



Resource and Patient Management System

RPMS Behavioral Health Applications For Site Managers

WebEx Training Additional Information

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Table of Contents

Additional Installation Information for BH GUI/Patient Chart v1.5, patch 5....	3
Steps to complete installation of BH GUI v1.5, patch 5.....	3
Vista Imaging and Patient Chart.....	4
Security Key Assignments for the RPMS BH Applications.....	5
Behavioral Health System 3.0 Version Patch 5.....	5
Behavioral Health GUI Version 1.5 (Patient Chart)	5
Removing Patient Chart Tabs.....	6
Manager Utilities Menu.....	7
Site Parameters	7
Adding/Editing Default Values in Data Entry	7
Updating Those Allowed to See All Visits in SDE.....	8
Interactive PCC Link.....	8
EHR to BH Link.....	9
EHR Default Community.....	9
Behavioral Health System Link to Patient Care Component (PCC)	10
Editing Other EHR Problem Codes (EEPC).....	16
Behavioral Health System Export Process	17
Checking Data for Errors.....	18
Export Error Messages	19
Contact Information.....	22

Additional Installation Information for BH GUI /Patient Chart v1.5, patch 5

Steps to complete installation of BH GUI v1.5, patch 5

In order to install the current software for BH GUI, please make sure that the Behavioral Health System v3.0 is current through patch 9 and then load the following on the server:

1. BPC*1.5.
2. BGU *1.5*1
3. BPC *1.5*1
4. BGU *1.5*2
5. BPC *1.5*2
6. BPC *1.5*3
7. BGU *1.5*3
8. BPC *1.5*4
9. BGU *1.5*4
10. BPC *1.5*5

Of course, you can jump to a step depending on what you currently have installed. You will have to jump to one that loads a BPC patch, i.e. step #1, 3, 5, 6, 8 and 10.

On the individual PCs, load the client software for BPC v1.5, patch 4. Then, to load the client software for patch 5 follow these: instructions from the installation notes sent with the patch:

NOTE: This patch is not backwards compatible. The client software MUST be installed on PCs as soon as the KIDS file is installed on the server or the user will be unable to run Patient Chart.

This patch consists of a change to a single routine.

Install the client using the bpc0150client.05.ZIP.

Inside the zip file are two files: IHSBMDAO.dll and UpdateMDAO.bat. Copy IHSBMDAO.dll and UpdateMDAO.bat to a shared folder.

In the bat file there is a variable called PATHTOFIXES which needs to be set to reference the machine name and folder. Right click on the bat file, select edit and then enter \

network share naming convention. For example, \\trnsvr01\share01. Test the reference on another machine by entering it in Windows Explorer, which should take you to the shared folder.

If there are lots of machines that need to be updated then the batch file could be run from an SMS job, or the commands could be copied to the script. If there are just a few clients to be updated then execute the batch from each pc.

Patient Chart System, Version 1.5. Patch 5 consists of one routine. This routine was omitted in the previous release and the effect was that users without the BPCDIVALL key could not select patients.

Vista Imaging and Patient Chart

Vista Imaging (a VA application) and Patient Chart/BH GUI (BPC) are both installed with default listener ports. Since Vista Imaging requires port 8000, the server and client applications for BH GUI must be changed to a different port. Generally, it is only necessary to do this once.

To change the port on the server:

1. Advise all users to exit and close Patient Chart (BPC)
2. Log in to the RPMS server
3. Select the IHS Remote Procedure (BGU) main menu
4. Stop the listener
5. Select the RPC Broker Site Parameter Enter/Edit menu
6. Enter the name of your site
7. Go to the SOCKET: field and change it from 8000 to the one you plan to use
8. Return to the IHS Remote Procedure main menu
9. Select Start Listener

At the next log in, the user needs to change the Port on the pull down menu.

To change the port on the individual PCs (client software):

1. Prior to completing the log in process, the user should pull down the Port menu and select Listener Socket
2. Socket number should be changed to the same number as that used by the server
3. Once the socket number has been changed, the user should complete the log in process
4. If the log in process is successful, the user will not be required to change the Listener Socket again, unless it is changed on the server.

