Behavioral Health Attribution Population List

Specification

Version 1.0

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# Overview

This specification is written to describe the Behavioral Health Attribution Population List (BHAPL) intake file requirements. The batch conversion process reads through the BHAPL intake file looking for updates to care records.

# Data Fields

| Field | Required | Description | Notes |
| --- | --- | --- | --- |
| PracticeID | Required | Unique Identifier for your organization | Site of Care (OID) – assigned by OHIP/CliniSync. The OID will be assigned and provided at the beginning of the project. |
| PracticeName | Required | Unique Name for your organization | Name of Organization |
| BatchDate | Required | The Date/Time the batch file was created | YYYYMMDDHHMM format required |
| MedicalRecordNumber | Required | Internal MRN (This is the patient Identifier) | Medical Record Number assigned by Organization.   * ID must be unique per patient * No special characters or spaces permitted * It can be alphanumeric but cannot exceed fifty characters; shorter is better.   Sort file by this value, low to high |
| LastName | Required | Patient (Legal) Last Name | Use all uppercase |
| FirstName | Required | Patient (Legal) First Name | Use all uppercase |
| MiddleName | No | Patient (Legal) Middle Name or Initial | Use all uppercase |
| Suffix | No | Patient Name Suffix | Use all uppercase, e.g., JR or III |
| DOB | Required | Date of Birth | YYYYMMDD format |
| SSN | Required | Social Security Number | 999999999 format - leave blank if no SSN or invalid |
| Gender | Required | Administrative Gender (Legal Sex) | Must be one of the following:   * F = Female * M = Male * U = Undifferentiated |
| Address1 | Required | Street Address | * Use all uppercase   Required if patient is not homeless |
| Address2 | No | Other designation | * Not used for matching purposes |
| City | Required | City | * Use all uppercase   Required if patient is not homeless |
| State | Required | State | * Two-character state code * Required if patient is not homeless |
| Zip | Required | Zip or postal code | * 99999 or 999999999 format * Required if patient is not homeless |
| HomePhone | Required | Patient’s Home Phone Number | * 9999999999 format   Required if patient has a phone |
| CellPhone | Conditionally  Required | Patient’s Home Phone Number | * 9999999999 format   Required if patient has a phone |
| EmailAddress | Conditionally  Required | Patients Primary Email Address | * Required if patient has an email |
| Program Service (Original Source Name)  *If the patient has more than one Program service, then add that Program Service and Patient information as another record.* | Required | Source Program Service Name | * Source Program Service Name |
| Program Service (Mapped Category)  *If the patient has more than one Program service, then add that Program Service and Patient information as another record.* | Required | Mapped Program Service Name | |  |  | | --- | --- | | **Program abbreviation** | **Expanded information** | | 101 | Behavioral Support/ Case Management - includes CPST, TBS, Case Management, and Care Coordination | | 102 | Outpatient Therapy | | 103 | Intensive Outpatient Therapy, IOP | | 104 | Day treatment/Partial Hospitalization Program | | 105 | Medical Management | | 106 | Residential - QRTP, ICF | | 107 | Mobile Response and Stabilization Services | | 108 | Home-based Treatment - Includes Intensive Home-Based Therapy (IHBT), Family-focused therapy (FFT), Multisystemic Therapy (MST), Assertive Community Treatment (ACT) | | 109 | OhioRISE CME | | 110 | OhioRISE Aetna care coordination | | 111 | Psychiatric Residential Treatment Facility | | 112 | Mental Health Certified Peer Supporter - Adult, Family, Youth/Young Adult | | 113 | Behavioral health respite | | 114 | Youth receive a DA but are not yet enrolled in long-term treatment. | | 115 | ABA – Applied Behavioral Analysis | | 116 | Generic Program or Unknown | |
| ProviderFirstName | Conditionally  Required | Provider First Name | * Use all uppercase |
| ProviderLastName | Conditionally  Required | Provider Last Name | * Use all uppercase |
| ProviderNPI | Conditionally  Required | Provider NPI | * Required Type 1 NPI |
| StartDateofService | Required | Date of Intake or Start of Program Service |  |
| Most\_Recent\_Date\_of\_ Service | Conditionally  Required | Last Date Seen or Appointment Date |  |

# Timing

To maintain operational accuracy, BHAPL must be minimally uploaded weekly by 2 pm Friday.

