

Mental Health Encounter Reporting 3.0 --- Data Dictionary View (HEADER)

This document describes the various data elements contained in the encounter record you will extract and send to the State. The description includes things like data element name, length and data type. In addition, there is a brief definition of the data element as well as some of the validation rules Encounter Reporting will use to verify the data you send us. It's primarily intended as a technical document to assist the MH personnel in creating an extract from your claims history data.

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, I=No, S=Situational	Default Value	ID#	Error Cat.
<i>Begin Posting Date</i>	10 Fixed	D (CCYY-MM-DD)	Y	None	H003	H
Data Element Description:	The beginning process date used to extract encounter records for the submission.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be equal to the first day of the posting month. Must be less than or equal to the current date.					
<i>End Posting Date</i>	10 Fixed	D (CCYY-MM-DD)	Y	None	H004	H
Data Element Description:	The ending process date used to extract encounter records for the submission.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be equal to the last day of the posting month. Must be equal to the same year and month of the begin posting date.					
<i>MH: Submission Type</i>	10 Max	A (999999999)	Y	None	H006	H
Data Element Description:	The submission type must be Production.					
Validation Rules:	Must be Production. This value is not case sensitive.					
<i>Number of Records Transmitted</i>	8 Max	N (99999999)	Y	None	H005	H
Data Element Description:	The number of detail records that are contained within the submission. Used in the File Transfer System.					
Validation Rules:	Number of Records Transmitted must be equal to the number of detail records in a submission.					

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, I=No, S=Situational	Default Value	ID#	Error Cat.
<i>Submission Date</i>	10 Fixed	D (CCYY-MM-DD)	Y	None	H002	H
Data Element Description:	The date the submission was generated at the Submitting Organization . Used for file transfer.					
Validation Rules:	Valid date format, valid month and valid day for that month. Must be greater than or equal to the header posting end date. Must be less than or equal to the current date.					
<i>Submitter Organization ID</i>	8 Fixed	N (00000000)	Y	None	H001	H
Data Element Description:	Eight digit certified Medicaid provider number assigned to the Submitting Organization.					
Validation Rules:	Must exist in the Submitter Organization ID Header lookup table for this line of business.					

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Adjustment Type	1 Fixed	A	S	None	NA	D009	A	
Data Element Description:	The type of adjustment. Only applicable for transactions that are adjusting a former Encounter transaction. These may be assigned by the MCO for credit/debit Encounter Transactions. R = A transaction that is the credit to reverse the adjusted transaction. N = A transaction that is the debit to replace the adjusted transaction.							
Validation Rules:	Required if Record Type is C.							
Adjustment Type Detail	3 Max.	A	S	None	NA	D010	A	
Data Element Description:	Specifies the type of adjustment: "FC", "PC", "NC", "EKC", "EKD", "SKC", "SKD" or "CKC". For example: FC = An adjustment that fully reverses the adjusted transaction. PC = An adjustment that partially reverses the adjusted transaction. NC = An adjustment that has no financial effect, but changes demographic or other statistical data.							
Validation Rules:	When provided the adjusted transaction code must be a valid value.							
BRC Target Population	1 Fixed	A	Y	None	NA	D200	S	
Data Element Description:	This is an overall clinical assessment of service needs and should reflect the current rating of the consumer's needs. The Blue Ribbon Commission (BRC) Target Groups are intended to provide a frame of reference and an indication of expected need as well. (Persons in need of short-term situational services.)							
Validation Rules:	Valid values are H (High intensity services), L (Low intensity services) or S (Short-term situational services). When the values are H or L, the Consumer Status Data Group fields are required.							
BRC Target Population Update	1 Fixed	A	S	None	NA	D201	S	
Data Element Description:	This is an update of the overall clinical assessment of service needs and should reflect the current rating of the consumer's needs (the six month update). The update is required if the initial Blue Ribbon Commission (BRC) code was H or L. (Persons in need of short-term situational services.)							
Validation Rules:	Required, if the initial BRC code = H or L.							
Characteristics1	2 Fixed	N (99)	Y	None	NA	D202	M	
Data Element Description:	Describes the member's personal, social, and/or demographic factors that are of interest to the agency.							
Validation Rules:	None.							

