



# OBHIS FAQ

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## OBHIS FAQ: (updated 11/17/2020)

### Important OBHIS links:

#### OBHIS is now live:

Link to OH|ID registration: <https://ohid.ohio.gov/wps/portal/gov/ohid/>

Link to test portal (UAT environment): <https://appsuat.mha.ohio.gov/IPortal/>

OBHIS website: <https://mha.ohio.gov/Health-Professionals/Behavioral-Health-Data-Reporting/OBHIS>

OBHIS login page: <https://apps.mha.ohio.gov/iPortal/User/LoginTiles?ReturnUrl=%2FiPortal%2F>

#### The OHBH application is READ ONLY now

OBHIS website: <https://mha.ohio.gov/Health-Professionals/Behavioral-Health-Data-Reporting/OBHIS>

OBHIS web portal: <http://prod.ada.ohio.gov/Turnstile>

### General:

#### 1. *Do you have a ballpark timeline for the rollout?*



#### 2. *In the initial "Implementation and tips for agencies new to reporting letter," it mentions that we would work with a contact from OhioMHAS to decide on a month when to begin reporting. Who should we work with on that?*

Implementation has changed to allow for all parties to begin working with the new application beginning October 1, 2020. You do not have to work with anyone on that, but if you need to discuss timelines with anyone, please email the administrators at: [OBHISadmin@mha.ohio.gov](mailto:OBHISadmin@mha.ohio.gov).

**3. Tips for new users (providers who did not report in OHBH):**

[https://mha.ohio.gov/Portals/0/assets/HealthProfessionals/Behavioral%20Health%20Data%20Reporting/OBHIS/OBHIS\\_Implementation\\_Tip\\_New2Reporting.pdf?ver=2019-04-25-060942-797](https://mha.ohio.gov/Portals/0/assets/HealthProfessionals/Behavioral%20Health%20Data%20Reporting/OBHIS/OBHIS_Implementation_Tip_New2Reporting.pdf?ver=2019-04-25-060942-797)

**4. Tips for providers switching over from OHBH:**

[https://mha.ohio.gov/Portals/0/assets/HealthProfessionals/Behavioral%20Health%20Data%20Reporting/OBHIS/OBHIS\\_Implementation\\_Tips\\_OHBHTransition\\_10022019.pdf?ver=2019-10-02-122642-167](https://mha.ohio.gov/Portals/0/assets/HealthProfessionals/Behavioral%20Health%20Data%20Reporting/OBHIS/OBHIS_Implementation_Tips_OHBHTransition_10022019.pdf?ver=2019-10-02-122642-167)

**5. Help for new providers?**

Certainly! Just let us know what you need – we are available to work with you through this process. Please email us: [OBHISadmin@mha.ohio.gov](mailto:OBHISadmin@mha.ohio.gov)

**6. Where do I email for general questions?**

[OBHISadmin@mha.ohio.gov](mailto:OBHISadmin@mha.ohio.gov)

**7. Will there be any subsequent on-going trainings or references available down the road for help with this system? Say, if we reassign different staff for data entry or to access reports, etc. – can we send them to a training?**

Currently there are no additional trainings scheduled, however, there trainings will be an online resource for you and if you have a few people who need training, just let us know and we can walk them through the system.

## Reporting Requirements, Rules and Regulations:

**1. Is this an optional system?**

OBHIS is mandatory for all clients covered by Medicaid, Boards and OhioMHAS dollars. Agencies would not enter records for clients covered by FEMA grants unless the Board asks you to use an ID number for the Board payment system (e.g., SHARES, GOSH, Heartland, etc.). The same would be true for foundation money that passes through the Board.

**2. Is there a penalty for not reporting?**

At this time there is no penalty for not reporting, however, it is a compliance issue and is being further investigated by our Licensure and Certification office and legal department.

**3. It looks like the provider is giving identifiable protected health information on clients for the OBHIS system. Is this process compliant with HIPAA and 42 CFR part 2 privacy rules?**

Yes. we have taken all necessary precautions to be compliant with these rules and regulations. Further, being a credentialed provider for the state, the entity enters into a BAA for HIPAA which provides your compliance

## Roles, Registration and Resources:

**1. What is the difference between an ‘administrator’ and a ‘user?’**

The administrator (whether for a Board or Provider) maintains access to the system for your agency/organization and performs batch upload. They also set up the relationships and associations with other locations and Boards. The user (whether for a Board or Provider) manually enters data and/or uses the reports feature to access the data in the system.

**2. Does the OHBH portal admin still operate as the OBHIS administrator?**

No. the OBHIS administrator must register as such.

