

DUGless Update

Implementation Date – February 1, 2020

1. New File Layout

Below is the new file layout for the File Upload option in the DUGless Portal, which will be implemented on February 1, 2020. It includes two new fields: EFFECTIVE_DATE and CONSENT_VALID. There is an example of what the file upload records should look like and the definition of the fields below the File Layout Table below.

File Layout Table for File Upload (Multiple Records Entry)

Field Label	Data Type	Length	Start	End
PROVIDER_ID	varchar	6	1	6
AHCCCS_ID	varchar	9	7	15
DOB (YYYYMMDD)	datetime	8	16	23
REFERRAL_DATE (YYYYMMDD)	datetime	8	24	31
REFERRAL_SOURCE	varchar	2	32	33
EFFECTIVE_DATE	datetime	8	34	41
TREATMENT_PARTICIPATION	varchar	1	42	42
NUMBER_OF_ARRESTS	tinyint	2	43	44
OA_ADC	varchar	1	45	45
OA_ADJC	varchar	1	46	46
OA_AOC_ADULT	varchar	1	47	47
OA_AOC_JUVENILE	varchar	1	48	48
OA_DES_RSA	varchar	1	49	49
OA_SCHOOL_SPECIAL_ED	varchar	1	50	50
EMPLOYMENT_STATUS	varchar	2	51	52
SP_WOMAN_DC	varchar	1	53	53
SUPPORT_GROUPS_PARTICIPATION	varchar	1	54	54
MILITARY_STATUS	varchar	1	55	55
CASII_INTENSITY_LEVEL	varchar	2	56	57
CASII_INTENSITY_DATE (YYYYMMDD)	datetime	8	58	65
SA_PRIMARY_TYPE	varchar	4	66	69
SA_FREQUENCY_1	varchar	1	70	70
SA_ROUTE_1	varchar	1	71	71
SA_AGE_1	tinyint	2	72	73
SA_SECONDARY_TYPE	varchar	4	74	77
SA_FREQUENCY_2	varchar	1	78	78
SA_ROUTE_2	varchar	1	79	79
SA_AGE_2	tinyint	2	80	81
SA_TERTIARY_TYPE	varchar	4	82	85
SA_FREQUENCY_3	varchar	1	86	86
SA_ROUTE_3	varchar	1	87	87
SA_AGE_3	tinyint	2	88	89
CONSENT_VALID	varchar	1	89	90



File Upload Example

174288A

6	- Effective Date
Field Label	Effective_Date
Description	Refers to the effective date of any new, addition, and/or change to a members' data/record being submitted.
Valid Values	YYYYMMDD Format
Rules and Definitions	Required on all transactions
Updates	06/27/2019 Field added to Single Case Data 02/01/2020 Field added to Multiple Records Entry
Examples	A member started a part-time job requiring a change in Employment Status field on January 3, 2019. Enter 20190103

33	3 – Consent Valid (Multiple Records Entry Only)
Field Label	Consent_Valid
Description	Refers to whether a Substance Use Disorder (SUD) data consent form has been uploaded to the portal prior to record submission.
Valid Values	Y - Yes N - No
Rules and Definitions	Required on all records submitted through Multiple Records Entry (File Upload). If the valid value is No, then the substance use disorder data field/s must be None/No Use.
Updates	02/01/2020 Field added
Examples	A member's consent form has been previously uploaded to the portal. Enter Y



2. Substance Use Disorder Data Consent

Per HIPAA Part 2 requirements, a **signed consent form** is required to be uploaded to the portal for each member, per provider, and before SUD data is submitted for any member. There is not a specific form required, providers may use consent forms already in use, as long as they are signed and current. A consent form is not required to be uploaded for every record submitted, only if there is no consent form for that member.

There is a feature in the portal where consent forms may be uploaded, reviewed, and revoked. This feature is located on the main page of the Member Supplemental Data (DUGless Portal), under 'Upload Member Consent.'