Security Key Assignments for the RPMS BH Applications

Behavioral Health System 3.0 Version Patch 5

Security keys should only be assigned to staff with privileged access to confidential behavioral health data. Program Managers should meet with the Site Manager when assigning these keys.

AMHZMENU AMHZMGR	Permits access to Top-Level menu Permits access to Supervisory-Level/Manager options
AMHZ DATA ENTRY AMHZ RESET TRANS LOG AMHZDECT	Permits access to Data Entry module Permits access to reset the Export log Permits access to the Data Entry Forms Count Menu option
AMHZHS AMHZRPT AMHZ DELETE VISIT AMHZ CDMIS BACKLOAD	Permits access to BHS Health Summary component Permits access to the Reports module Permits access to delete a patient visit Permits access to run CDMIS data backload
AMHZ DV REPORTS AMHZ Suicide Form Entry AMHZ Suicide Form Reports	Permits access to SRF data entry Permits access to the suicide reports menu

Those keys in **bold** are the ones all staff will need, at a minimum, to use the application. All other keys are Supervisors, Managers, or Site Manager keys. The Delete and Reports keys may be assigned to all staff at the discretion of the Program Manager.

Behavioral Health GUI Version 1.5 (Patient Chart)

Using programmer mode, assign *all* BPC security keys to behavioral health providers. The keys below govern access to the Behavioral Health tab in patient Chart. *Only* behavioral health providers should be given these keys.

BPCBHA BPCBHDEL	Controls the main form Admin cmd control Required to delete a visit, case status, tx plan, or Suicide Reporting Form
BPCBHG BPCBHT BPCBHV BPCSUI	Controls the main option form Group cmd control Controls the Chart form tab control for BH Controls the main options Visits cmd control Controls access to the Suicide Form data entry fields

Removing Patient Chart Tabs

Some sites may not need to display all of the tabs included in Patient Chart. For instance, facilities without a pharmacy may not want the Medications/Pharmacy tab. Rather than requiring the site manager to remove a large number of keys one at a time, the application display can be adjusted by removing the key for the specific tab.

After determining which tabs aren't required by the behavioral health providers at your facility, go to the Keys Management menu option and select De-allocate security keys. Then select the specific security key(s) to be removed and list the providers that no longer need those keys.

Problems Tab	Remove BPCTPR
Medications/Pharmacy Tab	Remove BPCTRX
Labs Tab	Remove BPCTLR
Purpose of Visit (POV) Tab	Remove BPCTPV
Measurement Tab	Remove BPCTMS
Specials Tab	Remove BPCTSP
Telnet Tab	Remove BPCTTN
Health Summary Tab	Remove BPCTHS
Radiology Tab	Remove BPCTXR
Women's Health	Remove BPCTWH
Imm/Edu Tab	Remove BPCTIM
My Lab Button (Main Screen)	Remove BPCMNML

Manager Utilities Menu

SITE	Update Site Parameters
EXPT	Export Utility Menu...
RPF	Re-Set Patient Flag Field Data
DLWE	Display Log of Who Edited Record
ELSS	Add/Edit Local Service Sites
EPHX	Add Personal History Factors to Table
BLCD	Backload CDMIS data into Behavioral Health
DRD	Delete BH General Retrieval Report Definitions
EPEC	Edit Other EHR Clinical Problem Code Crosswalk

Display of Manager Utilities Menu

The Manager Utilities menu is controlled by a security key. This particular menu may be given to the behavioral health clinic manager or his designee. Options available on the Manager Utilities menu include the ability to set defaults for data entry; add Personal History Factors; add Local Service Sites; manage the export process, etc.

This WebEx training will address three of the menu options listed above. For a complete discussion of the options on the Manager Utilities Menu, please refer to the BHS v3.0 User Manual and Addenda.

Site Parameters

Adding/Editing Default Values in Data Entry

FAQ: Every time I go in to Patient Chart/BH GUI I have to enter the program, type of clinic and the other fields that I thought someone said were defaults. When I use a different division's application, I have to make a lot of changes but at least the defaults are there. Why can't I set them up to be correct at each location?

