

# **Nevada Central Data Repository (CDR) Vendor Submission Guide** 2018

Prepared for The State of Nevada, Division of Public and Behavioral Health

## **Table of Contents**

I.		Overview	3			
II.		Onboarding Process	4			
1	. <b>.</b>	Initial Discussion / Nevada CDR Documents Given to Provider	4			
2		Provider's IT Vendor Reviews Submission Guide and Appendices	4			
3	١.	Questions and Technical Discussion with Provider and Vendor	4			
4		Setup / Configuration of SFTP Folders (Test)	4			
5		Submission of Test Files	4			
6	j.	Setup/ Configuration of SFTP Folders (Production)	5			
7	<b>.</b>	Submission of Subset of Production Data	5			
8	<b>:</b>	Approval to Submit Production Files	5			
III.		High Level Architecture	6			
IV.		File Formats	8			
٧.		Nevada Repository Data Submission Process	10			
1	. <b>.</b>	Required	10			
2		Connecting to SFTP Site	10			
VI.		Delete File Instructions	12			
1	.•	File Naming	12			
2		File Contents	12			
3		Processing Order	14			
4		Repository Log Report	14			
VII.		Frequently Asked Questions and Issues	15			
VIII.		Appendix 1: File Definitions and Validation Rules	17			
IX.		Appendix 2: Sample Output files	17			
Sample Repository Log file:						
S	Sample Admission had file:					

### I. Overview

The State of Nevada, Division of Public and Behavioral Health (DPBH) provides a Central Data Repository (CDR) for providers to submit substance use disorder (SUD) and Mental Health (MH) data as required by the state. A means for these providers to submit their data and for the state to report on this data is provided by the State via the Nevada Web Infrastructure for Treatment Services (WITS) system. The Nevada CDR is a data repository containing data from both providers electing to utilize the Nevada WITS electronic health record and those providers transmitting data from their own electronic health record to the State thus allowing the state to report on data from a single repository.

This document will provide the information, guidelines, and steps that certified substance use disorder treatment providers are to follow to be approved to submit compliant data files to the Nevada CDR for treatment episodes.

### II. Onboarding Process

The following steps are to be followed by all certified and licensed providers to begin submitting files directly to the Nevada CDR.

#### 1. Initial Discussion / Nevada CDR Documents Given to Provider

CDR Documentation can be found at:

http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Policies/SAPTAPolicies/

An initial meeting via teleconference will be initiated by DPBH and include DPBH staff, a provider representative from the business and from IT who is responsible for the provider EHR, and a representative from the provider's EHR vendor as appropriate, to discuss the general process, timeframes and work involved.

#### 2. Provider's IT Vendor Reviews Submission Guide and Appendices

The provider agency should review this Nevada Central Data Repository (CDR) Vendor Submission Guide with their EHR vendor at the beginning of this process to ensure the vendor is aware of the scope of work and submission requirements. Note: It often takes vendors time to review the Submission Guide, ensure all data elements are captured within the software, and to develop the file extracts according to the specifications required by the Nevada CDR.

#### 3. Questions and Technical Discussion with Provider and Vendor

After the provider and their EHR vendor review all the submission documentation and requirements, the provider should submit questions to DPBH staff via email. DPBH staff will answer all questions as appropriate and send technical-based questions to FEi (WITS Production Support Help Desk). DPBH/FEi will respond to the provider's questions. If the provider is unclear about the process, requirements or specifications, then DPBH will organize a conference call between the provider, DPBH staff, and FEi.

#### 4. Setup / Configuration of SFTP Folders (Test)

When a provider and their EHR vendor has established a timeline for testing submission files, the provider will notify the appropriate DPBH staff member and include the email addresses of the provider's staff that will need access to the SFTP provider folder. DPBH will then notify FEi Systems to establish provider-specific test folders on the SFTP site and will send credentials to the provider via secure email. The provider will use the credentials to login directly to the SFTP site – or utilize an SFTP application (e.g., FileZilla) to submit the test files.

#### 5. Submission of Test Files

The provider will submit the latest file for each type of file (Client, Admission, Discharge, Encounter, and Mental Health Update) to the SFTP Test Folder. Once a test file is submitted:

- The CDR test processor, at the top of each hour, will look for test files and will process those which meet file specifications.
- Upon completion of processing, Email notifications, including the load statistics and error results, will be automatically sent to the provider.
- In addition, an error file will be placed within the SFTP folder for the provider to download. This file contains detailed information as to the errors per record.

