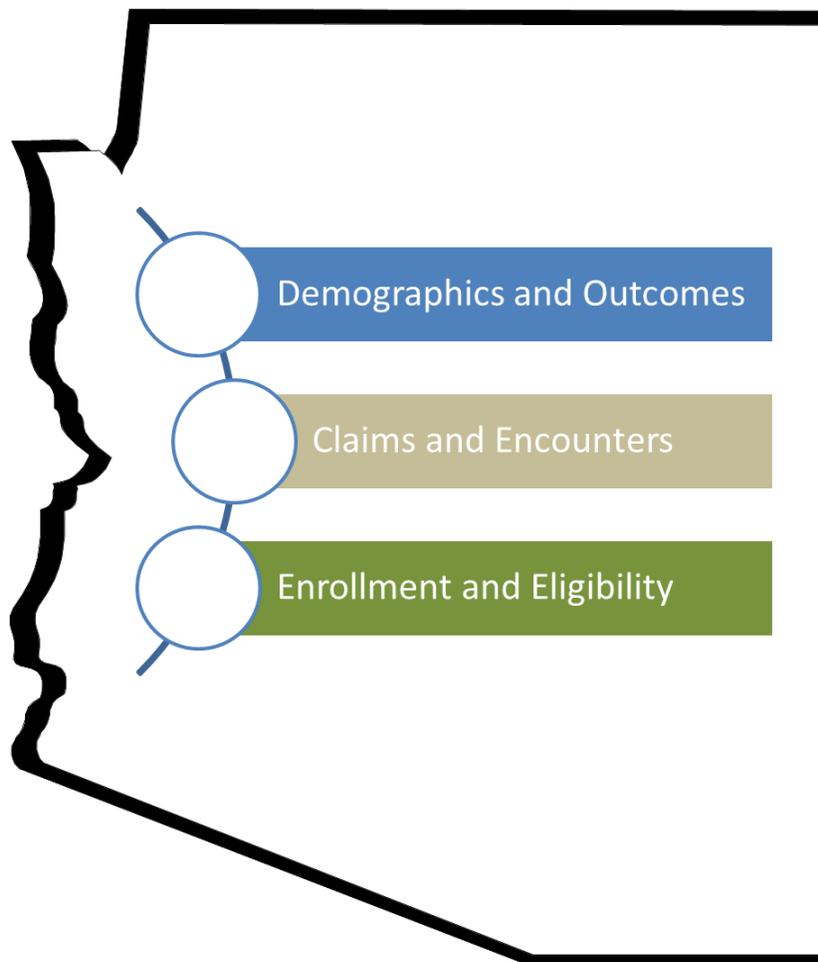




Division of Behavioral Health Services

## Client Information Systems File Layout and Specifications Manual



Version 3.0

Revised April 8, 2014

## Contents

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Section 1 - Background and Introduction & Data Certification and Testing Criteria

Section 2 - Member Enrollment and Eligibility

Section 3 - Encounter Processing; Third-Party Liability and; Provider & Reference Files

Section 4 - Demographics

Section 5 - SMI Determination Process

Applicable to the Maricopa County Regional Behavioral Health Authority  
and the ADHS Third-Party SMI Determination Vendor  
Effective January 1, 2014

Section 6 - Monitoring Reports

Section 7 - Provider Affiliation

**Client Information Systems  
File Layout and Specifications Manual  
v.3**

**Section 1**

**Background and Introduction**

**Table of Contents**

Background and Introduction ..... 3

Data Certification and Testing Criteria..... 3

    Data Certification Email Instructions ..... 4

    Data Certification Email ..... 4

    Data Certification Submittal Information Instructions ..... 4

    Data Certification Submittal Information ..... 5

CIS Standard Testing Criteria ..... 7

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## Background and Introduction

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) is pleased to present this manual of file record layouts, specifications, and data definitions for each file passing between the DBHS Client Information System (CIS), each Tribal / Regional Behavioral Health Authority (T/RBHA) and the Arizona Health Care Cost Containment System (AHCCCS), as well as formats of informational reports created by DBHS for the use of each T/RBHA. This manual is intended to assist each T/RBHA with ensuring accuracy of data and in the development and/or maintenance of programming and other processes. It is also intended to provide potential contractors with an understanding as to what would be required in an information services relationship with DBHS.

The data that must be submitted to DBHS or AHCCCS and provided back to each T/RBHA represents the minimum data necessary for DBHS to conduct its oversight and regulatory functions. RBHAs, TRBHAs and providers are free to collect any other data necessary the effective operation of their respective agencies. ADHS consistently reviews all data collection, submission and processing standards in order to improve operational efficiency and reduce or eliminate instances of unnecessary administrative burden and strongly encourages the T/RBHAs to limit data elements to only those necessary to effectively manage the provider network.

The T/RBHAs should use electronic data interchanges (EDI) to minimize provider burden and improve system efficiency. Ultimately, this should be integrated into the T/RBHA and provider clinical improvement process.

This document is separated into sections based on specific processes and/or transaction types; these sections are as follows:

- *Section 1: Introduction to the Client Information System (CIS)*
- *Section 2: Member Enrollment*
- *Section 3: Claims and Encounters*
- *Section 4: Demographics*
- *Section 5: SMI Determinations*
- *Section 6: Routines Monitoring Reports*
- *Section 7: Provider Affiliation*

## Data Certification and Testing Criteria

To comply with CMS 42 CFR Sections 438.604 and 438.608, the Arizona Department of Health Services must require the (Tribal) Regional Behavioral Health Authority (T/RBHA) to certify enrollment and encounter data when submitting to ADHS or AHCCCS. Data must be certified by a Chief Executive Officer, a Chief Financial Officer or an individual who has been delegated the authority of such and reports directly to either the Chief Executive Officer or Chief Financial Officer, by means of an automated data certification process.

The Data Certification must attest, based on their best knowledge, information and belief, that the data being submitted is complete, accurate, and truthful and complies with CMS 42 CFR Sections 438.604 and 438.608. The T/RBHA is responsible for submitting this data in accordance with applicable Federal and State laws, rules, policies and the ADHS contract and within file specifications. The Data Certification must be submitted with the certified data. Please refer to individual transaction mapping perspectives for the specific transaction Data Certification requirements.

ADHS will maintain and update a table containing all persons authorized to certify data. Each individual authorized to certify data submissions must submit relevant information to ADHS. Please see Exhibit 2A for instructions on completing the Data Certification Submittal Information, Exhibit 2B.

### Data Certification Email Instructions

1. Email must be sent to [OPS@azdhs.gov](mailto:OPS@azdhs.gov)
2. Email must be sent from a person authorized to submit the Data Certification Email.
3. Subject line must contain: "BBA Certification" and the date in MMDDYYYY format.
4. The body of the email must have the same text as in the example Exhibit 1B. Include filenames to specify the data files being submitted with this certification.

### Data Certification Email

TO: [OPS@azdhs.gov](mailto:OPS@azdhs.gov)

Subject: BBA Certificate MMDDYYYY

By submission of this email, I certify that the data and/or documents so recorded and submitted as input data or information, based on my best knowledge, information, and belief, is in compliance with Subpart H of the Balanced Budget Act Certification requirements; is complete, accurate, and truthful; and is in accordance with all Federal and State laws, regulations, policies and the ADHS/RBHA contract now in effect. [T/RBHA Name] further certifies that it will retain and preserve all original documents as required by law, submit all or any part of the same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the Federal government, or their representatives.

Data files submitted:

- 834 State-Only Enrollment
- Site Change Files
- 837P Professional Encounters
- 837I Institutional Encounters
- 837D Dental Encounters (Integrated RBHA Only)
- NCPDP Post-Adjudication History (PAH) Encounters

### Data Certification Submittal Information Instructions

To comply with CMS 42 CFR, a data certification must accompany data submissions to ADHS for enrollments and encounters. The Data Certification must be submitted by a CFO, CEO or a direct report thereof.

The form, Exhibit 2B, must be filed with ADHS for each T/RBHA staff member authorized to certify data submissions, or to remove a staff member no longer employed with the T/RBHA.

The completed form must be scanned and emailed to [OPS@azdhs.gov](mailto:OPS@azdhs.gov) to the attention of ITS BHS Project Manager.

## Data Certification Submittal Information

T/RBHA Site Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title of Employee: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Who do you report to and their title: \_\_\_\_\_

CEO/CFO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Plan/Program Contractors Encounter Submission Notification and Transmission Submitter Number (TSN) Application

The following form must be completed by new RBHAs and returned to the ITS Project Manager prior to encounter submission. Assistance completing the form can be requested from the ITS Project Manager. This form provides notice of the designated person authorized to submit and receive encounter data and related information. It also furnishes an estimate of monthly encounters to be reported by the Contractor. Contractors must complete this notification form before testing and submitting encounter data.

Upon receipt of this form, a TSN is issued. The TSN is used to identify the Contractor identification numbers and county codes for which that Transmission Submitter is authorized to submit encounters.

Field No.	Instructions
1.	Enter the name of the Contractor.
2.	Enter the Contractor's ID number assigned by AHCCCSA.
3.	Enter the date the Contractor will begin submitting encounters.
4-8	Enter the Contractor's complete address and telephone number, and encounter contact person and contact person's telephone number
9-12	Monthly estimate of volumes for HCFA-1500, UB-92, Universal Drug and Dental encounters that will be submitted.
13.	Enter the name of the person authorized to send and receive encounter data (may be an employee of the Contractor or an employee of a subcontracted vendor).
14.	Type or print the CEO/Administrator's name.
15.	Enter the date the form is signed.
16.	Signature of the CEO/Administrator.



## CIS Standard Testing Criteria

1. The T/RBHA will test all transactions when a new T/RBHA contract has been awarded to a new Behavioral Health Contractor **OR** when an existing T/RBHA has been awarded a new contract. All transactions include but are not limited to: 834 (Enrollment), Demographic (Initial, Update, Annual & Closure), 837P (Professional Encounter), 837I (Institutional Encounter) NCPDP (Drug Encounter) and 837D (Dental Encounter – Integrated RBHA only).
2. The T/RBHA will test individual transactions when large CIS changes have been implemented as exemplified by “Covered Services and HIPAA” **OR** as requested by BHS.
3. The T/RBHA must pass each system testing transaction with 90% (or above) accuracy rate.
4. The T/RBHA must demonstrate implementation of basic edits in their system.
5. The T/RBHAs will certify that the data transactions have been generated by their system and have not been changed in any manner, i.e., manually manipulated, manually generated or generated from a like or any other system.
6. Detailed test criteria will be published by ADHS for each project/system change/upgrade as appropriate. The T/RBHAs are expected to adhere to and satisfy those specific criteria at that time.
7. If T/RBHA staff experience technical difficulties within their system, they must first seek assistance from their internal ITS staff. If the internal ITS staff cannot resolve the issue, the internal ITS staff should then contact [OPS@azdhs.gov](mailto:OPS@azdhs.gov).
8. ADHS reserves the right to prohibit T/RBHA production submission in any case in which the T/RBHA is unable to satisfy testing standards.

Client Information Systems  
File Layout and Specifications Manual  
v.3

Section 2

Member Enrollment and Eligibility

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**Table of Contents**

Member Enrollment and Eligibility – Background ..... 3

Enrollment Transaction Process Flow ..... 3

    834 Processing Overview ..... 4

T/RBHA Site Change – Address Change Process ..... 7

    Address Change File Layout ..... 8

    Daily Site Change Request File Layout ..... 8

    State Only Member Site Changes ..... 11

Non-Title XIX/Title XIX transition ..... 11

Statewide Roster ..... 12

Enrollment Resync File ..... 12

Enrollment Transaction Naming Conventions ..... 14

## Member Enrollment and Eligibility – Background

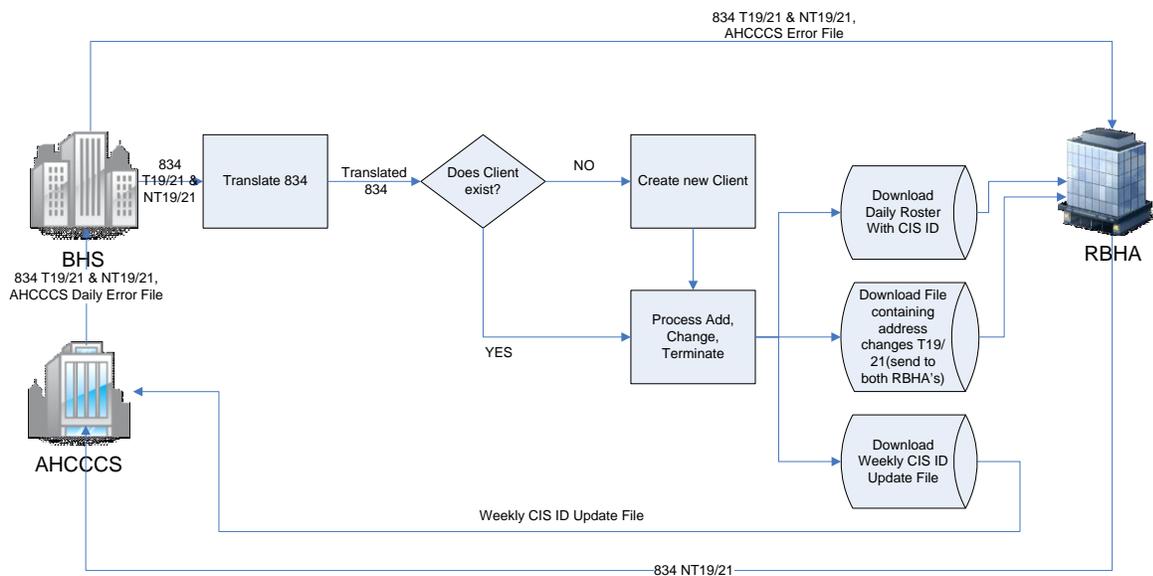
This section describes the overall system process flow, associated files, naming conventions, layouts and mappings for 834 Enrollment and Eligibility transactions. Information herein applies to all members, regardless of Medicaid eligibility, unless otherwise noted.