Answer: The defaults are controlled by entries on the Site Parameters option in the BHS v3.0 Manager Utilities menu. The defaults must be set up to reflect the common values selected by all clinic staff, so it will be necessary to change the value from time to time. If the values haven't been set up for your facility, the BH staff should determine what the defaults should be and forward that information to the RPMS site manager or IT staff.

Defaults are entered based on type of service – Mental Health, Social Service or Chemical Dependency. Location and Community are often the same for

each type of service while the clinic may vary. If the server is used by only one facility providing one type of service, all defaults would be the same.

```
***** DEFAULT VALUES IN DATA ENTRY *****
MH Location: DULCE HEALTH CENTER      SS Location: DULCE HEALTH CENTER
MH Community: DULCE                   SS Community: DULCE
MH Clinic: MENTAL HEALTH              SS Clinic: MEDICAL SOCIAL SERVI
More Defaults (press enter):
```

Screen shot of MH and SS default menu

```
Default Chemical Dependency Location: DULCE HEALTH CENTER
Default Chemical Dependency Community: DULCE
Default Chemical Dependency Clinic: ALCOHOL AND SUBSTANCE

Default Type of Contact: OUTPATIENT
Default Appt/Walk In Response: APPOINTMENT
```

Screen shot of Chemical Dependency and Other program defaults

Updating Those Allowed to See All Visits in SDE

FAQ: Why can't I see other provider's entries when I'm viewing a patient's record in Patient Chart?

Answer: In order to see entries made by other providers, your name must be included on a specific list in the Site Parameters. If the Clinic manager or supervisor determines that a user should have access to entries completed by other staff, the user's name must be entered at the prompt "Update those allowed to see all visits on SDE". If the facility is multi-divisional, the SDE function must be completed for each division where the user needs this level of access.

Interactive PCC Link

FAQ: Whenever I finish data entry and save an encounter record, I'm presented with another menu that asks if I want to link the record I just finished with another one. Most of the time, there is nothing to select from. What is this and why am I seeing it?

Answer: The fact that you are seeing this means that someone has indicated that your site is using the RPMS scheduling package for your clinic

and has set it up to generate an encounter record at check in. Because of the need to link that encounter record framework with the record you create in BHS v3.0 or BH GUI, the Interactive PCC Link question was added to the site parameters menu.

If your site is not using the RPMS scheduling package or the clinic was not set up to generate an encounter record at check in, the response should be NO; however, if you are using the Scheduling package and have set it to generate an encounter record at check in, the response should be YES. The response in this field should always match the "Generate record at check in" question in the clinic set up in PIMS Scheduling.

EHR to BH Link

FAQ: Our facility is in the process of moving to EHR to enter our individual notes. Is there anything we need to do on the BHS v3.0 site parameters menu?

Answer: A BHS v3.0 site parameter was created to give sites the ability to "opt out" of the new behavioral health (BH) Electronic Health Record (EHR) visit functionality. This functionality allows BH providers to enter a visit into the EHR that passes first to PCC and then to the behavioral health database (AMH). These visits display in the EHR as well as the BH applications, BHS v3.0 and BH GUI/Patient Chart v1.5.

The name of the site parameter is "Turn Off EHR to BH Link" and it is accessed via the BHS v3.0 Manager Utilities module SITE menu option. The default setting on this new site parameter is "NO" and no action is required if sites will be deploying the BH EHR functionality. If sites will not be deploying the BH EHR visit functionality or aren't ready to make the transition, then the site parameter should be changed to "YES."

EHR Default Community

FAQ: I noticed that the site parameters contain a new field called EHR Default Community. What is this?

Answer: In order to pass EHR behavioral health encounter records into the BHS v3.0 files, a Default Community of Service field was created on the BHS v3.0 site parameters' menu. If the facility has opted to pass behavioral health encounter records created in EHR to BHS v3.0, the application will populate the Community of Service field with the value entered in the site parameter "EHR Default Community" or, if that field is blank, with the default Mental Health community value. If the default Mental Health

community value is blank, the field will be populated with the default Social Services community value; if that field is also blank, the field will be populated with the default Chemical Dependency value; and if that field is blank, the default Other Community value will be used. If none of the default community fields contains a value, no behavioral health record will be created.