**3. Does my login from OHBH work for OBHIS?**

No. These are two separate systems. You will need an OH|ID account to request and use OBHIS – your OH|ID login information will work for OBHIS.

**4. Who do we talk to for registration questions?**

You would email OBHIS administrators ([OBHISadmin@mha.ohio.gov](mailto:OBHISadmin@mha.ohio.gov)) and someone will contact you. Please leave some idea of your concern so that the correct individual can assist you.

**5. If there are multiple people in an organization putting information into the OBHIS system, does each individual need to get an OH|ID?**

Yes. Every individual that needs to access reports or client information in OBHIS, must each create an OH|ID and request access to OBHIS.

**6. Can an agency have more than one Provider Administrator?**

Yes. There is a minimum of ONE Provider Administrator per agency, but there is no maximum.

**7. Is the login for OBHIS the same location as for the test site?**

No. these are two different applications – one made specifically for testing the system is through a link that Aruna will send to you in an email after you’ve been granted access. OBHIS production is accessed through the OHID portal.

**8. I previously created an account as the Administrator and now I can’t get in. what do I need to do?**

You won’t be able to access OBHIS until the application goes live on October 1, 2020. In the meantime, you may register for access to the test site by emailing: [OBHISadmin@mha.ohio.gov](mailto:OBHISadmin@mha.ohio.gov). please include ‘access to test site requested’ on the subject line and include the following in the body of the email: your name and contact information; organization name and address; organization tax ID number if you are the provider administrator.

**9. How do I gain access to the test environment?**

Create an OH|ID account, email [OBHISadmin@mha.ohio.gov](mailto:OBHISadmin@mha.ohio.gov) with ‘test access’ in the subject line. In the body of the email, include your name and OBHIS role (administrator or user – board or provider), your organization name and address, your organization tax ID (if you are the admin)

**10. How long does it take to be granted access once you get the OH|ID and request access?**

For OBHIS production access (by logging onto the OHID portal), you will be granted access within 48 hours (that is our goal). For OBHIS test site access (by emailing OBHIS administrators and requesting the access link), we hope to have you connected within the same amount of time (48 hours).

**11. Is there a way to get a copy of the slides from the class?**

Yes. they will be posted on the website under the 'Related Topics' section.

## Batch and Manual Uploading Data:

**1. Do you have a dataset which will be infrequently changed? We will need to make sure we are gathering the information you want.**

OhioMHAS has worked exhaustively to capture the fields necessary for reporting, as well as any anticipated information. The only reason OhioMHAS foresees needing to change the dataset is at the request of SAMHSA.

**2. Does batch reporting require building the OBHIS questionnaires into the EHR/EMR?**

Batch reporting can be done without building OBHIS questionnaires in the EHR/EMR, but that is one way to capture the data.

**3. Is there a meeting/training for agencies that will be using batch upload?**

There has already been a training for those using batch upload. It was recorded and uploaded in the 'Related Topics' section of the website. The slide presentation is also available on the website for download.

**4. For those using batch upload, is the rollout still being done in two groups? How do we know which group we're in?**

No. everyone will be starting as soon as they can with OBHIS. If you have any issues, we have a team ready to work with you.

**5. When should an agency use batch upload?**

It is up to your agency to decide how you would like to handle your data. We recommend, but do not require, batch upload if you have 500 or more clients per year.

**6. How and when will batch upload testing occur?**

Batch upload testing can begin as early as today! once you have created your OHID account, you may request access to the OBHIS test site where you may begin testing batch upload for as many or few records as you wish.

**7. Do we need to retroactively add ALL active clients, regardless of true admission dates, unless they were already in OHBH?**

You will need to work out a plan for creating records for active clients admitted prior to the go-live reporting date (October 1, 2020). Some clients may be inactive (not currently receiving services) at the time you begin reporting admissions in OBHIS. You may not want to create admission records for these clients.

**8. Where do I find out the fields for batch upload?**

The batch upload information is on the 'Documents' drop down menu on the website: <https://mha.ohio.gov/Health-Professionals/Behavioral-Health-Data-Reporting/OBHIS>

**9. Where do I find updated OBHIS paper forms?**

To find the updated OBHIS forms, go to <https://mha.ohio.gov/Health-Professionals/Behavioral-Health-Data-Reporting/OBHIS>. Look in the 'Records' drop-down menu and choose "Client Records Fields," "Admissions Records Fields," etc. Each of these are the paper forms.