Effective January 1<sup>st</sup>, 2014, the Regional Behavioral Health Authorities (RBHA) submit 834 enrollment information directly to the Arizona Health Care Cost Containment System (AHCCCS) for non-Medicaid eligible members (State-Only). Similar to that of the Medicaid population, AHCCCS processes these records against industry standards, amends the member’s enrollment information as necessary and generates an 834 response file to reconcile the various organizations’ systems.

## Enrollment Transaction Process Flow

The following details the daily enrollment process flow in the BHS network between AHCCCS, ADHS/DBHS and the T/RBHAs. The Figure below shows the daily 834 process. Every day at 9 a.m. an automated process initiates the transfer of 834 Enrollment files from AHCCCS and loads the data into the CIS system as well as transmits these records to the T/RBHAs. AHCCCS also provides a monthly 834 reconciliation file which integrates into the daily process flows at month end.

### 834 Title 19/21 & Non Title 19/21



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## 834 Processing Overview

The following steps detail the logic ADHS uses when translating and processing 834 enrollment records for both AHCCCS eligible and non-AHCCCS eligible members.

### AHCCCS Acute Health Plan Segments

The process will accumulate and synthesize raw 834 data into an efficient dataset of AHCCCS enrollment for each client. Properly interpreted and processed AHCCCS 834 enrollment data will match AHCCCS PMMIS screen (RP 285 lower-part) for each client. This section will provide the RBHAs with a method and logic for accurately interpreting and processing AHCCCS enrollment segments being received in current 834 transactions.

AHCCCS enrollment segments are located in Loop 2300 (Health Coverage) of the 834 transaction. The DTP (Health Coverage Dates) segments within this loop contain begin/end dates for each AHCCCS Health Plan that the client is enrolled in. Final processed enrollment segments are inserted and held in a permanent internal AHCCCS\_Enrollment table.

### Processing Steps/Logic:

**Translate/Parse inbound 834 file:** All raw 834 EDI file data is translated into a *single record format for each client (AHCCCS Id)* and placed into an 834 transaction data table. The 834 data table is cumulative. This means that in addition to holding the current file's 834 transactions, it holds all previously received 834 transaction records for each client.

**Get data from the 834 transaction table:** Select all records from the 834 transaction table into TempTable1 where the Health Coverage begin date is not null or the Health Coverage end date is not null. Do this selection for each distinct client that is in the daily 834.

**Refine selected 834 data:** Select *the most recent distinct* AHCCCS id, health care begin date, health care end date, and maintenance type code record from TempTable1 into TempTable2. Update each record in TempTable2 with rate code, health plan id, contract id, and insurance line data from the corresponding TempTable1 record.

**Remove/Clear all records from the AHCCCS\_Enrollment table for each client in the daily 834:** The records for each client are cleared and later rebuilt and inserted into the AHCCCS\_Enrollment table.

**Rebuild AHCCCS enrollment records:** Select each record from TempTable2 ordering them by AHCCCS id, inbound process date, health coverage begin date, and health coverage maintenance type code. Note: If the health coverage begin date is null for a record, then the health coverage end date must be substituted for it in the sort order.

For each selected record –If the health coverage maintenance type code is a Termination (024), and if it is an end date termination (begin date is blank, end date is populated) then that termination must be applied/updated against the most recent open segment for that client in AHCCCS\_Enrollment. If it is a 'block' termination (both begin and end dates are populated) then it must be applied against a previously submitted 'block' enrollment segment. This effectively means that the previous 'block' enrollment segment must be removed/deleted from AHCCCS\_Enrollment. If the health coverage maintenance type code is *not* a Termination (024), then add/insert the enrollment segment into AHCCCS\_Enrollment.

**Remove extraneous open-ended segments:** Remove/delete open ended segments from AHCCCS\_Enrollment where the begin date is within the begin and end date of a closed newer segment.

**Close or Remove extraneous open-ended segments:** Close or delete all open ended segments from AHCCCS\_Enrollment *except the most recent* when the begin date is not within the begin and end date of a closed segment for that client. Close a segment by inferring the end date from the client's next segment's begin date (next segment's begin date – 1 day). Delete a segment if the inferred end date would be prior to/less than the segment's begin date.

### Behavioral Health Enrollment Segments

**Purpose:** The process will accumulate and synthesize raw 834 data into an efficient dataset of BHS enrollment for each client. Properly interpreted and processed BHS 834 enrollment data will match AHCCCS PMMIS screen (RP 216 except inactive segments) for each client. This document will Provide RBHA's with a method and logic for accurately interpreting and processing BHS enrollment segments being received in current 834 transactions.

**Data Location:** BHS enrollment segments are located in Loop 2750 (Reporting Category) of the 834 transaction. The DTP (Reporting Category Date) segments within this loop contain begin/end dates for each BHS category that the client is enrolled in. 834 transactions are initially translated into an 834 transaction data table. Final processed enrollment segments are inserted and held in a permanent internal BHS\_Enrollment table.

### Processing Steps/Logic:

**Translate/Parse inbound 834 file:** All raw 834 EDI file data is translated into a *single record format for each client (AHCCCS Id)* and placed into an 834 transaction data table. The 834 data table is cumulative. This means that In addition to holding the current file's 834 transactions, it holds all previously received 834 transaction records for each client.

**Get data from the 834 transaction table:** Select all records from the 834 transaction table into TempTable1 where the BHS begin date is not null or the BHS end date is not null. Do this selection for each distinct client that is in the daily 834.

**Refine selected 834 data:** Select *the most recent distinct* AHCCCS id, BHS begin date, BHS end date, from TempTable1 into TempTable2. Update each record in TempTable2 with action code, mental health category, mental health provider id, and mental health provider name data from the corresponding TempTable1 record.

**Remove/Clear all records from the BHS\_Enrollment table for each client in the daily 834:** The records for each client are cleared and later rebuilt and inserted into the BHS\_Enrollment table.

**Rebuild BHS enrollment records:** Select each record from TempTable2 ordering them by AHCCCS id, inbound process date, BHS begin date, and action code. Note: If the BHS begin date is null for a record, then the BHS end date must be substituted for it in the sort order.

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For each selected record for the same client – If the action code is a Termination (TM), and if it is an end date termination (begin date is blank, end date is populated) then that termination must be applied/updated against the *most recent prior open segment* for that client in table BHS\_Enrollment. The most recent prior open segment is defined for this purpose as being the most recent open-ended segment with a begin date <= the TM end date that was submitted in a file prior to the current 834 file. An open-ended segment should not be closed with a termination(TM) from the same 834 file. The TM segments in these cases (where there is also an opening segment in the same file) are “Inactivations”. Inactivations (TM) segments should delete/remove any prior segments for the client where the begin date <= the TM end date and either the end date is null or it is <= the TM end date. Inactivation(TM) segments should also serve to truncate (replace the end date) any prior segments for the client where the begin date <= TM end date and the end date > TM end date.

‘Block’ terminations (both begin and end dates are populated) should be applied against a previously submitted ‘block’ enrollment segment. This effectively means that the previous ‘block’ enrollment segment must be removed/deleted from table BHS\_Enrollment.

If the action code is *not* a Termination (TM), then add/insert the enrollment segment into table BHS\_Enrollment.

**Remove extraneous duplicative segments:** Remove/delete all segments *except the most recent* from table BHS\_Enrollment for each client that have duplicative begin and end dates.

**Remove extraneous open-ended segments:** Remove/delete all open ended segments *except the most recent* from table BHS\_Enrollment for each client.

#### [834-5010 Mapping Documents](#)

The enrollment transaction is completely specified using the [834 4010-5010 Comparison](#) document as well as the [834/820 Enrollment and Capitation Companion Guide](#), both provided by AHCCCS.<sup>1,2</sup>

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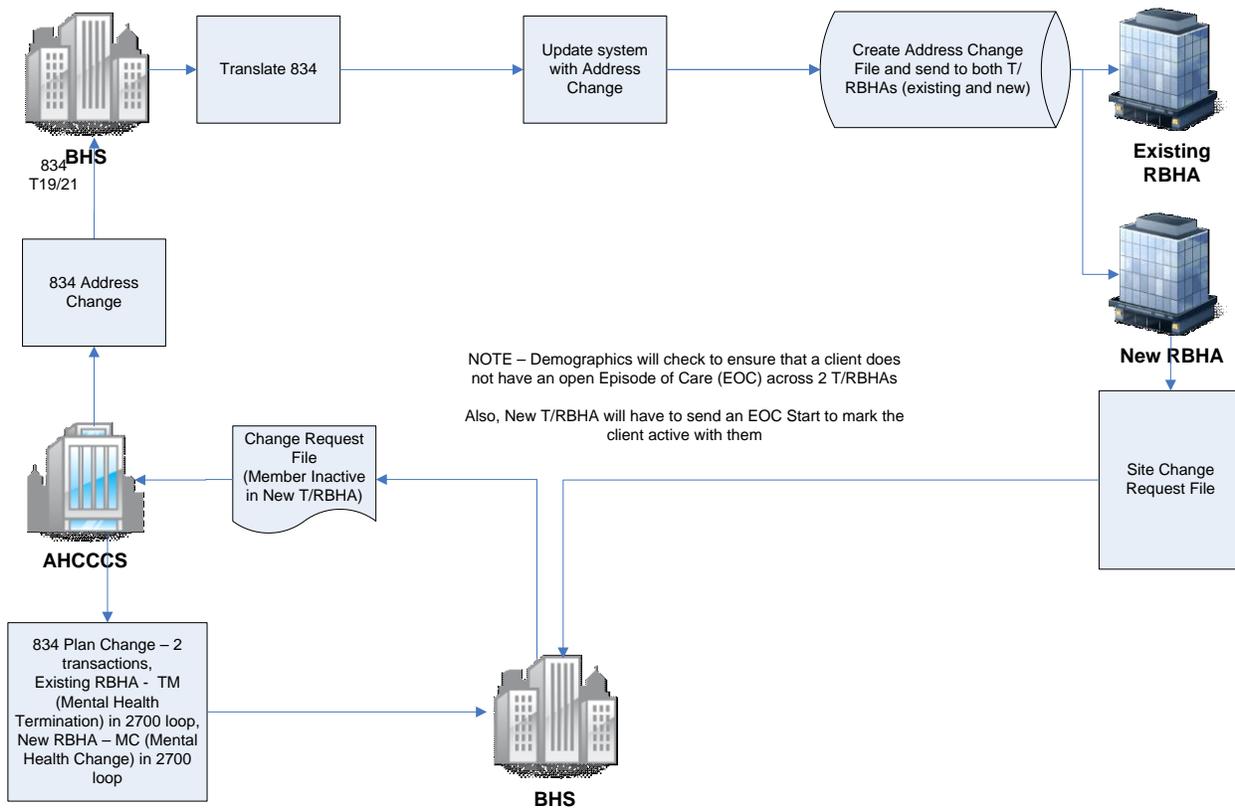
<sup>1</sup> [http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ834\\_820TI\\_CGv1-1\\_201105FINAL.pdf](http://www.azahcccs.gov/commercial/Downloads/EDIchanges/AZ834_820TI_CGv1-1_201105FINAL.pdf)

<sup>2</sup> [http://www.azahcccs.gov/commercial/Downloads/HIPAA/5010/2009/Dec/834\\_4010-5010Comparison.pdf](http://www.azahcccs.gov/commercial/Downloads/HIPAA/5010/2009/Dec/834_4010-5010Comparison.pdf)

### T/RBHA Site Change – Address Change Process

The figure below illustrates the process resulting from a member’s change of address and an associated T/RBHA change, if applicable. This involves the generation and transmission of a site change request file from the T/RBHA to BHS and on to AHCCCS, which results in a mental health plan change transaction in the 834 from AHCCCS.