# File Format & Delivery Requirements

1. The file must include all active patients in each file as permitted by CliniSync Policy. The file cannot be a “change only” file.
2. A consistent file naming convention must be used, and the date and time the file was created.
   1. Ex., File\_F\_MMDDYYHHMMSS.txt.
3. Column headers are required and must be consistent from file to file.
   1. Do not skip a non-required column even if you do not plan to populate it.
4. Required delimiters include:
   1. Field Delimiter – Pipe (|) delimiter is preferred, but user defined delimiters are also acceptable.
   2. Record Delimiter – Carriage Return (\r) or Carriage Return & Line Feed (\r\n).
   3. End of file marker is preferred but not required.
   4. The delimited flat file may be type .txt or .csv.
5. The files must be uploaded using Secure Delivery – SSH File Transfer Protocol (SFTP).
   1. Clients must use CliniSync’s SFTP site.
      1. Two subfolders must exist. One for PROD data and one called CERT for test or other data.
   2. All file uploads must be automated in Production.
      1. Manually produced files have the highest chance of introducing errors.

# Pre**-**Validation Requirements

Due to the significant downstream impact erroneous files may be introduced, all BHAPL users are required to build in checks and balances to identify and correct an erroneous Active Population List before uploading to CliniSync. These pre-validation requirements include halting and correcting a file before upload in the following instances:

1. If any record within the BHAPL is missing the following fields:
   1. MRN
   2. Last Name
   3. First Name
   4. DOB
   5. Gender
2. If the same MRN is used for two or more records in the file (i.e., not unique).
   1. Note: The same patient may have two different MRNs on a file, in this case, the demographic data associated with the patient should be consistent to ensure consistent matching to CliniSync data.
3. If any field is non-conformant with required formats, such as:
   1. MRN contains special characters, spaces or is too long.
   2. DOB is not in the expected format.
   3. Gender value is unexpected.
4. Routine checks are performed to ensure the last name is not switched inadvertently with first name.
5. No dummy values are inserted in the phone, zip code and SSN fields. If these values are unknown for a record, do not value the field.
6. Invalid values such as State codes in zip fields, invalid city, invalid phone numbers are identified, scrubbed, and removed or corrected before uploading.
7. File column headers are present.
8. The expected total number of patient records are present in the file:
   1. For example, verifying the total number of patient records in the file are no less or greater than an expected percentage change from the last file. If you expect your patient population to shift no more than 30% in either direction file to file, check to make sure this is the case.
   2. “Short-changing” a file is one of the most common errors. Doing so could result in significant loss of downstream data to your users.

# Change Control Requirements

1. Prior to implementing any changes to your BHAPL file programs or upload processes in Production, Participants will:
2. Alert CliniSync of the anticipated change.
3. Will share sample files with CliniSync for approval before any change is made in Production.
4. Will coordinate with CliniSync’s Change Control Group on the date to move the change to Production.
   1. Will not proceed with any changes until approved.

# Part 2 Data Restrictions

1. Prior to implementing your BHAPL upload processes in Production, Participants will:
2. Ensure internal organizational legal sign off on the Behavioral Health Attribution Population List and contribution to CliniSync.
3. Executed a CliniSync Participation and Business Associate Agreement.
4. Ensure compliance with the [OHIO HEALTH INFORMATION PARTNERSHIP CLINISYNC POLICIES](https://clinisync.org/wp-content/uploads/2023/02/CliniSync-Policy-Manual-9.2022-PDF.pdf) and for the Exchange of Restricted Health Information, Participants are responsible for Excluding Restricted Health Information

# *8* Processing

The files will be loaded by 2 pm every Friday, CliniSync will process the files and consolidate them into one file. This file will then be processed as a CliniSync Clinical Dispatcher file and run through the CliniSync network and treated as an Admit, Discharge Transfer HL7 message (ADT) and added to the patient’s longitudinal record.

Messages will also be available to be used through the CliniSync Notify and Clinical Dispatcher notification services. If attribution reports are requested by individual organizations that will be addressed by organization. In the beginning those attribution reports will be limited to health systems. Health Plans and Community Organizations will be able to receive this information through the Notify and Community Health Record applications.