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
Characteristics2	2 Fixed	N (99)	N	None	NA	D203	M	
Data Element Description:	Describes the member's personal, social, and/or demographic factors that are of interest to the agency.							
Validation Rules:	None.							
Characteristics3	2 Fixed	N (99)	N	None	NA	D204	M	
Data Element Description:	Describes the member's personal, social, and/or demographic factors that are of interest to the agency.							
Validation Rules:	None.							
Children Living with Client	2 Max.	N (99)	S	None	NA	D205	S	
Data Element Description:	Total number of children under the age of 18 years living with the member.							
Validation Rules:	Required when BRC Target Population is H.							
City	52 Max	AN	Y	None	NA	D206	M	
Data Element Description:	City of Residence.							
Validation Rules:	None.							
Commitment Status	1 Fixed	N (9)	Y	None	NA	D207	S	
Data Element Description:	Voluntary (1 or 2) - a person who voluntarily seeks services. Involuntary civil (3 or 4) - a person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies. Involuntary criminal (5) - a person committed pursuant to charges and/or convictions pending, or found not guilty by reason of insanity, or transfer from a correctional institution. Guardianship only (6).							
Validation Rules:	Valid values are 1-6.							

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
<i>Commitment Status Review Due Date</i>	10 Fixed	D (CCYY-MM-DD)	S	None	NA	D208	S	
Data Element Description:	Date when the commitment status review is due to take place.							
Validation Rules:	Valid date format, valid year, valid month and valid day for that month. Date must be within six months of service start date or current date.							
<i>Commitment Status Update</i>	1 Fixed	A	S	None	NA	D209	S	
Data Element Description:	Voluntary (1 or 2) - a person who voluntarily seeks services. Involuntary civil (3 or 4) - a person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies. Involuntary criminal (5) - a person committed pursuant to charges and/or convictions pending, or found not guilty by reason of insanity, or transfer from a correctional institution. Guardianship only (6). Must be provided when BRC Target Population is H or L for Consumer Status Data Group.							
Validation Rules:	Valid values are 1-6.							
<i>County Code</i>	3 Fixed	N (999)	Y	None	NA	D210	S	
Data Element Description:	County Code of service or residence.							
Validation Rules:	Valid values are less than 100 and must be a valid county code.							
<i>County of Residence</i>	3 Fixed	N (999)	Y	None	NA	D211	R	
Data Element Description:	The County of Residence code.							
Validation Rules:	Valid values are less than 100 and must be a valid county code.							

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
<i>Criminal Justice System 1</i>	1 Fixed	N (9)	S	None	NA	D212	S	
Data Element Description:	Incarceration or involvement with Criminal Justice System within the last six months. To measure level of MH consumer criminal justice involvement.							
Validation Rules:	If it exists, Criminal Justice System 1 must be provided. Valid values are 1-6 and 9. Must be provided if BRC Target Population is H or L for Consumer Status Data Group.							
<i>Criminal Justice System 2</i>	1 Fixed	N (9)	N	None	NA	D213	S	
Data Element Description:	Incarceration or involvement with Criminal Justice System within the last six months. To measure level of MH consumer criminal justice involvement.							
Validation Rules:	Valid values are 2-6.							
<i>Criminal Justice System 3</i>	1 Fixed	N (9)	N	None	NA	D214	S	
Data Element Description:	Incarceration or involvement with Criminal Justice System within the last six months. To measure level of MH consumer criminal justice involvement.							
Validation Rules:	Valid values are 2-6.							
<i>Criminal Justice System 4</i>	1 Fixed	N (9)	N	None	NA	D215	S	
Data Element Description:	Incarceration or involvement with Criminal Justice System within the last six months. To measure level of MH consumer criminal justice involvement.							
Validation Rules:	Valid values are 2-6.							
<i>Daily Activity 1</i>	1 Max.	N (9)	S	None	NA	D216	S	
Data Element Description:	The current planned activity (including education) of the consumer. Does not include employment activities. Provides a measure of consumer's level of independence and involvement in the community. Must be provided when BRC Target Population is H or L for Consumer Status Data Group.							
Validation Rules:	If it exists, Daily Activity 1 must be provided. Valid values are 1-6 and 9. Must be provided when BRC Target Population is H or L for Consumer Status Data Group.							