This process is triggered whenever AHCCCS is notified of a member’s change in address that results in the member relocating to a different Geographical Service Area (GSA). The process involves several steps; first, AHCCCS transmits an 834 change file to ADHS indicating the member’s new address. ADHS translates this 834 and updates CIS to reflect the address change. Concurrently, ADHS generates an Address Change File that is subsequently transmitted to both the losing and gaining T/RBHA to notify both parties of a pending inter T/RBHA transfer so they may properly coordinate care. Finally, the losing T/RBHA submits a site change file to ADHS to transfer the member into the gaining T/RBHA’s GSA. The process is then reconciled at AHCCCS through the 834 and transmitted across the service delivery system. **Please Note: This Process Applies to Medicaid-Eligible Members Only**



### Address Change File Layout

The address change file will include records submitted by AHCCCS that indicate that there is a change of location for a client. The file will be generated and sent to the existing T/RBHA as well as the new T/RBHA. The new T/RBHA will be determined by the zip code of updated residence.

- **Record length:** 251.
- **Format of filename for new T/RBHA: h74-834-addressnewxx.yyyymmdd-nnn**
  - xx represents T/RBHA
  - yyyymmdd represents date file is generated
  - nnn represents sequential number used by BHS
- **Format of filename for existing T/RBHA: h74-834-addressoldxx.yyyymmdd-nnn**
  - xx represents T/RBHA
  - yyyymmdd represents date file is generated
  - nnn represents sequential number used by BHS

Record Location From To		Column Name	Type	Size	Comment/Changes
1	9	AHCCCS ID	Char	9	
10	19	CIS ID	Char	10	
20	54	Last Name	Char	35	
55	79	First Name	Char	25	
80	80	Middle Initial	Char	1	
81	81	Gender	Char	1	
82	89	Date of Birth	Char	8	
90	91	Existing T/RBHA	Char	2	
92	93	New T/RBHA	Char	2	
94	94	Mental Health Category	Char	1	
95	149	Address Line 1	Char	55	
150	204	Address Line 2	Char	55	
205	234	City	Char	30	
235	236	State	Char	2	
237	251	Zip Code	Char	15	

### Daily Site Change Request File Layout

This file is used to make a RBHA change (site change) at AHCCCS and applies only to AHCCCS (T19/T21) eligibility. The file will be generated by the departing T/RBHA and placed in the departing T/RBHA production directory /u01/p/h74/rbhaftp/rbhaxx by 5:00 pm. ADHS will review the file against various validity checks and then submit it to AHCCCS. A member may only be included on the change file request once per daily submission.

- **Record Length:** 88
- **Format of filename:** CHGXXYYMMDD.DAT
  - XX is the submitting RBHA
  - YYMMDD is the date on which the file is submitted

The begin date will be the effective date of enrollment with the new T/RBHA. AHCCCS will terminate the departing T/RBHA’s enrollment segment one day prior to the begin date submitted in the Change file.

Field Name	Size	Notes
AHCCCS ID	9	Required
LAST NAME	20	Required
FIRST NAME	10	Required
MIDDLE INIT	1	Optional
GENDER	1	Required Must be F or M
DATE OF BIRTH	8	Required Format CCYYMMDD
CIS ID	10	Required
FILLER	9	Formerly SSN – do not populate
SITE	2	Required Must be valid site code in PMMIS
MH CATEGORY	1	Required Must be C, G or S
BHS ACTIVE IND	1	Required Must be N (Not active)
BEGIN DATE	8	Required Format CCYYMMDD
END DATE	8	Optional Format CCYYMMDD

[Daily Site Change Request Error File Layout - BHS](#)

This error report is generated by BHS and placed in the responsible T/RBHA’s production directory on the SHERMAN server (@h74/rbhaftp/rbhaXX).

- **Record Length:** 111
- **File Name:** h74-BHS-change-file-errorxx.yymmdd
  - XX is the RBHA of original submission
  - YYMMDD is the date on which the file is submitted

If there are no errors in the daily processing, the file will be created with one record stating ‘No errors found’.

Field Name	Size	Notes
AHCCCS ID	9	Required
LAST NAME	20	Required
FIRST NAME	10	Required
MIDDLE INIT	1	Optional (RETURNED IF SUPPLIED)
GENDER	1	Required Must be F or M
DATE OF BIRTH	8	Required Format CCYYMMDD
CIS ID	10	Required
SSN	9	NULL
SITE	2	Required
MH CATEGORY	1	Required
BEGIN DATE	8	Required Format CCYYMMDD
ERROR	32	Error generated by BHS

**Daily Site Change Request Error File Layout – AHCCCS**

This error report is generated by AHCCCS and placed in the responsible T/RBHA’s production directory on the SHERMAN server (@h74/rbhaftp/rbhaXX).

- **Record Length:** 111
- **File Name:** h74-AHCCCS-change-file-errorxx.yymmdd
  - XX is the RBHA of original submission
  - YYMMDD is the date on which the file is submitted

If a site change request successfully passes the internal edits at ADHS, but is rejected by AHCCCS, that record will appear on this file. If there are no errors in the daily processing, the file will be created with one record stating ‘No errors found’.

Field Name	Size	Notes
AHCCCS ID	9	Required
LAST NAME	20	Required
FIRST NAME	10	Required
MIDDLE INIT	1	Optional (RETURNED IF SUPPLIED)
GENDER	1	Required Must be F or M
DATE OF BIRTH	8	Required Format CCYYMMDD
CIS ID	10	Required
SSN	9	NULL
SITE	2	Required
MH CATEGORY	1	Required
BEGIN DATE	8	Required Format CCYYMMDD
ERROR	32	Error generated by AHCCCS

**Daily change-file error messages:**

**BHS ERRORS:**

- MISSING CLIENT ID
- DUPLICATE AHCCCS ID
- DUPLICATE CLIENT ID
- STATE ONLY CLIENT
- MISSING LAST NAME
- MISSING FIRST NAME
- MISSING DATE OF BIRTH
- INVALID MH CATEGORY
- MH CAT NOT CURRENT
- INVALID GENDER
- MISSING BEGIN DATE
- INVALID MH CATEGORY FOR THE AGE
- INVALID RBHA ID
- REQUESTED SEGMENT NOT AHCCCS ELIGIBLE PLEASE PROVIDE RBHA 834
- MORE THAN ONE RECORD FOUND FOR THE CLIENT IN SINGLE CHANGE FILE
- CAN NOT FIND THE CLIENT FOR GIVEN AHCCCS ID AND CLIENT ID
- MORE THAN ONE RECORD FOUND FOR THE CLIENT IN SINGLE CHANGE FILE

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LAST NAME MISMATCH WITH DBHS CIS  
FIRST NAME MISMATCH WITH DBHS CIS  
MIDDLE NAME MISMATCH WITH DBHS CIS  
GENDER MISMATCH WITH DBHS CIS  
DATE OF BIRTH MISMATCH WITH DBHS CIS  
BEGIN DATE IS 2 YEARS OR OLDER THAN CURRENT DATE  
BEGIN DATE IS OLDER THAN PREVIOUSLY ACCEPTED BEGIN DATE  
MORE THAN ONE RBHA IS INVOLVED IN BHS ENROLLMENT HISTORY  
MULTIPLE MH CATEGORIES FOUND FOR THE GIVEN BEGIN DATE IN BHS ENROLLMENT  
MULTIPLE MH CATEGORIES FOUND FOR THE GIVEN BEGIN DATE IN DEMOGRAPHICS  
MH CATEGORY - ENROLLMENT BHC MISMATCH  
MH CATEGORY - DEMOGRAPHIC BHC MISMATCH  
MH CATEGORY - DEMOGRAPHIC AND ENROLLMENT BHC MISMATCH  
MEMBERS EOC STILL OPEN IN LOSING T/RBHA  
BEGIN DATE MUST BE LESS THAN OR EQUAL TO BHS BEGIN DATE FOR OPEN SEGMENT

**AHCCCS ERRORS:**

02EFFECTIVE DATE IS GREATER  
03EFFECTIVE DATE IS BEFORE  
04END-DATE INTERSECTS OPEN  
12INVALID DATE  
30INVALID T/RBHA (SITE) IN  
32INVALID AHCCCS ID  
33FYI REC EXISTS FOR CHANGE  
35MUST BE ACTIVE, AT RISK

**State Only Member Site Changes**

If a non-Medicaid eligible member relocates to another GSA, the T/RBHAs of assignment must coordinate as appropriate. The losing T/RBHA is required to submit an 834-Termination transaction to AHCCCS ending the member's eligibility in that region. The gaining T/RBHA will then submit an 834-Change transaction to AHCCCS to establish a State-Only eligibility assignment under that contractor. The member's enrollment history at AHCCCS will be updated to reflect the relocation.

**Non-Title XIX/Title XIX transition**

The process of transitioning a member who receives AHCCCS eligibility from non-TXIX to TXIX status will be the T/RBHA's responsibility. ADHS will not close the non-TXIX eligibility segment to synchronize with the start of the TXIX eligibility. It will be the T/RBHA's responsibility to close the non-TXIX eligibility segment and send the termination information to AHCCCS.

## Statewide Roster

Incremental statewide roster file produced daily out of the CIS system from the 834 (AZD and STD) files sent by AHCCCS. This will only include processing changes for a given day. The file will be generated every day after the daily 834 cycle is complete.

- **Record Length:** 151
- **File Name:** enrstinc.dayYYYYMMDD.nn  
File is sorted by Member Last Name  
Character Fields Contain Spaces

Record Location		Column Name	Type	Size	Notes
From	To				
1	10	Client ID (Primary CIS ID)	Char	10	Ex: 0123456789
11	11	Filler	Char	1	Value : ~
12	20	AHCCCS ID	Char	9	Ex: A12345678 (if applicable)
21	21	Filler	Char	1	Value : ~
22	30	NT19 AHCCCS ID	Char	9	Ex: S12345678 (if applicable)
31	31	Filler	Char	1	Value : ~
32	33	Current RBHA ID	Char	2	
34	34	Filler	Char	1	Value : ~
35	44	Current Location	Char	10	'AHCCCS' or 'STATE-ONLY'
45	45	Filler	Char	1	Value : ~
46	70	First Name	Char	25	
71	71	Filler	Char	1	Value : ~
72	106	Last Name	Char	35	
107	107	Filler	Char	1	Value : ~
108	115	Date of Birth	Char	8	YYYYMMDD
116	116	Filler	Char	1	Value : ~
117	117	Gender	Char	1	
118	118	Filler	Char	1	Value : ~
119	119	SMI Flag	Char	1	Not Currently Available
120	120	Filler	Char	1	Value : ~
121	121	SED Flag	Char	1	Not Currently Available
122	122	Filler	Char	1	Value : ~
123	132	Secondary Client ID	Char	10	Populated if applicable
133	133	Filler	Char	1	Value : ~
134	141	BHS Begin Date	Char	8	YYYYMMDD
142	142	Filler	Char	1	Value : ~
143	150	BHS End Date	Char	8	YYYYMMDD (if applicable)
151	151	Filler	Char	1	Value : ~

## Enrollment Resync File

In certain circumstances, primarily for reconciliation purposes, the RBHAs may request that ADHS generate an ad-hoc enrollment resynchronization (resync) file for their Geographic Service Area. This file will provide an up to date snapshot of each member's enrollment for that RBHA according to the ADHS Client Information System's enrollment tables. The layout for this file is as follows:

- Record length: 95
- Format of filename ENR\_RESYNC\_XX\_MMDDYY.DAT
  - xx represents T/RBHA
  - MMDDYY represents date file is generated

Record Position		Column Name	Type	Size	Comment/Changes
From	To				
1	9	AHCCCS Id	Char	9	Value: AHCCCS Id
10	10	Filler	Char	1	Value: ,
11	20	Client Id	Char	10	Value: Client Id
21	21	Filler	Char	1	Value: ,
22	41	Last Name	Char	20	Value: Client Last Name
42	42	Filler	Char	1	Value: ,
43	52	First Name	Char	10	Value: Client First Name
53	53	Filler	Char	1	Value: ,
54	61	Date of Birth	Char	8	Value: Client Date of Birth
62	62	Filler	Char	1	Value: ,
63	64	RBHA Id	Char	2	Value: RBHA Id
65	65	Filler	Char	1	Value: ,
66	73	Begin Date	Char	8	Value: Enrollment Begin Date
74	74	Filler	Char	1	Value: ,
75	82	End Date	Char	8	Value: Enrollment End Date
83	83	Filler	Char	1	Value: ,
84	84	Mental Health Category	Char	1	Value: Mental Health Category
85	85	Filler	Char	1	Value: ,
86	95	Location	Char	10	Value: Location

### Enrollment NT19 error file

Daily error file generated by AHCCCS from the daily NT19 834 files submitted to them by T/RBHAs. BHS splits the error file by RBHA and submits it to respective T/RBHAs.

