

**Format and File Specification For Global Payment Program Encounter Reporting
Outpatient Behavioral Health Services V1.1**

Format and File Specification
For
Global Payment Program
Encounter Reporting
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Version 1.1

Revised: 01/12/2018

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Introduction

The Global Payment Program (GPP) establishes a statewide pool of funding for the remaining uninsured by combining federal DSH and uncompensated care funding, where select Designated Public Hospital systems can achieve their “global budget” by meeting a service threshold that incentivizes movement from high cost, avoidable services to providing higher value, and preventative services.

As part of the GPP, participating hospitals must report their service threshold on an encounter level by the second program year, as stipulated in the 1115 waiver Standard Terms and Conditions (STCs). This manual serves as the guide for that encounter-level reporting.

Document Control Log

Updated changes are reflected in **red text throughout the document**.

Version	Date	Details
1.0	March 2017	<ul style="list-style-type: none">Original version released
1.1	January 2018	<ul style="list-style-type: none">Updated file specification (Unique Patient ID number)

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Standard Record Format

OP MH/SU format

The standard record format summarizes the necessary data fields and format to standardize reporting for all participants. The encounter report will be submitted as an Excel file document.

Column	Data Element*	Type	Size
1	GPP Service Category, Tier, and Type	A/N	4
2	Facility ID number	N	10
3	National Provider Identifier	N	10
4	Unique patient ID	A/N	12
5	Service date	N	8
6	# of GPP visits	N	3
7	Principal diagnosis	A/N	7
8	Other diagnosis 1	A/N	7
9	Other diagnosis 2	A/N	7
10	Other diagnosis 3	A/N	7
11	Other diagnosis 4	A/N	7
12	Other diagnosis 5	A/N	7
13	DSM diagnosis axis 1	A/N	5
14	DSM diagnosis axis 2	A/N	5
15	DSM diagnosis axis 3	A/N	5
16	DSM diagnosis axis 4	A/N	5
17	DSM diagnosis axis 5	A/N	5
18	Principal procedure	A/N	5
19	Other procedure 1	A/N	5
20	Other procedure 2	A/N	5
21	Other procedure 3	A/N	5
22	Other procedure 4	A/N	5
23	Other procedure 5	A/N	5
24	Procedure code 1 - Mode/Service function	A/N	4
25	Procedure code 2 - Mode/Service function	A/N	4
26	Procedure code 3 - Mode/Service function	A/N	4
27	Procedure code 4 - Mode/Service function	A/N	4
28	Date of birth	N	8
29	Gender	A	1
30	Zip code	A/N	5
31	Race	N	1
32	Ethnicity	N	1

**If the data element is not available, then hospitals should leave that cell blank.*

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Type & Size indicate data type and field length. Data type is defined as:

A = Alpha

N = Numeric

A/N = Alphanumeric

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Data fields

The following section lists the data fields that are part of GPP encounter reporting, which includes the length of the data, whether it is alpha (A), numeric (N), or alpha numeric (A/N), the purpose or any special instructions, and specific codes or values that are allowed.

1. GPP Service Category, Tier, and Type

Data length:	4																																				
Data type:	A/N																																				
Purpose/Special instructions:	<p>The purpose of this four-digit data element is to identify the GPP service provided, as identified through the service category, tier, and type as specified in Waiver Standard Terms and Conditions, Attachment FF, Table 1. The first digit represents the service category (1-4), which broadly describes the GPP services. The second digit represents the service tier, which separates the services by level of intensity or delivery methodology. The last two digits represent the service type. Each service type is associated with a different point value.</p> <p>Only one service type is available per encounter line. If you have a visit that crosses service types, such as a visit with a dental visit and then a separate primary care visit, then that would require two separate encounter lines for each service.</p>																																				
Codes/Allowed values:	<table border="1"> <thead> <tr> <th align="left" colspan="6">4-digit</th> </tr> <tr> <th align="left">Encounter coding</th> <th align="left">Service Category</th> <th align="left">Service Tier</th> <th align="left">Service Type</th> <th align="left">Service Type</th> <th align="left">Description</th> </tr> </thead> <tbody> <tr> <td>1C12</td> <td>1</td> <td>C</td> <td>12</td> <td></td> <td>MH ER/Crisis Stabilization</td> </tr> <tr> <td>1B07</td> <td>1</td> <td>B</td> <td>07</td> <td></td> <td>MH Outpatient</td> </tr> <tr> <td>1B08</td> <td>1</td> <td>B</td> <td>08</td> <td></td> <td>SU Outpatient</td> </tr> <tr> <td>1B09</td> <td>1</td> <td>B</td> <td>09</td> <td></td> <td>SU Methadone</td> </tr> </tbody> </table>	4-digit						Encounter coding	Service Category	Service Tier	Service Type	Service Type	Description	1C12	1	C	12		MH ER/Crisis Stabilization	1B07	1	B	07		MH Outpatient	1B08	1	B	08		SU Outpatient	1B09	1	B	09		SU Methadone
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2. Facility ID Number

Data length:	10
Data type:	N
Purpose/Special instructions:	The purpose of this code is to provide a unique number associated with the provider of service. Some providers may use a National Provider Identifier (as listed in data element 3) to identify location. If the service is provided in the hospital, then the facility ID number will be the hospital's 9-digit OSHPD ID.
Codes/Allowed values:	9-digit OSHPD ID (preferred), state provider code, tax ID, or other if OSHPD ID is not applicable.