Behavioral Health System Link to Patient Care Component (PCC)

The Behavioral Health applications (BHS v3.0 and BH GUI v1.5) are discipline-specific clinical sub-components of RPMS. These applications capture three basic kinds of information that are stored in a BHS file: clinical information about specific patients, behavioral aspects of clinical problems, and information about the clinical and non-clinical activities of the providers.

Based on input from Subject Matter Experts (SME), the applications were designed to give programs control of the information that is passed to PCC while maintaining a separate database of all provider activities within BHS v3.0. Since PCC is a repository of potentially billable services for registered patients, records containing the codes identified below and on the preceding spreadsheet are available in the behavioral health applications only.

Encounters with the following codes will not create a visit in PCC:

Type of Contact

Residential

POV (Purpose of Visit)

- 8.1 Patient Cancelled, Rescheduled
- 8.2 Provider Cancelled, Rescheduled
- 8.21 Provider Cancelled, Not Rescheduled
- 89.1 Alternative Education Services
- 95 Continuing Education
- 96 Training Needs
- 97 Administration
- 98 Employee Assistance Program
- 99 Other Administrative Problems

Activity Codes

- 03 Twelve Step Group
- 24 Material/Basic Support, Patient Not Present
- 25 Information and/or Referral, Patient Not Present
- 27 Forensic Activities, Patient Not Present

28 Discharge Planning, Patient Not Present
29 Family Facilitation, Patient Not Present
30 Follow-up/Follow Through, Patient Not Present
32 Clinical Supervision Provided
33 Technical Assistance, Patient Not Present
34 Other Support Services, Patient Not Present
35 Collaboration
36 Community Development
37 Preventive Services
38 Patient Transport
39 Community Services
40 Referral
41 Education/Training Provided
42 Education/Training Received
43 Other Education/Training
44 Screening, Patient Not Present
45 Assessment/Evaluation, Patient Not Present
49 Crisis Intervention, Patient Not Present
50 Medical Rounds (general)
51 Committee Work
52 Surveys/Research
53 Program Management
54 Quality Improvement
55 Supervision
56 Records/Documentation
57 Child Protective Team Activities
58 Special Projects
59 Other Administrative
60 Case Staffing (general)
63 Program Consultation
64 Staff Consultation
65 Community Consultation
66 Clinical Supervision Received
71 Travel related to patient care
72 Travel not related to patient care
82 Traditional Specialist – Patient Absent
83 Tribal Functions
84 Cultural Education to Non-Tribal Agency/Personnel
86 Recreation Activities, Patient Present
87 Outreach
95 Cultural Activities, Patient Present
96 Academic Services, Patient Present

Behavioral Health to PCC Link Options

1. No Link Active

The data link between the two modules is not turned on. No data is passed to the PCC visit file from the MH/SS system (including the Health Summary). Therefore, since the RPMS Third Party Billing Package processes encounters in PCC, an alternative billing process will need to be established.

Date	POV	A...	Clinic	Activity	Visit Type	Contact Type	Provider
09/10/07	ALCOHOL ABU...		MEN...	SCREENIN...	BRIEF	OUTPATIENT	BRUNING, BJ

BH GUI /BHS V3.0 Display

No VISIT selected!

PCC Display

No information available on the Health Summary for this date.

2. Pass Standard Code and Narrative

All patient contacts in the Behavioral Health programs are passed to the PCC visit file using the same ICD-9 code and narrative, as defined by the program. This approach does not facilitate billing since all encounters will appear the same. In this example, all encounters will have the ICD code of v65.40 and narrative of Encounter.

Date	POV	A...	Cli...	Activity	Visit T...	Contact...	Provider
09/1...	AMPHETAMINE WITHDRAWAL		M...	CASE ...	BRIEF	OUTPA...	BR

BH GUI /BHS V3.0 Display

```

===== POVs =====
POV :                V65.40
ICD NARRATIVE:       COUNSELING ,NOS
PROVIDER NARRATIVE:  ENCOUNTER
    
```

PCC Display – POV Section

```

----- OUTPATIENT/FIELD VISITS (max 10 visits or 2 years) -----
09/10/07  CARNEGIE      MH      ENCOUNTER
    
```

PCC Health Summary Display

3. MH/SS Developed Crosswalk.

Patient contacts in the Behavioral Health program are passed to the PCC visit file according to the manner in which the Purpose of Visit (POV) is recorded.

