

**SECTION: 6 CHAPTER: 1600**

**POLICY: 1601 Enrollment, Disenrollment and Other Data Submission**

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**1. PURPOSE:**

The collection and reporting of accurate, complete and timely enrollment, demographic, clinical, and disenrollment data is of vital importance to the successful operation of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) behavioral health service delivery system. It is necessary for behavioral health providers to submit specific data on each person who is actively receiving services from the behavioral health system. As such, it is important for Tribal/Regional Behavioral Health Authority (T/RBHA) and provider staff (e.g., intake workers, clinicians, data entry staff) to have a thorough understanding of why it is necessary to collect the data, how it can be used and how to accurately label the data. This policy has particular relevance for those providers that conduct assessments, ongoing service planning, and annual updates.

This data in turn is used by ADHS/DBHS to:

- a. Monitor and report on outcomes of individuals in active care (e.g., changes in diagnosis or Global Assessment of Functioning (GAF)), employment/educational status, place of residence, substance use, number of arrests);
- b. Comply with federal and state funding and/or grant requirements;
- c. Assist with financial-related activities such as budget development and rate setting;
- d. Support quality management and utilization management activities; and
- e. Respond to requests for information.

The intent of this section is to describe requirements for T/RHBAs to produce policies for their behavioral health providers to submit the following data in a timely, complete, and accurate manner:

- a. Non-Title XIX enrollment and disenrollments; and
- b. Demographic and clinical data, including changes in a person's behavioral health status

**2. TERMS:**

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>. The following terms are referenced in this section:

Annual Update  
Assessment  
Behavioral Health Category Assignment  
Change  
Client Information System (CIS)  
Closure  
Crisis Episode

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Day  
Demographics  
Edit  
Episode of Care  
Health Insurance Portability and Accountability Act of 1996 (HIPAA)  
Intake / Enrollment  
Outcome Measures

**3. PROCEDURES:**

General requirements

- a. Arizona Health Care Cost Containment System (AHCCCS) enrolled individuals are considered enrolled with the Tribal/Regional Behavioral Health Authority (T/RBHA) at the onset of their eligibility. They are provided an AHCCCS identification card listing their assigned T/RBHA. This assignment is sent daily from ADHS/DBHS to the T/RBHA.
- b. For a Non-Title XIX/XXI eligible person to be enrolled, providers must submit an 834 enrollment transaction to the T/RBHA. All AHCCCS enrolled individuals with a mental health benefit are considered enrolled with the T/RBHA at the time of their AHCCCS eligibility.
- c. For a Non-Title XIX/XXI eligible person who receives a covered behavioral health service, he/she must be enrolled effective the date of first contact by a behavioral health provider.
- d. All persons who are served through the ADHS/DBHS behavioral health system must have an active episode of care, even if the person only receives a single service (e.g., crisis intervention, one time face-to-face consultation).
- e. An episode of care is the start and end of services for a behavioral health need as documented by transmission of a demographic record. For both AHCCCS enrolled and Non-Title XIX/XXI eligible individuals, the individuals must have an open episode of care starting at the first date of service and ending with the last service.
- f. Collection of Enrollment information
  - i. For Non-Title XIX/XXI eligible individuals, information necessary to complete an 834 transaction is usually collected during the intake and assessment process (see [Policy 105, Intake, Assessment and Service Planning](#)). [Policy Attachment 1601.1, 834 Transaction Data Requirements](#), contains a list of the data elements necessary to create an 834 enrollment transaction.
  - ii. For AHCCCS enrolled individuals, the 834 information will be provided to the T/RBHA by ADHS/DBHS daily for the providers to access.
  - iii. ADHS/DBHS has developed a flow chart that includes the timeframes for all data submissions. See [Policy Attachment 16011](#).
- g. Data included in an 834
  - i. The data fields that are included in the 834 transmittals are dictated by HIPAA and consist of:

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- (1) Key client identifiers used for file matching (e.g., person's name, address, date of birth);
- (2) Basic demographic information (e.g., gender, marital status); and
- (3) Information on third party insurance coverage.
- ii. For a specific list of data elements necessary to create an 834 enrollment and disenrollment, for Non-Title XIX/XXI eligible individuals, see [Policy Attachment 1601.2](#).
- iii. Providers must actively secure any needed information to complete the enrollment (834 transaction) for a Non-Title XIX/XXI eligible individual. An 834 transaction will not be accepted by the T/RBHA if required data elements are missing. For Title XIX/XXI eligible individuals, the 834 information will be provided to the T/RBHA by ADHS/DBHS.
- h. Timeframes for submitting enrollment and disenrollment data for a Non-Title XIX/XXI eligible individual
  - i. The following data submittal timeframes apply to the enrollment/disenrollment transactions:
    - (1) The T/RBHA must determine and advise the provider regarding the number of days within first contact with a recipient the provider has to submit the 834-enrollment transaction. The T/RBHA must provide a name/contact to submit it to.;
    - (2) Additionally The 834 disenrollment transaction must be submitted to the same T/RBHA contact within a set number of days as designated by the T/RBHA when a person is being disenrolled from the system; and any changes to the enrollment/disenrollment transaction data fields (e.g., change in address, insurance coverage) must be submitted within a set number of days determined by the T/RBHA from the date of identifying the need for the change.
  - i. Other events require a submittal of an 834 transaction for a Non-Title XIX/XXI eligible individual
    - i. In addition to submitting an 834 transaction at enrollment and disenrollment, an 834 transaction must also be submitted when any of the following elements of the 834 transaction have changed:
      - (1) Name,
      - (2) Address,
      - (3) Date of birth,
      - (4) Gender,
      - (5) Marital status, or
      - (6) Third party insurance information.
  - j. Other considerations for both Non-Title XIX/XXI eligible and AHCCCS enrolled individuals

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- i. For an AHCCCS enrolled individual, AHCCCS will notify ADHS/DBHS of changes to the above information. That information will be provided from ADHS/DBHS to the T/RBHA on a daily file.
- ii. When a person in an episode of care permanently re-locates from one T/RBHA's geographic area to another T/RBHA's geographic area, an inter-T/RBHA transfer must occur (see [Policy 901, Inter-RBHA Coordination of Care](#)). The steps that are necessary to facilitate an inter-T/RBHA transfer include the following data submission requirements:
  - (1) The home T/RBHA must submit an 834 disenrollment transaction effective on the date of transfer and end the episode of care, and
  - (2) The receiving T/RBHA must submit an 834 enrollment transaction on the date of accepting the person for services and start an episode of care.
  - (3) AHCCCS will notify ADHS/DBHS when a T/RBHA enrolled person is determined eligible for the Arizona Long Term Care System (ALTCs) Elderly and Physically Disabled (EPD) Program. This information will be passed to the T/RBHA on a daily file.
- k. Technical assistance available to help with problems associated with electronic data submission.
  - i. At times, technical problems or other issues may occur in the electronic transmission of the data from the behavioral health provider to the receiving T/RBHA. The T/RBHA must provide a contact name and telephone numbers for IT technical assistance for provider use.

Demographic and clinical data

- a. Demographic and clinical data will be collected starting at the first date of service. For Non-Title XIX/XXI eligible individuals, an 834 must be completed. For both AHCCCS enrolled and Non-Title XIX/XXI eligible individuals, a demographic record must be collected within 45 days of the first service and submitted to ADHS/DBHS within 55 days. Additional clinical data may be collected at subsequent assessment and service planning meetings with the person (e.g., education, vocation) as well as during periodic and annual updates. Demographic and clinical data recorded in the person's behavioral health medical record must match the demographic file on record with ADHS/DBHS.
- b. The [ADHS/DBHS Demographic Data Set User Guide](#) describes the data elements that comprise the demographic data set and the timeframe requirements for submitting the demographic data set. T/RBHAs must ensure that providers collect required demographic data set elements in accordance with the [ADHS/DBHS Demographic Data Set User Guide](#). T/RBHAs must provide guidance and reference to required form(s) and T/RBHA website hyperlink to form(s) that providers must use to collect the demographic data set. When ADHS/DBHS issues updates to the demographic data set, T/RBHAs are responsible for communicating changes to their providers.