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Daily Activity 2	1 Max.	N (9)	N	None	NA	D217	S
Data Element Description:	The current planned activity (including education) of the consumer. Does not include employment activities. Provides a measure of consumer's level of independence and involvement in the community.						
Validation Rules:	Valid values are 2-6 and Daily Activity 1 is not equal to 9.						
Daily Activity 3	1 Max.	N (9)	N	None	NA	D218	S
Data Element Description:	The current planned activity (including education) of the consumer. Does not include employment activities. Provides a measure of consumer's level of independence and involvement in the community.						
Validation Rules:	Valid values are 2-6 and Daily Activity 1 is not equal to 9.						
Dental Care Appointment	1 Fixed	N (9)	S	None	NA	D219	S
Data Element Description:	Refers to whether the member has accessed dental care in the past six months. Evaluate links to Primary Care. (This is a recommended MH/AODA Managed Care performance indicator.) Track access and delivery of primary health care among public mental health consumers. Must be provided when BRC Target Population is H or L for Consumer Status Data Group.						
Validation Rules:	If BRC Target Population is H or L, Dental Care Appointment must be provided. Valid values are 1-3 and 9.						
Diagnosis Code Principal	30 Max.	ANDot	N	None	Principal Diagnosis (AN, L=30)	D075	S
Data Element Description:	The current diagnosis of the member's condition per ICD.						
Validation Rules:	When supplied, it must be a valid diagnosis code based on the National codeset.						
Diagnostic Impression 1	6 Max.	ANDot (999.99)	Y	None	NA	D220	S
Data Element Description:	The current diagnosis of the member's condition per Axis I and/or Axis II. Axis I Clinical Disorders - other conditions that may be a focus of clinical attention. Axis II are Personality Disorders and Mental Retardation.						
Validation Rules:	When BRC Target Population is H, an Axis 1 code must be supplied.						

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
<i>Diagnostic Impression 2</i>	6 Max.	ANDot (999.99)	N	None	NA	D221	S	
Data Element Description:	The current diagnosis of the member's condition per Axis I and/or Axis II. Axis I Clinical Disorders - other conditions that may be a focus of clinical attention. Axis II are Personality Disorders and Mental Retardation.							
Validation Rules:	None.							
<i>Diagnostic Impression 3</i>	6 Max.	ANDot (999.99)	N	None	NA	D222	S	
Data Element Description:	The current diagnosis of the member's condition per Axis I and/or Axis II. Axis I Clinical Disorders - other conditions that may be a focus of clinical attention. Axis II are Personality Disorders and Mental Retardation.							
Validation Rules:	None.							
<i>Diagnostic Impression 4</i>	6 Max.	ANDot (999.99)	N	None	NA	D223	S	
Data Element Description:	The current diagnosis of the member's condition per Axis I and/or Axis II. Axis I Clinical Disorders - other conditions that may be a focus of clinical attention. Axis II are Personality Disorders and Mental Retardation.							
Validation Rules:	None.							
<i>Diagnostic Impression 5</i>	6 Max.	ANDot (999.99)	N	None	NA	D224	S	
Data Element Description:	The current diagnosis of the member's condition per Axis III (General Medical Conditions).							
Validation Rules:	If provided, must be an Axis III value.							
<i>Employment</i>	2 Max.	N (99)	S	None	NA	D225	S	
Data Element Description:	The current employment activity of the member. Provides a measure of the member's level of independence. Must be provided when BRC Target Population is H or L for Consumer Status Data Group.							
Validation Rules:	Valid values are 1-9 and 99.							

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<i>Employment Level</i>	1 Fixed	N (9)	S	None	NA	D226	S	
Data Element Description:	The current employment activity hours of the member. Provides a measure of the member's level of independence. Must be provided when BRC Target Population is H or L for Consumer Status Data Group.							
Validation Rules:	If employed (Employment is 1-5), this field is required. It must be a valid value - 1 (Full-time), 2 (Part-time) or 3 (Other part-time).							
<i>Episode End Date</i>	10 Fixed	D (CCYY-MM-DD)	Y	0000-00-00	NA	D227	S	
Data Element Description:	The date when the agency discontinued all activity in the case.							
Validation Rules:	Must exist in the Submitter Organization ID lookup table. The Episode End Date must be a valid date format provided by the Submitting Organization. (e.g., Valid year, valid month and valid day for that month.)							
<i>Episode Review Due Date</i>	10 Fixed	D (CCYY-MM-DD)	N	None	NA	D228	S	
Data Element Description:	Date when the case review or other agency activity is due to take place.							
Validation Rules:	If provided, must be a valid date format, e.g., a valid year, month and day for that month.							
<i>Family ID</i>	7 Max.	AN (9999999)	N	None	NA	D230	S	
Data Element Description:	An agency assigned number that will link family members together. (e.g., 6 digits+1 character A)							
Validation Rules:	None.							