File name - yymmdd.STDERROR\_XX.TXT

- yymmdd is the date the file is submitted
- XX is RBHA ID

FIRST NAME	10
LAST NAME	20
GENDER	1
AHCCCS-ID	9
CIS-ID	10
RBHA-ID	10
SITE CODE	2
CATEGORY	1
ERROR MESSAGE	35

### Enrollment Transaction Naming Conventions

The naming convention for the data files associated with the enrollment process is as follows:

#### AHCCCS Files

- **AZD834-nnnnnn-yymmdd.TXT** – Daily 834 file submitted by AHCCCS
  - nnnnnn is the AHCCCS Provider ID
  - yymmdd is the date the file is submitted
- **AZM834-nnnnnn-yymmdd.TXT** - Monthly 834 file submitted by AHCCCS
  - nnnnnn is the AHCCCS Provider ID
  - yymmdd is the date the file is submitted
- **h74-834-status-AZD834-nnnnnn-yymmdd-xxx.txt** – Status file created from the daily file submitted by AHCCCS
  - AZD834-nnnnnn-yymmdd is the name of the AHCCCS 834 file
  - xxx is a sequence number used by BHS

#### T/RBHA Files

- **STD834- nnnnnn - yymmdd.TXT** – Daily NT19 834 file submitted by the AHCCCS
  - nnnnnn is the AHCCCS Provider ID
  - yymmdd is the date the file is submitted
- **STM834- nnnnnn - yymmdd.TXT** – Monthly NT19 834 file submitted by the AHCCCS
  - nnnnnn is the AHCCCS Provider ID
  - yymmdd is the date the file is submitted
- **yymmdd.STDERROR-XX** – Error file generated from the daily NT19 834 files submitted to AHCCCS by T/RBHAs.
  - yymmdd is the date the file is submitted
  - XX is RBHA ID

#### Daily Change Request File

- **CHGxyymmdd.DAT** - File used to make a RBHA change at AHCCCS. The file will be filled out by the gaining T/RBHA
  - xx is the gaining RBHA
  - yymmdd is the date the file is submitted

#### State Roster Files

- **enrstinc.dayyyymmdd.nn** – daily roster

## Address Change File

- **h74-834-addressnewxx.yyyymmdd-nnn** – file sent to new T/RBHA
  - xx represents T/RBHA
  - yyyymmdd represents date file is generated
  - nnn represents sequential number used by BHS
- **h74-834-addressoldxx.yyyymmdd-nnn** – file sent to existing T/RBHA
  - xx represents T/RBHA
  - yyyymmdd represents date file is generated
  - nnn represents sequential number used by BHS

**Client Information Systems  
File Layout and Specifications Manual  
v.3**

**Section 3**

**Encounter Processing;  
Third-Party Liability, and;  
Provider & Reference Files**

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**Table of Contents**

Overview – Encounter Processing ..... 3

Encounter Transaction Process Flow ..... 3

Encounter (Re)processing Due to Retroactive Medicaid Eligibility ..... 3

Monthly Encounter Capitation File ..... 3

    Encounter Withhold Data File Layout ..... 4

Third Party Liability (TPL) ..... 6

    Invalid TPL ..... 6

    Verified TPL ..... 6

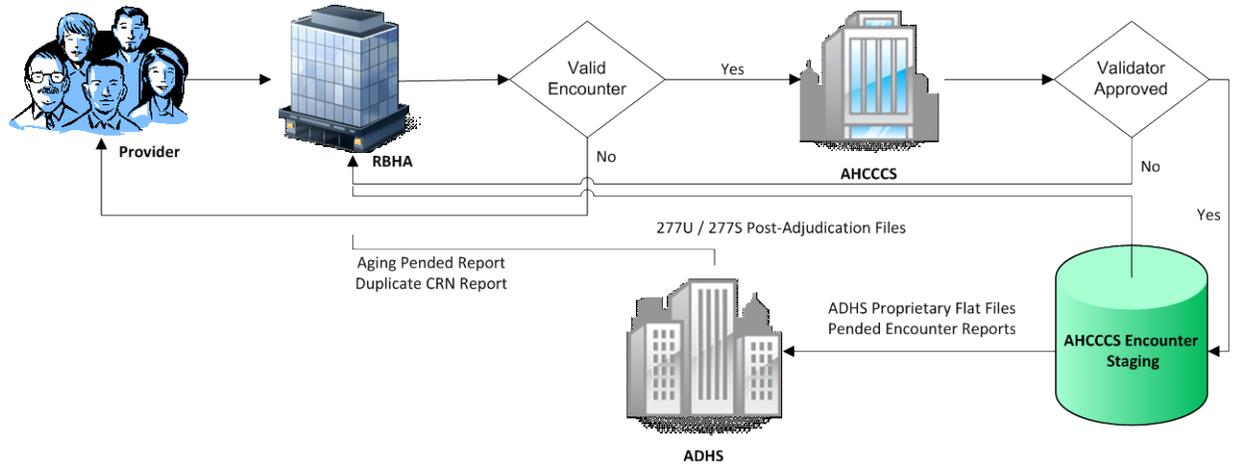
Provider Files and Other Reference Files ..... 6

Pend Files ..... 6

## Overview – Encounter Processing

Effective January 1<sup>st</sup>, 2014, the Regional Behavioral Health Authorities (RBHA) submit encounters for rendered services directly to the Arizona Health Care Cost Containment System (AHCCCS) for validation and subsequent adjudication. This process applies for all encounterable services regardless of the member's eligibility status on the Date of Service (Medicaid and State-Only). The RBHAs are to adhere to rules and procedures detailed in the [AHCCCS Encounter Manual](#). AHCCCS follows national industry standards and code sets as published by X12N, the National Council for Prescription Drug Programs (NCPDP), and other data standard maintenance organizations.

## Encounter Transaction Process Flow



AHCCCS processes encounters twice monthly; please see the most current encounter processing schedule, available on the [AHCCCS website](#) for more details.

## Encounter (Re)processing Due to Retroactive Medicaid Eligibility

During the second monthly cycle, AHCCCS reviews all encounters previously processed as Not-Medicaid eligible on the Date of Service to determine if the member has since gained retroactive Medicaid coverage. Encounters that meet these criteria are reprocessed accordingly and assigned to the correct funding stream.

For more details regarding Encounter submission, processing or response files, please see the [AHCCCS Encounter Manual](#).

## Monthly Encounter Capitation File

The Monthly Encounter reporting (Capitation/Withhold) process retrieves information from CIS and generates a data file (for RBHA's) and multiple reports (for internal use). This process runs for current and previous Fiscal Years. CIS creates SNAP tables on first working day of each month to facilitate all reporting needs. The RBHAs also receive a count file indicating the total number of records as follows:

- h74capwh.xx.YYYY.YYYYMM.zip (xx – rbha id, yyyy – fiscal year, yyyyymm – fiscal year and month)
- h74capwh.xx.YYYY.YYYYMM.cnt

**Encounter Withhold Data File Layout**

Field Name	Data Type	Field Length	Description
ICN NBR	Character	20	Invoice Control Number or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits are defined by the RBHA. ICN is >=11 and <= 20 in size. Structure of the ICN is as follows: RXXXXXXXXXXXXXXXXXXXX Possible values for "R": C – Cenpatico – GSA 2 M – Magellan 5 – NARBHA D – Cenpatico – GSA 4 8 – CPSA – GSA 5 9 – CPSA – GSA 3 G – Cenpatico GSA 3 X – Mercy Maricopa
LINE NBR	Number	6	Encounter line item number (values are 01-99).
CONTRACTOR ID (RBHA)	Character	2	Contractor identification number of the RBHA that submitted the Encounter. This ID is assigned and used internally within the CIS. Valid values: 1. 02 – Cenpatico – GSA 2 2. 07 – Magellan 3. 15 – NARBHA 4. 22 – Cenpatico – GSA 4 5. 26 – CPSA – GSA 5 6. 27 – CPSA – GSA 3 7. 32 – Cenpatico – GSA 3 8. 37 – Mercy Maricopa (non-integrated) 9. 77 – Mercy Maricopa (Integrated)
CLIENT ID	Character	10	Unique CIS 10-digit number that identifies the Client reported on the Encounter.
START DATE	Date	8 (YYYYMMDD)	Service start date. Indicates the first date the service was provided.
END DATE	Date	8 (YYYYMMDD)	Service end date. Indicates the last date the service was provided.
CIS ADD DATE	Date	8 (YYYYMMDD)	Date the Encounter was added to the CIS database.
ELIGIBILITY CONTROL DATE	Date	8 (YYYYMMDD)	Obsolete.
PROCEDURE CODE	Character	5	Procedure code denoting the service reported on an HCFA 1500 or Drug Encounter line item. For Drug Encounters, the Procedure Code value is always "D1000".
REVENUE CODE	Character	4	Revenue code denoting the service provided and reported on an UB 92 Encounter line item.
NDC CODE	Character	11	National Drug Code identifying the drug dispensed and reported on a Drug Encounter line item.
CONTRACT TYPE	Character	1	Obsolete.

Field Name	Data Type	Field Length	Description
ELIGIBILITY GROUP	Character	3	This field has replaced the CONTRACT TYPE field in determining Client eligibility. Possible values: "T19" – Title XIX eligible clients "T21" – Title XXI eligible clients (includes HIFA eligible clients previous to 9/24/2003) "DD" – DDD eligible clients "HI" – HIFA eligible clients "NON" – Non-Title XIX & XXI clients
TITLE 19 SERVICES	Character	1	"Y" – T19 Service "N" – State Only Service
DDD	Character	1	Obsolete.
PROGRAM INDICATOR	Character	1	Mental Health Category code. Possible values: 1. "C" – Child 2. "S" – SMI 3. "G" – GMH/Other 4. "D" – Substance Abuse Note: This field is not currently being set for records with an Eligibility Group field value of "NON".
ENCOUNTER FORM TYPE	Character	1	Encounter form type. Possible values: 1. "A" – HCFA 1500 2. "B" – UB 92 3. "C" – Drug
UNITS	Number	11 (9 integer + 1 decimal char + 1 decimal)	Number of service units reported on Encounter line item.
NET PAID	Number	21 (18 integer + 1 decimal char + 2 decimals)	Net amount of dollars paid. Amount paid on fee for service claim or prescription. This field is always zero for Drug Encounters.
SPECIAL NET VALUE	Number	21 (18 integer + 1 decimal char + 2 decimals)	Indicates the amount that the prepaid type of service encounter is valued.
TOTAL	Number	21 (18 integer + 1 decimal char + 2 decimals)	Calculation of NET PAID + SPECIAL NET VALUE
NTH LINE	Character	1	Obsolete.
AHCCCS ID	Character	9	ID of the Client assigned by AHCCCS.
PROVIDER ID	Character	9	ID of the Provider assigned by AHCCCS.
CRN	Numeric	14	ID of the Encounter assigned by AHCCCS.
YEARMONTH	Character	6	Fiscal Year and Month (YYYYMM)
REPORTED ELIGIBILITY GROUP	Character	3	Eligibility based on type of service on encounter.
PLACE OF SERVICE	Character	2	Place of Service code.
PROCEDURE CODE MODIFIER 1	Character	2	Primary procedure code modifier code.
PROCEDURE CODE MODIFIER 2	Character	2	Secondary procedure code modifier code.

---

## Third Party Liability (TPL)

### Invalid TPL

The TPL Daily Invalid Notification data file contains invalid TPL referrals that are downloaded from the AHCCCS Communications Server and placed in each T/RBHA's FTP/SFTP at AHDS. The file is named 'yymmdd.RBHAXX.NOT' (notification file); please see [AHCCCS' website](#) for the current layout.

### Verified TPL

The TPL Verified Monthly file contains TPL data that has been verified by AHCCCS' vendor. These files are downloaded from the AHCCCS Communications Server and placed in each T/RBHA's FTP/SFTP at AHDS. The file is named 'ccyymm.TPL' and is common all RBHA's; please see [AHCCCS' website](#) for the current layout.

### Provider Files and Other Reference Files

Provider Registration information, and various reference files are supplied throughout the month from AHCCCS and are subsequently provided to all the T/RBHAs on the FTP/SFTP RBHA\_COMMON server folder. Specifics about these files can be found in the [AHCCCS Encounter Manual – Chapter 5](#).

### Pend Files

DBHS Encounter Pend file process generates following output files to assist RBHA's in their pend research. Files are created for each AHCCCS Adjudication cycle (Twice a month) and placed on the RBHA FTP/SFTP server.

