

### **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

3:	33 – 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		Arizona's Official Web Site	
Main   FAQ   Terms Of Use   LogOut				
	Member Supplemental Data		Members Supplemen	ital Data Users History
Menu				
AIMH Services Program	Single Record Entry	O Multiple Records Entry	O Upload Members Consent	
Claim Status		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
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.

Choose File to Upload		×		
$\leftarrow$ $\rightarrow$ $\checkmark$ $\uparrow$ $\square$ $\rightarrow$ This PC $\rightarrow$ Des	ktop → Test v 👌 Search Test			GOV
Organize 🔻 New folder			Arizona's O	fficial Web Site
OneDrive	A Name Dat	e modifie ^		Mambars Concent Couch
This DC	SAConsent_A00156636_568769.pdf 7/1	9/2017 1:		Members Consent Search
In an Objects	SAConsent_A00156682_568762.pdf 7/2	6/2018 9:4 Please select	member consent to upload.	
	SAConsent_A05792938_174288.pdf 1/3	/2019 11:2	Browse	
	A SAConsent A09895347 174288.ndf 7/1	9/2017 1: *	Linlood	
File name: SACo	nsent_A00156636_568769.pc > All Files (*.*) Open Ca	wincel	opioud	Note: File should be only in pdf or image format. uploads may not exceed 10MB.
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				
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 no Fredh Care Cast Containment System		GOV hcial Web Site
ain   FAQ   Terms Of Use   LogOut			
	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 chauld be only in odf 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			
and the state of the state of the			

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.

Anzero	HCCCS Realt Care Carl Cardianner Fysien	ALE CON
Main   FAQ   Terms Of Use   LogOut		
	Members Supplemental Data	Members Consent Search
Menu           AIMH Services Program           Claim Status           Claims Submission           EFT Enrollment           Member Verification	File-SAConsent_A568769.pdf - File-SAConsent_A568762.pdf - Upload	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 con	sents: 2
Provider Verification Provider Re-Enrollment/Revalidation Translation	No of consents successful	ly 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:*				0 <del>7</del>			L	
AHCCCS Online Learn More				Outcome M	Measures				
Frequently Asked Questions	Treatment Participation:*	Voluntary	V	No. of Arrests:*	0		Employment Status:*	Competitively Employed F	Pai 🗸
	SP Woman DC:*	No	V	Social Support of Recovery:*	Please Select	V	Military Status:*	Veteran	V
Account Information				Other Agency	Information				
Username: supplementaldata				other Agency	Into mución				
User: Supplemental Supplemental	OA ADC or Parole:*	Tes	~	OA ADJC Parole:*	Not applicable due to age	~	OA AOC Adult Probation:*	NO	~
Type: Master	OA AOC Juvenile Probation:*	Not applicable due to age	$\sim$	OA DES RSA:*	No	~	OA School Special Ed:*	Not applicable due to age	~
IP: ::1		-		Primary St	ubstance				
National Provider ID: 1174538425	SA Primary Type:*	Alcohol	V	SA Frequency 1:*	Please Select	Y			
User Request Stats	SA Route 1:*	Please Select	V	SA Age First Use 1:*					
Admin	-			Secondary 5	Substance				
	SA Secondary Type:*	Please Select	V	SA Frequency 2:*	Please Select	Y			
	SA Route 2:*	Please Select	×	SA Age First Use 2:*					
				Teritary Su	ubstance				
	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	you have already upload	led val	id members consent					
				CASII F	Fields				
	CASII Intensity Level:*	Not applicable due to age	~	CASII Intensity Date:*					
				Submit	+				
				Submi	IL.				

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.'