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<i>Financial Support 1</i>	2 Fixed	N (99)	S	None	NA	D231	S	
Data Element Description:	Identify the member's primary source(s) of financial support. Provides information on how individuals support themselves. Must be provided when BRC Target Population is H or L for Consumer Status Data Group.							
Validation Rules:	When BRC Target Population is H or L, a valid value must be supplied. Valid values are 01-02, 04-17 and 99.							
<i>Financial Support 2</i>	2 Fixed	N (9)	N	None	NA	D232	R	
Data Element Description:	Identify the member's primary source(s) of financial support. Provides information on how individuals support themselves.							
Validation Rules:	Valid values are 01-02, 04-17.							
<i>Financial Support 3</i>	2 Fixed	N (99)	N	None	NA	D233	S	
Data Element Description:	Identify the member's primary source(s) of financial support. Provides information on how individuals support themselves.							
Validation Rules:	Valid values are 01-02, 04-17.							
<i>Financial Support 4</i>	2 Fixed	N (99)	N	None	NA	D234	S	
Data Element Description:	Identify the member's primary source(s) of financial support. Provides information on how individuals support themselves.							
Validation Rules:	Valid values are 01-02, 04-17.							
<i>Gender</i>	1 Fixed	A	Y	None	NA	D235	M	
Data Element Description:	Member's gender.							
Validation Rules:	The Gender code must = F or M.							

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
Global Assessment Functioning	2 Fixed	AN (99)	S	None	NA	D236	S	
Data Element Description:	The clinician's judgment of the individual's current overall psychological, social and occupational improvement/status. <i>Further description of the GAF Scale can be found in the DSM-IV.</i> Must be provided for Consumer Status Data Group.							
Validation Rules:	When BRC Target Population is H or L, Global Assessment Functioning must be provided and must be a valid value.							
Health Care Appointment	1 Fixed	N (9)	S	None	NA	D237	S	
Data Element Description:	Refers to whether the member has accessed health care in the past six months. Evaluate links to Primary Care. (This is a recommended MH/AODA Managed Care performance indicator.) Track access and delivery of primary health care among public.							
Validation Rules:	Valid values are 1-3 and 9.							
Health Status	1 Fixed	N (9)	S	None	NA	D238	S	
Data Element Description:	Refers to the member's current physical health.							
Validation Rules:	Valid values are 1-9.							
Hispanic Latino	1 Fixed	A	Y	None	NA	D239	M	
Data Element Description:	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.							
Validation Rules:	The Hispanic Latino code must = Y or N.							
MA Number	10 Fixed	N (9999999999)	I	None	NA	D240	M	
Data Element Description:	The Medical Assistance Identification Number (10 digits), which has been assigned to this member. Must match the Recipient ID.							
Validation Rules:	None.							

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Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
Minor Children Count	2 Max.	N (99)	S	None	NA	D241	S	
Data Element Description:	The total number of member's children under the age of 18 years currently living with the member.							
Validation Rules:	Must be greater than or equal to the number of children living with the member.							
NPI	10 Fixed	N (9999999999)	S	None	National Provider Identifier	D273	S	
Data Element Description:	National Provider Identifier. Required for medical services. <i>(Federal Mandate beginning 05/23/2007)</i>							
Validation Rules:	When a service is provided, the NPI is required and must be a valid value.							
Original ID	80 Max.	ANPlus	Y	None	NA	D006	A	
Data Element Description:	The Record ID of the Original record for which all subsequent adjustments were made.							
Validation Rules:	The Original ID must reference a Record ID with a Record Type of O (Original).							
Parent Record ID	80 Max.	ANPlus	S	None	NA	D005	A	
Data Element Description:	The Record ID of the record being adjusted. This field is used only when adjusting an existing encounter record. In a credit/debit adjustment both the credit and debit transactions will reference the same transaction Record ID being adjusted.							
Validation Rules:	Must reference a previously submitted Record ID by that Organization.							
Posting Date	10 Fixed	D (CCYY-MM-DD)	Y	0000-00-00	NA	D059	R	
Data Element Description:	The date the claim or service was posted into the agency's/organization's system..							
Validation Rules:	Must be a valid date format, e.g., valid year, valid month and valid day within the report posting month.							