Arizon	HCCCS Health Care Cast Containent System		ALEON SOfficial Web Site	
Main FAQ Terms Of Use LogOut				
	Member Supplemental Data		Members Supplement	al Data Users History
Menu				
AIMH Services Program	Single Record Entry	O Multiple Records Entry	O Upload Members Consent	
Claim Status		(1000) (1		
Claims Submission				
EFT Enrollment				
Member Verification	Member Verification : Member Search			
Newborn Notification		Member Search		
Prior Authorization Inquiry	AHCCCS ID:*	Date of Birth:*	(mm/dd/yyyy)	Search
Prior Authorization Submission				
Provider Verification				
Provider Re-Enrollment/Revalidation				
Targeted Investments Program				
Members Supplemental Data				

To Upload Consent Forms

To upload a member's SUD consent form, click on 'Upload Member Consent' in the portal. Click on 'Browse' to select file(s). Once consent form files are selected, click 'Open' to select. Next click on 'Upload' to submit consent form files.

A 17 1110000 01000				
Choose File to Upload		×		
\leftrightarrow \rightarrow \checkmark \uparrow \square \rightarrow This PC \rightarrow	Desktop → Test v ♂ Search Test	🐐 م		GOV
Organize 🔻 New folder		1 🗉 🔹 🚺		Arizona's Official Web Site
OneDrive	^ Name	Date modifie		Warden Grand Street
This PC	AConsent_A00156636_568769.pdf	7/19/2017 1:		Members Consent Searc
	AConsent_A00156682_568762.pdf	7/26/2018 9:4	Please select member consent to upload.	
3D Objects	SAConsent_A05792938_174288.pdf	1/3/2019 11:2	Browse	
Desktop	SAConsent A09895347 174288.pdf	7/19/2017 1: *		-
Documente			Upload	
File name: "S	AConsent_A00156636_568769.pc \view All Files (*.*)	~		Note: File should be only in pdf or image format.
	Open	Cancel		uploads may not exceed 10MB.
and the same of the				
Prior Authorization Inquiry				
Prior Authorization Submission				
Provider Verification				
Provider Re-Enrollment/Revalidation				
Targeted Investments Program				
Members Supplemental Data				
Support and Manuals				
AHCCCS Online User Manuals				
AHCCCS Online Learn More				
Frequently Asked Questions				
NW//07001100700100700100100				
Account Information				



More than one consent form files can be uploaded at one time.

The consent form files must abide by the following rules:

- File name rule: SAConsent_(member's AHCCCS ID)_(Provider ID).extension
 Example: SAConsent_A12345678_123456.pdf
- Permitted file types: PDFs and various image file formats such as .JPG, .BMP, *.PNG, etc.
- The combined size of the consent form files uploaded at one time cannot exceed 10 MB.

Once file(s) are uploaded successfully, the following message will be displayed:

Arizo	HCCCS Are Factor Card Card Card Card Card Card Card Car		GOV ficial Web Site
ain FAQ Terms Of Use LogOut	Manhana Gundamantal Data		Munching Converti Convert
	Members Supplemental Data		Members Consent Search
Menu		we have been as the	
AIMH Services Program		Please select member consent to upload. Browse	
Claim Status		DIOWSE	
Claims Submission		Upload	
EFT Enrollment			Note: File should be only in pdf or image format.
Member Verification			uploads may not exceed 10MB.
Newborn Notification		Total No. of consents: 4	
Prior Authorization Inquiry		No of consents successfully inserted : 4	
Prior Authorization Submission			

If files are not uploaded successfully, an error message will display (see below). Any file that produces an error will not be saved in the portal.

