

FY 2025 BEHAVIORAL HEALTH SUBMISSION GUIDE UPDATES WEBINAR

December 10, 2024



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Agenda

- **Welcome**
- **FY 2025 Submission Guide Updates – Key Changes**
- **Review of Proposed Changes**
- **Timeline / Next Steps**
- **Questions & Comments**

SUBMISSION GUIDE UPDATES



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Submission Guide Updates

Key Changes: File Format

NEW! Asterisk Delimiter Format

Remove Filler fields, DSM Diagnosis (RT45), Sequence (RT65)

Key Changes: New Fields

Transfer Hospital Organization ID

Spoken Language

Operating Physician/Clinician-Significant HCPCS/CPT Procedure I National Provider Identifier (NPI)

Key Changes: Field Updates

Medical Record Number (MRN): Increase length to 25

Physician License Number (BORIM): Increase length to 25

Other assorted field/edit updates

Key Changes: Table Updates

Type of Admission, Source of Admission: Add new code values

Sexual Orientation, Gender Identity, Race, Ethnicity, Hispanic Indicator: Update code values

Patient Sex at Birth, Homeless Indicator, Spoken Language: Add new code values

Payer Type and Source of Payment: Update code values

CHANGES & REVISIONS
FOR
BH INPATIENT DISCHARGE DATA (BHID)



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BH Inpatient Discharge Data

Record Type	Field	New / Update	Description of requirement
All	Medical Record Number (MRN)	U	Change field size to 25
01, 99	Submitter EIN	U	Change field size to 9
01, 10	Submitter Name, Provider Name, Provider Address	U	Change field size to 100
20	Patient Sex	U	Rename to Patient Sex at Birth, change field size to 8; add new codes values
20	Billing Number	U	Change field size to 25
20	Homeless Indicator	U	Change field size to 8; add new code values
20	Medicaid Claim Certificate Number (MMIS ID/MassHealth ID)	U	Require ID for MassHealth/HSN payer ONLY (not MCO/ACO)
20	Patient's Sexual Orientation	U	Change field size to 8; update code values; change to "Must be present"
20	Patient's Gender Identity	U	Change field size to 15; update code values; change to "Must be present"
20	Transfer Hospital Organization ID	N	Add new field

BH Inpatient Discharge Data

Record Type	Field	New / Update	Description of requirement
25	Permanent Patient Street Address	U	Change field size to 100
25	Race 1, Race 2, Hispanic Indicator, Ethnicity 1, Ethnicity 2	U	Change field size to 8; update code values; change to "Must be present"
25	Spoken Language	N	Add new field and code values
30	Accommodations 1-5	U	Change field size to 20
30	Units of Service (Accom. Days)	U	Change field size to 6
30	Total Charges (Accom.)	U	Whole numbers only, no decimals
40	Ancillaries 1-5	U	Change field size to 20
40	Units of Service (Ancillary)	U	Change field size to 6
40	Total Charges (Service)	U	Whole numbers only, no decimals
45	Principal External Cause Code	U	Update Edit Specifications *

BH Inpatient Discharge Data

Record Type	Field	New / Update	Description of requirement
45	Condition Present on Admission - Principal External Cause Code	U	Change to “May be present”
45	Condition Present on Admission - Principal Diagnosis Code	U	Change to “May be present”
45	DSM Diagnosis	U	Remove field
50	Associated Diagnosis Codes I-XIV	U	Update Edit Specifications *
50	Condition Present on Admission - Associated Diagnosis Codes I-XIV	U	Change to “May be present”
65	Sequence	U	Remove field
80	Physician License Number (BORIM)	U	Change field size to 25; disallow “BORIM7”
80	Operating Physician/Clinician for Significant HCPCS/CPT Procedure I National Provider Identifier (NPI)	N	Add new field
90, 95	Total Charges	U	Whole numbers only, no decimals
95	Number of Discharges	U	Change field size to 6
95	Total Days	U	Change field size to 10

