# Differences between DDAP and DPAS

**Data Differences:**

1. Simplify data collection to data needed for contract measures and State and Federal Reporting. For AS providers, this is a reduction in half of data collected.
2. Store all agency data at either the agency or program level. For instance, address, race, ethnicity, marital status, insurance will be stored at the agency level, where living situation, employment status, diagnosis and other values will be stored at the program level.
3. Standardize data collection between PNP and State-operated systems.
4. Standardize the dictionary values across the Addiction Services and Mental Health values for Living Situation, Employment Status, and Discharge Type
5. Religion and Language fields have been added to the Interface
6. Allow for specific CPT codes and multiple services in a day
7. Allow Mental health providers to submit data for substance abuse more easily
8. Simplify the primary referral source information from the thousands of values to those required for TEDS reporting.
9. Add authorization number to service fields for GA services
10. Allow users to add up to 5 substances used instead of the current 3.

**Application Differences:**

1. A Web application will be used instead of Citrix. Yes, a VPN token will still be required.
2. Allow for 7 Axis I, 5 Axis II and 5 Axis III diagnoses. Currently, only 3 Axis I, Axis II, and Axis III are allowed at a time.

**Interface Differences:**

1. Allow for 7 Axis I, 5 Axis II and 5 Axis III diagnoses (currently, only 3 Axis I, Axis II, and Axis III are allowed at a time).
2. Simplify the extract file methodology from one for each agency to 2 standard methods: a delimited file and an enhanced 837.
3. Provide a web-based interface and FTP site for submitting extract files where errors can be viewed and corrected on line.
4. Require agencies to map their values to the DMHAS values, lessening the potential for DMHAS to mis-map values.
5. Allow for all data to be submitted in one file instead of 3.
6. Provide a data structure for updating outcome measures for both MH and AS providers.
7. Allow for providers to send **either** DSM or ICD-9 diagnoses in Axis I and II.

**Next Steps:**

- Review the specs and give DMHAS written feedback on the data collection.
- DMHAS will review feedback and communicate the final technical and business specs by summer 2009.
- DMHAS will work with providers on developing the new format for the 837 extract.
- DMHAS will test the delimited and 837 formats with providers who are interested.
- DMHAS will test the Web-based on-line tool that will replace DPAS.