**10. We have dual clients, but their electronic health records are kept separate in our EHR, so they will get an MH data set and a SUD/AOD data set. When we do a batch upload, they will get two records, one for each program – is that okay?**

Yes. that is exactly how it is set up in the OBHIS system. Even though on the surface it might appear to be one record, dual clients have two records in the background – one for mental health and the other for AOD/SUD.

**11. What if we are at the mercy of the EHR vendor to set up the batch upload?**

You will be at their mercy; however, several vendors are already working on the issue. Please keep up with them as to when they believe you will be able to upload and let us know the progress, so we know when to look for your data. If you would like to practice some uploading in batch, you are able to do so on the test site.

**12. Can data be entered manually using a fillable pdf, rather than using batch reporting?**

No. OBHIS does not have a way to upload the data from a pdf.

**12. How long does it take to manually enter a client?**

About 5 minutes would be a good estimate, so long as you have all information on hand.

**13. Do you use the manual entry only if you're not using batch upload?**

Yes.

**14. What about Release of Information (ROI) or Consent when batching?**

When you go to upload the batch, there will be a question about getting the appropriate ROIs. You click there and then it allows you to upload. Compliance for ROIs needs to be determined by your own administration, based on HIPAA and 42-CFR.

**15. Looking at the Excel template, do the variables/fields need to be in the same order?**

Yes. The fields should follow the same order as the template when the batch is uploaded. (This is a change to previous answers. We originally thought the order didn't matter, but the IT department is able to assist better when the fields match the template that is provided).

**16. 'Admission Type' validation issues in batching?**

There are only two possibilities: AOD or MH (they are case sensitive and must be capitalized)

**17. Medicaid 12-digit number validation issues in batching?**

If the number does not appear to have 12 digits, please place zeros in front of the number to make it 12-digits.

**18. When an XLSX batch file is submitted, should all four tabs (admission, annual update, transfer, discharge) be submitted on one file or should each be on a separate file?**

You don't have to input the data for all four tabs when you submit. The system allows you to submit blank tabs or you can separate each file if that works for you.

**19. Does the XLSX Template document contain accurate data element names and values?**

Yes. The XLSX dropdown data element names and values and the OBHIS application data element names and values are the same.

**20. Does the Payor Board need a number?**

Yes. The payor type is a 2-digit number. The numbers can be found in the Batch upload schema: <https://mha.ohio.gov/Health-Professionals/Behavioral-Health-Data-Reporting/OBHIS#1729947-schema-definition>

Here is a table to assist:

Board and OhioMHAS Payor Key		
99 - OhioMHAS	17 – Gallia-Jackson-Meigs	34 – Portage
01 – Allen-Auglaize-Hardin	18 – Geauga	35 – Preble
02 – Ashland	19 – Hamilton	36 – Putnam
03 – Ashtabula	20 – Hancock	37 – Richland
04 – Athens-Hocking-Vinton	21 – Huron	38 – Ross-Pick-Pike-Fay-High
05 – Belmont-Harrison-Monroe	22 – Jefferson	39 – Scioto-Adams-Lawrence
06 – Brown	23 – Lake	40 – Seneca-Sandusky-Wyandot
07 – Butler	24 – Licking-Knox	41 – Stark
08 – Clark-Green-Madison	25 – Logan-Champaign	42 – Summit
09 – Clermont	26 – Lorain	43 – Trumbull
10 – Columbia	27 – Lucas	44 – Tuscarawas-Carroll
11 – Cuyahoga	28 – Mahoning	45 – Union
12 – Defiance-Wms-Hen-Ful	29 – Marion-Crawford	46 – Vanwert-Mercer-Paulding
13 – Delaware-Morrow	30 – Medina	47 – Warren-Clinton
14 – Erie-Ottawa	31 – Miami-Darke-Shelby	48 – Washington
15 – Fairfield	32 – Montgomery	49 – Wayne-Holmes
16 – Franklin	33 – Muskingum	50 - Wood

**21. What is the naming convention of the XLSX batch file(s) for submission?**

There are no specific naming conventions.

## Client records:

**1. *Are the records we see only from our provider or will it list other providers the client has seen?***

You will see only the provider's records. This system does not connect by client record to see other services at other provider agencies.

**2. *Are Medicare clients included in OBHIS?***

No. If the client is strictly Medicare, they are not included in OBHIS unless they are receiving funds from Medicaid, the Boards or OhioMHAS.

**3. Outpatient/Inpatient clients:**

**a. *Is this just for outpatient admissions or would inpatient services be the same?***

Reporting is required for any client mental health and/or substance use disorder services paid by Medicaid, Boards, and OhioMHAS dollars, including assessments, outpatient and/or inpatient services.