Arizona	HCCCS Rath Care Carl Cardinater Fyrate	Arcrea & Official Web Ste
Main FAQ Terms Of Use LogOut		
	Members Supplemental Data	Members Consent Search
Henu AIMH Services Program Claim Status Claims Submission EFT Enrollment Member Verification	File-SAConsent_A568769.pdf File-SAConsent_A568762.pdf Upload	Browse wrong file name, not uploaded.
Newborn Notification		Note: File should be only in pdf or image format. uploads may not exceed 10MB.
Prior Authorization Inquiry Prior Authorization Submission	Total number of co	nsents: 2
Provider Verification Provider Re-Enrollment/Revalidation Transland Jacobian Decement	No of consents successfu	inserted : 0



Consent Verification: Single Record Entry

When substance use disorder data is entered under a single record entry, the user must click on the check box under the Tertiary Substance Use fields.

Support and Manuals	Provider ID:*			Referral Date:*	10/07/2019		Referral Source:*	RBHA Customer Service	V
AHCCCS Online User Manuals	Effective Date:*		-			~			
HCCCS Online Learn More	Lifective Date.		-	Outcome M	loacuroc				
requently Asked Questions	Treatment Participation:*	Voluntary	V	No. of Arrests:*		-	Employment Status:*	Competitively Employed Pr	
						_	55		
Account Information	SP Woman DC:*	No	~	Social Support of Recovery:*	Please Select	~	Military Status:*	Veteran	~
semame: supplementaldata				Other Agency	Information				
ser: Supplemental Supplemental	OA ADC or Parole:*	Yes	V	OA ADJC Parole:*	Not applicable due to age	\checkmark	OA AOC Adult Probation:*	No	V
ype: Master	OA AOC Juvenile Probation:*	Not applicable due to age	\checkmark	OA DES RSA:*	No	V	OA School Special Ed:*	Not applicable due to age	V
h in1				Primary St	ibstance				
ational Provider ID: 1174538425	SA Primary Type:*	Alcohol	V	SA Frequency 1:*	Please Select	Y			
ser Request Stats	SA Route 1:*	Please Select	V	SA Age First Use 1:*					
min		Secondary Substance							
22070	SA Secondary Type:*	Please Select	V	SA Frequency 2:*	Please Select	~			
	SA Route 2:*	Please Select	V	SA Age First Use 2:*					
			_	Teritary Su	ıbstance				
	SA Tertiary Type:*	Please Select	V	SA Frequency 3:*	Please Select	Y			
	SA Route 3:*	Please Select	~	SA Age First Use 3:*					
	* Please check this box if y	you have already upload	led val	id members consent					
				CASII F	ields				
	CASII Intensity Level:*	Not applicable due to age	~	CASII Intensity Date:*					
				<u>27</u>	-				
				Submit	t				

When the record is submitted, the portal will verify that a consent form was previously uploaded for the member, if a consent form is found, the record will be accepted.

Records without SUD data will be accepted, but must select 'None' for the 'SA Primary Type' field.

If SUD data is submitted and the check box is not checked, the following message will pop up when the record is submitted:

'Substance Use data cannot be submitted without the member's consent. Please check the member's consent checkbox if you have already uploaded a valid member consent.'

	HCCCS and Health Care Card Candidation By Utility		Arizona's Official Web Site	
lain FAQ Terms Of Use LogOut				
	Member Supplemental Data		Members Supplemen	tal Data Users History
Menu				
AIMH Services Program	Single Record Entry	O Multiple Records Entry	O Upload Members Consent	
Claim Status				8
Claims Submission				
EFT Enrollment				
Member Verification	Member Verification : Member Message from webpage	×		
Newborn Notification				
Prior Authorization Inquiry		ata cannot be submitted without members	(mm/dd/yyyy)	Search
Prior Authorization Submission	consent. Please	check the members consent checkbox if you oaded valid members consent.		Course
Provider Verification				
Provider Re-Enrollment/Revalidation			Gender:	•
Fargeted Investments Program	Last Name:	ОК	Gender:	
Members Supplemental Data				
		Referral Source		
Support and Manuals	Provider ID:*	Referral Date:*	Referral Source:*	Self/Family/Friend V
HCCCS Online User Manuals	Effective Date:*			
HCCCS Online Learn More		Outcome Measures		



If SUD data is submitted and the check box is checked, but there no consent form found in the portal, the following window will pop up when record is submitted, allowing a user to upload consent form file before submitting the record.