- a. If the POV is identified using a DSM-IV diagnostic code, the equivalent ICD-9 diagnostic code along with the standard narrative, prefaced with the phrase, "Diagnostic impression" is passed to PCC.

Date	POV	A. Cli...	Activity	Visit Type	Contact Type	Provider
09/10/07	SCHIZOPHRENIA, UNDIFFE...	M...	ASSESSME...	BRIEF	OUTPATIENT	BR...

BH GUI /BHS V3.0 Display

- b. If a psychosocial problem is characterized by using a MH/SS Problem Code as a POV, the ICD-9 code and the narrative as shown in the crosswalk table are passed to PCC. Potentially sensitive issues may be appended by the phrase, "See (Provider's Name) for Details of this Contact".

Date	POV	A. Cli...	Activity	Visit Type	Contact Type	Provider
09/10/07	BIPOLAR DISO...	M...	ASSESSME...	BRIEF	OUTPATIENT	

BH GUI /BHS V3.0 Display

```

===== POVs =====
POV:                296.80
ICD NARRATIVE:      BIPOLAR DISORDER, UNSPECIFIED
PROVIDER NARRATIVE:  DIAGNOSTIC IMPRESSION:  BIPOLAR DISORDER, UNSPECIFIED
    
```

PCC Display – POV Section

```

----- OUTPATIENT/FIELD VISITS (max 10 visits or 2 years) -----
09/10/07  CARNEGIE    MH    DIAGNOSTIC IMPRESSION:  BIPOLAR DISORDER, UNSPECIFIED
    
```

PCC Health Summary Display

There are two exceptions:

- For MH/SS Problem codes 39 (Suicide Ideation) and 40 (Suicide Attempt/Gesture), the ICD-9 code and standard narrative are accompanied by the provider's actual narrative.

Date	POV	Axi...	Cli...	Activity	Visit T...	Contact Type	Provider
09/10/07	SUICIDE (ATTEMPT...	M...		CRISIS IN...	BRIEF	OUTPATIENT	BR...

BH GUI /BHS V3.0 Display

```

===== POVs =====
POV:                V62.84
ICD NARRATIVE:      SUICIDAL IDEATION
PROVIDER NARRATIVE: SUICIDE (ATTEMPT/GESTURE) - SUICIDE (ATTEMPT/GESTURE)

```

PCC Display – POV Section

```

----- OUTPATIENT/FIELD VISITS (max 10 visits or 2 years) -----
09/10/07  CARNEGIE    MH      SUICIDE (ATTEMPT/GESTURE) - SUICIDE (ATTEMPT/GESTURE)

```

PCC Health Summary Display

- For problem codes 42 (Child Abuse) and 44 (Adult Abuse) the ICD-9 codes for those problems (995.5 and 995.81) have been added as acceptable DSM codes to allow an additional option for what gets passed to PCC. When these codes are used to characterize a POV, each gets passed “as is” along with the provider’s narrative.

Date	POV	Ax...	Cli...	Activity	Visit Ty...	Contact Type	Provider
09/10/07	ADULT ABUS...		M...	ASSE...	BRIEF	OUTPATIENT	BR

BH GUI /BHS V3.0 Display

```

===== POVs =====
POV:                995.81
ICD NARRATIVE:      ADULT MALTREATMENT SYND
PROVIDER NARRATIVE: ADULT MALTREATMENT SYND SEE PROVIDER A      FOR DETAILS

```

PCC Display – POV Section

```

----- OUTPATIENT/FIELD VISITS (max 10 visits or 2 years) -----
09/10/07  CARNEGIE    MH      ADULT MALTREATMENT SYND SEE PROVIDER A      FOR DETAILS

```

PCC Health Summary Display

4. Pass All Data As Entered

All DSM IV and Problem Codes are passed as ICD-9 codes as shown in the crosswalk along with the narrative as written by the provider. This link type is the one most preferred by billers and coders since the actual ICD code and narrative display in PCC.