BH Inpatient Discharge Data

Field Name	Edit Specifications *
Principal External Cause Code	<p>Must be present if principal diagnosis is an ICD-10-CM S-code (S00-S99),</p> <p>May be present if principal diagnosis is an ICD-10-CM T-code (T00-T88),</p> <p>If present, must be a valid ICD-10-CM external cause code (V00-Y89).</p> <p>Additional (V00-Y89) and Supplemental (Y90-Y99) ICD external cause codes shall be recorded in associated diagnosis fields.</p>

Field Name	Edit Specifications *
Assoc. Diagnosis Code	<p>Only permitted if prior diagnosis is entered</p> <p>Must be a valid ICD-10-CM code</p> <p>Sex of patient must agree with diagnosis code for sex specific diagnosis</p> <p>May be an ICD external cause code (V00-Y99)</p> <p>Must agree with ICD Indicator</p>

TABLE CHANGES & CODE REVISIONS



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Patient Sex at Birth

Patient Sex at Birth Code	Patient Sex at Birth Definition
M	Male
F	Female
DONTKNOW	Don't know
ASKU	Choose not to answer
UNK	Unknown
UTC	Unable to collect this information on patient due to lack of clinical capacity of patient to respond

Type of Admission

* TYPEADM CODE	* TYPE OF ADMISSION DEFINITION
6	Trauma

Source of Admission

* SRCADM CODE	* SOURCE OF ADMISSION DEFINITION
J	Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer

Homeless Indicator

Homeless Indicator Code	Homeless Indicator Definition
Y	Patient is known to be homeless
N	Patient is not known to be homeless
DONTKNOW	Don't know
ASKU	Choose not to answer
UNK	Unknown
UTC	Unable to collect this information on patient due to lack of clinical capacity of patient to respond

Patient's Sexual Orientation

Sexual Orientation Code	Patient's Sexual Orientation Definition
20430005	Straight or Heterosexual
38628009	Gay or Lesbian
42035005	Bisexual
QUEER	Queer, Pansexual, and/or Questioning
OTH	Something Else
DONTKNOW	Don't know
ASKU	Choose not to answer
UNK	Unknown
UTC	Unable to collect this information on patient due to lack of clinical capacity of patient to respond

Patient's Gender Identity

Gender Identity Code	Patient's Gender Identity Definition
446151000124109	Male
446141000124107	Female
407376001	Transgender man / trans man
407377005	Transgender woman / trans woman
446131000124102	Genderqueer/ gender nonconforming / non-binary, neither exclusively Male nor Female
OTH	Additional gender category or other
DONTKNOW	Don't know
ASKU	Choose not to answer
UNK	Unknown
UTC	Unable to collect this information on patient due to lack of clinical capacity of patient to respond

Race

Race Code	Patient Race Definition
1002-5	American Indian/Alaska Native
2028-9	Asian
2054-5	Black/African American
2076-8	Native Hawaiian or other Pacific Islander
2106-3	White
OTH	Other
DONTKNOW	Don't know
ASKU	Choose not to answer
UNK	Unknown
UTC	Unable to collect this information on patient due to lack of clinical capacity of patient to respond

Hispanic Indicator

Hispanic Indicator Code	Hispanic Indicator Definition
2135-2	Patient is Hispanic
2186-5	Patient is not Hispanic
DONTKNOW	Don't know
ASKU	Choose not to answer
UNK	Unknown
UTC	Unable to collect this information on patient due to lack of clinical capacity of patient to respond

Ethnicity

Utilize codes below and full list per CDC:

Ethnicity Code	Patient Ethnicity Definition
AMER	American
BRAZ	Brazilian
CANADA	Canadian
CAPE-V	Cape Verdean
CARIB	Caribbean Islander
E-EUR	Eastern European
PORT	Portuguese
RUSSN	Russian
OTH	Other
UNK	Unknown
DONTKNOW	Don't know
ASKU	Choose not to answer
UTC	Unable to collect this information on patient due to lack of clinical capacity of patient to respond

Spoken Language



Utilize the codes included in the *BHID Spoken Language Codes* file posted on CHIA's website.

