

Community Behavioral Health Reporting & Data Standardization

Background

As part of the State's transition to Integrated Managed Care (IMC), the Health Care Authority (HCA) identified a need to develop and implement a long-term, standardized approach to collect and report non-encounter data (i.e. behavioral health (BH) supplemental transactions) to meet federal block grant reporting requirements and state reporting needs, minimize administrative burden on behavioral health providers, and ensure timely and accurate federal grant reporting.

What are BH Supplemental Transactions?

These transactions include supplemental data, including additional demographic and social determinants data, as well as service episode and outcome data. HCA collects and submits this data to fulfill the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Episode Data Set (TEDS) and National Outcome Measures (NOMS) reporting requirements, and support other necessary federal and state data and reporting needs.

What is the Behavioral Health Data System (BHDS) and who uses it?

BH supplemental transactions are non-encounter data submissions to the HCA's Behavioral Health Data System (BHDS). Standard data definitions and transaction formats are included in the Behavioral Health Supplemental Transaction Data Guide (also referred to as the "BHDS Data Guide").

Managed Care Organizations (MCOs) and Behavioral Health-Administrative Services Organizations (BH-ASOs) will be required to collect supplemental transactions from their contracted BH providers of mental health and/or substance use disorder services via a standardized format, and then submit the data to HCA via the BHDS. HCA believes this approach will enable accurate and timely reporting of required data for federal, state, and community purposes, while ensuring that the MCOs and BH-ASOs have access to the data they need to improve health outcomes and effectively manage whole-person care. HCA will not be requiring the MCOs/BH-ASOs to submit historical data prior to January 1, 2020.

Which Behavioral Health Providers will need to report BH Supplemental Transactions to MCOs and BH-ASOs?

Contracted providers of mental health and/or substance use disorder services will be required to collect and submit the BH supplemental transactions, with the exception of individual treatment practitioners practicing outside of a licensed behavioral health agency (BHA), including prescribers (i.e. buprenorphine providers). This requirement to collect and report this data is not dependent on the particular type or level of service; rather all licensed and certified BHAs that are contracted with the MCOs and BH-ASOs should collect and report this data to the MCOs and BH-ASOs. This is true regardless of the funding source

of the contract between the MCO and the BHA, so both “in-network” BHAs and “out-of-network” BHAs contracted with an MCO and BH-ASO through a single case agreement need to report this data. However, BHAs that are not contracted with the MCOs and BH-ASOs are not required to report.

What is the timeline for BH Supplemental Transaction data collection and reporting?

BH providers must begin collecting BH supplemental transaction data by January 1, 2020 but may not need to send to the MCOs and BH-ASOs right away. MCOs and BH-ASOs must begin reporting that data to HCA no later than October 1, 2020. However, the MCOs will begin systems testing in the summer of 2020, so they may request their providers to begin submitting data prior to October 1, 2020. **BH-ASO’s may begin submitting earlier, as they have systems in place.** The MCOs/BH-ASOs are expected to submit the BH supplemental transactions to the Behavioral Health Data System (BHDS) within 30 calendar days of collection or receipt from providers.

HCA opened the test environment for MCOs and BH-ASOs in December 2019. The production environment for MCOs and BH-ASOs will be opened by January 2020. Each MCO and BH-ASO must assign one person responsible for managing the Secure File Transfer (SFT) account where they will be submitting data. To request a new SFT account or reset your password, or if you have any questions about setting up the SFT account, please contact the HCA Service Desk at HCA servicedesk@hca.wa.gov. Each MCO/BH-ASO will need to send at least one test batch of data no later than September 1, 2020. The test batch must include 100 transactions and at least 80% of those transactions must be posted successfully, otherwise the MCO/BH-ASO will need to do an additional test batch.

What is the difference between SERI and BHDS Data Guide?

The BHDS Data Guide contains data collection and reporting requirements for BH supplemental transaction data, also known as non-encounter data, while the Service Encounter Reporting Instructions (SERI) Guide contains data collection and reporting requirements for BH service encounter data.

The BHDS Data Guide is posted on HCA’s website at <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/contractor-and-provider-resources>.