**4. Dual diagnosis clients:**

**a. *What if client is provided both MH and AOD/SUD services?***

For batch upload: create both an MH and an AOD/SUD admission record when submitting the data through batch upload.

Manual/online data entry: the online data entry system has been streamlined so that information shared by each admission type can be entered only one time (behind the scenes, the information is separated into two different admission records).

**5. Correctional Facility Clients:**

**a. *If the ADAMHS Board pays for services at a correctional facility, should those clients be included in OBHIS?***

Yes. If the client is paid by Medicaid, Board or OhioMHAS dollars, the client needs to be entered into the system and location of care will be identified as 'correctional facility.'

**b. *Should clients who are paid with DRC funding be entered into the system?***

No. OBHIS collects only data on clients paid for by Medicaid, Board or OhioMHAS dollars.

**6. Crisis Clients:**

**a. *We have a crisis team. Are the crisis admissions and discharges required?***

Sometimes crisis clients cannot provide information. If you stabilize on the spot or refer them somewhere, you should not have to enter them into the system. They will be picked up at the Provider they are referred to or transported to. Mobile units might not need to enter the clients if they just meet them in person and refer to services without billing any for services. However, when they enter your care for a longer period, say overnight, then you would need to enter them into the system.

## 7. SOR clients:

### a. *Do we enter both GPRA and OBHIS?*

They get counted differently – they get counted to the grant, so they would follow the grant. If services are being paid by some sort of split, (e.g. from SOR and Medicaid, or something like that), they would be entered into OBHIS. (you would end up with a ‘missing admission’ if you didn’t)

## Application Fields, Actions and Navigation:

## 22. General Field and action questions:

### a. *Have the field definitions changed in the past year?*

No. We recognize the importance of keeping a stable set of field definitions. You may find these under the ‘records’ drop-down menu on the website.

### b. *Does the provider fill out the information with the client or after?*

Your organization should give guidance as to what their acceptable procedure will be.

### c. *When do you complete an admission record? First encounter or at assessment?*

You complete the admission record when you meet with a client that will be billed for a service (an assessment or treatment)

### d. *Do you mean biological sex assigned at birth?*

Yes. Part of the reason we ask for it is to match to claims information, so it would be most important to match whatever is in those records.

### e. *Is problem gambling captured here?*

Screening for problem gambling is reported on the Discharge record. Gambling Diagnosis will be captured in the diagnoses fields that are on Admission and Discharge records.

### f. *What are the criteria for deleting records? Is this a common occurrence?*

This should not be a common occurrence. This would be unusual and cannot be done once a client has been matched to a claim.

### g. *If an error is made on DOB and you cannot delete that client, how can that issue be resolved? Or would that client not be able to be verified because of the error?*

That client would remain as an unvalidated client because the claims would not match to the client record, so you should have the ability to delete the incorrect admission and re-enter the data in a new admission record.

- h. 'DateOfFirstContact,' 'AdmissionDate,' and 'ReferredBy' fields – are these connected to the agency or broken out per admission type (MH/AOD)?**

A general rule of thumb will be to connect these to the agency (when they first called or walked in, when they began receiving services, and who they were referred by for that episode. If you are manually creating an admission, you would only need to enter this once, so long as you are creating a 'dual' admission – this is a field that will cross both records. However, if you are creating two separate admissions (either because there are two payer sources - one for MH and another for AOD, **OR** because you are batch uploading – pulling from an HER/EMR) they can be connected to each type.

### 23. Unknowns

- a. **Identifier type:** 'unknown' is an option
- b. **Identifier number:** 'unknown' if type is unknown or '99'
- c. **Social connectedness:** 'unknown' is an option
- d. **Military status:** please err on the side of conservative stats and enter that they 'have not been in the military' (we would rather underrepresent than over inflate numbers)
- e. **Arrests in the last 30 days:** '99'
- f. **Is client pregnant:** please err on the side of conservative stats and enter 'false' (we would rather underrepresent than over inflate numbers)
- g. **Stage of Pregnancy:** 'unknown' is an option
- h. **Childbirth within last 5 years:** please err on the side of conservative and enter 'false' (we would rather underrepresent than over inflate numbers)
- i. **Number of Children in the Home:** '99'
- j. **Age of First Use:** '997' (three digits)

### 24. Release of Information (ROI) and Client Consent questions:

- a. **Do you have a standard/suggested OBHIS consent form?**

No. However, consent forms are fairly standard. Often there is language in the Consent to Treat and/or HIPAA disclosures that talks about sharing of information. You may confer with your legal team to see if the language in that consent is enough. You will need to follow any advice that your legal council decides in order to cover your clients.

