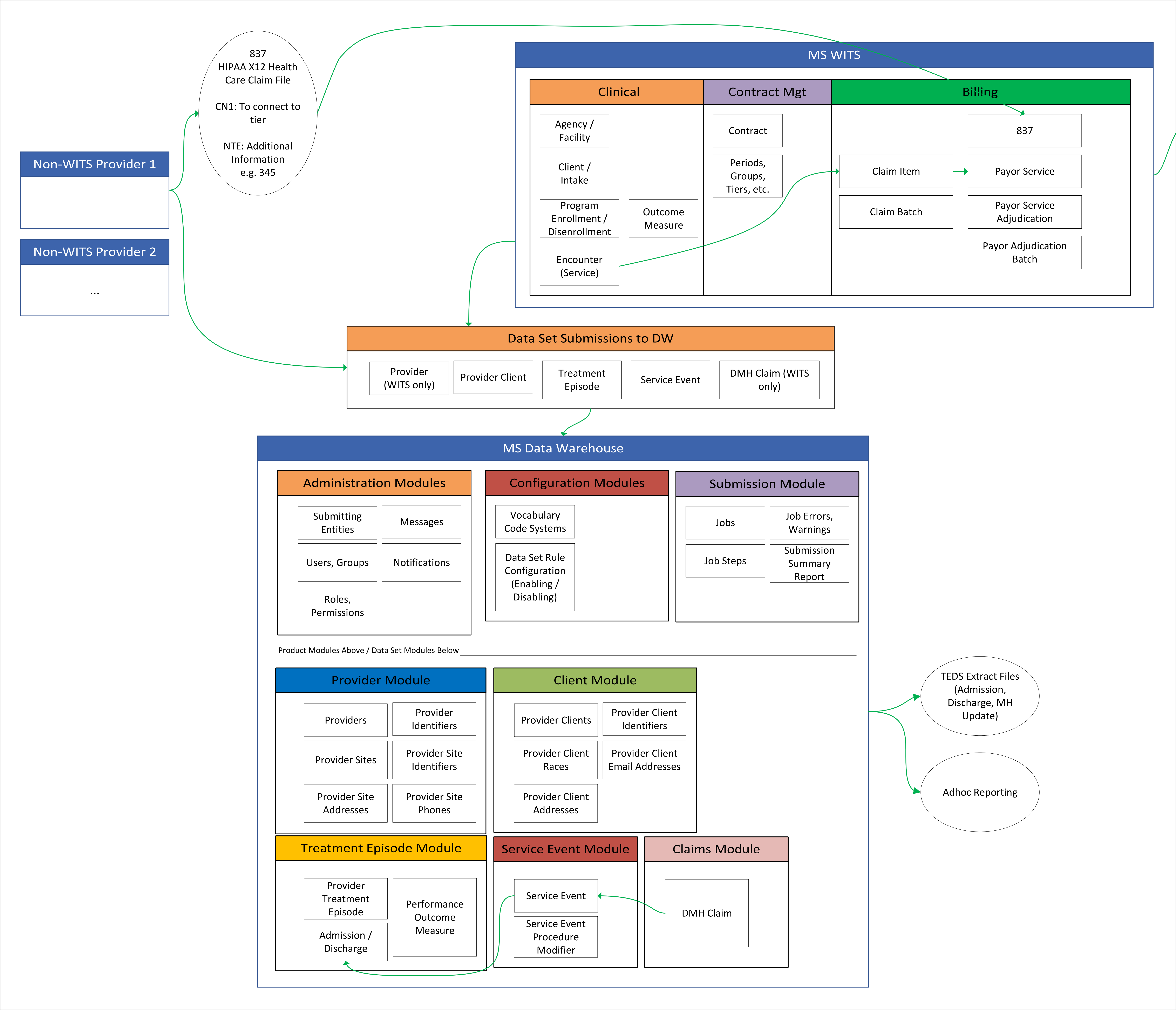
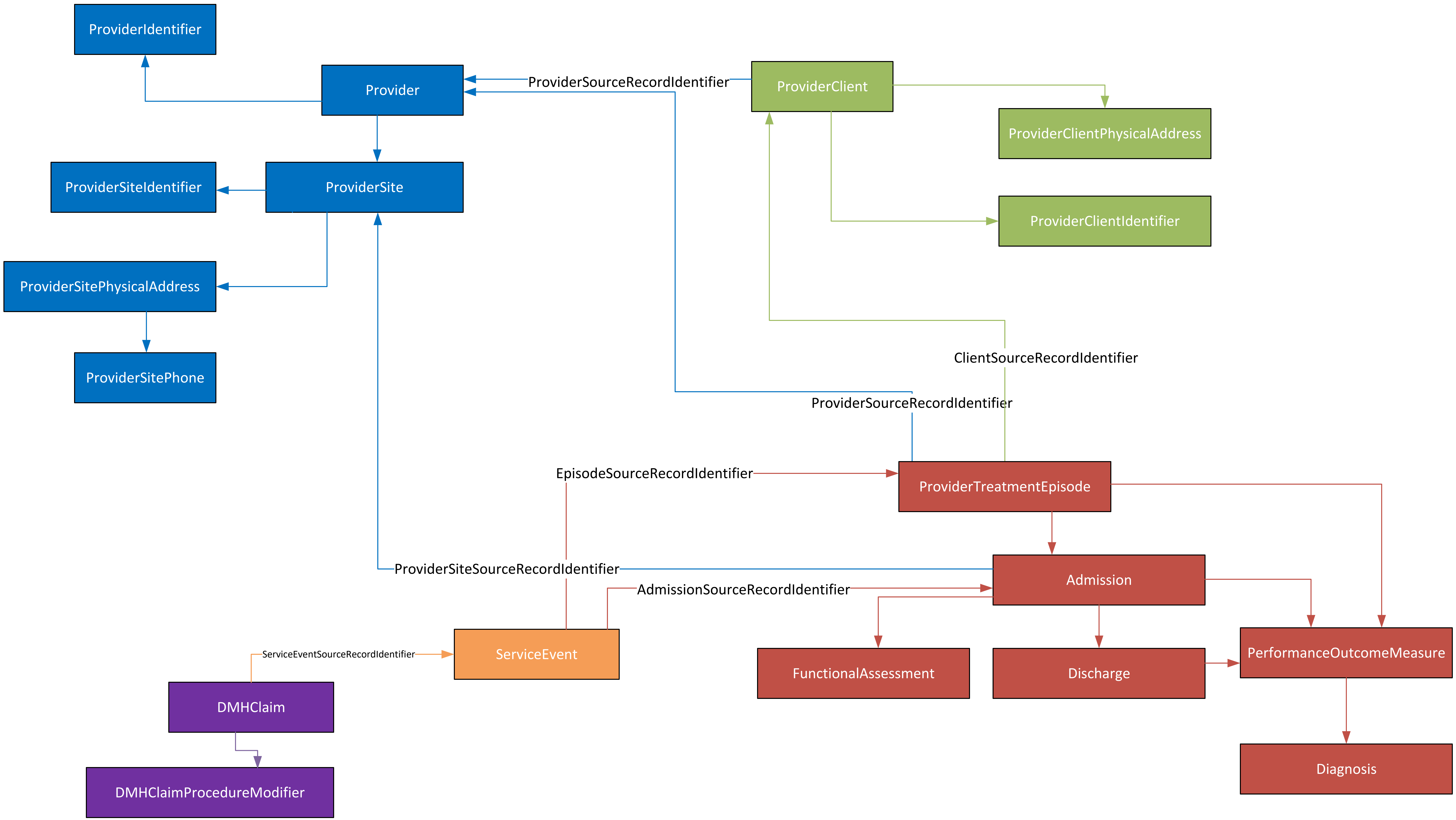