#### **Pend file name**

RBHA\_PROD\_PEND\_XX\_MMDDYY.TXT  
RBHA\_PROD\_PEND\_DETLAGIN\_XX\_MMDDYY.TXT  
RBHA\_PROD\_PEND\_DUPECRN\_XX\_MMDDYY.TXT

Pend file layout (Exhibit

4A) <http://www.azahcccs.gov/commercial/Downloads/Encounters/EncounterManual/Chapter4.pdf>)

DETLAGIN file layout (Exhibit

5Y) <http://www.azahcccs.gov/commercial/Downloads/Encounters/EncounterManual/Chapter5.pdf>)

DUPECRN file layout (Exhibit

5Z) <http://www.azahcccs.gov/commercial/Downloads/Encounters/EncounterManual/Chapter5.pdf>)

Client Information Systems  
File Layout and Specifications Manual  
v.3

Section 4

Demographics

**Table of Contents**

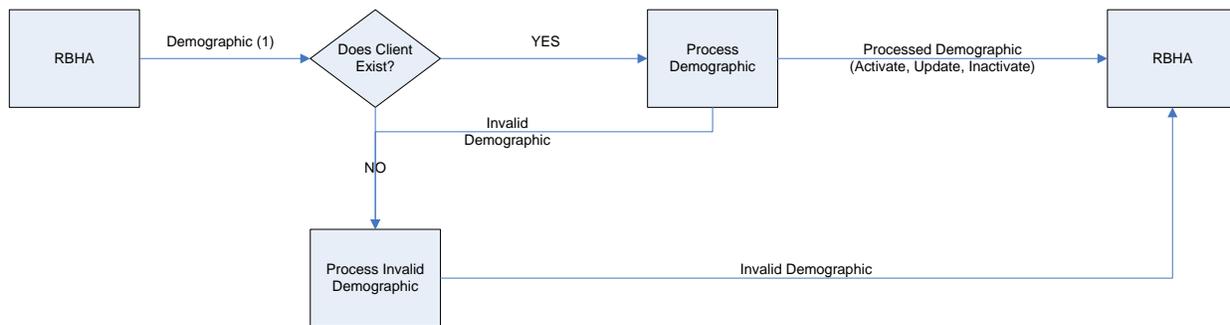
Overview – Demographic Processing ..... 3  
Demographic Transaction Process Flow ..... 3  
Demographic Transaction Naming Conventions ..... 3  
Demographic Transaction Layouts..... 4  
Demographic Error Messages and Edit Logic..... 7

## Overview – Demographic Processing

This section describes the overall system process flow, associated files, naming convention and their layouts and transaction mappings for demographics and assessment data. The T/RBHAs are required to submit this data in a timely manner as per of their contract specifications. Specific details on demographic field definitions, business rules and logic are outlined in the *Demographic and Outcome Data Set User Guide* (DUG), available on the [Division’s website](#).

## Demographic Transaction Process Flow

The figure below shows the demographics file submission process flow. The interdependencies between demographics and enrollment were previously detailed in the enrollment section of this manual.



Notes:  
(1) Submitted <= 45 days after initial contact  
DEMOGRAPHIC = Episode of Care  
ACTIVE = Client Receiving Services

Transaction Type:  
1 Activate, EOC Start  
2 Complete Update  
3 Change  
4 Inactivate/EOC Close  
5 Crisis Start  
6 Crisis End  
9 Correction

- T/RBHA Transaction 1 results in 'Active' Flag in AHCCCS 834 Enrollment transaction
- T/RBHA Transaction 4 results in 'Inactive' Flag in AHCCCS 834 Enrollment transaction
- RBHA 834 (State Only) Enrollment is not affected
- When a site change file is processed, the member is set to 'Inactive' in the AHCCCS 834 Enrollment and the new T/RBHA has to send a Transaction 1 to change the client to 'Active' status with the new T/RBHA

## Demographic Transaction Naming Conventions

**File name:** UDEMOGxx.DAyyyymmdd.nn (XX=RBHA ID): *Header Record* of Transaction file submitted to DBHS for processing from each RBHA

- Notes:**
1. Place a CR-LF after the last byte of every record.
  2. All alpha characters must be capitalized.
  3. All dates are formatted YYYYMMDD.
  4. Record length: 458.
  5. **Fields related to certification of the file are mandatory.**

**File name:** UDEMOGxx.DAyyyymmdd.nn (XX=RBHA ID): *Detail Transaction* record submitted to DBHS for processing from each RBHA.

- Notes:**
1. On the detail record, fields 2 through 9 must be populated on all records.
  2. For a “Change” transaction (Reason-for-Submission value 3,) only the fields that are changing since the last demographic record was submitted need to be populated (in addition to fields 2 through 9).
  3. Please see the [Demographics and Outcome Data Set User Guide](#) for allowable values.

**File name:** DDMOGxx.DAyyyymmdd.nn (xx=RBHA ID): Download file containing accepted transactions out of the demographic process from DBHS to each RBHA (*Daily Response File*).

**Notes:** File is comma-delimited with quotes (") surrounding each field. Character fields use null values. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.

**File name:** H74248xx.OUTyyyymmdd (xx=RBHA ID): Resync / on-demand download file produced as a result of a demographic resync request by a RBHA to DBHS.

**Notes:** File is comma-delimited with quotes (") surrounding each field. Character fields use null values. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.

## Demographic Transaction Layouts

### Header Record

Record Location		Column Name	Type	Size	Justify	Default	Description/Comments
From	To						
1	1	Record-Type	Char	1	None	None	Distinguishes Header from Detail records. Valid value for a Header Record is "H".
2	3	RBHA-ID	Char	2	Left	None	Identifies RBHA submitting the file.
4	8	File-Name	Char	5	Left	None	Indicates the name of the file. Valid Values: DEMOG = Demographic Data.
9	16	Submittal-Record-Count	Char	8	Right	None	Indicates the total record count for the file. Does not include Header record.
17	24	Submittal-Date	Char	8	None	None	Date the file was produced for submission.
25	30	Submittal-Time	Char	6	Right	None	Time the file was produced for submission. Format is HHMMSS, using a 24-hour clock.
31	90	Submitter-Contact-Name	Char	60	Left		Name of the person who certifies the file
91	170	File certification	Char	80	Left	"TOMYKNOWLEDGEINFORMATIONANDBELIEFTHE DATA IN THIS FILE IS ACCURATE COMPLETE AND TRUE"	Certification text
171	220	Submitter-email	Char	50	Left		Email address of the person who certifies the file, which must be compliant with BBA specifications
221	240	Submitter-telephone-number	Char	20	Left		Telephone number of the person certifying the file
241	458	Record-Filler	Char	218	Left	Spaces	Filler for the remainder of the fixed-length record.

*Detail Record*

Record Location		Column Name	Type	Size	Justify	Default	Description/Comments
From	To						
1	1	Record-Type	Char	1	None	None	Detail Record is a space
2	3	RBHA-ID	Char	2	Right	None	See DUG
4	4	Reason-for-Submission	Char	1	None	None	
5	14	Client-ID	Char	10	Left	None	
15	22	Filler	Char	8	None	Space	
23	47	Client-First-Name	Char	25	Left	None	
48	72	Filler	Char	25	None	Space	
73	107	Client-Last-Name	Char	35	Left	None	
108	115	Date-of-Birth	Char	8	None	None	
116	123	Referral-Date	Char	8	None	None	
124	125	Referral-Source	Char	2	None	None	
126	126	OMB-American Indian	Char	1	None	None	
127	127	OMB-Asian	Char	1	None	None	
128	128	OMB-Black	Char	1	None	None	
129	129	OMB-Native Hawaiian	Char	1	None	None	
130	130	OMB-White	Char	1	None	None	
131	131	OMB-Hispanic-Latino	Char	1	None	None	
132	132	Filler	Char	1	None	Space	
133	133	Filler	Char	1	None	Space	
134	134	Filler	Char	1	None	Space	
135	135	Filler	Char	1	None	Space	
136	136	Filler	Char	1	None	Space	
137	137	Filler	Char	1	None	Space	
138	138	Filler	Char	1	None	Space	
139	139	Filler	Char	1	None	Space	
140	140	Filler	Char	1	None	Space	
141	141	Filler	Char	1	None	Space	
142	142	Filler	Char	1	None	Space	
143	150	Assessment-Date	Char	8	None	None	
151	152	Filler	Char	2	None	Space	
153	158	Filler	Char	6	None	Space	
159	159	Treatment-Participation	Char	1	None	None	
160	160	OA-ADC-Parole	Char	1	None	None	
161	161	OA-ADJC-Parole	Char	1	None	None	
162	162	Filler	Char	1	None	Space	
163	163	OA-AOC-Adult-Probation	Char	1	None	None	
164	164	OA-AOC-Juvenile-Probation	Char	1	None	None	
165	165	Filler	Char	1	None	Space	
166	166	Filler	Char	1	None	Space	
167	167	OA-DES-RSA	Char	1	None	None	
168	168	Filler	Char	1	None	Space	
169	169	OA-School-Special-Ed	Char	1	None	None	
170	170	Filler	Char	1	None	Space	
171	175	Filler	Char	5	None	Space	
176	176	Formal-Schooling-Level	Char	1	None	None	
177	177	Filler	Char	1	None	Space	

Record Location		Column Name	Type	Size	Justify	Default	Description/Comments
From	To						
178	178	Filler	Char	1	None	Space	
179	183	Filler	Char	5	None	Space	
184	184	SP-Pregnancy	Char	1	None	None	
185	185	SP-Woman-DC	Char	1	None	None	
186	186	Filler	Char	1	None	Space	
187	190	Filler	Char	4	None	Space	
191	192	AXIS-III-1	Char	2	Left	None	
193	194	AXIS-III-2	Char	2	Left	None	
195	196	AXIS-III-3	Char	2	Left	None	
197	198	AXIS-III-4	Char	2	Left	None	
199	200	AXIS-III-5	Char	2	Left	None	
201	208	Effective-Date	Char	8	None	None	
209	214	AXIS-I-1	Char	6	Left	None	
215	220	AXIS-I-2	Char	6	Left	None	
221	226	AXIS-I-3	Char	6	Left	None	
227	232	AXIS-I-4	Char	6	Left	None	
233	238	AXIS-I-5	Char	6	Left	None	
239	244	AXIS-II-1	Char	6	Left	None	
245	250	AXIS-II-2	Char	6	Left	None	
251	251	Behavior-Health-Category	Char	1	None	None	
252	253	Employment-Status	Char	2	None	None	
254	254	Educational-Status	Char	1	None	None	
255	259	Filler	Char	5	None	Space	
260	261	Primary-Residence	Char	2	Left	None	
262	264	AXIS-V	Char	3	Left	None	
265	266	Number-of-Arrests	Char	2	Left	None	
267	270	SA-Type-1	Char	4	Left	None	
271	271	SA-Freq-1	Char	1	None	None	
272	272	SA-Route-1	Char	1	None	None	
273	274	SA-Age-First-Use-1	Char	2	Right	None	
275	278	SA-Type-2	Char	4	Left	None	
279	279	SA-Freq-2	Char	1	None	None	
280	280	SA-Route-2	Char	1	None	None	
281	282	SA-Age-First-Use-2	Char	2	Right	None	
283	286	Filler	Char	4	None	Space	
287	288	EOC_Status	Char	2	Left	None	
289	290	Filler	Char	2	None	Space	
291	291	Filler	Char	1	None	Space	
292	292	Filler	Char	1	None	Space	
293	293	Filler	Char	1	None	Space	
294	294	Filler	Char	1	None	Space	
295	295	Filler	Char	1	None	Space	
296	296	Filler	Char	1	None	Space	
297	297	Filler	Char	1	None	Space	
298	312	Filler	Char	15	None	Space	
313	318	Filler	Char	6	None	Space	
319	319	Filler	Char	1	None	Space	

Record Location		Column Name	Type	Size	Justify	Default	Description/Comments
From	To						
320	320	Filler	Char	1	None	Space	
321	321	Filler	Char	1	None	Space	
322	322	Filler	Char	1	None	Space	
323	323	Filler	Char	1	None	Space	
324	327	SA-Type-3	Char	4	Left	None	
328	328	SA-Freq-3	Char	1	None	None	
329	329	SA-Route-3	Char	1	None	None	
330	331	SA-Age-First-Use-3	Char	2	Right	None	
332	339	Date of Treatment Plan	Char	8	None	None	
340	344	Filler	Char	5	None	Space	
345	350	Filler	Char	6	None	Space	
351	365	Custom-1	Char	15	Left	None	
366	371	Principle-Diagnosis	Char	6	Left	None	
372	373	CASII-Intensity-Lvl	Char	2	None	None	
374	381	CASII-Date	Char	8	None	None	
382	382	Social-Support-And-Recovery	Char	1	Left	None	
383	384	Gender-Identity	Char	2	None	None	
385	386	Sexual-Orientation	Char	2	None	None	
387	394	EOC-Start-Date	Char	8	None	None	
395	395	AXIS IV-1	Char	1	None	None	
396	396	AXIS IV-2	Char	1	None	None	
397	397	VETERAN STATUS	Char	1	None	None	
398	412	ECN	Char	15	None	None	
413	427	ECN_UPDATE	Char	15	None	None	
428	435	EOC_END_DATE	DATE	8	None	None	
436	437	FORMAL_SCHOOL_LEVEL_CD	Char	2	None	None	
438	458	Filler	Char	21	None	None	