Each file must fully pass testing before moving on to the next step.

Note – if after upload to the SFTP test folder, the provider does not receive email results within an hour or see the error file within the SFTP, the provider should contact WITS Production Support (<a href="support@witsweb.org">support@witsweb.org</a>) to determine the reason. Often this is due to the file naming and/or formatting being incorrect.

#### 6. Setup/ Configuration of SFTP Folders (Production)

Once the provider successfully tests all 5 file types, DPBH will notify FEi to proceed with configuration of the production SFTP folder so that the provider may submit production-level data. FEi will send SFTP production-level credentials to the provider via secure email.

Note – the test and production sets of SFTP credentials will be different. Once the provider moves to submission of production data, FEi will disable the test folder processor to avoid any mistakes in placing production-level data in the test environment.

#### 7. Submission of Subset of Production Data

Once the provider-specific production folders have been created on the SFTP site and the provider staff have received their logon credentials, the provider will then submit a test file for each file type that contains at least 30 days of production data. Each of these 5 test file types must be submitted to the production folder within the SFTP site. A provider must have each file fully pass this process before DPBH gives the approval to "go-live."

#### 8. Approval to Submit Production Files

DPBH staff will provide this approval directly via email to the provider agency once the submission of test data and 30 days of production data are successfully submitted. The provider will begin submission of production data based on the agreed-upon cutover date (as determined by provider and DPBH). At this point the provider will cease submitting data via the prior way (as applicable) and disable the provider upload of data.

## III. High Level Architecture

Providers will submit files for the following domains: Client, Admission, Discharge, Encounter, and Mental Health Update. The definitions for these files are in **Appendix 1.** 

Each Provider will be given their own SFTP site for uploading their files. The SFTP site will have the following folders:

- <Root>: For uploading production files only.
- <Root>\Processed: For storing all files that have been processed. A subdirectory will be created within the "Processed" folder for each day that process is done. (This prevents files from stepping on older files). The subdirectory will contain all the original files as well as the log files and the ".bad" files (described below).
- <Root>\Test: For uploading test files only.

#### Flow:

- 1. Providers upload the pipe delimited text files to SFTP site.
- Automated Service will kick-off each hour on the hour and read the configuration file to determine how many providers should be processed and where their associated SFTP folders are.
- 3. For each provider specified in the XML configuration file, the program will check their SFTP folder for the existence of uploaded files.
- 4. Files will be processed in the following order: Client, Admission, Discharge, Encounter, Mental Health Update. It is not an error if one or more of the files do not exist.
- 5. The Processing Software loads all the validation rules. Code table values are loaded from the Nevada WITS Production database.
- 6. If files exist in the SFTP upload folder:
  - a. As each file is processed, it goes through the following steps:
    - i. File is opened and verified that it is complete, i.e. ends in "\*\*\*\*\*\*EOF\*\*\*\*\*\*" (7 asterisks on each side)
    - ii. For each record:
      - 1. Each field is validated against the validation rules.
      - 2. If record is error free, it is then inserted/updated in the appropriate table in the repository.
      - 3. If record has an error, the error description is appended to the end of the record and written to the ".bad" file.
    - iii. When all records for a given file are processed, an output message is displayed in the Repository.Log file that shows the following information:
      - 1. File name
      - 2. Number of records processed
      - 3. Number of records inserted/updated
      - 4. Number of records with errors
      - 5. Start time End time
    - iv. When all records for a given file are processed, a record is inserted into the repository\_load\_history table that summarizes the processing results of that file.
  - b. A folder gets created within the Processed folder with today's date and time
  - c. You will now have a Folder such as: PROVIDER\_FTP\_FOLDER\Processed\2017-12-04\_9.00 (This would represent a run on December 4,2017 at 9:00 AM in the morning)
  - d. All files are moved from the SFTP Folder to the folder just created

- 7. When all files have been processed, an email is generated and sent to the appropriate provider contact. This email will include the processing summary (Repository.Log file) and the location where they can find the ".bad" files.
  - Note: The application also creates an Excel version of the bad file(s) accessible via the SFTP server.
  - See Appendix 2 for sample files.

#### IV. File Formats

Each provider will be required to submit 5 files, reflecting the domains of the episode of care. These files are Client, Admission, Discharge, Encounter, and Mental Health Update. The file names must exactly match as follows:

- 1. Client.txt
- 2. Admission.txt
- 3. Discharge.txt
- 4. Encounter.txt
- 5. Mental\_Health\_Update.txt

#### **IMPORTANT!**

## Each file needs to be named exactly what is defined above, or it will not be picked up by the processing routine.

Each file should be pipe delimited, with a "|" following each field in the record (i.e., the last character in the file should be a "|".)