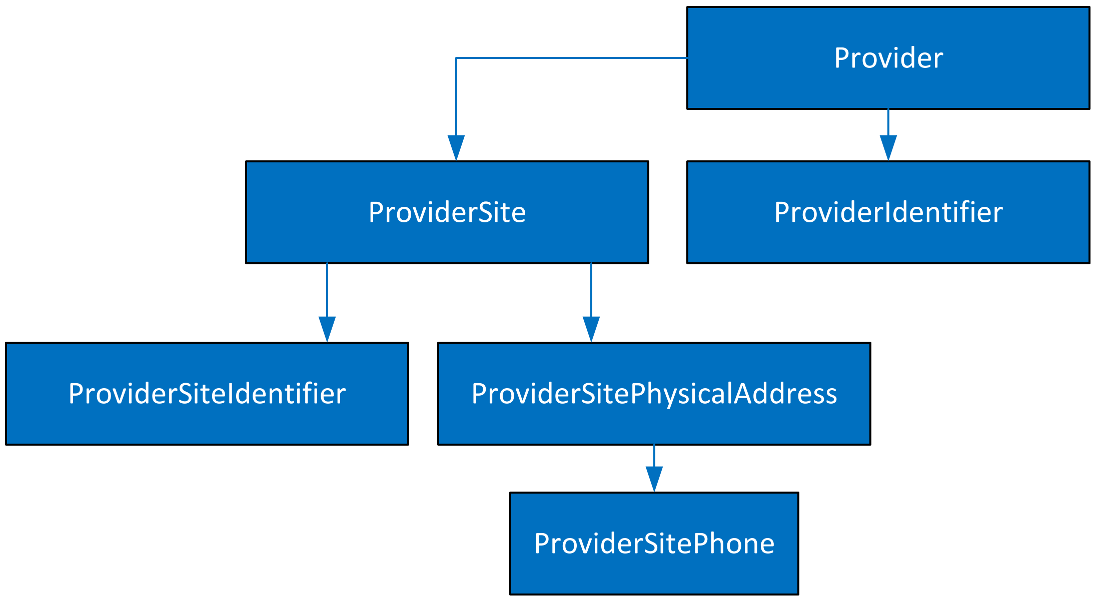
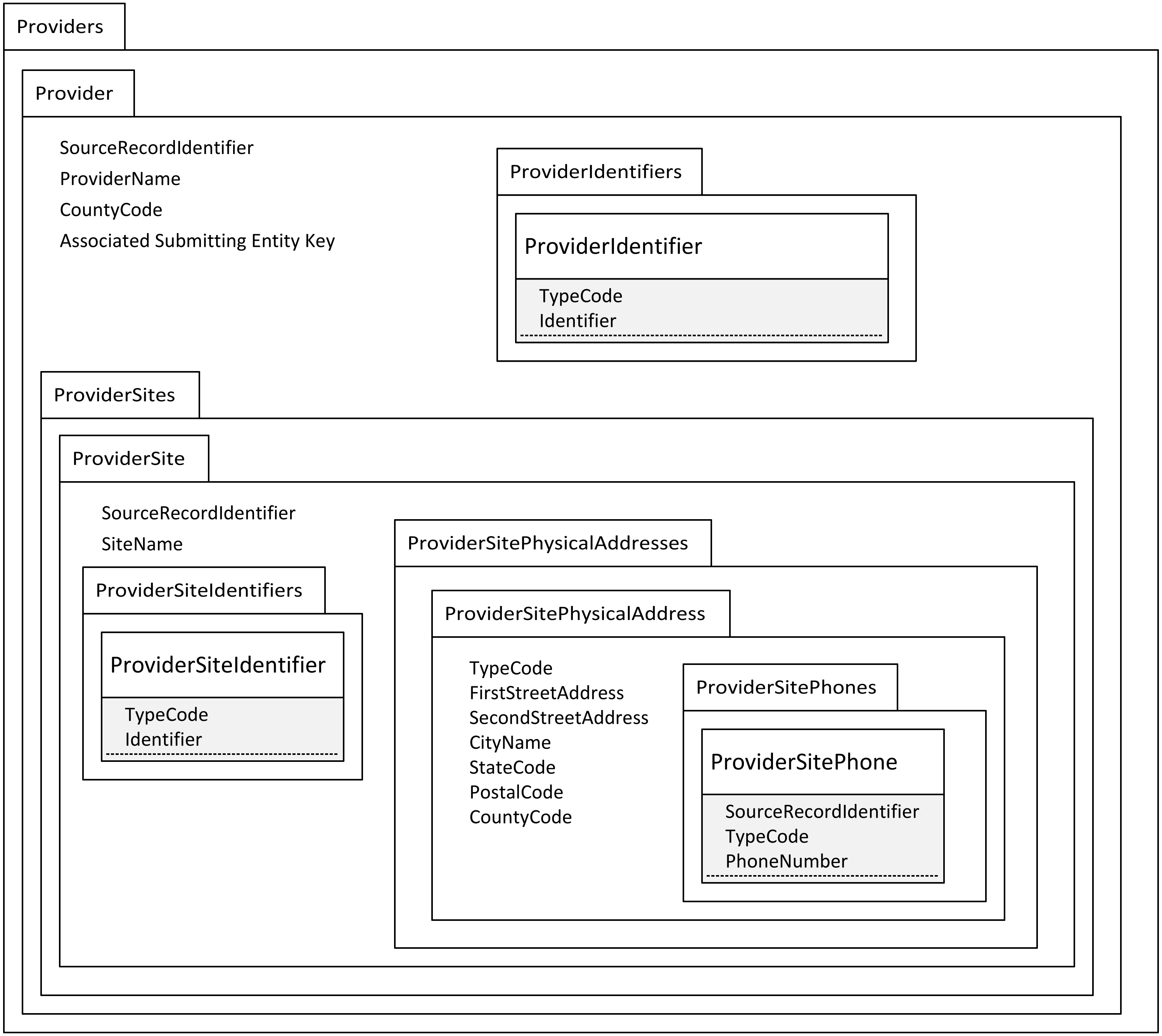