*Daily Response and Resync File Layout*

Record Location		Column Name	Type	Size	Comment/Changes
From	To				
1	1	Filler	Char	1	Value: “
2	2	Transaction-Type	Char	1	A = Add; C = Change
3	5	Filler	Char	3	Value: “,”
6	7	Contr-ID	Char	2	
8	10	Filler	Char	3	Value: “,”
11	20	Client-ID	Char	10	
21	23	Filler	Char	3	Value: “,”
24	31	Filler	Char	8	
32	34	Filler	Char	3	Value: “,”
35	35	Reason-for-Submission	Char	1	
36	38	Filler	Char	3	Value: “,”
39	46	Submittal-Date	Char	8	
47	49	Filler	Char	3	Value: “,”
50	57	Referral-Date	Char	8	

Record Location		Column Name	Type	Size	Comment/Changes
From	To				
58	60	Filler	Char	3	Value: “,”
61	62	Referral-Src-Code	Char	2	
63	65	Filler	Char	3	Value: “,”
66	66	OMB-American-Indian	Char	1	
67	69	Filler	Char	3	Value: “,”
70	70	OMB-Asian	Char	1	
71	73	Filler	Char	3	Value: “,”
74	74	OMB-Black	Char	1	
75	77	Filler	Char	3	Value: “,”
78	78	OMB-Native-Hawaiian	Char	1	
79	81	Filler	Char	3	Value: “,”
82	82	OMB-White	Char	1	
83	85	Filler	Char	3	Value: “,”
86	86	OMB-Hispanic-Latino	Char	1	
87	89	Filler	Char	3	Value: “,”
90	90	Filler	Char	1	
91	93	Filler	Char	3	Value: “,”
94	94	Filler	Char	1	
95	97	Filler	Char	3	Value: “,”
98	98	Filler	Char	1	
99	101	Filler	Char	3	Value: “,”
102	102	Filler	Char	1	
103	105	Filler	Char	3	Value: “,”
106	106	Filler	Char	1	
107	109	Filler	Char	3	Value: “,”
110	110	Filler	Char	1	
111	113	Filler	Char	3	Value: “,”
114	114	Filler	Char	1	
115	117	Filler	Char	3	Value: “,”
118	118	Filler	Char	1	
119	121	Filler	Char	3	Value: “,”
122	122	Filler	Char	1	
123	125	Filler	Char	3	Value: “,”
126	126	Filler	Char	1	
127	129	Filler	Char	3	Value: “,”
130	130	Filler	Char	1	
131	133	Filler	Char	3	Value: “,”
134	141	Filler	Char	8	
142	144	Filler	Char	3	Value: “,”
145	147	Filler	Char	3	
148	150	Filler	Char	3	Value: “,”
151	157	Filler	Char	7	
158	160	Filler	Char	3	Value: “,”
161	161	Trtmnt-Prtcptn-Code	Char	1	

Record Location		Column Name	Type	Size	Comment/Changes
From	To				
162	164	Filler	Char	3	Value: “,”
165	165	OA-ADC-Parole	Char	1	
166	168	Filler	Char	3	Value: “,”
169	169	OA-ADJC-Parole	Char	1	
170	172	Filler	Char	3	Value: “,”
173	173	Filler	Char	1	
174	176	Filler	Char	3	Value: “,”
177	177	OA-AOC-Adult-Probation	Char	1	
178	180	Filler	Char	3	Value: “,”
181	181	OA-AOC-Jvnl-Probation	Char	1	
182	184	Filler	Char	3	Value: “,”
185	185	Filler	Char	1	
186	188	Filler	Char	3	Value: “,”
189	189	Filler	Char	1	
190	192	Filler	Char	3	Value: “,”
193	193	OA-DES-RSA	Char	1	
194	196	Filler	Char	3	Value: “,”
197	197	Filler	Char	1	
198	200	Filler	Char	3	Value: “,”
201	201	OA-School-Special-Ed	Char	1	
202	204	Filler	Char	3	Value: “,”
205	205	Filler	Char	1	
206	208	Filler	Char	3	Value: “,”
209	209	Formal-School-Level-Code	Char	1	
210	212	Filler	Char	3	Value: “,”
213	213	Filler	Char	1	
214	216	Filler	Char	3	Value: “,”
217	217	Filler	Char	1	
218	220	Filler	Char	3	Value: “,”
221	221	SP-Pregnancy	Char	1	
222	224	Filler	Char	3	Value: “,”
225	225	SP-Woman-DC	Char	1	
226	228	Filler	Char	3	Value: “,”
229	230	Axis-III-1-Code	Char	2	
231	233	Filler	Char	3	Value: “,”
234	235	Axis-III-2-Code	Char	2	
236	238	Filler	Char	3	Value: “,”
239	240	Axis-III-3-Code	Char	2	
241	243	Filler	Char	3	Value: “,”
244	245	Axis-III-4-Code	Char	2	
246	248	Filler	Char	3	Value: “,”
249	250	Axis-III-5-Code	Char	2	
251	253	Filler	Char	3	Value: “,”
254	261	Effective Date	Char	8	YYYYMMDD

Record Location		Column Name	Type	Size	Comment/Changes
From	To				
262	264	Filler	Char	3	Value: “,”
265	270	Axis-I-1-Code	Char	6	
271	273	Filler	Char	3	Value: “,”
274	279	Axis-I-2-Code	Char	6	
280	282	Filler	Char	3	Value: “,”
283	288	Axis-I-3-Code	Char	6	
289	291	Filler	Char	3	Value: “,”
292	297	Axis-I-4-Code	Char	6	
298	300	Filler	Char	3	Value: “,”
301	306	Axis-I-5-Code	Char	6	
307	309	Filler	Char	3	Value: “,”
310	315	Axis-II-1-Code	Char	6	
316	318	Filler	Char	3	Value: “,”
319	324	Axis-II-2-Code	Char	6	
325	327	Filler	Char	3	Value: “,”
328	328	Behavior-Health-Cat-Code	Char	1	
329	331	Filler	Char	3	Value: “,”
332	333	Employment-Status-Code	Char	2	
334	336	Filler	Char	3	Value: “,”
337	337	Educational-Status	Char	1	
338	340	Filler	Char	3	Value: “,”
341	342	Prim-Residence-Code	Char	2	
343	345	Filler	Char	3	Value: “,”
346	349	Axis-V	Char	4	
350	352	Filler	Char	3	Value: “,”
353	355	Number-Of-Arrests	Num.	3	
356	358	Filler	Char	3	Value: “,”
359	362	SA-Type-1-Code	Char	4	
363	365	Filler	Char	3	Value: “,”
366	366	SA-Freq-1-Code	Char	1	
367	369	Filler	Char	3	Value: “,”
370	370	SA-Route-1-Code	Char	1	
371	373	Filler	Char	3	Value: “,”
374	376	SA-Age-First-Use-1	Num.	3	
377	379	Filler	Char	3	Value: “,”
380	383	SA-Type-2-Code	Char	4	
384	386	Filler	Char	3	Value: “,”
387	387	SA-Freq-2-Code	Char	1	
388	390	Filler	Char	3	Value: “,”
391	391	SA-Route-2-Code	Char	1	
392	394	Filler	Char	3	Value: “,”
395	397	SA-Age-First-Use-2	Num.	3	
398	400	Filler	Char	3	Value: “,”
401	404	Filler	Char	4	

Record Location		Column Name	Type	Size	Comment/Changes
From	To				
405	407	Filler	Char	3	Value: “,”
408	409	EOC-Status	Char	2	
410	412	Filler	Char	3	Value: “,”
413	420	CIS-Add-Date	Char	8	YYYYMMDD
421	423	Filler	Char	3	Value: “,”
424	431	Change-Control-Date	Char	8	YYYYMMDD
432	434	Filler	Char	3	Value: “,”
435	442	Change-Control-Pgm	Char	8	
443	445	Filler	Char	3	Value: “,”
446	453	Change-Control-User-ID	Char	8	
454	456	Filler	Char	3	Value: “,”
457	458	Filler	Char	2	
459	461	Filler	Char	3	Value: “,”
462	462	Filler	Char	1	
463	465	Filler	Char	3	Value: “,”
466	466	Filler	Char	1	
467	469	Filler	Char	3	Value: “,”
470	470	Filler	Char	1	
471	473	Filler	Char	3	Value: “,”
474	474	Filler	Char	1	
475	477	Filler	Char	3	Value: “,”
478	478	Filler	Char	1	
479	481	Filler	Char	3	Value: “,”
482	482	Filler	Char	1	
483	485	Filler	Char	3	Value: “,”
486	486	Filler	Char	1	
487	489	Filler	Char	3	Value: “,”
490	490	Filler	Char	1	
491	493	Filler	Char	3	Value: “,”
494	508	Filler	Char	15	
509	511	Filler	Char	3	Value: “,”
512	517	Filler	Char	6	
518	520	Filler	Char	3	Value: “,”
521	521	Filler	Char	1	
522	524	Filler	Char	3	Value: “,”
525	525	Filler	Char	1	
526	528	Filler	Char	3	Value: “,”
529	529	Filler	Char	1	
530	532	Filler	Char	3	Value: “,”
533	533	Filler	Char	1	
534	536	Filler	Char	3	Value: “,”
537	537	Filler	Char	1	
538	540	Filler	Char	3	Value: “,”
541	544	SA-Type-3-Code	Char	4	

Record Location		Column Name	Type	Size	Comment/Changes
From	To				
545	547	Filler	Char	3	Value: “,”
548	548	SA-Freq-3-Code	Char	1	
549	551	Filler	Char	3	Value: “,”
552	552	SA-Route-3-Code	Char	1	
553	555	Filler	Char	3	Value: “,”
556	558	SA-Age-First-Use-3	Num.	3	
559	561	Filler	Char	3	Value: “,”
562	569	Date of Treatment Plan	Char	8	
570	572	Filler	Char	3	Value: “,”
573	577	Filler	Char	5	
578	580	Filler	Char	3	Value: “,”
581	586	Filler	Char	6	
587	589	Filler	Char	3	Value: “,”
590	604	Custom_1	Char	15	
605	607	Filler	Char	3	Value: “,”
608	615	Closure_Date	Char	8	
616	618	Filler	Char	3	Value: “,”
619	624	Principle Diagnosis	Char	6	
625	627	Filler	Char	3	Value “,”
628	629	CASII Intensity Lvl	Char	2	
630	632	Filler	Char	3	Value: “,”
633	640	CASII Date	Char	8	
641	643	Filler	Char	3	Value: “,”
644	651	Assessment Date	Char	8	
652	654	Filler	Char	3	Value: “,”
655	655	Social-Support-And-Recovery	Char	1	
656	658	Filler	Char	3	Value: “,”
659	660	Gender-Identity	Char	2	
661	663	Filler	Char	3	Value: “,”
664	665	Sexual-Orientation	Char	2	
666	668	Filler	Char	3	Value: “,”
669	676	EOC-Start-Date	Char	8	
677	679	Filler	Char	1	Value: “,”
680	680	AXIS IV-1	Char	1	
681	683	Filler	Char	3	Value: “,”
684	684	AXIS IV-2	Char	1	
685	687	Filler	Char	3	Value: “,”
688	688	Veteran Status	Char	1	
689	691	Filler	Char	3	Value: “,”
692	706	ECN	Char	15	
707	709	Filler	Char	3	Value: “,”
710	724	ECN_UPDATE	Char	15	
725	727	Filler	Char	3	Value: “,”

Record Location		Column Name	Type	Size	Comment/Changes
From	To				
728	735	EOC_END_DATE	Char	8	
736	738	Filler	Char	3	Value: “,”
739	740	Formal_school_level_cd	Char	2	
741	741	Filler	Char	1	Value: “

Demographic Error Message Codes

ERROR_CODE	ERROR_MESSAGE
DMG_001_01_01	Record type is invalid
DMG_002_01_01	RBHA ID is missing or invalid
DMG_003_01_01	Transaction code is missing or invalid
DMG_003_02_01	Previous EOC on file for this client has not been closed or EOC_START_DATE overlaps previous EOC_END_DATE
DMG_003_02_02	Other error occurred in GET_NO_OPEN_EOC, contact IT administrator
DMG_003_02_03	Other error occurred in GET_NO_OPEN_EOC, contact IT administrator
DMG_003_03_01	No enrollment eligibility on file for this client
DMG_003_04_01	Previous EOC on file for this client has not been closed or EOC_START_DATE overlaps previous EOC_END_DATE
DMG_003_04_02	No master record found for this client id - cannot submit '2' trans code without an open '1' on file
DMG_003_04_03	No master record found for this client id - cannot submit '2' trans code without an open '1' on file
DMG_003_04_04	EOC_START_DATE is invalid
DMG_003_05_01	Previous EOC on file for this client has not been closed or EOC_START_DATE overlaps previous EOC_END_DATE
DMG_003_06_01	All required fields not submitted for this client/transaction code
DMG_003_06_02	Other error occurred in GET_ALL_REQ_FIELDS, contact IT administrator
DMG_003_07_01	Previous EOC on file for this client has not been closed or EOC_START_DATE overlaps previous EOC_END_DATE
DMG_003_07_02	EOC has already been closed
DMG_003_07_03	No matching EOC found for this record OR ECN_UPDATE value points to an invalid record, the record submitted must point to the record with the original transmission code of 1
DMG_003_08_01	Previous EOC on file for this client has not been closed or EOC_START_DATE overlaps previous EOC_END_DATE
DMG_003_08_02	Other error occurred in H74PKG_DEMOG_IMPORT.GET_NO_OPEN_EOC, contact IT administrator.