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Presenting Problem 1	2 Fixed	N (99)	N	None	NA	D242	S	
Data Element Description:	The reason for the member to seek services.							
Validation Rules:	Valid values are 01-14.							
Presenting Problem 2	2 Fixed	N (99)	N	None	NA	D243	S	
Data Element Description:	The reason for the member to seek services.							
Validation Rules:	Valid values are 01-14.							
Presenting Problem 3	2 Fixed	N (99)	N	None	NA	D244	S	
Data Element Description:	The reason for the member to seek services.							
Validation Rules:	Valid values are 01-14.							
Provider Number	10 Fixed	AN (9999999999)	Y	None	NA	D245	S	
Data Element Description:	The number assigned to identify the agency, facility, or person that is delivering the SPC or cluster to the member.							
Validation Rules:	None.							
Psychosocial Environment Stressor	1 Fixed	N (9)	S	None	NA	D246	S	
Data Element Description:	Current problems that may affect the diagnosis, treatment and prognosis of mental disorders. Valid values are 0-6.							
Validation Rules:	Must be a valid value.							

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Quantity	15 Max.	N (9999999999.999)	Y	None	Service Unit Count (AN, L=15)	D052	S
Data Element Description:	Amount of units of service rendered on the encounter record within the dates of service.						
Validation Rules:	None.						
Race Code1	1 Fixed	A	Y	None	NA	D247	M
Data Element Description:	The race of the member as determined by the member or best guess by worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.						
Validation Rules:	Must be a valid value.						
Race Code2	1 Fixed	A	I	None	NA	D248	M
Data Element Description:	The race of the member as determined by the member or best guess by worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.						
Validation Rules:	Must be a valid value.						
Race Code3	1 Fixed	A	I	None	NA	D249	M
Data Element Description:	The race of the member as determined by the member or best guess by worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.						
Validation Rules:	Must be a valid value.						
Race Code4	1 Fixed	A	I	None	NA	D250	M
Data Element Description:	The race of the member as determined by the member or best guess by worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.						
Validation Rules:	Must be a valid value.						

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Race Code5	1 Fixed	A	I	None	NA	D251	M	
Data Element Description:	The race of the member as determined by the member or best guess by worker. A = Asian, B = Black or African American, P = Native Hawaiian or Pacific Islander, I = American Indian or Alaska Native, W = White.							
Validation Rules:	Must be a valid value.							
Recipient Birth Date	10 Fixed	D (CCYY-MM-DD)	Y	None	Birth Date (AN, L=10)	D071	M	
Data Element Description:	Birthdate of the member.							
Validation Rules:	When provided, it must be less than or equal to the earliest SPC Start Date; birthdate plus 150 years must be greater than or equal to the Service To Date; if the recipient is MA eligible then this birthdate must equal the birthdate found in PPS.							
Recipient First Name	25 Max.	ANPlus	Y	None	Patient First Name (AN, L=25)	D032	M	
Data Element Description:	Legal first name of the member.							
Validation Rules:	None.							
Recipient ID	10 Fixed	N (9999999999)	Y	None	Patient's Primary Identification Number (N, L=10)	D030	M	
Data Element Description:	Member's unique identifier. MCI will be used to populate this field.							
Validation Rules:	Must exist in PPS for the submitting organization.							
Recipient Last Name	35 Max.	ANPlus	Y	None	Patient Last Name (AN, L=35)	D031	M	
Data Element Description:	Member's full legal Last Name.							
Validation Rules:	None.							

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<i>Recipient Middle Name</i>	25 Max.	ANPlus	I	None	NA	D033	M
Data Element Description:	The member's full Middle Name.						
Validation Rules:	None.						
<i>Recipient Suffix Name</i>	10 Max.	ANPlus	I	None	NA	D252	M
Data Element Description:	The member's full Suffix Name.						
Validation Rules:	None.						
<i>Record ID</i>	80 Max.	ANPlus	Y	None	NA	D004	R
Data Element Description:	Unique ID assigned by the submitting organization to uniquely identify the record within their organization. This ID is unique to every transaction submitted.						
Validation Rules:	The Record ID must be unique for the submitting organization.						
<i>Record Type</i>	1 Fixed	A	Y	None	NA	D008	R
Data Element Description:	The type of Encounter Transaction. O = Original transaction. C = Adjusting transaction. Record Type C with Adjustment Type R reverses a previously submitted record. Record Type C with Adjustment type N replaces the previously reversed record.						
Validation Rules:	The Encounter transaction must = O or C.						
<i>Referral Source</i>	2 Fixed	N (99)	S	None	NA	D253	S
Data Element Description:	The individual or agency that referred the member for services. Valid Values are 01-08 or 99.						
Validation Rules:	Must be a valid value.						