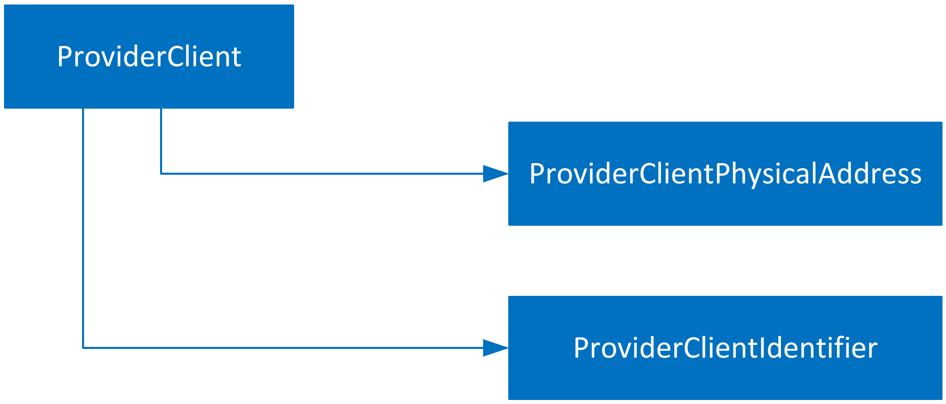
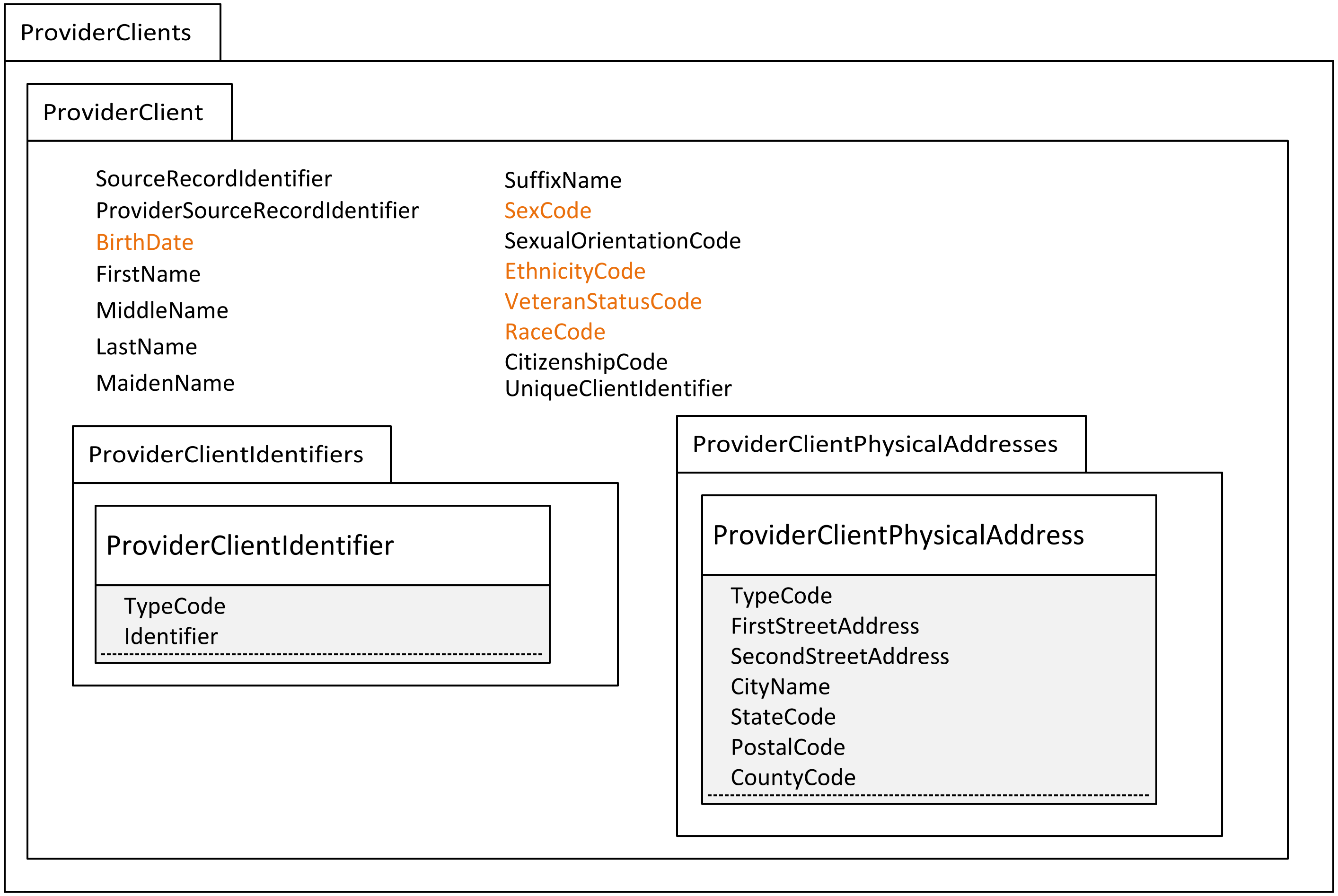