DMG_003_08_03	EOC_START_DATE is invalid
DMG_003_08_04	Other error occurred in H74PKG_DEMOG_IMPORT.GET_NO_OPEN_EOC, contact IT administrator.
DMG_003_08_05	Duplicate EOC found with identical rbha id, client id, trans code and eoc start date combination.
DMG_003_09_01	EOC has already been closed
DMG_003_09_02	Duplicate EOC found with identical rbha id, client id, trans code and eoc start date combination.
DMG_003_09_03	When closing a crisis EOC, the record submitted must point to the record with the original transmission code of 5
DMG_003_10_01	All required fields not submitted for this client/transaction code
DMG_003_10_02	Other error occurred in GET_ALL_REQ_FIELDS, contact IT administrator
DMG_003_11_03	When updating the EOC_START_DATE, the record submitted must point to the record with the original transmission code of 1
DMG_004_01_01	Client ID does not exist in AZDHS database
DMG_004_01_02	Client ID duplicated in input file
DMG_006_01_01	Client first name does not match existing record for this client id
DMG_008_01_01	Client last name does not match existing record for this client id
DMG_009_01_01	Date of birth is invalid or missing
DMG_010_01_01	Referral date is invalid
DMG_011_01_01	Referral source is invalid
DMG_012_01_01	OMB American Indian indicator is invalid - invalid effective date (effective date sent in must match effective date on record to be updated)
DMG_012_01_04	Other error in H74PKG_DEMOG_IMPORT.GET_VALID_OMB_IND, contact IT administrator.
DMG_012_01_05	OMB American Indian indicator is invalid - valid values are 'Y' or 'N'
DMG_012_02_01	At least one of the race indicators must 'Y' for a full assessment
DMG_012_02_02	If any race indicators are populated, then at least one of the race indicators must be 'Y'
DMG_013_01_01	OMB Asian indicator is invalid - invalid effective date (effective date sent in must match effective date on record to be updated)
DMG_013_01_04	Other error in H74_PKG_IMPORT.GET_VALID_OMB_IND, contact IT administrator.
DMG_013_01_05	OMB American Indian indicator is invalid - valid values are 'Y' or 'N'
DMG_014_01_01	OMB Black indicator is invalid - invalid effective date (effective date sent in must match effective date on record to be updated)
DMG_014_01_04	Other error in H74_PKG_IMPORT.GET_VALID_OMB_IND, contact IT administrator.
DMG_014_01_05	OMB American Indian indicator is invalid - valid values are 'Y' or 'N'
DMG_015_01_01	OMB Native Hawaiian indicator is invalid - invalid effective date (effective date sent in must match effective date on record to be updated)
DMG_015_01_04	Other error in H74_PKG_IMPORT.GET_VALID_OMB_IND, contact IT administrator.

DMG_015_01_05	OMB American Indian indicator is invalid - valid values are 'Y' or 'N'
DMG_016_01_01	OMB White indicator is invalid - invalid effective date (effective date sent in must match effective date on record to be updated)
DMG_016_01_04	Other error in H74_PKG_IMPORT.GET_VALID_OMB_IND, contact IT administrator.
DMG_016_01_05	OMB American Indian indicator is invalid - valid values are 'Y' or 'N'
DMG_017_01_01	OMB Hispanic Latino indicator is invalid - invalid effective date (effective date sent in must match effective date on record to be updated)
DMG_017_01_04	Other error in H74_PKG_IMPORT.GET_VALID_OMB_IND, contact IT administrator.
DMG_017_01_05	OMB American Indian indicator is invalid - valid values are 'Y' or 'N'
DMG_029_01_01	Assessment date is invalid
DMG_029_01_02	Other error in H74_PKG_IMPORT.GET_VALID_ASSESSMENT_DATE, contact IT administrator.
DMG_029_01_03	Other error in H74_PKG_IMPORT.GET_VALID_ASSESSMENT_DATE, contact IT administrator.
DMG_029_01_04	Cannot change field ASSESSMENT_DATE with a TRANSMISSION CODE of 3.
DMG_032_01_01	Treatment participation code is invalid
DMG_032_01_02	Treatment participation code is invalid - invalid effective date
DMG_032_01_03	Treatment participation code is invalid - effective date must match the effective date of the record being updated for trans code 9 records
DMG_033_01_01	OA ADC or Parole indicator is invalid - must be 'Y' or 'N' for clients 18 or over
DMG_033_01_02	OA ADC or Parole indicator is invalid - must be 'X' for clients under 18
DMG_033_01_03	OA ADC or Parole indicator is invalid - invalid client age
DMG_033_01_04	OA ADC or Parole indicator is invalid - invalid effective date
DMG_034_01_01	OA ADJC or Parole indicator is invalid - must be 'Y' or 'N' for clients under 18
DMG_034_01_02	OA ADJC or Parole indicator is invalid - must be 'X' for clients 18 or over
DMG_034_01_03	OA ADJC or Parole indicator is invalid - age could not be determined
DMG_034_01_04	OA ADJC or Parole indicator is invalid - invalid effective date
DMG_036_01_01	OA AOC Adult Probation indicator is invalid - must be 'Y' or 'N' for clients 18 or over
DMG_036_01_02	OA AOC Adult Probation indicator is invalid - must be 'X' for clients under 18
DMG_036_01_03	OA AOC Adult Probation indicator is invalid - age could not be determined
DMG_036_01_04	OA AOC Adult Probation indicator is invalid - invalid effective date

DMG_037_01_01	OA AOC Juvenile Probation indicator is invalid - must be 'Y' or 'N' for clients under 18
DMG_037_01_02	OA AOC Juvenile Probation indicator is invalid - must be 'X' for clients 18 or over
DMG_037_01_03	OA AOC Juvenile Probation indicator is invalid - age could not be determined
DMG_037_01_04	OA AOC Juvenile Probation indicator is invalid - invalid effective date
DMG_040_01_01	OA DES RSA indicator is invalid - invalid effective date
DMG_040_01_02	OA DES RSA indicator is invalid
DMG_042_01_01	OA School Special Education indicator is invalid - invalid effective date
DMG_042_01_02	OA School Special Education indicator is invalid - must be 'X' for clients less than 3 years of age
DMG_042_01_03	OA School Special Education indicator is invalid - must be 'Y' or 'N' for clients between 3 and 21 years of age
DMG_042_01_04	OA School Special Education indicator is invalid - must be 'X' for clients older than 21 years of age
DMG_045_01_01	Formal Schooling Level Old is invalid - must be among the following values: A, B, C, D, 1, 3, 4, 5, 6, 7, 8
DMG_049_01_01	Client gender is unknown - cannot determine pregnancy indicator
DMG_049_01_02	Invalid Pregnancy indicator - must be X for male clients
DMG_049_01_03	Invalid Pregnancy indicator - must be Y or N for female clients
DMG_050_01_01	Client gender is unknown - cannot determine woman with dependent children indicator
DMG_050_01_02	Invalid woman with dependent children indicator - must be X for male clients
DMG_050_01_03	Invalid woman with dependent children indicator - must be Y or N for female clients
DMG_052_01_01	Axis III codes are missing or invalid
DMG_052_02_01	Axis III-2, 3, 4 or 5 is missing or invalid
DMG_052_02_02	If Axis III-1 = 00, then all Axis III codes must = 00
DMG_052_02_03	Axis III codes not including 00 or 74 may only be used once
DMG_052_02_04	If Axis III-1 = 74, then all Axis III codes must = 74
DMG_057_01_01	Effective Date is missing or invalid
DMG_057_01_02	Other error in GET_VALID_EFFECTIVE_DATE procedure, contact IT administrator.
DMG_057_01_03	Effective Date value submitted on a 3 or 9 record must be equal to the Effective Date of the existing record to be updated.
DMG_058_01_01	Axis I-1 code is invalid
DMG_058_01_03	Value V71.09 can exist in either Axis I-1 or Axis II-1, but not both
DMG_058_01_04	Other error in GET_VALID_DSM_CODE procedure, contact IT administrator.
DMG_059_01_01	Axis I-2 code is invalid
DMG_059_01_02	Axis I-2 - Diagnosis code V71.09 is only allowed in Axis I-1 or Axis II-1

DMG_059_01_04	Other error in GET_VALID_DSM_CODE procedure, contact IT administrator.
DMG_060_01_01	Axis I-3 code is invalid
DMG_060_01_02	Axis I-3 - Diagnosis code V71.09 is only allowed in Axis I-1 or Axis II-1
DMG_060_01_04	Other error in GET_VALID_DSM_CODE procedure, contact IT administrator.
DMG_061_01_01	Axis I-4 code is invalid
DMG_061_01_02	Axis I-4 - Diagnosis code V71.09 is only allowed in Axis I-1 or Axis II-1
DMG_061_01_04	Other error in GET_VALID_DSM_CODE procedure, contact IT administrator.
DMG_062_01_01	Axis I-5 code is invalid
DMG_062_01_02	Axis I-5 - Diagnosis code V71.09 is only allowed in Axis I-1 or Axis II-1
DMG_062_01_04	Other error in GET_VALID_DSM_CODE procedure, contact IT administrator.
DMG_062_03_01	If Axis I-1 = V71.09, all other Axis I fields must = NONE
DMG_062_03_01	Other error in GET_7109_FIELDS procedure, contact IT administrator.
DMG_062_04_01	Axis I fields must be populated in order
DMG_062_04_01	Axis II fields cannot be repeated
DMG_062_04_02	Other error occurred in GET_VALID_DSM_ORDER procedure, contact IT administrator.
DMG_062_05_01	Axis I fields cannot be repeated
DMG_062_05_02	Axis I fields cannot be repeated
DMG_063_01_01	Axis -II-1 code is invalid
DMG_063_01_03	Value V71.09 can exist in either Axis I-1 or Axis II-1, but not both
DMG_063_01_04	Other error in GET_VALID_DSM_CODE procedure, contact IT administrator.
DMG_063_02_01	If Axis II-1 = V71.09, all other Axis II fields must = NONE
DMG_063_03_01	Axis II fields must be populated in order
DMG_063_03_02	Other error occurred in GET_VALID_DSM_ORDER procedure, contact IT administrator.
DMG_064_01_01	Axis II-2 code is invalid
DMG_064_01_02	Axis II-2 - diagnosis code V71.09 is only allowed in Axis I-1 or Axis II-1
DMG_064_01_04	Other error in GET_VALID_DSM_CODE procedure, contact IT administrator.
DMG_065_01_01	Designation not met for Behavioral Health Category code of 'Z'
DMG_065_01_02	Behavioral Health Category code of 'Z' or 'C' invalid for client's age - must be 17 or younger
DMG_065_01_03	Designation not met for Behavioral Health Category code of 'S'
DMG_065_01_04	Behavioral Health Category code of 'G' cannot be coupled with a Primary Substance Abuse code indicating no substance abuse
DMG_065_01_05	Designation not met for Behavioral Health Category code of 'G'

DMG_065_01_06	Invalid Behavioral Health Category code - must be 'C', 'Z', 'S', 'M' or 'G'
DMG_065_01_07	Other error occurred in GET_BH_CATEGORY procedure, contact IT administrator.
DMG_065_01_08	Behavioral Health Category code of 'S', 'M' or 'G' invalid for client's age - must be 18 or older
DMG_066_01_01	Employment Status code is invalid
DMG_067_01_01	Educational Status code is invalid
DMG_069_01_01	Primary Residence code is invalid
DMG_070_01_01	Axis V code is invalid
DMG_071_01_01	Number of arrests code must be a numeric value between 0 and 31
DMG_072_01_01	Primary Substance Abuse code is invalid
DMG_072_01_02	If Primary Substance Abuse code indicates no substance abuse, then Secondary and Tertiary codes must also indicate no usage.
DMG_072_01_03	If Primary Substance Abuse code indicates no substance abuse, frequency of use must also indicate no usage.
DMG_072_01_04	If Primary Substance Abuse code indicates no substance abuse, transmission route must also indicate no usage.
DMG_072_01_04	If Secondary Substance Abuse code indicates no substance abuse, transmission route must also indicate no usage.
DMG_072_01_05	If Primary Substance Abuse code indicates no substance abuse, age of 1st use must also indicate no usage.
DMG_072_01_06	If Primary Substance Abuse code indicates no substance abuse, field 65 Behavioral Health Category cannot be 'G'.
DMG_072_01_07	If Primary Substance Abuse code indicates no substance abuse, Axis fields must also indicate no usage.
DMG_072_01_08	Substance Abuse codes cannot be repeated
DMG_072_01_09	Substance Abuse codes must be populated in order
DMG_072_01_10	If Primary Substance Abuse code indicates usage, then the frequency and transmission routes must also indicate usage.
DMG_072_01_11	Other error occurred in GET_VALID_SA_PRIMARY procedure, contact IT administrator.
DMG_073_01_01	Primary Substance Abuse Frequency code is invalid
DMG_073_01_02	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_073_01_03	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_074_01_01	Primary Substance Abuse Transmission Route code is invalid
DMG_074_01_02	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_074_01_03	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_075_01_01	Primary Substance Abuse Age of First Use code is invalid
DMG_076_01_01	Secondary Substance Abuse code is invalid
DMG_076_01_02	If Secondary Substance Abuse code indicates no substance abuse, then Tertiary code must also indicate no usage.