Mental Health Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
Residential Arrangement	1 Fixed	N (9)	S	None	NA	D254	S	
Data Element Description:	The category that describes the member's current residential situation. Must be provided when BRC Target Population is H or L for Consumer Status Data Group. Valid values are 1-6.							
Validation Rules:	Must be provided when BRC Target Population is H or L and must be a valid value.							
Service Date From	10 Fixed	D (CCYY-MM-DD)	Y	None	NA	D042	S	
Data Element Description:	The date the service began for the encounter transaction. Must be less than or equal to the Service Date To.							
Validation Rules:	Must be a valid date format, i.e., a valid year, month and day for that month.							
Service Date To	10 Fixed	D (CCYY-MM-DD)	Y	None	NA	D043	S	
Data Element Description:	The date the service ended for the encounter transaction. M							
Validation Rules:	Must be a valid date format, i.e., a valid year, month and day for that month.							
Social Security Number	9 Fixed	N (999999999)	I	None	NA	D255	M	
Data Element Description:	Clients' Social Security Number (9 digits) which has been assigned to this client.							
Validation Rules:	Must match PPS if found.							
Social Support	2 Fixed	N (99)	N	None	NA	D256	S	
Data Element Description:	The member's frequency and quality of contact with family and/or other interpersonal relationships. Valid values are 01-05.							
Validation Rules:	Must be a valid value.							
SPC	4 Min. / 6 Max.	ANDot(999.99)	Y	None	NA	D074	S	
Data Element Description:	The specific service (SPC) provided to the member. It consists of a 3-digit SPC code (program number) and the decimal point +2-digit subprogram code if applicable.							

Mental Health Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Validation Rules:	Must exist in the SPC lookup table and a segment cannot overlap another SPC segment.						
<i>SPC Delivery Year Month</i>	7 Fixed	AN (CCYY-MM)	Y	None	NA	D257	S
Data Element Description:	The month and full year during which units of an SPC were delivered.						
Validation Rules:	Must be a valid year and month and must fall within the SPC Start and End Dates if supplied.						

Mental Health Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
SPC End Date	10 Fixed	D (CCYY-MM-DD)	S	None	NA	D258	S	
Data Element Description:	The date on which service in this SPC ended.							
Validation Rules:	Must be a valid date format, e.g., a valid year, month and day for that month. Must be greater than or equal to the Service Date To. Must be included when SPC End Reason is populated.							
SPC End Reason	2 Fixed	N (00)	S	None	NA	D259	S	
Data Element Description:	The reason the client was discharged from the service. Valid values are 01-11 and 99.							
Validation Rules:	Required when SPC End Date is provided and must be a valid value.							
SPC Review Due Year Month	7 Fixed	AN (CCYY-MM)	N	None	NA	D260	S	
Data Element Description:	The year and month when the next SPC review is due to take place.							
Validation Rules:	Must be greater than SPC Delivery Year Month.							
SPC Start Date	10 Fixed	D (CCYY-MM-DD)	N	None	NA	D261	S	
Data Element Description:	The date on which service in this SPC started.							
Validation Rules:	Must be a valid date format, i.e., a valid year, month and day for that month. Must be less than or equal to the last day of the posting month. Must be less than Service Date From.							
State Abbreviation	2 Fixed	A	Y	None	NA	D262	S	
Data Element Description:	The Client's state 2 character code value.							
Validation Rules:	Must be a valid value.							

Mental Health Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
Status Report Year Month	7 Fixed	AN (CCYY-MM)	S	None	NA	D263	S	
Data Element Description:	The month and year the status data is being reported. The status dataset must be reported every 6 months. When BRC Target Population is H or L, this date must be within 6 months prior to the Submission Date or within 6 months of the Service Date To and greater than or equal to the earliest SPC Begin Date.							
Validation Rules:	When provided Status Report Year Month must have a valid date format of CCYY-MM, where CCYY is a valid century and year, MM is a valid month.							
Street Address1	55 Max.	ANPlus	I	None	NA	D264	S	
Data Element Description:	Member's street address line 1.							
Validation Rules:	None.							
Street Address2	55 Max.	ANPlus	N	None	NA	D265	S	
Data Element Description:	Member's street address line 2.							
Validation Rules:	None.							
Submitter Organization ID	8 Fixed	N (99999999)	Y	None	NA	D002	R	
Data Element Description:	Eight digit number assigned to the Submitting Organization (Reporting Unit Code) and program identifier.							
Validation Rules:	Must exist in the Submitter Organization ID lookup table.							
Suicide Risk	1 Fixed	N (9)	S	None	NA	D266	S	
Data Element Description:	Identify the presence of suicide risk factors and reflect the current status. Valid values are 1-3 and 9.							
Validation Rules:	Must be a valid value.							

