



QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

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Client Services Information (CSI)

From time to time clinicians will hear the term “CSI errors”. With the advent of the Electronic Health Record it is important for clinicians to be aware of Client Services Information and why it is important.

Client Services information is mandated by the State for their data collection purposes from each county. The State is mandated to report some CSI data to the federal government. CSI is reported on **all clients** served by the Mental Health Plan and includes all services provided, regardless of whether they were billed to any health plan. Unlike Medi-Cal and Medicare to which we send only our billable services using HCPCs and CPT codes, CSI uses Service Function Codes (SFC) which describe the service type (Case Management, Crisis, etc.) and Modes of service which describe the service modality (Outpatient, 24 Hour services, Day Services).

Since we also include the services provided by the Administrative Service Organization (Cal Optima) that are not in IRIS, CSI is the most inclusive data source for all the services we provide.

If staff is careful to report accurate information, CSI can be used as a rich data source in determining some outcomes. For example, the Living Arrangement allows us to track a client’s level of functioning as described by their living situation. For children we can see that they may have moved from a level 1 Group Home to a level 24 Group Home. For adult clients, who are not living in a licensed facility, we can identify how much assistance with daily living they require to maintain their independence by indicating if they need some, daily, or no support in their house or apartment. It also provides us with other useful data that can be used to inform us regarding program planning, such as ethnicity. This informs us about BHS programs’ penetration rate for all target populations.

All CSI reporting fields are required in IRIS. BHS IRIS reports this information each month—**within 60 days after the month** the services have been recorded in IRIS.

Pre-submission Correction Process

Orange County BHS has such a good reputation with the State for their very low CSI error rates that our model was used to in a recent statewide initiative to help California counties reduce their errors. Please keep in mind that while our process reduces data entry errors it does not address how accurately our data reflects the clients we serve. Only the clinicians who work with the clients we serve can ensure that we have **gathered accurate** demographic, diagnostic, and service data which affords us data of **high quality**.

A few weeks before the CSI reporting deadline, HCA IT gathers information entered into IRIS and from the ASO and uses a “scrubbing” script to identify all errors. The results of this script are formatted in to a CSI Error report that the BHS IRIS Liaisons post in their Division’s shared

folders on the network for program staff to correct. When it is time to produce the report we submit to the State, HCA IT again runs the data through its script and all but the records with Fatal Errors are submitted to the State.

There **are three types of results** reported in the CSI Error report:

- **FATAL ERRORS:** The quality of the data is so compromised that the State will not accept the information into their database.
- **NON-FATAL ERRORS:** The nonfatal errors are ones where there is an obvious error, usually a **contradiction in information**, but there is enough basic info such as the SFC (type of service provided) and Provider number which allows the State to store the record(s) correctly.
- **WARNINGS:** these are records in which some discrepancy is evident but it will not cause us to incur a cumulative error in the state database

Because we cannot send Fatal Errors to the State, there may be services that we may really have performed that will not be reported. Nonfatal errors that are not corrected are sent and will **accumulate** until the end of the Fiscal year. **This can be cause for a quality review of our data and correction plan if this number is too high.**

Below is a list of CSI errors types:

FATAL ERRORS would include these types of Examples:

1. Primary Diagnosis **not Valid** for either DSM IV or ICD 9
2. Provider **not Authorized** for Mode and SFC
3. Discharge Date **is before** Service Date
4. Primary DX code is V71.09, other Dx listed is more specific
5. Provider is BLANK
6. **INVALID Time** for SFC

Non-FATAL Errors would include these types of examples:

1. Duplicate General Medical Conditions Codes
2. Substance Abuse Flag is “no” but Substance Abuse Dx used
3. 799.9 is the only Dx, more information is needed.
4. Primary Dx is 799.9, other is more specific
5. V71.09 is non-primary and followed by a specific Dx
6. V71.09 is the only Dx, more information is needed
7. Secondary DX is not a Valid Mental Health Code.
8. Two or More Evidenced Based Practices are identical
9. 1st and Second Dx is the Same
10. 1st and Third Dx are the same
11. 2nd and Third Dx are the same
12. 2nd and 4th Dx are the same.
13. 3rd and Fourth Dx are the same
14. Discharge Date with no Discharge Legal Class

WARNING(s) include:

1. Warning: Please verify substance abuse Dx is Primary
2. Warning: Mothers First Name not Identified
3. Warning: SSN field is blank or invalid
4. Warning: Place of Birth Invalid State-Country