837
HIPAA X12 Health Care Claim File
CN1: To connect to tier
NTE: Additional Information e.g. 345
Non-WITS Provider 1
Non-WITS Provider 2
...
MS WITS
Clinical
Agency / Facility
Client / Intake
Program Enrollment / Disenrollment
Outcome Measure
Encounter (Service)
Contract Mgt
Contract
Periods, Groups, Tiers, etc.
Billing
837
Claim Item
Payor Service
Claim Batch
Payor Service Adjudication
Payor Adjudication Batch
Data Set Submissions to DW
Provider (WITS only)
Provider Client
Treatment Episode
Service Event
DMH Claim (WITS only)
MS Data Warehouse
Administration Modules
Submitting Entities
Messages
Users, Groups
Notifications
Roles, Permissions
Configuration Modules
Vocabulary Code Systems
Data Set Rule Configuration (Enabling / Disabling)
Submission Module
Jobs
Job Errors, Warnings
Job Steps
Submission Summary Report
Product Modules Above / Data Set Modules Below
Provider Module
Providers
Provider Identifiers
Provider Sites
Provider Site Identifiers
Provider Site Addresses
Provider Site Phones
Client Module
Provider Clients
Provider Client Identifiers
Provider Client Races
Provider Client Email Addresses
Provider Client Addresses
Treatment Episode Module
Provider Treatment Episode
Admission / Discharge
Performance Outcome Measure
Service Event Module
Service Event
Service Event Procedure Modifier
Claims Module
DMH Claim
TEDS Extract Files (Admission, Discharge, MH Update)
Adhoc Reporting