Date	POV	A...	Cli...	Activity	Visit T...	Contact...	Provider
01/11/07	HOUSING		BE...	INDIVIDUAL TR...	REG...	OUTPA...	BRUNING...

BH GUI /BHS V3.0 Display

```

===== POVs =====
POV:                V60.1
ICD NARRATIVE:      INADEQUATE HOUSING
PROVIDER NARRATIVE: HOUSING

```

PCC Display – POV Section

```

----- OUTPATIENT/FIELD VISITS (max 10 visits or 2 years)
01/11/07  CARNEGIE    BEHAVIOR HOUSING

```

PCC Health Summary Display

5. Pass Codes and Canned Narrative

Both DSM IV and Problem Codes are converted to ICD-9 codes as shown in the crosswalk and passed with a single standard narrative, as defined by the program, for all contacts. This type of link facilitates billing by passing the POV entered in BH applications as ICD codes although the standard narrative is not passed to the Health Summary.

Date	POV	A.	Clinic	Activity	Visit ...	Contact Type	Provider
09/10/07	MAJOR DEPR...	ME...		CASE MANA...	BRIEF	OUTPATIENT	BRU

BH GUI /BHS V3.0 Display

```

===== POVs =====
POV:                296.32
ICD NARRATIVE:      RECURR DEPR PSYCHOS-MOD
PROVIDER NARRATIVE: ENCOUNTER

```

PCC Display – POV Section

```

----- OUTPATIENT/FIELD VISITS (max 10 visits or 2 years) ---
09/10/07  CARNEGIE    MH    ENCOUNTER

```

PCC Health Summary Display

Editing Other EHR Problem Codes (EEPC)

In the RPMS behavioral health applications the Purpose of Visit (POV) is recorded as either a BH Problem Code or DSM-IV TR code. For the purpose of reports, these codes are grouped within larger problem code groupings and then again in overarching categories. For example, DSM-IV TR code 311 Depressive Disorder NOS is also stored as problem code grouping 14 Depressive Disorders and problem category Psychosocial Problems.

In the RPMS EHR, the POV is recorded using ICD-9 codes, not DSM-IV TR codes. Many ICD and DSM numeric codes are identical.. There may be instances when a provider selects an ICD code that does not have a matching DSM code. When this occurs it will be dynamically added to the MHSS PROBLEM/DSM IV table. Once the ICD-9 code is in the MHSS PROBLEM/DSM IV table, then it is accessible to users in BHS or BH GUI as well.

These ICD-9 codes that have been added to the MHSS PROBLEM/DSM IV table will not have been automatically assigned to the appropriate BH problem code group. To ensure that these ICD-9 codes are captured in BHS reports that have the option to include problem code groupings, a site can manually assign the code to the appropriate group. The assignment of this code to a group only needs to be done one time.

In order to add an ICD-9 code to a Problem Code Grouping, follow these steps:

1. Select the Manager Utilities Menu.
2. Select EEPC Edit Other EHR Clinical Problem Code Crosswalk.
3. As each ICD code and narrative is displayed, the user is given an opportunity to assign it to an existing Problem Code Grouping.
4. A warning prompt displays and the user must type in [YES] to accept the entry. If the entry is incorrect, press [Enter] to accept the default [NO].
5. After responding to the first ICD code/narrative, the application will continue to present all ICD codes that have been entered since the last time this function was utilized.

CODE: 011.41

ICD Narrative: TB LUNG FIBROSIS-NO EXAM

Enter the Problem Code Grouping: phy

- | | |
|--------------------------------------|--------------------------------------|
| 1 PHYSICAL DISABILITY/REHABILITATION | 4 PHYSICAL DISABILITY/REHABILITATION |
| 2 PHYSICAL ILLNESS, CHRONIC | 6.1 PHYSICAL ILLNESS, CHRONIC |
| 3 PHYSICAL ILLNESS, TERMINAL | 6.2 PHYSICAL ILLNESS, TERMINAL |

CHOOSE 1-3: 2 6.1 PHYSICAL ILLNESS, CHRONIC

Are you sure you want to change the MHSS Problem Code Grouping to 6.1 – Physical Illness, Chronic? N// y YES

Sample problem code grouping edit

Behavioral Health System Export Process

FAQ: What happens to the data that is sent to Headquarters West? Is it stored with other data sent to the data warehouse?