CHANGES & REVISIONS
FOR
PAYER TYPE & PAYER SOURCE



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Payer Type



PAYER TYPE CODE	PAYER ABBREVIATION	PAYER TYPE DEFINITION
1	SP	Self Pay
2	WOR	Worker's Compensation
3	MCR	Medicare
F	MCR-MC	Medicare Managed Care (includes Medicare Advantage)
4	MCD	Medicaid
B	MCD-MC	Medicaid Managed Care/MCO
5	GOV	Other Government Payment
6	BCBS	Blue Cross
C	BCBS-MC	Blue Cross Managed Care
7	COM	Commercial Insurance
D	COM-MC	Commercial Managed Care
8	HMO	HMO
9	FC	Free Care
0	OTH	Other Non-Managed Care Plans
E	PPO	PPO and Other Managed Care Plans Not Classified Elsewhere
H	HSN	Health Safety Net
J	POS	Point-of-Service Plan
K	EPO	Exclusive Provider Organization
T	AI	Auto Insurance
N	None	None (Valid only for Secondary Payer)
Q	CommCare	Commonwealth Care/ConnectorCare Plans
Z	DEN	Dental Plans
S	SCO/ICO	Senior Care Option/Integrated Care Organization (SCO/ICO)
A	Medicaid ACO	Medicaid ACO
C	Commercial ACO	Commercial ACO
P	PACE	Program of All-Inclusive Care for the Elderly (PACE)

Payer Source



PAYER SOURCE CODE	HEALTH PLAN
137	AARP/Medigap Supplement
51	Aetna
910	Allways Health Partners
911	Anthem
272	Auto Insurance
154	BCBS Other (Not listed elsewhere)
912	Beacon Health Partners
46	Blue CHiP (BCBS Rhode Island)
807	Blue Cross Blue Shield of MA
808	Blue Cross Blue Shield of RI
400	Cambridge Network Health Forward
151	CHAMPUS
26	CHAMPUS/TriCare
996	Charity Care
178	Children's Medical Security Plan (CMSP)
30	CIGNA
296	Commonwealth Care Alliance
320	Community Care Cooperative (ACO)
42	ConnectiCare Of Massachusetts
185	Connecticut General Life
4	Fallon Health
179	First Health Life and Health Insurance Company
143	Free Care
162	Great West Life
23	Guardian Life Insurance Company

Payer Source



PAYER SOURCE CODE	HEALTH PLAN
822	Harvard Pilgrim Health Care
24	Health New England
913	Health Plans Inc.
995	Health Safety Net Office
247	Humana Insurance Company
914	Insurance Programmers
57	John Hancock Life Insurance
40	Kaiser Foundation
915	Key Benefit
85	Liberty Mutual
916	Lifetime Benefit Solutions
118	Mass Behavioral Health Partnership
103	Medicaid (MassHealth)
322	Mass General Brigham (ACO)
121	Medicare
134	Medicare HMO - Other (not listed elsewhere)
249	MEGA Life and Health Insurance Company
295	Meritain
209	Mid-West National Life Insurance Company of Tennessee
917	Nationwide
47	Neighborhood Health Plan
207	Network Health
159	None (Valid only for Secondary Source of Payment)
311	Other ACO

Payer Source



PAYER SOURCE CODE	HEALTH PLAN
147	Other Commercial (not listed elsewhere)
156	Out of state BCBS
120	Out-of-State Medicaid
228	Oxford Health Plans
84	Private Healthcare Systems
918	QCC Insurance Company
145	Self-Pay
922	Senior Whole Health
919	State Farm
323	Steward Health Choice (ACO)
7	Tufts Health Plan
328	Tufts Medicine (ACO)
920	UMR Inc.
97	UniCare
826	United Concordia
226	United Health Care of New England, Inc.
74	United Healthcare Insurance Company
903	Unlisted International Source
102	Wausau Insurance Company
288	Wellsense Health Plan
146	Worker's Compensation
921	Zenith
930	VA Benefits (not listed elsewhere)
931	Other Government Program (not listed elsewhere)
932	Other Third-Party Programs (not listed elsewhere) (ex. Vision, TPA, Hospice, Transplant programs)