Ar	Izono Health Care Cast Containment System	1		Arizona	s Official Web Site	
Main FAQ Terms Of Use LogOut						
	Member Supplemental	Data			4embers Suppleme	ntal Data Users History
Мели						
AIMH Services Program	Single	Record Entry	O Multiple Records Entry	O Upload Men	bers Consent	
Claim Status		Upload the consent				
Claims Submission		opioud the consent				
EFT Enrollment	Member Verification : N	Member cons	ent is not found please upload the va	lid		
Member Verification	Member verification : M		consent	(((((((((((((((((((
Newborn Notification		Pleas	e Select a Member's Consent to Upload.			
Prior Authorization Inquiry	AHCCCS ID:* A001		Browse	(mm/dd/yyyy)		Search
Prior Authorization Submission		[Upload			
Provider Verification		L		2		
Provider Re-Enrollment/Revalidation	Last Name: LUNA		Note: File should be only in pdf or ima uploads may not exc	ge format. eed 10MB.	Gender:	F
Targeted Investments Program					dender	
Members Supplemental Data						
Support and Manuals						_
AHCCCS Online User Manuals	Provider ID:*				Referral Source:*	RBHA Customer Service V
AHCCCS Online Learn More	Effective Date:*	10/09/2019				
			Outcome Mea	asures		
Frequently Asked Questions	Treatment Participation:*	Voluntary	V No. of Arrests:"		Employment Status:*	Competitively Employed Par V

Consent Verification: Multiple Records Entry

When substance use disorder data is submitted through the multiple records entry, the field 'CONSENT_VALID' must have a value of 'Y' (Yes), indicating that a consent form was previously uploaded to the portal. Once the file is uploaded, the portal will verify that a consent form was uploaded. If a consent form is not found, the portal will display a message, under 'Error Detail' and all other data in the record will be submitted successfully.

Menu				
AIMH Services Program	O Single Record Entry	Multiple Records Entry	O Upload Members Consent	
Claim Status				
Claims Submission				
EFT Enrollment				
Member Verification	_	Please Select a Supplemental Data File to Upload.	Browse	
Newborn Notification			DIOWSELL	
Prior Authorization Inquiry		Upload		
Prior Authorization Submission			Note: File should	e only in plain text format.
Provider Verification			upl	ads may not exceed 10MB.
Provider Re-Enrollment/Revalidation				
Targeted Investments Program		File uploaded successfully		
Members Supplemental Data				
	Line Number		Error Detail	
Support and Manuals	Line 1 , AHCCCS ID.	Substance Use data cannot be	submitted without member's consent. All o	ther data in the
AHCCCS Online User Manuals	Provider ID:174288	reco	ord was successfully submitted	andere i restate i r
AHCCCS Online Learn More	Line 2 , AHCCCS IDA Provider ID:174288		submitted without member's consent. All o ord was successfully submitted	ther data in the
Frequently Asked Questions			a has succession, submitted	

In order to submit rejected substance use disorder data, a consent form must be uploaded first, and then the entire record can be re-submitted.

If no substance use disorder data will be submitted with the record, the consent field should have a value of 'N' (No) and the SUD data fields must have all values of 'None/No Use'.

Examples:

174288A 19820916201909020320191027V00YXYXYX24X1AXX



Member Verification: Member Consent Search and Consent Revocation

Under the 'Upload Member Consent' page, users may search for previously submitted consent forms, as well as, revoke previously submitted consent forms. To search for consent, click on 'Member Consent Search' on the top right of the 'Upload Member Consent' page.