			AZZ.GOV Arizonas Official Web Site	
Main   FAQ   Terms Of Use   LogOut				
	Member Supplemental Data		Members Supplemen	ital Data Users History
Menu	_			17
AIMH Services Program	Single Record Entry	O Multiple Records Entry	O Upload Members Consent	
Claim Status				
Claims Submission				
EFT Enrollment				
Member Verification	Member Verification : Member Message from w	ebpage	x	
Newborn Notification				
Prior Authorization Inquiry	ANCCCS ID.*	ance Use data cannot be submitted without members	(mm/dd/www)	Search
Prior Authorization Submission	conser	nt. Please check the members consent checkbox if you	((((())))))))))))))))))))))))))))))))))	ocuron
Provider Verification		actual aprovaca valia includera contenta		
Provider Re-Enrollment/Revalidation			-	-
Targeted Investments Program	Last Name:	ОК	Gender:	
Members Supplemental Data				
		Referral Source		
Support and Manuals	Dravidar ID:*	Referral Date:*	Referral Sources*	Self/Femily/Friend
HCCCS Online User Manuals			Kelerral Source:	Contraining to Elice V
	ETTOCTIVE LISTON			



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	1.2.2		Arizona's Official Web Site	
Main   FAQ   Terms Of Use   LogOut					
	Member Supplemental	Data		Members Supp	lemental Data Users History
Menu					
AIMH Services Program	Single	Record Entry	O Multiple Records Entry	O Upload Members Consent	
Claim Status		Unload the consent			
Claims Submission		opioud the consent			
EFT Enrollment	Mambas Varification . I	Member cons	ent is not found please upload the vali	d	
Member Verification	Member verification : M		consent		
Newborn Notification		Please	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			
Provider Re-Enrollment/Revalidation	Last Names LUNA		Note: File should be only in pdf or image uploads may not excee	d IONB.	andan E
Targeted Investments Program	Last name, Long				ender. r
Members Supplemental Data					
Comment and Manuals					
WCCCS Online User Menuals	Provider ID:*			Referral Source:*	RBHA Customer Service 🗸
ACCCC Online User Manuals	Effective Date:*	10/09/2019			
HUUUS Unline Learn More			Outcome Meas	sures	
requently Asked Questions	Treatment Participation:*	Vokintery	V No of America	Employment Statu	Competitively Employed Per

#### **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	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.	Browne	
Newborn Notification	]		blowse	
Prior Authorization Inquiry		Upload		
Prior Authorization Submission			Note: File should be on	ly in plain text format.
Provider Verification			uploads	nay not exceed 10MB.
Provider Re-Enrollment/Revalidation				
Targeted Investments Program		File uploaded successfully		
Members Supplemental Data				
	Line Number		Error Detail	1
Support and Manuals	Line 1 , AHCCCS ID.	Substance Use data cannot be s	submitted without member's consent. All other	data in the
AHCCCS Online User Manuals	Provider ID:174288	reco	rd was successfully submitted	The second s
AHCCCS Online Learn More	Line 2 , AHCCCS IDA Date of Birth:	Substance Use data cannot be stress	submitted without member's consent. All other	data in the
Frequently Asked Questions		1000	a nas successiany 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	Arizena's Official Web Site
	Members Supplemental Data	Members Consent Search
Menu		
AIMH Services Program	Please select member consent to upload.	
Claim Status	Bro	owse
Claims Submission	Upload	
EFT Enrollment		Note: Ele should be only in adf as impose 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.

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	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.

j Ar	AHCCCS trans Health Core Cast Certification			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 Io:			
Newborn Notification	Member Consent		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.

ALL	CCCCS Care Cost Cost Cost Cost	200			)//	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			AHCCCS ID:		Provider ID:		
Claims Submission			Submitted From:		Submitted To:		
EFT Enrollment			outilities intoini				
Member Verification				Subr	iit		
Newborn Notification	Member Revoke the member consent		ite	Dural to the second second	Revoke Date		
Prior Authorization Inquiry	SAConsent_A	Revoke 10	/30/2019	Povoko Concont	1	Revoke the consent	
Prior Authorization Submission	SAConsent_A	Date:				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.

AHCCCS Arteres Volice V Cere Cest Cerebianeer System 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: P	rovider ID:			
Claims Submission		Submitted From: S	ubmitted To:			
Member Verification		Submi	t			
Newborn Notification	Member Consent SAConsent A 568769 odf	Submitted	Date	Revoke Date		
Prior Authorization Inquiry	SAConsent_A	11/01/20	19 Revoke the consent	100000		
Prior Authorization Submission	SAConsent_A	11/01/20	19 Revoke the consent			