?

- You do not need to send the entire record, but you need to send the structure in which the Discharge is located, starting with the Treatment Episode dataset – so you will need to send the Source Record Identifiers for the Treatment Episode and Admission in which the Discharge occurs.
- In the example below, Treatment Episode 789 exists and contains Admission 123; we are adding Discharge 1234 to that admission.

```
<TreatmentEpisodeDataSet>
    <ProviderTreatmentEpisodes>
        <ProviderTreatmentEpisode>
            <SourceRecordIdentifier>789</SourceRecordIdentifier>
            <Admissions>
                <Admission>
                    <SourceRecordIdentifier>123</SourceRecordIdentifier>
                    <Discharge>
                        <SourceRecordIdentifier>1234</SourceRecordIdentifier>
                        <DischargeDate>1/3/2020</DischargeDate>
                        <!—And all required elements for creating a discharge -->
                    </Discharge>
                </Admission>
            </Admissions>
        </ProviderTreatmentEpisode>
    </ProviderTreatmentEpisodes>
</TreatmentEpisodeDataSet>
```

Do we need a Performance Outcome Measure with every admission and every discharge?

- Yes. At least one Performance Outcome Measure is required for each Admission (i.e. you may have one or more than one). A single Performance Outcome Measure is required for each Discharge (i.e. you must have exactly one)

What are the valid age ranges and scores for each type of Functional Assessment?

- The restrictions are as follows. This information has been added to the Data Set Code Values document: Additional properties for these types appear in this table. A blank indicates no restriction. (e.g. “Daily Living Activities-20” has a minimum score of 1, a maximum score of 7, a minimum age of 18, and no maximum age).

Code	Description	Min Score	Max Score	Min Age	Max Age
14100.1	Daily Living Activities-20	1	7	18	
14100.2	Daily Living Activities-20 : Alcohol-Drug	1	7	18	
14100.3	Child and Adolescent Functional Assessment Scale	9	240	5	19
14100.4	Incomplete/No Assessment				

How do you set up a Provider to submit Treatment Episodes in a particular area (e.g. Mental Health)?

- For a Provider to create a Treatment Episode with an admission for Mental Health or Substance Use Disorder, that admission must be associated to a Provider Site that has a Provider Site Identifier with the correct Identifier Type, i.e. 10800.1 [IBHS Number for SA facility] or 10800.2 [IBHS Number for MH facility]. These codes are not provided in the Data Codes guide because DMH is responsible for creating and maintaining Provider records (including Provider Site), and the Data Code guide is geared toward Providers that are submitting data.
- If you need to update information for a site, please contact DMH.

The Treatment Episode Data Set is divided into 2 schemas, TreatmentEpisodeDataSet and PerformanceOutcomeMeasure, I am hoping I will be able to import both schemas into my excel spreadsheet which will contain the data which is waiting to be uploaded and create one HTML file or are we supposed to produce two HTML files for the Treatment Episode Data Set?

- The Performance Outcome Measure is a sub-entity of Treatment Episode. A Treatment Episode should be sent with any available Performance Outcome Measure data. When a subsequent load happens, if there is more information in the Treatment Episode, it should be sent. That may be – for example – a discharge to the current admission, and a new admission with a new Performance Outcome Measure. There's more detail in the XML Explainer document I've attached.
- All of the Treatment Episode Data must be sent in one file. Performance Outcome Measures, which are part of the Treatment Episode Data Set, must be sent in the Treatment Episode XML upload. I think there may be some confusion because the Performance Outcome Measure XSD file is separate. That was just to make the files smaller, and any POMs should be sent as part of the Treatment Episode XML.

In the TreatmentEpisodeDataSet schema the PerformanceOutcomeMeasures subentity appears before the Admissions subentity but in the provider submission guide for the Treatment Episode Data Set the Admissions subentity appears before the PerformanceOutcomeMeasures subentity. Does this matter? If it does matter, what is the correct order for these two subentities?

- In this example, Performance Outcome Measure location does matter. The point to reference is in the Treatment Episode guide. At the very beginning of the Performance Outcome Measure section of the Treatment Episode guide, note that it says

  PerformanceOutcomeMeasure
  This is a Subentity of ProviderTreatmentEpisode.
  This is a Subentity of Admission.
  This is a Subentity of Discharge.
- This means that a Performance Outcome Measure can be sent as part of a Treatment Episode, as part of an Admission, or part of a Discharge. You can reference an existing Performance Outcome Measure with its Source Record Identifier. Please see the XML Explainer document for details.

In the PerformanceOutcomeMeasure schema, under the EducationAndEmployment subentity, fields "Employment Status Code" and "School Attendnce Status Code" appear in reverse order than they appear in the provider submission guide for the Treatment Episode Data Set. Does that matter? If it does matter, what is the correct order for these two fields?

- The order of fields within an object doesn't matter. Please see the XML Explainer document for details.

Service Event Data Set Questions

How often may Service Event Data be submitted to the DW for a given client? Since there is a date range, as long as the start/end dates and service code do not overlap, can we assume even daily reporting is acceptable?

- Daily reporting is acceptable.

The Service Event record definition requires an entry under "Evidence Based Practices Code". If a given service code for a client within a date range has several transactions with this item = "Yes" and several with "No", do we submit two entries for the date range, to reflect the differences?

- Yes, you would submit 2 entries.

What burden does the submission program need to bear, if any, when reporting services relative to the LOC or Program Area, logically only certain groups of services would be appropriate for a particular LOC. Will "mismatches", or what has been called consistency errors in the past, result in a transmission being rejected?

- Mismatches will not result in a transmission error. DMH will check "mismatches" through a report and follow up on them.

If validation is being performed, is there any type of matrix available to validate services vs Treatment Setting/ASAM LOC to pre-validate the data before submitting to DW?