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- c. The T/RBHA must establish the following timeframes that apply to demographic and clinical data submissions based on ADHS/DBHS requirements and make them available to providers as part of their Provider Manual or other reference documents (see the [ADHS/DBHS Demographic Data Set User Guide](#)):
- i. All required demographic data submitted to the T/RBHA within the number of days indicated by the T/RBHA of the initial intake for all enrolled persons.
  - ii. Outcome measures, for children birth through age 17, submitted to the T/RBHA specified department/person within the T/RBHA set number of days of the 6 month anniversary date of the last demographic submission (see [Policy 105, Assessment and Service Planning](#)). For outcome measures submission dates that do not coincide with the annual update, the reason for submission will be indicated as a “change” (see specific instructions in the [ADHS/DBHS Demographic Data Set User Guide](#)).
  - iii. All required demographic data submitted to the T/RBHA within the T/RBHA indicated number of days of the annual update (see [Policy 105, Assessment and Service Planning](#)).
  - iv. All required demographic data submitted to the T/RBHA within the T/RBHA indicated number of days of a recorded change in the person’s demographic data record. Providers must ensure that the person’s medical record matches the demographic data set on file with ADHS/DBHS.
  - v. All required data elements submitted to the T/RBHA within the T/RBHA indicated number of days of the end of the episode of care. The required data elements include the reason for the person’s disenrollment. See the [ADHS/DBHS Demographic Data Set User Guide](#) to determine the specific data elements that must accompany a demographic disenrollment transaction.
- d. Determining a recipient’s behavioral health category assignment
- i. Behavioral health providers must designate a person’s behavioral health category assignment during the assessment process as well as at any other times that necessitate changes to the person’s assignment (e.g., transition to adulthood). Behavioral health categories include:
    - (1) Child,
    - (2) Seriously Emotionally Disturbed (SED) Child (see Attachment 7.5.3, SMI and SED Qualifying Diagnoses Table),
    - (3) Adult with Serious Mental Illness (SMI),
    - (4) Adult, non-SMI with general mental health need, and
    - (5) Adult, non-SMI with substance abuse (see [Policy Attachment 1601.4, Substance Abuse Disorders Qualifying Diagnoses Table](#)).
  - ii. Behavioral health providers must initially assign and update, as necessary, behavioral health category assignments as follows (see the [ADHS/DBHS Demographic Data Set User Guide](#) for more detailed instructions on assignment of behavioral health categories):
    - (1) For a child who is non-SED, enter “C”;

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- (2) For a child who is SED, enter “Z”;
- (3) For a person determined to have a Serious Mental Illness in accordance with [Policy 106, SMI Eligibility Determination](#), enter “S”, then enter “a” or “b”;
- (4) For an adult non-SMI person with a general mental health need (who does not have a substance abuse problem) enter “M”; and
- (5) For an adult non-SMI person with a reported substance abuse problem enter “G”.
- (6) How can demographic and clinical data be used?
- (7) Behavioral health providers are encouraged to utilize demographic and clinical data to improve operational efficiency and gain information about the persons who receive behavioral health services. Providers may consider:
- (8) Utilizing and integrating collected demographic data into the person’s assessments,
- (9) Monitoring the nature of the provider’s behavioral health recipient population, and
- (10) Evaluating the effectiveness of the provider’s services towards improving the clinical outcomes of persons enrolled in the ADHS/DBHS system.

- e. Technical assistance available to help with problems associated with demographic and clinical data submission
  - i. At times, technical problems or other issues may occur in the electronic transmission of the clinical and demographic data from the behavioral health provider to the receiving T/RBHA. If a provider requires assistance for technical related problems or issues, please contact

**4. REFERENCES:**

- [AHCCCS/ADHS Contract](#)
- [ADHS/RBHA Contracts](#)
- [ADHS/TRBHA IGAs](#)
- [Policy 104, Outreach, Engagement, Re-Engagement and Closure](#)
- [Policy 105, Assessment and Service Planning](#)
- [Policy 106, SMI Eligibility Determination](#)
- [Policy 901, Inter-RBHA Coordination of Care](#)
- [ADHS/DBHS Demographic and Outcomes Data Set User Guide](#)
- [ADHS/DBHS Covered Behavioral Health Services Guide](#)