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3. National Provider Identifier (NPI)

Data length:	10
Data type:	N
Purpose/Special instructions:	The purpose of this code may vary depending on individual system. It can be used to provide a unique number associated with the provider of the GPP service or location of service. PHCS should note in their internal records how they are using this field.
Codes/Allowed values:	National Provider Identifier. The NPI is a unique identification number for covered health care providers. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number).

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4. Unique Patient Identifier

Data length:	24
Data type:	A/N
Purpose/Special instructions:	The purpose of this code is to identify unique patients served by each PHCS. For services provided by the hospitals, each patient should have a unique identifier. For services provided outside of the designated public hospital (county clinics, community clinics, behavioral health clinics), those patients may have a different unique identifier.
Codes/Allowed values:	PHCS-specific identifier to identify patients.

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5. GPP Service Date

<i>Data length:</i>	8
<i>Data type:</i>	N
<i>Purpose/Special instructions:</i>	Single digit months and days must include a preceding zero.
<i>Codes/Allowed values:</i>	<u>9999</u> <u>99</u> <u>99</u> Year Month Day

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6. # of GPP Visits

<i>Data length:</i>	3
<i>Data type:</i>	N
<i>Purpose/Special instructions:</i>	The purpose of this field is to identify the number of GPP encounters provided that will earn GPP points.
<i>Codes/Allowed values:</i>	Number of GPP encounters that would earn GPP points.

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7-12. Principle Diagnosis and Other Diagnoses (up to 5)

Data length:	7
Data type:	A/N
Purpose/Special instructions:	Providers can include a primary diagnosis and up to five other diagnoses related to the GPP service provided.
Codes/Allowed values:	ICD-10 CM (International Classification of Diseases, Tenth Revision, Clinical Modification); Do not include the decimal point in the data file

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13-17. DSM Axis 1-5

<i>Data length:</i>	5
<i>Data type:</i>	A/N
<i>Purpose/Special instructions:</i>	The purpose of these fields is to provide additional detail on mental health diagnosis for providers that are unable to convert DSM-V codes to ICD-10 CM diagnosis codes. Providers that can provide ICD-10 CM for their county mental health services do not need to provide DSM-V diagnoses.
<i>Codes/Allowed values:</i>	DSM-V coding (Diagnostic and Statistical Manual of Mental Disorders, fifth edition); Code must be left-justified and space-filled;

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18-23. Principle Procedure and Other Procedures (up to 5)

<i>Data length:</i>	5
<i>Data type:</i>	A/N
<i>Purpose/Special instructions:</i>	The purpose of this field is to identify the procedures provided during this visit.
<i>Codes/Allowed values:</i>	CPT-4 code set (Current Procedural Terminology, 4th Edition) or HCPCS (Healthcare Common Procedure Coding System) 2016 (Alpha-Numeric) code set.

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24-27. Procedure code Mode/Service function 1-4

Data length:	4
Data type:	A/N
Purpose/Special instructions:	The purpose of these fields is to provide additional detail on mental health diagnosis for providers that are unable to convert mode and service function to CPT codes. Providers that can provide CPT codes for their county mental health services do not need to provide mode and service function.
Codes/Allowed values:	Short Doyle mode and service function (2-digit mode, 2-digit service function)

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28. Date of Birth

<i>Data length:</i>	8
<i>Data type:</i>	N
<i>Purpose/Special instructions:</i>	Single digit months and days must include a preceding zero.
<i>Codes/Allowed values:</i>	<u>9999</u> <u>99</u> <u>99</u> Year Month Day

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29. Gender

Data length:	1
Data type:	A
Purpose/Special instructions:	
Codes/Allowed values:	F = Female M = Male J=Transgender, Male to Female K=Transgender, Female to Male O=Other Gender Identity U = Unknown

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30. Zip Code

Data length:	5
Data type:	A/N
Purpose/Special instructions:	
Codes/Allowed values:	5 digit zip code XXXXX = unknown YYYYY = foreign ZZZZZ = homeless

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31. Race

Data length:	1
Data type:	N
Purpose/Special instructions:	
Codes/Allowed values:	1 – American Indian or Alaska Native 2 – Asian 3 – Black or African American 4 – Native Hawaiian or Other Pacific Islander 5 –White 6 – Other 7 – Unknown

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32. Ethnicity

Data length:	1
Data type:	N
Purpose/Special instructions:	
Codes/Allowed values:	1 = Hispanic or Latino 2 = Non-Hispanic or Non-Latino 3 = Unknown