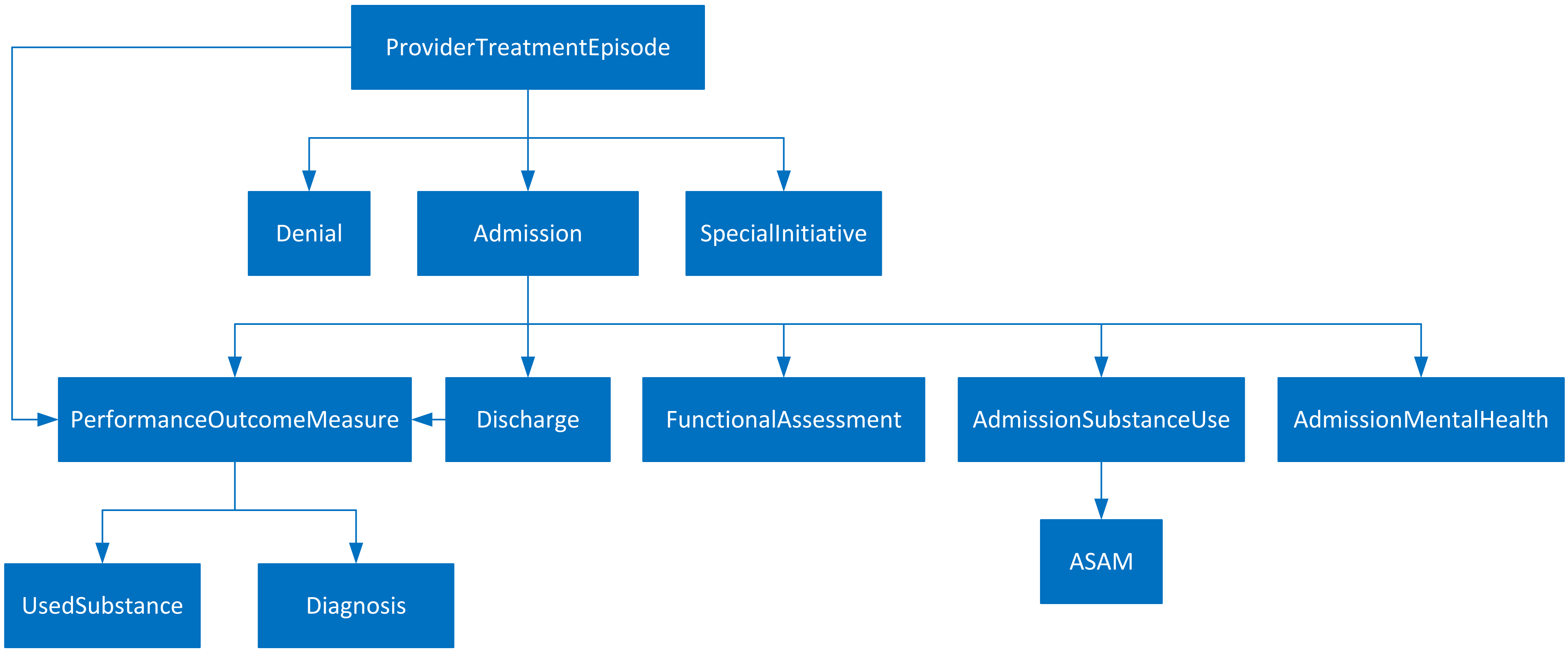

ProviderIdentifier
Provider
ProviderSourceRecordIdentifier
ProviderClient
ProviderClientPhysicalAddress
ProviderSiteIdentifier
ProviderSite
ProviderClientIdentifier
ProviderSitePhysicalAddress
ProviderSitePhone
ClientSourceRecordIdentifier
ProviderSourceRecordIdentifier
EpisodeSourceRecordIdentifier
ProviderTreatmentEpisode
ProviderSiteSourceRecordIdentifier
Admission
AdmissionSourceRecordIdentifier
ServiceEventSourceRecordIdentifier
ServiceEvent
FunctionalAssessment
Discharge
PerformanceOutcomeMeasure
DMHClaim
DMHClaimProcedureModifier
Diagnosis


Provider
ProviderSite
ProviderIdentifier
ProviderSiteIdentifier
ProviderSitePhysicalAddress
ProviderSitePhone