Mental Health Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.
Target Group	2 Fixed	N (99)	Y	None	NA	D267	S
Data Element Description:	Indicates the need and/or problem that best explains the primary reason the program participant is receiving this service. Valid value is 31.						
Validation Rules:	Must be a valid value.						
Telephone Number	10 Fixed	N (9999999999)	N	None	NA	D268	M
Data Element Description:	The member's telephone number.						
Validation Rules:	None.						
Unit or Basis for Measurement Code	2 Fixed	A	Y	None	Unit or Basis for Measurement Code (AN, L=2)	D053	S
Data Element Description:	Directly corresponds to the amount in the Quantity field. Valid values are MJ (minutes), HR (hours), Days (DA), Weeks (WK), Years (YR), Quarter (Q1), International Units (F2), UN (unit), Miles (DH), VS (Visit), EA (Each).						
Validation Rules:	Must be a valid value and present for Encounter Transactions.						
Veteran Status	1 Fixed	A	N	None	NA	D269	M
Data Element Description:	A veteran is any person who has served on active duty in the Armed Forces of the United States.						
Validation Rules:	Must be a valid value of Y or N.						
Vision Care Appointment	1 Fixed	N (9)	S	None	NA	D270	S
Data Element Description:	The Vision Care Appointment refers to whether the member has accessed vision care in the past six months. Evaluate links to Primary Care. Must be provided when BRC Target Population is H or L for Consumer Status Data Group. Valid values are 1-3 and 9.						
Validation Rules:	Must be a valid value.						

Mental Health Encounter Reporting 3.0 --- Data Dictionary View (DETAIL)

Data Element	Length	Type (AN, N, D, A, ANPlus, or ANDot)	Required Y=Yes, N=No, S=Situational, I=Informational	Default Value	HIPAA (837) Name and Characteristics	ID#	Error Cat.	
<i>Worker ID</i>	10 Max.	AN (9999999999)	N	None	NA	D271	R	
Data Element Description:	The primary worker assigned to the member.							
Validation Rules:	None.							
<i>Zip Code</i>	5 or 9 Max.	N (999999999)	Y	None	NA	D272	M	
Data Element Description:	Member's Zip Code.							
Validation Rules:	Zip Code must and have a length of 5 or 9.							

Mental Health Encounter Reporting 3.0 --- Data Dictionary

Format Information Regarding Data Type

AN	Alpha numeric
ANPlus	Alpha numeric + special characters
ANDot	Alpha numeric + decimal
A	Alpha
N	Numeric
D	Date

Length Information Regarding Fields

(999) numeric length

Required Information Regarding Fields

Y	Yes, Data is required in this field for Original or Change New transactions.
I	No, Data is not required in this field.
S	Situational, Data is required in this field only when certain other criterion(s) is met.

Please note, the DD does not specify the severity of the edit. In most cases, it makes sense to set the Severity to Batch Accept or Batch Reject. But, for business reasons, it may have been set to a Warning.

Validation Rules Information Regarding Data Element Descriptions

This information is limited to the business rule decisions. We do not go into parser validations, or data integrity validations. All fields are edited for length and type.

Error Category Information

A	Adjustment attribute
H	Header Attribute
M	Member (recipient) identification attribute
P	Provider identification attribute
R	Record attribute
S	Service Attribute