Answer: Behavioral Health data is sent to the National Data Warehouse (NDW) in Albuquerque via File Transfer Protocol (FTP). The data doesn't contain patient-identifying information in an easily readable format and is sent via a secure connection. Once it is received at NDW, it is sent immediately to the IHPES program where it is stored on a different server.

FAQ: Why is it important that the data be sent on a regular basis?

Answer: Requests from Congress, the Office of Management and Budget, and the Department of Health and Human Services are processed using the data that has been sent to HQ West. These requests may come in at any time and often have a short turn around time. If data is not exported regularly (preferably on a monthly basis), these reports may not accurately reflect behavioral health services provided by Indian Health Services and/or tribal facilities. For example, when the budget tables for FY 2007 were being prepared, IHPES only had data from ten of the twelve areas.

FAQ: How is the exported data being used? What kinds of reports could the areas and/or facilities receive from the data warehouse?

Answer: At this time, the exported data is used to generate reports for Congress, OMB, DHHS, etc. as referenced above. The Behavioral Health Clinical Application Coordinator has established a group of Subject Matter Experts (SMEs) who will develop guidelines related to other uses of the data, such as area-wide reports, trending, etc.

```
BH DATA TRANSMISSION TO HQ DEMO HOSPITAL
^BHSXDATA(0)
BH0^505530^14879^DEMO
HOSPITAL^20060412^20060404^20060410^^205^195^10
^BHSXDATA(1)
BH1^1^148790000001075^505530108665^19891202^F^231^4008141^
C^01^N^N^N^20050714^M^505530^4016253^12^2^1^0120^^A^0^1
621^^^42.1^BHSXDATA(2)
BH1^1^148790000001428^505530108665^19891202^F^231^4008141^
C^01^N^N^N^20060404^M^505530^4067892^48^2^1^1100^1^A^0^
196123^^^295.90^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^
^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^^
N^^14
BH2^505530110320050000010947^212475^12^M^39^062^4028391^F^
20051103^2704061^2^^2^^1^0^1^L^1^20060405^1^^^^^2^^ALCO
HOL^SEDATIVES/BENZODIAZEPINES/BARBITURATES^DIVORCE/SEPARATI
ON/BREAKUP OF RELATIONSHIP^OTHER^^
^BHSXDATA(205)
BH2^505530110320050000010067^206432^06^F^13^062^4038500^R^
20051103^2704061^2^^1^11^1^0^1^M^1^20060405^1^^^^^2^^SE
DATIVES/BENZODIAZEPINES/BARBITURATES^ALCOHOL^DIVORCE/SEPARA
TION/BREAKUP OF RELATIONSHIP^OTHER^^
```

Sample Export

Checking Data for Errors

FAQ: At training, the instructors talk about the importance of running CHK to check for errors before the export is done. Is this really necessary?

Answer: Running CHK will allow the behavioral health staff to fix errors that may also be preventing the encounter from passing to PCC and then on to the billing package.

RECORD DATE	PATIENT	HRN	PGM	TYPE	ACT TYPE
JUL 27, 2006@10:00 E024-NO DISCIPLINE FOR PROVIDER	WAHNEE,ALISHA	<none>	M	OUTPATIENT	13
JUL 27, 2006@09:45 E021-NO PURPOSE OF VISIT	SARTOR,BIRDIE CHARMA	105072	M	OUTPATIENT	13
JUL 27, 2006@12:00 E024-NO DISCIPLINE FOR PROVIDER	NEAL,MALCOM JOSEPH	100070	M	OUTPATIENT	12