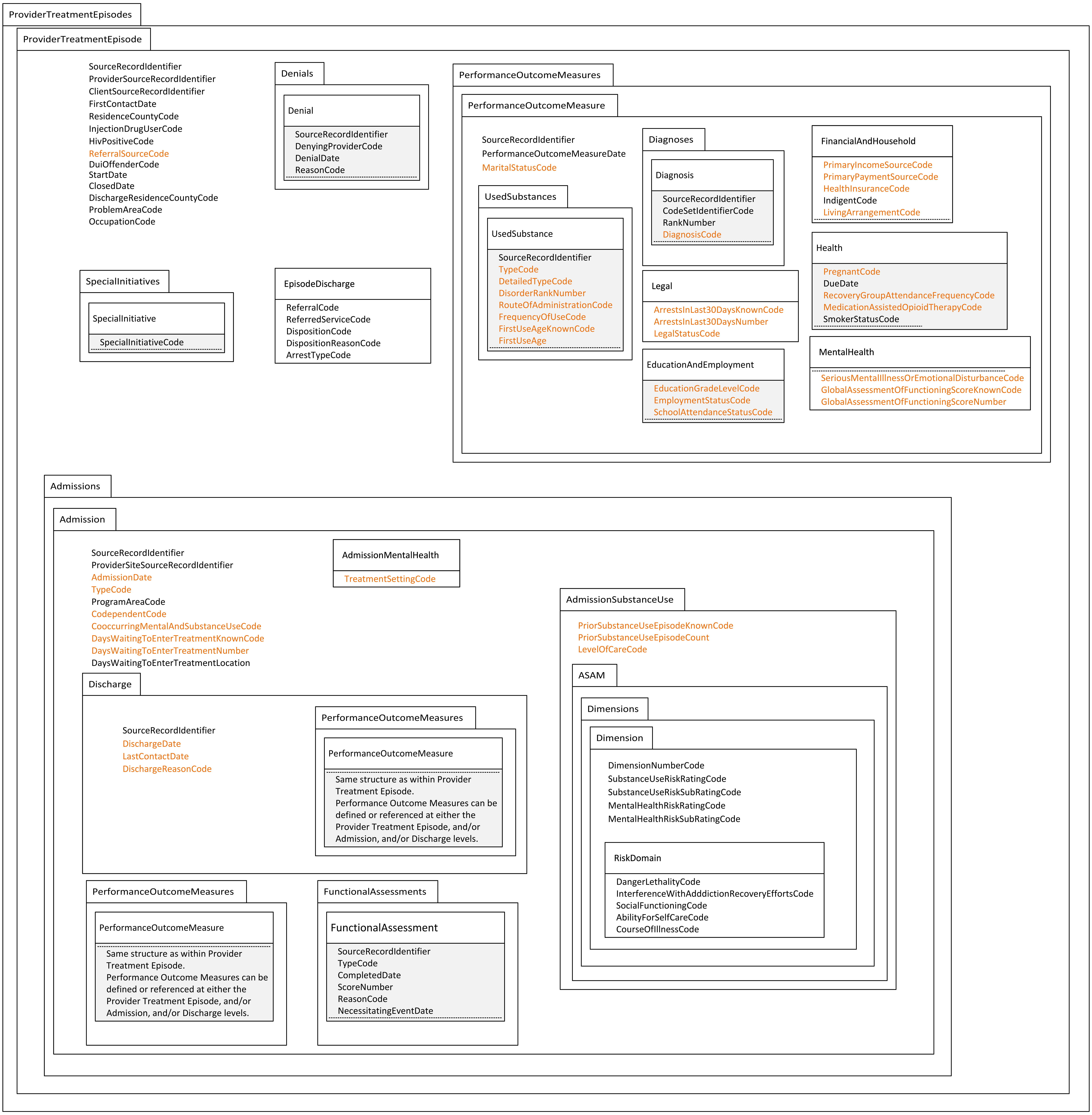

Providers
Provider
SourceRecordIdentifier
ProviderName
CountyCode
Associated Submitting Entity Key
ProviderIdentifiers
ProviderIdentifier
TypeCode
Identifier
ProviderSites
ProviderSite
SourceRecordIdentifier
SiteName
ProviderSiteIdentifiers
ProviderSiteIdentifier
TypeCode
Identifier
ProviderSitePhysicalAddresses
ProviderSitePhysicalAddress
TypeCode
FirstStreetAddress
SecondStreetAddress
CityName
StateCode
PostalCode
CountyCode
ProviderSitePhones
ProviderSitePhone
SourceRecordIdentifier
TypeCode
PhoneNumber


ProviderClient
ProviderClientPhysicalAddress
ProviderClientIdentifier

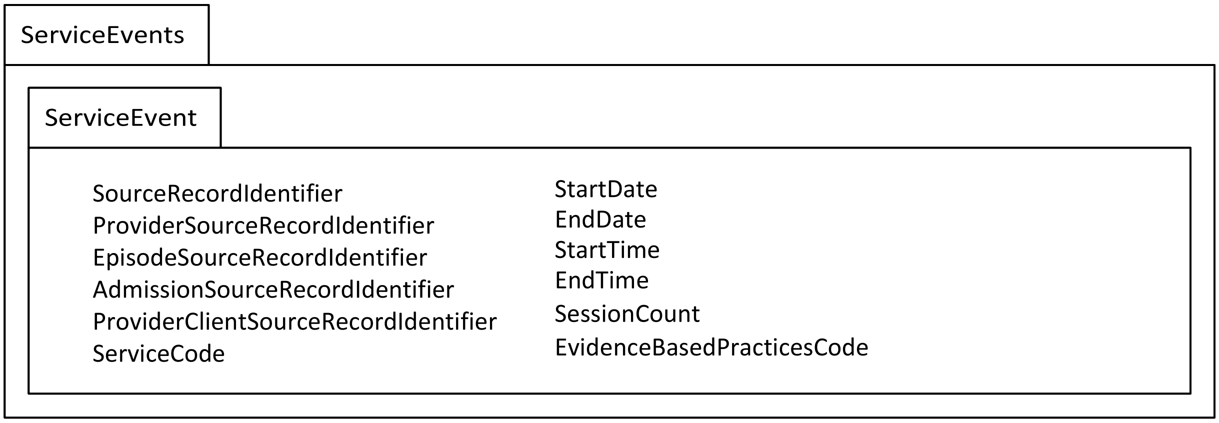

ProviderClients
ProviderClient
SourceRecordIdentifier
ProviderSourceRecordIdentifier
BirthDate
FirstName
MiddleName
LastName
MaidenName
SuffixName
SexCode
SexualOrientationCode
EthnicityCode
VeteranStatusCode
RaceCode
CitizenshipCode
UniqueClientIdentifier
ProviderClientIdentifiers
ProviderClientIdentifier
TypeCode
Identifier
ProviderClientPhysicalAddresses
ProviderClientPhysicalAddress
TypeCode
FirstStreetAddress
SecondStreetAddress
CityName
StateCode
PostalCode
CountyCode