Main FAQ Terms Of Use LogOut	HCCCS Really Care Cast Containment System	Arizona s Official Web Site
	Members Supplemental Data	Members Consent Search
Menu		
AIMH Services Program	Please select member consent to upload.	-
Claim Status	Browse	
Claims Submission	Upload	
EFT Enrollment		Note: File should be only in pdf or image format.
Member Verification		uploads may not exceed 10MB.
and an effective		

Members consent forms can be searched by using any of the following criteria: AHCCCS ID, Provider ID, Submitted From (date) or Submitted To (date). Only consent forms submitted by the user will appear in the search.

Aritz Main FAQ Terms Of Use LogOut	HCCCS A Leader of System	
	Members Supplemental Data	Members Consent Search
Menu AIMH Services Program	Members Supplemental Data Submitted by :	
Claim Status	AHCCCS ID: Provider ID:	
Claims Submission EFT Enrollment	Submitted From: Submitted To:	
Member Verification	Submit	

The results will appear under the search criteria. This is also where previously submitted consents may be revoked by clicking 'Revoke the consent' on the selected consent form.

Ar	AHCCCS			AZZ.GOV Arizona's Official Web Site	
Main FAQ Terms Of Use LogOut	Members Supplemental Data				Members Consent Search
Menu AIMH Services Program	_	Members Supplemental Data Submitted by :			
Claim Status Claims Submission		AHCCCS ID:	Provider ID:		
EFT Enrollment		Submitted From:	Submitted To:		
Member Verification Newborn Notification	Member Consent SAConsent A 568769.pdf		Submitted Date	Revoke the consent	Revoke Date
Prior Authorization Inquiry	SAConsent_A		10/30/2019	Revoke the consent	
Prior Authorization Submission	SAConsent_A		10/29/2019 10/30/2019	Revoke the consent Revoke the consent	
Provider Verification	SAConsent_A		10/30/2019	Revoke the consent	



When the consent form is selected to be revoked, a revoke date must be entered. This date must be a current or future date only.

Artices Here	ICCCS		6/90	AZZ.GOV Artonals Official Web Sale	
Main FAQ Terms Of Use LogOut					
	Members Supplemental Data				Members Consent Search
Menu					
AIMH Services Program	Members Supplemental Data Submitted by :				
Claim Status		AHCCCS ID:	Provid	der ID:	
Claims Submission		Submitted From:		itted To:	
EFT Enrollment		Juli interest interes			
Member Verification			Submit		
Newborn Notification	Member SAConsent A	Revoke the member consent		te Revoke the consent	Revoke Date
Prior Authorization Inquiry	SAConsent_A	Revoke 10/30/2019	Revoke Consent	Revoke the consent	
Prior Authorization Submission	SAConsent_A SAConsent_A	Date:	Revoke Consent	Revoke the consent Revoke the consent	
Provider Verification	SAConsent_A			Revoke the consent	
Provider Re-Enrollment/Revalidation					
Targeted Investments Program			Ok		
Members Supplemental Data					

The revoke date entered will appear under 'Revoke Date' in future searches.

Main FAQ Terms Of Use LogOut	AHCCCS https://www.analysian			AZZ.GOV Arizona's Official Web Site	
	Members Supplemental Data				Members Consent Search
Menu					
AIMH Services Program		Members Supplemental Data Submitted by :			
Claim Status		AHCCCS ID:	Provider ID:		
Claims Submission		Submitted From:	Submitted To:		
EFT Enrollment					
Member Verification			Submit		
Newborn Notification	Member Consent		Submitted Date		Revoke Date
a contract of the second of	SAConsent_A568769.pdf		11/01/2019		11/02/2019
Prior Authorization Inquiry	SAConsent_A		11/01/2019	Revoke the consent	
Prior Authorization Submission	SAConsent_A		11/01/2019	Revoke the consent	