Each file needs to end with the following record "\*\*\*\*\*\*EOF\*\*\*\*\*\*" (It needs 7 asterisks on each side of the EOF). This is how we know we have received the entire file.

Appendix 1 includes a link to the Excel file specification that contains a section (tab) for each domain of data. All sections follow the same format.

- 1. The rows that are shaded in Grey should not be submitted, they are used for internal purposes only.
- 2. Rows shaded in Yellow, represent required data fields that tie the record to your agency, facility, intake, and client. These fields will need to be populated with valid dat.
- 3. All other rows represent the individual data elements associated with that domain of data. The spreadsheet indicates whether that field is required, and if so, what the acceptable values are.
- 4. At a minimum, required fields include data for TEDs/noms, SuDS with noms, and TEDs MDS/MHA reporting and are identified in the 'Reference' column.
- 5. Enter the following data elements from the source EHR into the appropriate columns in the CLeint, Admission, Discharge, Encounter, and Mental Health Update Tabs. This information will assist in identifying field length incompatabilities and in trouble shooting for end-to-end testing:
  - a. Field name
  - b. Field Description
  - c. Field Type (integer, character, date, time)
  - d. Field Type
  - e. Lookup table Name used for validation
- 6. Enter the source EHR table Name, code, and description for each table entry in the Code Table Reference Tab for each value. You will send only the valid State of Nevada codes and the exact

descriptions (where required) that are allowed in the Central Data Repository Tables columns. Any codes that are sent and descriptions that do not match exactly will be rejected. The SAMSHA Teds codes columns are for reference only.

Note: For clarity purposes, the description text is displayed next to each valid code for the "\_code" fields. This description should not be sent in the "\_code" field, but in the corresponding description field.

## V. Nevada Repository Data Submission Process

#### 1. Required

a. Repository SFTP Login and Password.

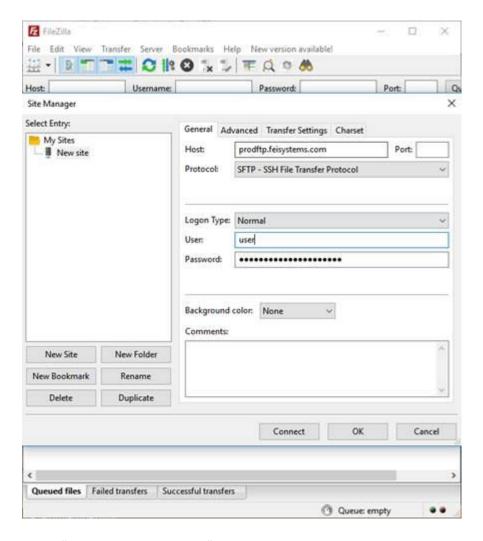
Will be provided during the onboarding process

b. SFTP Client Software that Supports FTPS (FTP over implicit SSL).

FileZilla is the recommend SFTP client, download here.

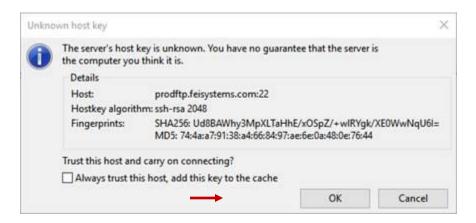
### 2. Connecting to SFTP Site

- a. Open FileZilla software create a new site.
  - i. Host: prodftp.feisystems.com
  - ii. Server Type: FTPS FTP over implicit TLS/SSL
  - iii. Logon Type: Normal
  - iv. Fill in User and Password.



b. Check the "Always Trust this host..." box and Select OK.





### VI. Delete File Instructions

The State of Nevada, Division of Public and Behavioral Health (DPBH) has implemented a mechanism which allows agencies submitting files to the CDR the ability to submit delete files. The following section describes the requirements for submitting these files.

#### 1. File Naming

The files must be named **exactly** as follows when saved to the SFTP folder.

- delete\_client.txt
- delete\_admission.txt
- delete\_discharge.txt
- delete\_mental\_health\_update.txt
- delete\_encounter.txt

#### 2. File Contents

The files should contain only the following data elements.

