

Behavior Health (BH) covers 2 domains: addiction (SUD) and Mental Health (MH). Most of the time (post 2010's) MH covers non-addiction brain disorders such as depression, autism, OCD, schizophrenia, PTSD, dementia, etc. SUD covers addiction.

In older usage (pre-2010's) MH is synonymous with BH and includes addiction. There isn't a clear year when the switch is made from MH to BH to cover all of psychological & psychiatric term -- 2010's is an approximation of this period of transition.

Heretofore, we discuss patients with Medi-Cal -- the California government payment program for the poorer population. There is a hierarchy of organizations (org) involved in BH. enumerating from the top and progressing downwards, the hierarchy is: Federal covers State, State covers County, County cover Clinic, Clinic cover Site, and Site cover Program.

The Federal level contains organizations like the CMMS (Center for Medical & Medicaid Services) and the NPPES (National Plan and Provider Enumeration System). The State level contains DHCS (Department of Healthcare Services) and CalMHS (California Mental Health Service Authority). The County level contains San Joaquin, Santa Clara, and 57 others. The Clinic level contains Inpatient clinics, CBO's, and outpatient clinics.

DHCS sends money to San Joaquin, and San Joaquin sends data to DHCS. These data files are called cXs and San Joaquin creates these cXs files: 837, 274, CalOMS, CSI, TEDS.

Here is a table of cXs data sent to DHCS, including daily business transactions, and summary progress data. Other cXs data will be described later -- PSC-35, OSHPD, FSP, CANS, ANSA, Care Court.

name	format	frequency	long name	description
837	EDI text	as needed, multiple times per week.	837 is the X12.org format spec #.	billing. detailed transaction data on patient, provider, service date, procedure, \$ amount.
274	EDI text	monthly	274 is the X12.org format spec #.	capacity. lists providers, % availability, and their specialty areas.
CalOMS, CSI, TEDS	pipe delimited text	monthly	OMS = outcome measurement system. CSI = client service information. TEDS = treatment episode data set	CalOMS is for SUD treatments, and CSI is for MH. They hold client progress data. TEDS hold demographics and assessment data. An episode is a collection of related services.

Other cXs data will be described later -- PSC-35, OSHPD, FSP, CANS, ANSA, Care Court.

Here are examples of cXs data

CalOMS	274	837
1 07/24/2023 14:52:58  E0003061 06/29/2023 1 3 93959 1 1 0 0 0 0 0 99902  99902 10070837 1 12/07/1 985 John Doe 618387786 9 5240 John Doe 39 CA D935 9382 CA MARGARET 18 1 0  2 1 16 FENTANYL 30 2 34  0  0 99902 99902 0 0 0 3  0 0 0 12 1 99902 0 0 0  0 0 99902 1 0 0 0 0 2 0  0 0 0 0 0 0 0 0 0 3 0 0  0 0 0 0 1	~HL*4*3*N*1~NM1*77*2*Towns Health Services, Inc. Galt*****XX*1912277492~N2*261 281818;26;74;39;;;;0;80;1;B;N ;A;*120;;;;;~PER*AJ**TE*2097 449909~LUI*LE*cmn***B~LUI*LE* spa***B~DTP*092*D8*20220701~D TP*093*D8*20260630~CRC*C4*Y*P 8~CRC*DJ*Y*1R*1S~NX1*77~N3*33 0 S. FAIRMONT AVENUE STE 2~N4*Lodi*CA*95240~LQ*68*261Q R0405X~TPB*3E~REF*N5*FT128312 4;34AP~NM1*30*2*MARK F. TOWNS, M.D.*****EQ*261281818~N2*04;1 00~HL	SBR*P*18*****MC~ NM1*IL*1*doe*jane****MI*90845074C~ N3*123 Main street~ N4*STOCKTON*CA*952095003~ DMG*D8*19780918*F~ NM1*PR*2*CALIFORNIA DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS*****PI*680290013~ N3*1500 CAPITOL AVENUE MS 2704~ N4*SACRAMENTO*CA*958997413~ CLM*20000431-181746*44.54***57:B:1*Y*A*Y*Y~ HI*ABK:F1120~ NM1*82*1*FREUD*SIGMUND*****XX*1124007430~ PRV*PE*PXC*207Q00000X~ NM1*77*2*39531 MEDMARK TREATMENT CENTERS - M*****XX*1851453500~ N3*1111 N EL DORADO STREET~ N4*STOCKTON*CA*952021305~ LX*1~ SV1*HC:S5000:UA:HG*44.54*UN*1.00***1~ DTP*472*D8*20230707~ REF*6R*181746~ LIN**N4*00406802003~ CTP****10*ME~

Payment money flows down the hierarchy and data flows up the hierarchy. It's understandable that DHCS and CMMS want to ensure that the money is being used effectively so they require those they pay (in orgs lower in the hierarchy) to send monitoring data of patient activities and progress. Money goes from CMMS (federal) to DHCS (state), DHCS to the 59 Counties, Counties to the hundreds of Clinics. Data flows in the opposite direction. DHCS repackages this data for CMMS, but the details is beyond the scope of this document. Instead, we focus on data going from Counties to DHCS.

cXs data sent to State

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CalOMS. This data follows a patient's progress every 12-months. if a patient receives treatment for under 12 months, then the 12-month follow up is not required. Data must be sent when treatment begins, when treatment ends, and every 12-months in between. These are called CalOMS Admission, Discharge, and FollowUp respectively. Each event's data is a multi-page survey, and formatted as a "|" delimited text.

CSI. Analogous to CalOMS, but for MH.

274. This data describes the availability of staff to treat patients. This monitors the "inventory" of providers in various areas of specialty.