- b. **Can a release of information (ROI) which conforms with the Ohio's Personal Information Systems Act (Ohio Revised Code Chapter 1347) specifying the OBHIS system be sufficient?**

Release of Information would be to OhioMHAS. Conformity to the ORC cited above should be sufficient, but you should ask your legal counsel to review and decide for your particular agency. With new and upcoming changes, you will need to check with your legal team to verify your responsibilities insofar as it relates to release of information. The consent box will still need to be checked to proceed to the next screen, but the wording has been changed to: "If required, a signed release for this information has been obtained."

**c. *With changes in 42 CFR, do we still need a consent form or to check that box?***

Yes, you need to check that box to proceed to the next screen; however, we have changed the wording to: "If required, a signed release for this information has been obtained." This check verifies that you have checked with your legal counsel as to whether you need a signed release. The changes going into effect are going to include more changes down the road. OhioMHAS is not able to provide a legal answer/advice as each provider is different in the services they provide. You will have to check with legal counsel.

**d. *What about ROI when batching? (\*this question and answer is also in the 'batching' section)***

When you go to upload the batch, there will be a question about getting the appropriate ROIs. You click there and then it allows you to upload. Compliance for ROIs needs to be determined by your own administration, based on HIPAA and 42-CFR.

**25. Payor Source, Client ID, and Reimbursement questions:**

**a. *Where does the identifier number come from?***

This comes from Medicaid or the Board system (the payor source); you may also choose to use the social security number.

**b. *We have clients in both GOSH and Medicaid. Will that create any issues?***

if one record type (for example, MH) is paid for through one payor source and the other record type (in this example, SUD) is paid by another source, you will need to create separate admission records for each. If the client uses the two as a primary and a secondary, please defer to the Medicaid number – using that number will make it easier for all parties involved. If they only have a GOSH or SHARES ID, then put that in.

**c. *When asking for Client ID number, is this from Medicaid?***

The Client ID number is from the payor source. You may also use a social security number.

**d. *Do you need the client's Medicaid MMIS# or the Managed Care ID#?***

Clients need a Client ID number from a public funding payor source. OBHIS does not use Managed Care ID numbers.

**e. *Medicaid 12-digit number requirement?***

If the number does not appear to have 12 digits, please place zeros in front of the number to make it 12-digits.

**f. *'Reimbursement' – is this the reimbursement on an admission service? Is this the reimbursement tied to the client's insurance? Should this be limited to the primary payer/insurance for the service/client?***

Identifier Type and Identifier Number are used to identify and validate a client, whereas, reimbursement is where the provider is expecting the payment to come from – specific to expected payment even if the way to identify the individual might be different. It is more specific, including 'no charge,' 'worker's comp,' 'self-pay,' etc.

**g. Is it accurate to report the Primary Payer on the OBHIS admission service?**

Yes, the Primary Payer should be identified.

**h. Which number do I use as the Client ID number if the client is a GOSH client?**

It is the UCI number.

**26. 'Save and Finish Later' / pending record questions:**

**a. If I 'save and finish later,' can I then go to previous and be sure the information will be there?**

Yes. it will hold all information you have entered for up to 14 days until you complete the record. If you do not complete the page you are on, you will likely lose that one page of information.

**b. When is the 14-day period to complete records initiated?**

When you click on the 'save and finish later' button, the 14-day pending is activated. If you work on the record some more another day and hit the same button, a new 14-day pending cycle is activated.

**27. Diagnosis code questions:**

**a. I see z-codes would be applied to the MH page, is that correct?**

It is up to your organization to determine which set of codes you will use. You can choose between ICD 10 or DSM V codes for each of the MH or AOD pages, but you are not able to mix both codes on one page. For example: if you choose to use and ICD 10 code for the primary diagnosis on the AOD page, all subsequent diagnosis codes need to be ICD 10 codes, they cannot be DSM V codes.

## Reports:

**1. How do these reports differ from reports we run from our EMR system?**

We have no way of knowing what reports you can obtain from your EMR system, but OBHIS reports are based only on OhioMHAS standards looking at just publicly funded clients. If you have self-pay and private pay insurance clients, those would show up on your EMR, but not in OBHIS reports. We also would not be able to know how your EMR reports are calculating the data or collapsing it.

**2. Are the reports in Excel and can be printed?**

Yes. All reports are downloaded into Excel and can be printed.