#### a. Delete Client

The file will require the following data elements:

- Agency ID (state\_business\_no)
- Source Client ID (client\_no)
- Client No (unique\_client\_no)
- Agency Name (agency\_name)
- Facility Name (facility\_name)
- Record Status (record\_status) should always be set to "I" for Inactive (or "deleted")
  records
- Created Date
- Updated Date

#### b. Delete Admission

The file will require the following data elements:

- Agency ID (state business no)
- Source Admission ID (admission no)
- Source Episode ID (episode\_no)
- Source Client ID (client\_no)
- Client No (unique\_client\_no)
- Agency Name (agency\_name)
- Facility Name (facility\_name)
- Provider\_ID (ibhs\_number)
- Record Status (record\_status) should always be set to "I" for Inactive (or "deleted")
  records
- Created Date
- Updated Date

#### c. Delete Discharge

The file will require the following data elements:

- Agency ID (state\_business\_no)
- Source Discharge ID (discharge\_no)
- Source Episode ID (episode\_no)
- Source Client ID (client\_no)
- Client No (unique\_client\_no)
- Source Admission ID (admission no)
- Agency Name (agency name)
- Facility Name (facility\_name)
- Provider\_ID (ibhs\_number)
- Record Status (record\_status) should always be set to "I" for Inactive (or "deleted")
  records
- Created Date
- Updated Date

#### d. Delete Mental Health Update

The file will require the following data elements:

- Agency ID (state\_business\_no)
- Source Update ID
- Source Episode ID (episode\_no)
- Source Client ID (client\_no)
- Client No (unique client no)
- Source Admission ID (admission\_no)
- Agency Name (agency\_name)
- Facility Name (facility\_name)
- Provider\_ID (ibhs\_number)
- Record Status (record\_status) should always be set to "I" for Inactive (or "deleted")
  records
- Created Date
- Updated Date

#### e. Delete Encounter

The file will require the following data elements:

- Agency ID (state\_business\_no)
- Source Service ID
- Source Episode ID (episode no)
- Source Client ID (client\_no)
- Client No (unique\_client\_no)
- Source Admission ID (admission\_no)
- Agency Name (agency\_name)
- Facility Name (facility\_name)



- Record Status (record\_status) should always be set to "I" for Inactive (or "deleted")
  records
- Created Date
- Updated Date

#### f. Notes

- Use the Nevada Repository Record Status of I=Inactive.
- The 5 new files should contain the same layout as the corresponding insert/update file (the existing files).
- These files will only contain records with the status of I=Inactive and other data elements will be ignored.
- Records in these files that do not exist in the Repository will be ignored, no records will
  be inserted from these delete files. Any records not found in the Repository will be
  reported on the log file with the message "Delete request received for a record that was
  not found. No action was performed."

#### 3. Processing Order

These 5 Delete files will be processed after the insert/update ones. These Delete files will also be processed in the following order:

- 1. Discharge
- 2. Mental Health Update
- 3. Encounter
- 4. Admission
- 5. Client

When processing the 5 files, if no errors are returned, the Record Status fields will be changed to I=Inactive.

#### 4. Repository Log Report

The Repository Log Report will contain the following new data:

- For each section (Client, Admission, Discharge, Encounter, Mental Health Update) an aggregate count of deleted records by file type will be displayed.
- Errors will be produced if the following conditions are met:
  - Error if a delete Client file is received but there is a linked Admission in the Nevada CDR
  - Error if a delete Admission file is received but there is a linked Discharge in the Nevada Reporting CDR
  - Error if a delete Admission file is received but there is a linked Encounter file in the Nevada CDR
  - Error if a delete Admission file is received but there is a linked Mental Health
     Update file in the Nevada CDR

## VII. Frequently Asked Questions and Issues

#### 1. Where is the latest version of this document kept?

The most recent version of the document will be kept at the following website: http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Policies/SAPTAPolicies/

If I have questions regarding this specification document or other repository related issues, who should I contact?

Please contact the DPBH Help Desk at WITSsupport@health.nv.gov

#### 2. How do I submit my files?

Each submitting provider will be given a login and password to a SFTP site. You should login and place your files on that site as they are ready.

#### 3. How far back do I need to pull data?

The state has required all episodes of care from the date specified by Nevada and forward to be submitted. In addition, any client that is currently in treatment on the selected date (but was previously admitted), should also be sent.

#### 4. Where are the files kept that I have submitted?

As each file is processed, it is moved to a "Processed\<Date/Time> folder in your SFTP folder. This folder will contain all files submitted, the associated ".bad" files, and a Repository.log file that logs all the processing results.