Sample of CHK Report

Export Error Messages

Code	Short Description	Explanation	Correction Needed
E001	No Date of Service	The date of service is missing or invalid.	Use the edit function in the Data Entry menu to modify the date of service.
E002	DUZ (2) ASUFAC Missing	ASUFAC in the Location table for DUZ (2) is missing.	Notify your site manager or programmer. This location may have been deleted from the location or institution file.
E003	Program Code Missing	The program providing the service is missing.	Use the edit function in the Data Entry menu to modify the program code.
E004	Location of Service Missing	No location was entered for this visit.	Use the edit function in the Data Entry menu to enter the correct location.
E005	Location of Service ASUFAC Invalid	Location Pointer is Invalid.	The pointer to the location file is invalid. Notify your site manager or a programmer. A location may have been deleted from the location or institution file.
E006	No Community of Service	The community of service is missing or invalid.	Use the edit function in the Data Entry menu to modify the community of service.
E007	ST CTY COMM Code Invalid	The pointer to the community file is invalid.	Notify your site manager or programmer.
E008	Area SU COMM Code Invalid	The pointer to the community file is invalid.	Notify your site manager or programmer.
E009	No Activity Code	The activity code is missing or invalid.	Use the edit function in the Data Entry menu to modify the activity code.
E010	No Type of Contact	The type of contact is missing or invalid.	Use the edit function in the Data Entry menu to modify the type of contact.
E011	# Served less than 1	Default has been changed or number	Use the edit function in the Data Entry menu to modify the number

Code	Short Description	Explanation	Correction Needed
		deleted.	served.
E012	Activity Minutes is Missing or 0	The activity time is missing or invalid.	Use the edit function in the Data Entry menu to re-enter an appropriate activity time in minutes.
E013	No HRN's for Patient	Health Record Number/Chart Number missing or does not exist.	The patient does not have a Health Record number on file for either the location of the visit or for the facility to which you were logged into. Verify that you are logged into the appropriate facility for which information is being entered. If you are logged into the appropriate facility, a health record number must be assigned for this patient through the Patient Registration system. <i>A temporary chart number may have been used for the patient. A permanent health record number must be assigned.</i>
E014	No sex in Patient's File	No sex has been entered for this patient.	The sex of the patient must be entered through Patient Registration.
E015	Patient Missing DOB	No DOB has been entered for this patient.	Enter the patient's missing DOB through the Patient Registration system.
E016	No Community of Residence	No current community has been entered.	This patient does not have an entry in the Current Community field in Patient Registration. Enter the missing current community in the Patient Registration system.
E017	Invalid Community Pointer	Community of Residence is missing (bad pointer).	The pointer to the community file is invalid. More than likely, a Community was deleted from the Community file. The Site/PCC Manager can correct this problem through FileMan. A community entry must be made for this patient through the Patient Registration system.
E018	No Tribe of Membership	No tribe has been entered.	No tribe of membership has been entered for this patient. Enter a valid tribe through the Patient Registration system.
E019	Old Unused Tribe Code	An old tribe code is used for this patient.	The tribe of membership for this patient is one that is no longer acceptable. Change the Tribe to a valid tribe code through the Patient Registration system.
E020	No Tribe Code	This patient's Tribe Code	The pointer to the Tribe File for this

Code	Short Description	Explanation	Correction Needed
		is missing or has a bad pointer.	patient is bad. More than likely someone deleted a Tribe from the Tribe file. The Site/PCC Manager can correct this problem through FileMan.
E021	No Purpose of Visit	No Purpose of Visit has been entered for this visit.	Use the edit function in the Data Entry menu to re-enter/modify the Purpose of Visit.
E022	No Provider of Service	No Primary Provider has been entered for this visit.	Use the edit function in the Data Entry menu to enter the provider.
E023	No Affiliation for Provider	A provider's affiliation is missing from the Provider file.	A provider was entered into the Provider file without a valid affiliation. Use the New User (file 200) option to enter a valid affiliation for the provider. It may be necessary to contact the Site/PCC Manager.
E024	No Discipline for Provider	A provider's discipline is missing from the Provider file.	A provider was entered into the Provider file without a valid discipline. Use the New User (file 200) option to enter a valid discipline for the provider. It may be necessary to contact the Site/PCC Manager.
E025	No Initials for Provider	A provider's initials are missing from the Provider file.	A provider was entered into the Provider file without initials. Use the New User (file 200) option to enter the provider's initials. It may be necessary to contact the Site/PCC Manager.

Contact Information

If you have any questions or comments regarding this distribution, please contact OIT User Support (IHS) by:

Phone: (505) 248-4371 or (888) 830-7280

Fax: (505) 248-4297

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

Email: support@ihs.gov