- There is no matrix at this time.

I would assume, if a patient has co-occurring problems resulting in both SA and MH admission segments, that any validation will account for a broader spectrum of allowed services. The only validation requirements are that the Service Event be associated with a valid Provider and a valid Treatment Episode that is associated with that Level of Care.

- DMH will monitor any mismatch between reported service events and the client's LOC.

837P and the Data Warehouse

What is the relationship between the 837P and the Data Warehouse.

- The 837P is a professional claim containing information about billable services that will be submitted to DMH through the WITS EHR. WITS will then send the adjudicated claims information to the Data Warehouse.
- The 837P that you upload to the WITS EHR must include a Service Event Source Record Identifier. That value must match a Source Record Identifier within the Service Event XML file that is uploaded to the Data Warehouse.
    - If the values do not match, DMH cannot validate that the service you are billing for is the same service that you are reporting.
    - The service event must be submitted to the Data Warehouse before the 837 can be submitted to WITS.

I currently submit 837s to the Clearinghouse. Is there going to be a new process?

- This does not take the place of any 837 you are sending to Medicaid or private insurance. Submitting 837s to the WITS EHR is only for the services paid by DMH.

I'm not currently required to submit an 837P, do I still need to send files to the Data Warehouse?

- If you are not required to submit an 837, you will still be required to send all three data set files to the Data Warehouse. This includes the Client, Treatment Episode, and Service Event files. These files include the data that DMH is required to report on to the Federal Government.

It is my understanding, that in the future, when billing Grant related services via the 837, that the 2400 NTE loop record must reference an existing Source Record Identifier of the Service Event Data (which must be previously submitted).

- This understanding is correct.

If there are multiple Source Record Identifiers during a month for a grant related service, do we produce a claim with multiple 2400 level service lines or multiple claims with one service entry per claim? Not sure how this would happen.

- There should be a 1:1 match between the 837 claim service lines and the DW service events.

If we are to submit Service Event Data with unique Source Record Identifiers for grant vs non-grant service codes how would these be differentiated for validation purposes?

- Only the grant service codes will be validated through a report.

If the DW Service Data is required for all patients, which includes those being serviced under a grant why are separate 837 claims even needed? It would seem that the DW/WITS would already know the required information to determine the level of grant services being rendered?

- This is because service events in the DW are used for reporting purposes. The DW just stores data. WITS has the engine for claim adjudication. Adjudicated claims are then sent to the DW for reporting purposes.

837 Example Question

Let's say the activity for a patient is reported as 10 sessions for service 13600.90832 in the DW for a month. However, only four sessions were performed by a program/staff member associated with the grant. In turn the 837 bills for four sessions to CPT 90832. All the services translated into the same LOC/Admission record group.

Several CPT Codes for therapists that can be billed to some of the Grants:

- *90832 – Ind Therapy 30 min.*
- *90834 – Ind Therapy 45 min.*
- *90837 – Ind Therapy 60 min.*
- *90846 – Fam Therapy without client*
- *90847 – Fam Therapy with client*
- *90853 – Group Therapy*

Are you saying I would need to have at least one service submission representing the 4 grant sessions to 13600.90832 and at least one for the remaining 6 sessions?

- The Fee for Service model implemented by MS DMH implies that each distinct service is submitted as a Loop 2400 Service Line in the 837P. Likewise, each distinct service should be submitted to the DW as a service event.

Would like confirmation that you are implying, that if service were submitted daily for example, with the above if grant eligible services were rendered on 3/10, 3/14, 3/20, 3/30 each would have its own SRI with 1 session recorded. When the 837 is generated you would want four, 2400 level service lines on the claim. Each having a 2400 level NTE record pointing to the matching SRI for the given service.

- Yes, this is what we are implying. It should not matter if this is one instance of the 2300 Claim Loop with 4 instances of the 2400 Service Line Loop, or 4 instances of the 2300 Claim Loop each with one instance of the 2400 Service Line Loop.

On the other hand, if the 4 grant services are reported under one submission for the period of 3/1 thru 3/31 then a single 2400 level service line with NTE in the 837 is all that is required for this association.

- See prior 2 answers

However, if we reported the full month of services to the procedure code under one SRI (even though some are covered by grant and others are not) ... it sounds like this would not be accepted for adjudication under the 837 claim process?

- Correct.

To further explain my concerns. Services are collected and extracted based on provider activity within an episode and program (MH setting/ASAM LOC) without overt indication of funding source or adjudication criteria. Agency service codes are translated to DMH service codes in the "13600.xxxxx" grouping. The billing engine that produces 837 claims utilizes designated funding sources for the client, state of billing, A/R balances and other criteria including the specific Funding Source companion guide overrides to the industry standard 837P specification. The intersection of funding source, agency service code, staff type, duration and other criteria ... will establish the billing rate and procedure code. So, for my mental space we are talking "apples" vs "oranges" on packaging and presentation of the services.

- It should be apples and apples. For every 837P service line, there should be a corresponding data warehouse service event. There will be additional service events that are not billed on the 837P.

On the other hand, if the expectation is to "feed" the DW service reporting into an 837 claim as a regurgitation of the DW data then you are asking us to throw out all our billing processes and rewrite the front end to an 837p engine. Potentially creating a bit of confusion and extra work for the providers in managing their billing systems.

- We'd like to have additional discussion to understand this question. We believed there would be a natural process for creating and submitting claims based on a client's eligibility under the grant and which were performed by a program/staff member associated with the grant.

The final answer that the adjudication information is also forwarded to the DW is curious, as again it seems like duplication of data.

- Once DMH adjudicates claims, that information is sent to the DW. Those records represent the remittance from DMH, and they are not intended to duplicate service event data.