Mental Health Encounter Reporting 3.0 --- Data Dictionary

CHANGE LOG

Date	Changes	Changed By	Remarks/Reason
9/15/2005	This first draft Mental Health Data Dictionary document, which is implemented as the baselined, will continue to be documented into the change log with all client updated MH DD Elements: The most recent Data Definitions (Encounter XML Data Elements) were received 09-13-2007 from Charles Rumberger, has been entered in as the DDs Header and Detail data elements and alphabetically sorted.	Ramona Johnson	One time document baselining. Analysis: The required MH DD entered and data elements sorted 09/15/2007.
11/29/2007	Changed county code from 2 digits to 3 digits: received from Charles Rumberger on 11/29/2007.	Ramona Johnson	DDI is using a 3 digit code so it would be best for us to keep in sync for data analysis.
8/25/2008	Changed county of residence from a length of 2 to 3.	Phyllis Schmoller	Changed per Charles' request.
1/19/2010	Changed length and type of Worker ID.	Phyllis Schmoller	Changed per Charles' spreadsheet dated 1/19/10.
4/28/2010	Added validation date for Zip Code.	Phyllis Schmoller	Changed for zip code change (CO 32453).
4/28/2010	Changed all Type fields to be consistent - all N will be defined with 9's and all A will have nothing following.	Phyllis Schmoller	Changed as a result of meeting with Bob to discuss documentation questions. CO 28418
6/7/2010	Changed descriptions and/or validation rules for BRC Target Population, BRC Target Population Update, Children Living with Client, Commitment Status, Commitment Status Update, County of Residence, Criminal Justice System 1 thru 4, Daily Activity 1 thru 3, Dental Care Appointment, Diagnostic Impression 1 thru 5, Employment, Employment Level, Financial Support 1 thru 4, Global Assessment Functioning, Health Care Appointment, Health Status, Minor Children Count, Presenting Problem 1 thru 3, Psychosocial Environment Stressor, Residentail Arrangement, Social Support, Status Report Year Month, Suicide Risk, Vision Care Appointment.	Phyllis Schmoller	Changed for documentation questions. CO 28418.
6/11/2010	Removed Consumer Status Data Group requirement for Health Care Appointment, Health Status, Psychosocial Environment Stressor and Suicide Risk.	Phyllis Schmoller	Changed for Edit D274A changes. CO 34753.
6/16/2010	Updated heading to explain I=IF (Informational). Removed Consumer Status Data Group from the document since it is not truly a field, but a group of fields. Added notation of Consumer Status Data Group to all applicable field descriptions/validation rules.	Phyllis Schmoller	Changed for documentation questions. CO 28418.

Mental Health Encounter Reporting 3.0 --- Data Dictionary

CHANGE LOG

6/30/2010	Updated Adjustment Type, Adjustment Type Detail, BRC Target Population Update, Characteristics1, 2 and 3, Children Living with Client and County Code fields (descriptions and validation rules).	Phyllis Schmoller	Changed as a result of the weekly documentation meeting. CO 28418
7/7/2010	Added D127D edit. Updated Commitment Status Review Due Date, County Code, County of Residence, Daily Activity1, 2 and 3, Dental Care Appointment, Diagnosis Code Principal, Diagnostic Impression 1 through 5, Employment, Employment Level, Episode End Date, Episode Start Date, Financial Support 1 through 4, Gender, Global Assessment Functioning, Health Care Appointment, Health Status, MA Number, Minor Children Count, NPI, Original ID, Parent Record ID and Posting Date fields (descriptions and validation rules).	Phyllis Schmoller	CO 33731 and changes resulting from the weekly documentation meeting. CO 28418
7/9/2010	Updated Presenting Problem 1 through 3, Provider Number, Psychosocial Environment Stressor, Quantity, Race Code 1 through 5, Recipient Birth Date, Recipient First Name, Recipient ID, Recipient Last Name, Recipient Middle Name, Recipient suffix Name, Record Type, Referral Source, Residential Arrangement, Service Date From, Service Date To, Social Security Number, Social Support, SPC and SPC Delivery Year Month.	Phyllis Schmoller	Changes resulting from the weekly documentation meeting. CO 28418
7/19/2010	Updated SPC End Date, SPC End Reason, SPC Review Due Year Month, SPC Start Date, State Abbreviation, Street Address1 and 2, Suicide Risk, Target Group, Telephone Number, Unit or Basis for Measurement Code, Veteran Status, Vision Care Appointment and Worker ID.	Phyllis Schmoller	Changes resulting from the weekly documentation meeting. CO 28418
7/21/2010	Updated header tab for End Posting Date, MH: Submission Type and Submitter Organization ID. Removed Episode Start Date. Also updated description for Diagnosis Code Principal.	Phyllis Schmoller	Changes resulting from the weekly documentation meeting. CO 28418
7/30/2010	Updated descriptions and validation rules for Adjustment Type Detail, Gender, MA Number, Race Code 1 thru 5, Recipient Birth Date, Record ID, Service Date From, SPC Delivery Year Month, SPC End Date, SPC Review Due Year Month, SPC Start Date, Submitter Organization ID, Unit or Basis for Measurement Code and Worker ID.	Phyllis Schmoller	Changes resulting from the weekly documentation meeting. CO 28418
8/17/2010	Added HIPAA Name (National Provider Identifier) for NPI data element.	Phyllis Schmoller	Changes made per Charles' email dated 8/12/10. CO 28418