#### 5. How will I know what is bad in each record?

For each file submitted, a ".bad" file is created in the appropriate "Processed" folder. This file only contains the records in error. They are an exact copy of what was submitted, with an extra field added to the end that lists all errors that were found in that record. Multiple errors are separated by a semi-colon. As an added convenience, each ".bad" file is converted to Excel format for ease of review. This Excel file also has a header row so that you can associate the data with the proper source field.

#### 6. When are we supposed to submit the data files?

DPBH would like you to supply your data files for the prior month by the 3<sup>rd</sup> of every month. If the 3<sup>rd</sup> falls on a weekend or a holiday, then submit by the 2<sup>nd</sup> or 1<sup>st</sup>.

#### 7. How often can I submit the files?

The system will be accessible 24x7 and will look for new files every hour.

### 8. Can I resubmit records, even if they have not been changed?

Yes, the system first looks to see if a record exists in the repository, if it does, it updates the record, if it does not exist, it adds the record.

### 9. The processing program is not picking up the files, what could be wrong?

There are two reasons that the processing program would not process the files:

- 1. The processing program is already running and processing other files.
- 2. The submitted files are not in the proper format, which usually means they are not named properly or don't have the "\*\*\*\*\*\*EOF\*\*\*\*\*\*" as the last line in the file.

## VIII. Appendix 1: File Definitions and Validation Rules

Current CDR Requirements including the latest version of theis document can be found on the SAPTA Policies web page at:

http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Policies/SAPTAPolicies/

## IX. Appendix 2: Sample Output files.

Sample Repository Log file:

```
10/20/2008 10:54:13
10/20/2008 10:54:13 Load Statistics:
10/20/2008 10:54:13
10/20/2008 10:54:13
                        Client:
10/20/2008 10:54:13
                             Records Read
                                                     : 72704
10/20/2008 10:54:13
                              Records Processed
                                                     : 72704
10/20/2008 10:54:13
10/20/2008 10:54:13
                                   Inserted
                                                     : 72704
                                   Updated
                                                     : 0
10/20/2008 10:54:13
                                                     : 0
                                   Bad
10/20/2008 10:54:13
10/20/2008 10:54:13
                        Admission:
10/20/2008 10:54:13
10/20/2008 10:54:13
                                                     : 100675
                              Records Read
                              Records Processed
                                                     : 100675
10/20/2008 10:54:13
                                   Inserted
                                                     : 98921
10/20/2008 10:54:13
                                   Updated
10/20/2008 10:54:13
                                                     : 1754
                                   Bad
10/20/2008 10:54:13
10/20/2008 10:54:13
                         Mental Health Update
                                                     : 515463
10/20/2008 10:54:13
                              Records Read
10/20/2008 10:54:13
                              Records Processed
                                                    : 515463
                                                     : 514472
                                   Inserted
10/20/2008 10:54:13
10/20/2008 10:54:13
10/20/2008 10:54:13
                                   Updated
                                                     : 991
                                   Bad
10/20/2008 10:54:13
10/20/2008 10:54:13
                        Discharge:
10/20/2008 10:54:13
                                                     : 34199
                              Records Read
10/20/2008 10:54:13
10/20/2008 10:54:13
                                                     : 34199
: 33744
                              Records Processed
                                   Inserted
Updated
10/20/2008 10:54:13
                                                     : 0
10/20/2008 10:54:13
                                                     : 455
                                   Bad
10/20/2008 10:54:13
10/20/2008 10:54:13
10/20/2008 10:54:13
10/20/2008 10:54:13
10/20/2008 10:54:13
10/20/2008 10:54:13
10/20/2008 10:54:13
10/20/2008 10:54:13
10/20/2008 10:54:13
```

## Sample Admission.bad file:

	Α	В	С	D	DP
1		Source Admission ID		Client No	DI .
	Agency ID	Source Admission ib	Source Cheffe ID	CHETTE NO	
2	2	33259	60183	9301295878	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
3	2	35281	66547	9101047569	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
4	2	35757	51635	8904269729	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
5	2	36231	55076	9210279396	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
6	2	36643	68274	9103171015	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
7	2	36833	68503	8902212300	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
8	2	37585	48975	8810012698	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
9	2	37591	69435	9202021016	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
10	2	37593	69437	9201126923	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required
11	2	38792	52475	9107161005	***ERROR-LIST:treated_here_for_code is required;treated_here_for_desc is required

Note – this file contains columns A-DP (many columns hidden to display within this document).