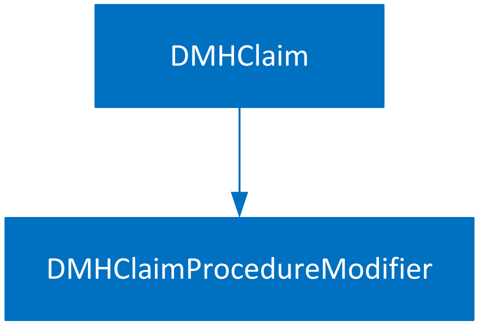

ProviderTreatmentEpisode
Denial
Admission
SpecialInitiative
PerformanceOutcomeMeasure
Discharge
FunctionalAssessment
AdmissionSubstanceUse
AdmissionMentalHealth
ASAM
UsedSubstance
Diagnosis

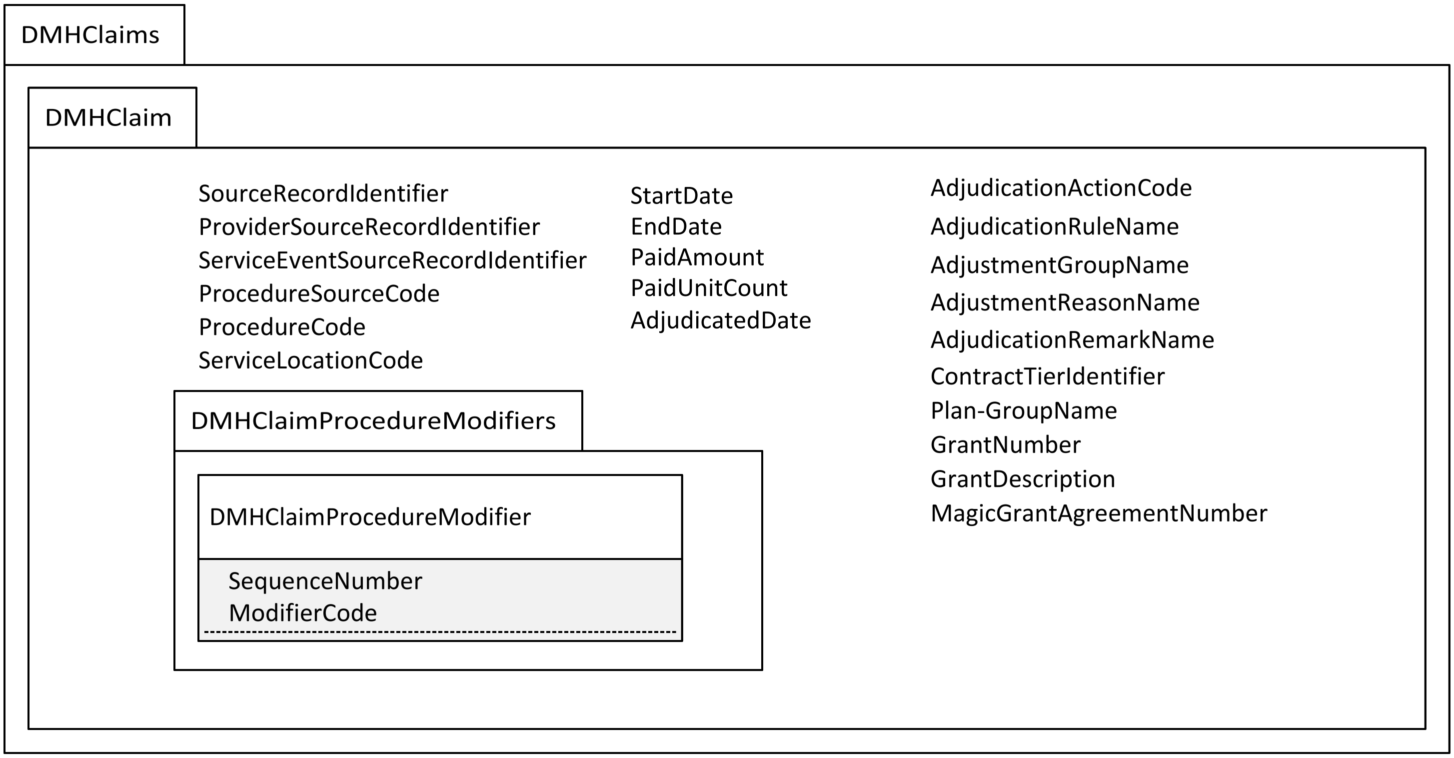
Legend
TEDS related

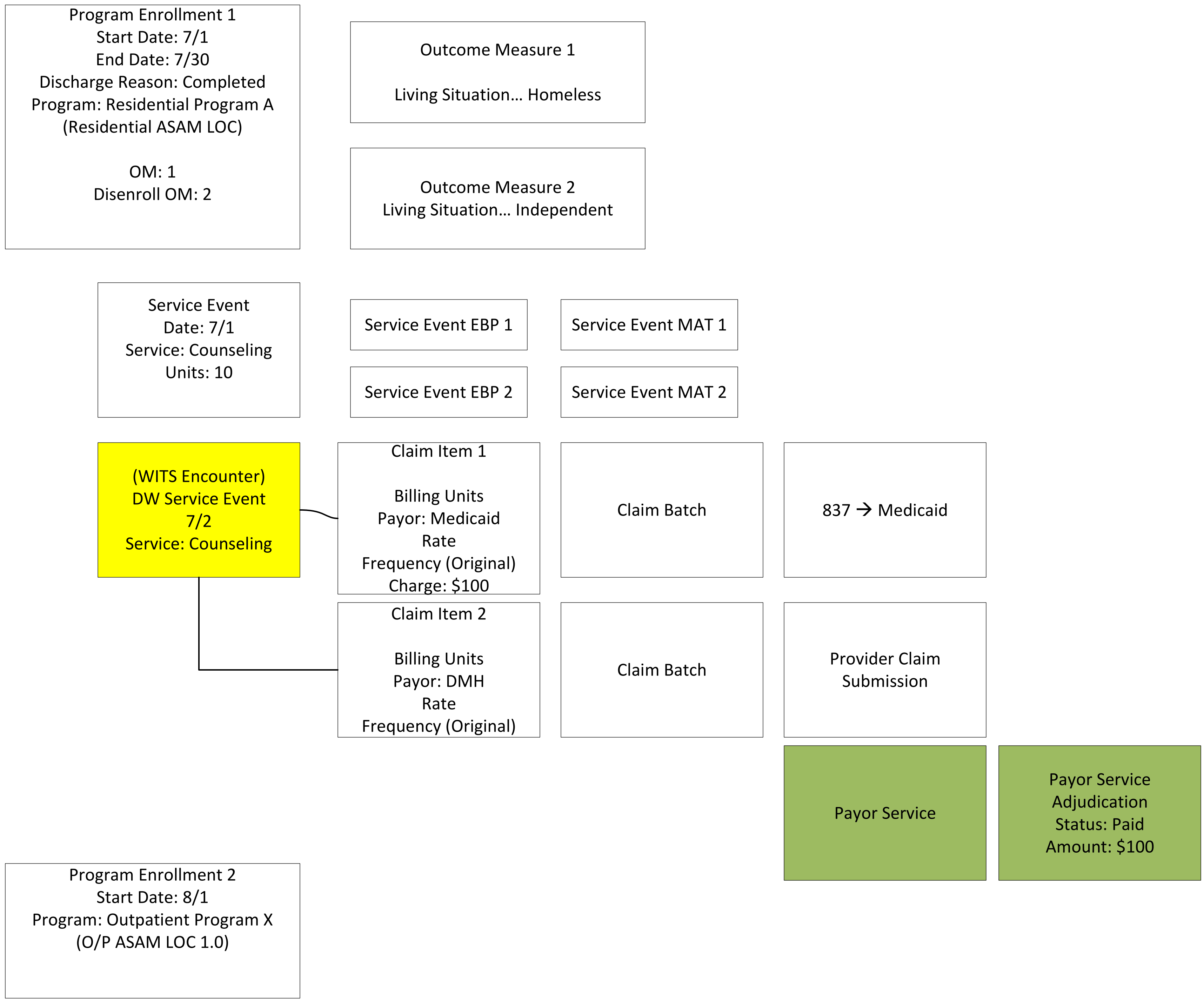


ServiceEvent


ServiceEvents
ServiceEvent
SourceRecordIdentifier
ProviderSourceRecordIdentifier
EpisodeSourceRecordIdentifier
AdmissionSourceRecordIdentifier
ProviderClientSourceRecordIdentifier
ServiceCode
StartDate
EndDate
StartTime
EndTime
SessionCount
EvidenceBasedPracticesCode


DMHClaim
DMHClaimProcedureModifier


DMHClaims
DMHClaim
SourceRecordIdentifier
ProviderSourceRecordIdentifier
ServiceEventSourceRecordIdentifier
ProcedureSourceCode
ProcedureCode
ServiceLocationCode
StartDate
EndDate
PaidAmount
PaidUnitCount
AdjudicatedDate
AdjudicationActionCode
AdjudicationRuleName
AdjustmentGroupName
AdjustmentReasonName
AdjudicationRemarkName
ContractTierIdentifier
Plan-GroupName
GrantNumber
GrantDescription
MagicGrantAgreementNumber
DMHClaimProcedureModifiers
DMHClaimProcedureModifier
SequenceNumber
ModifierCode


Program Enrollment 1
Start Date: 7/1
End Date: 7/30
Discharge Reason: Completed
Program: Residential Program A
(Residential ASAM LOC)
OM: 1
Disenroll OM: 2
Outcome Measure 1
Living Situation… Homeless
Outcome Measure 2
Living Situation… Independent
Service Event
Date: 7/1
Service: Counseling
Units: 10
Service Event EBP 1
Service Event EBP 2
Service Event MAT 1
Service Event MAT 2
(WITS Encounter)
DW Service Event
7/2
Service: Counseling
Claim Item 1
Billing Units
Payor: Medicaid
Rate
Frequency (Original)
Charge: $100
Claim Batch
837 → Medicaid
Claim Item 2
Billing Units
Payor: DMH
Rate
Frequency (Original)
Claim Batch
Provider Claim
Submission
Payor Service
Payor Service
Adjudication
Status: Paid
Amount: $100
Program Enrollment 2
Start Date: 8/1
Program: Outpatient Program X
(O/P ASAM LOC 1.0)