Does the BHDS Data Guide apply to both the MCOs and BH-ASOs?

Yes. The MCOs and BH-ASOs must comply with the data collection and reporting requirements provided in the Behavioral Health Supplemental Transaction Guide.

Will the MCOs and/or BH-ASOs require providers to report additional BH Supplemental Transactions not included in the BHDS Data Guide?

The MCOs are not currently planning to require their contracted providers to report additional BH supplemental transactions not included in the BHDS Data Guide. The majority of the BH-ASOs require a few different and/or additional data fields than those included in the BHDS Data Guide, as per their current business practices and needs. Please contact your regional BH-ASO for more information.

What Are HCA's standards for data accuracy and completeness?

The MCOs/BH-ASOs must submit the BH supplemental transactions to the BHDS within 30 calendar days of collection or receipt from providers. At least 80% of transactions must be successfully posted to the BHDS. The MCOs/BH-ASOs must correct and resubmit any data that is rejected by the BHDS due to errors within 30 calendar days.

While 80% of the overall BH supplemental transactions need be successfully posted to the BHDS, HCA also requires 80% data completeness for each particular treatment episode. This means that the MCOs/BH-ASOs need to report and successfully post at least 80% of all records for each individual client's treatment episode. In determining data accuracy, HCA looks at whether all of the data submitted makes sense for that particular client (i.e. any gaps in the treatment episode data, any missing client demographic data, etc.).

Which facilities trigger reporting the facilities flag transaction, and is there a number of days in a facility flag that will not require a change to the Address record?

The Facility Flag should not be used often, as it is only for those who are homeless in long-term facilities. There is no specified number of days that requires reporting of the facility flag transaction.

If the patient has a home address, the provider should always use the home address. If the patient does not have a physical home address, then the provider should use the patient's mailing address. If a provider is treating a homeless patient that is in a short-term care facility, the provider would report the patient's city, state, and zip code.

How will crisis data (ITA and DCR transactions) be reported to HCA? Are the MCOs responsible for collecting and submitting this data, or will this data be reported by the BH-ASOs?

The BH-ASOs will continue the current process of reporting crisis data directly to HCA rather than reporting this data through the MCOs.

Is a Global Assessment of Individual Needs-Short Screener (GAIN-SS) still required?

Yes, all mental health and substance use disorder providers are still required to complete GAIN-SS screenings for their patients.

Is the authorizations transaction only for Medicaid-funded authorizations, or for any authorization granted by a BH-ASO?

The authorizations transaction is for any authorization granted by a BH-ASO.

HCA has developed a guidance document for the transition and implementation of the BHDS Version 3.0, the BHDS Version 3.0 Data Transition Plan, which provides some information on authorizations. This

document is posted on HCA's website at <https://www.hca.wa.gov/assets/program/bhds-version-3-data-transition-plan.pdf>.

How does the BHDS Data Guide and the associated reporting requirements affect the American Indian/Alaska Native (AI/AN) population?

Tribal providers will continue to use the Target system to report their patient data. Non-Tribal AI/AN fee for service providers will continue using the Provider Entry Portal. HCA is currently going through tribal consultation to determine whether AI/AN providers who elect to contract with an MCO or BH-ASO need to report BH supplemental transactions per the BHDS Data Guide. We will provide additional information on this as HCA collaborates with partners through the tribal consultation process.

Who do I reach out to if I have questions or need more information?

HCA expects the MCOs and BH-ASOs to work directly with their contracted providers in operationalizing these data collection and reporting requirements, and to communicate their implementation plans to providers. As the lead entities required to submit BH supplemental transactions, HCA expects the MCOs/BH-ASOs to provide training and technical assistance to their contracted providers as needed to ensure BH providers can begin collecting the data by January 1, 2020.

MCOs and BH-ASOs: If you have specific questions about the data definitions, requirements, and/or specifications in the Behavioral Health Supplemental Transaction Data Guide, sent it to [**HCABHDS@hca.wa.gov**](mailto:HCABHDS@hca.wa.gov).

Providers: For all other questions, issues, or concerns regarding the collection and reporting of BH supplemental transaction data, please contact your contracted MCO(s)/BH-ASO(s).