Timeline / Next Steps:

FY 2025 BHID Intake Process	Draft Timeline
Provider Comment Period Ends	December 20, 2024
Administrative Bulletin and Guides Adopted	December 23, 2024
CHIA and Hospitals Update Systems	December 2024 – November 2025
Hospital Testing Period	October/November 2025
Quarterly Submissions Due Dates: <ul style="list-style-type: none"> - Q1 (Oct 1, 2024 – Dec 31, 2024) - Q2 (Jan 1, 2025 – Mar 31, 2025) - Q3 (Apr 1, 2025 – Jun 30, 2025) - Q4 (Jul 1, 2025 – Sep 30, 2025) 	<ul style="list-style-type: none"> December 14, 2025 December 14, 2025 December 14, 2025 December 14, 2025

Submission Guide & Documentation – Published to CHIA Website

<http://www.chiamass.gov/behavioral-health-facilities-case-mix-data/>

Behavioral Health Facilities Case Mix Data

Overview

CHIA collects behavioral health facility data from participating providers on patient demographics, diagnoses and procedures, physicians, and charges for each inpatient discharge in Massachusetts. Facilities must submit data in accordance with the requirements of the Behavioral Health Inpatient Data Submission Specification Guidelines. These guidelines set forth the file format, record specifications, data elements, definitions, code tables, and edit specifications.

Please see the Behavioral Health Inpatient Data Submission Specification Guidelines link in the blue box on the right side of this page. Facilities will be required to submit data on a quarterly basis, following a standard hospital fiscal year schedule (October 1 – September 30).

Filing Application

Behavioral health facilities submit their Case Mix data through [CHIA Submissions](#), CHIA's web-based transaction service. To do this:

- New *facilities* must register with CHIA by setting up a [Business Partner Security Agreement Form](#).
- New *users*, who submit files on behalf of their hospital or facility, must complete and submit the [CHIA User Interface Agreement](#).

Completed agreement forms need to be emailed to DL-Data-Submitter-HelpDesk@chiamass.gov. For more information about CHIA's web transaction interfaces (e.g. CHIA-INET, CHIA Submissions), see CHIA-INET and CHIA Submissions [Questions & Answers](#).

Please Note:

Behavioral health data submitters will need to install FileSecure Version 2 to encrypt data before submitting it to CHIA. Please see Behavioral Health File Encryption and Submission Instructions available in the "Report Resources" box on the right of this page. If you have questions, please call (617) 701-8100 or email DL-Data-Submitter-HelpDesk@chiamass.gov.

CHIA occasionally hosts Case Mix Technical Assistance Group (TAG) webinars where hospitals or facilities can ask questions regarding provider data submissions. In the "Report Resources" box on the right of this page you can link to information on how to participate in future webinars and review presentation materials from previous TAG sessions.

REPORT RESOURCES

- [New! REDLINE FY 2025 BHID File Submission Guide \(PDF\) | Word](#)
- [Transfer Organization ID \(ORG ID\) List \(Excel\)](#)
- [Behavioral Health Payer Codes \(Excel\)](#)
- [BHID Spoken Language Codes \(Excel\)](#)
- [Behavioral Health Submission Guidelines \(PDF\) | Word](#)
- [Behavioral Health File Encryption and Submission Instructions \(PDF\) | Word](#)
- [CHIA Regulation and Admin. Bulletins](#)
- [Behavioral Health Facilities Case Mix TAG Webinars](#)

BEHAVIORAL HEALTH FACILITY CASE MIX SUBMISSION DEADLINES

Quarter Begin & End Dates	Due Date
Oct. 1st - Dec. 31st	March 16th
Jan. 1st- March 31st	June 14th
April 1st - June 30th	Sept. 13th
July 1st - Sept. 30th	Dec. 14th

QUESTIONS & COMMENTS



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