DMG_076_01_03	If Secondary Substance Abuse code indicates no substance abuse, frequency of use must also indicate no usage.
DMG_076_01_05	If Secondary Substance Abuse code indicates no substance abuse, age of 1st use must also indicate no usage.
DMG_076_01_08	Substance Abuse codes cannot be repeated
DMG_076_01_10	If Secondary Substance Abuse code indicates usage, then the frequency and transmission routes must also indicate usage.
DMG_076_01_11	Other error occurred in GET_VALID_SA_SECONDARY procedure, contact IT administrator.
DMG_077_01_01	Secondary Substance Abuse Frequency code is invalid
DMG_077_01_02	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_077_01_03	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_078_01_01	Secondary Substance Abuse Transmission Route code is invalid
DMG_078_01_02	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_078_01_03	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_079_01_01	Secondary Substance Abuse Age of First Use code is invalid
DMG_081_01_01	EOC Status code is missing
DMG_081_01_02	EOC Status code is invalid
DMG_081_01_03	EOC Status code is invalid
DMG_081_01_04	Other error occurred in GET_VALID_EOC_STATUS procedure, contact IT administrator.
DMG_081_01_05	Record with TRANS CD = 5 was not found on the Demographic Master Cannot determine EOC status for 6 record.
DMG_081_01_06	No record found with TRANS_CD = 5. Cannot determine EOC Status for a 6 record without a corresponding 5 record.
DMG_081_01_07	Other error occurred in GET_VALID_EOC_STATUS procedure, contact IT administrator.
DMG_097_01_01	Tertiary Substance Abuse code is invalid
DMG_097_01_03	If Tertiary Substance Abuse code indicates no substance abuse, frequency of use must also indicate no usage.
DMG_097_01_04	If Tertiary Substance Abuse code indicates no substance abuse, transmission route must also indicate no usage.
DMG_097_01_05	If Tertiary Substance Abuse code indicates no substance abuse, age of 1st use must also indicate no usage.
DMG_097_01_08	Substance Abuse codes cannot be repeated
DMG_097_01_10	If Tertiary Substance Abuse code indicates usage, then the frequency and transmission routes must also indicate usage.
DMG_097_01_11	Other error occurred in GET_VALID_SA_TERTIARY procedure, contact IT administrator.
DMG_098_01_01	Tertiary Substance Abuse Frequency code is invalid
DMG_098_01_02	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.

DMG_098_01_03	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_099_01_01	Tertiary Substance Abuse Transmission Route code is invalid
DMG_099_01_02	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_099_01_03	Other error occurred in GET_VALID_SA_FREQ_OR_ROUTE procedure, contact IT administrator.
DMG_100_01_01	Tertiary Substance Abuse Age of First Use code is invalid
DMG_101_01_01	Date of Treatment is in an invalid format (must be YYYYMMDD) or Date of Treatment must be greater than EOC Start Date
DMG_101_01_02	Date of Treatment is invalid - invalid effective date
DMG_105_01_01	Principal Diagnosis code is invalid
DMG_105_01_02	Principal Diagnosis does not match any AXIS I or II code
DMG_106_01_01	CASII Intensity Level code is invalid
DMG_106_01_02	CASII Intensity Level code is invalid - must be 'XX' for clients younger than 6 or older than 17
DMG_106_01_03	CASII Intensity Level code is invalid - cannot be 'XX' for clients between ages 6 and 17
DMG_106_01_04	Other error occurred in GET_VALID_CASII_LEVEL procedure, contact IT administrator.
DMG_106_01_05	Other error occurred in GET_VALID_CASII_LEVEL procedure, contact IT administrator.
DMG_107_01_01	CASII Intensity Date is invalid - must be null if casii intensity level has no value
DMG_107_01_02	CASII Intensity Date is invalid - invalid date
DMG_107_01_03	CASII Intensity Date is invalid - other error (2) occurred in GET_VALID_DATE procedure, contact IT administrator.
DMG_107_01_04	CASII Intensity Date is invalid - other error (3) occurred in GET_VALID_DATE procedure, contact IT administrator.
DMG_107_01_05	CASII Intensity Date is invalid - client's eligibility could not be validated.
DMG_108_01_01	Social Support of Recovery code not valid for this effective date
DMG_108_01_02	Social Support of Recovery code is invalid
DMG_108_01_03	Other error occurred in GET_VALID_SSR, contact IT administrator
DMG_109_01_01	Gender Identity code must be 98 for clients under 18
DMG_109_01_02	Gender Identity code is invalid
DMG_109_01_03	No valid gender identity code found for the given effective date
DMG_109_01_05	Other error occurred in GET_VALID_GENDER_ORIENTATION, contact IT administrator
DMG_110_01_01	Sexual Orientation code must be 98 for clients under 18
DMG_110_01_02	Sexual Orientation code is invalid
DMG_110_01_03	No valid sexual orientation identity code found for the given effective date
DMG_110_01_05	Other error occurred in GET_VALID_GENDER_ORIENTATION, contact IT administrator

DMG_111_01_01	EOC Start Date is invalid or previous EOC on file for this client has not been closed or EOC_START_DATE overlaps previous EOC_END_DATE
DMG_111_01_02	Other error occurred in GET_NO_OPEN_EOC, contact IT administrator
DMG_111_01_03	Cannot change field EOC_START_DATE with a TRANSMISSION CODE of 3.
DMG_111_01_04	Other error occurred in GET_NO_OPEN_EOC, contact IT administrator
DMG_111_01_05	Cannot change field EOC_START_DATE with a TRANSMISSION CODE other than 9.
DMG_111_01_06	ECN_UPDATE field must point to the original opening record (transmission code of 1) when updating EOC_START_DATE
DMG_111_01_07	Other error occurred in GET_NO_OPEN_EOC, contact IT administrator
DMG_111_01_08	Records with an EFFECTIVE_DATE prior to 10/01/2009 cannot be updated with any other transmission code except 4 or 6 (close only).
DMG_112_01_01	Axis IV-1 code is invalid - Axis IV-1 cannot match Axis IV-2 unless both are = 0
DMG_112_01_02	Axis IV-1 code is invalid - no matching value found in the reference table
DMG_112_01_03	Axis IV-1 code is invalid - other error occurred, contact IT administrator
DMG_112_01_04	Axis IV-1 code is invalid - no matching value found in the reference table
DMG_113_01_01	Axis IV-2 code is invalid - Axis IV-2 cannot match Axis IV-2 unless both are = 0
DMG_113_01_02	Axis IV-2 code is invalid - no matching value found in the reference table
DMG_113_01_03	Axis IV-2 code is invalid - other error occurred, contact IT administrator
DMG_113_01_04	Axis IV-2 code is invalid - no matching value found in the reference table
DMG_114_01_01	Veteran Status code must be 'X' for clients under 16
DMG_114_01_02	Veteran Status code must be 'Y' or 'N' for clients over 16
DMG_115_01_01	ECN Number is not in a valid 15-digit format
DMG_115_01_02	ECN Number is a duplicate of a previously used number
DMG_115_01_03	RBHA id used in ECN Number does not match field 2 value
DMG_115_01_04	Other error occurred in GET_VALID_REC_CONTROL procedure, contact IT administrator.
DMG_115_01_05	ECN Number duplicated in input file
DMG_115_01_06	Other error occurred in GET_VALID_REC_CONTROL procedure, contact IT administrator.
DMG_116_01_01	ECN Update Number or required fields are invalid
DMG_116_01_02	ECN Update Number invalid - ECN Update Number has been previously submitted

DMG_116_01_03	ECN Update Number or required fields are invalid - RBHA id does not match the RBHA portion of the ECN
DMG_116_01_04	ECN Update Number invalid - invalid first name
DMG_116_01_05	ECN Update Number invalid - invalid last name
DMG_116_01_06	ECN Update Number invalid - invalid date of birth
DMG_116_01_09	ECN Update Number invalid - invalid first name/last name
DMG_116_01_10	ECN Update Number invalid - invalid first name/date of birth
DMG_116_01_11	ECN Update Number invalid - invalid last name/date of birth
DMG_116_01_13	ECN Update Number invalid - other error occurred during call to GET_FIELDS - contact IT administrator.
DMG_116_01_14	ECN Update Number must be NULL for records with a TRANS_CD of 1 or 5
DMG_116_01_15	ECN Update Number invalid - invalid first name/last name/date of birth
DMG_116_01_16	ECN Update Number invalid - other error occurred - contact IT administrator.
DMG_116_01_17	ECN Update Number invalid - No record in H74_DEMOG_MSTR or H74_DEMOG_TRANS with an ECN matching this ECN Number
DMG_116_01_18	ECN Update Number invalid - Matching record in H74_DEMOG_TRANS with this ECN Number belongs to a different Client ID
DMG_116_01_19	ECN Update Number invalid - ECN Update Number cannot be null for update or closure records (trans codes 3, 4, 6 or 9)
DMG_117_01_01	EOC End Date field is in an invalid format or < Effective Date
DMG_117_01_02	EOC End Date field is in an invalid format or < EOC Start Date
DMG_117_01_03	EOC End Date field cannot be greater than the current date
DMG_117_01_04	Other error occurred while validating EOC End Date, contact IT administrator
DMG_117_01_05	EOC End Date cannot be NULL for transaction codes of 4 or 6
DMG_117_01_06	EOC End Date must be NULL for this type of transaction code
DMG_117_01_07	Cannot change field EOC_END_DATE with a TRANSMISSION CODE of 3
DMG_118_01_01	Formal Schooling Level indicator is invalid - not among the acceptable values

**Client Information Systems  
File Layout and Specifications Manual  
v.3**

**Section 5**

**SMI Determination Process**

Applicable to the Maricopa County Regional Behavioral Health Authority  
and the ADHS Third-Party SMI Determination Vendor  
Effective January 1, 2014

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## **Table of Contents**

Background .....	3
SMI Determination Process Flow .....	3
ADHS SMI Portal.....	3
Accessing the Portal.....	3
Initiating a New Case .....	5
Proceeding without Member ID .....	6
Accessing an Existing Case .....	6
Entering Determination Information .....	8
Submitting a Case .....	9
Opening a Submitted Case.....	10
Field Definitions and Rules.....	10
Web-Based Reports .....	13
Post-Submission Processing.....	13
Daily Status Files .....	14
Open Not yet Submitted Detail File.....	14
Submitted Case Activity (Vendor File) .....	14
Submitted Case Activity (RBHA File) .....	15
Appended ID Flat File.....	16
RBHA Responsibilities .....	16

## Background

Effective January 1<sup>st</sup>, 2014, the Department of Health Services has contracted with an independent third-party vendor to review and complete the determination process for individuals in Maricopa County under evaluation for a qualifying Serious Mental Illness (SMI). Accordingly, the contents of this section of the Client Information System’s File Layout and Specification Manual apply only to the Regional Behavioral Health Authority (RBHA) assigned to administer services within Maricopa County, and the contracted third-party SMI vendor. Additionally, information contained within this document is meant to detail the Determination Process from an information technology and data exchange perspective and should not be misconstrued or used in a manner which would infer any form of clinical or programmatic directive.

## SMI Determination Process Flow

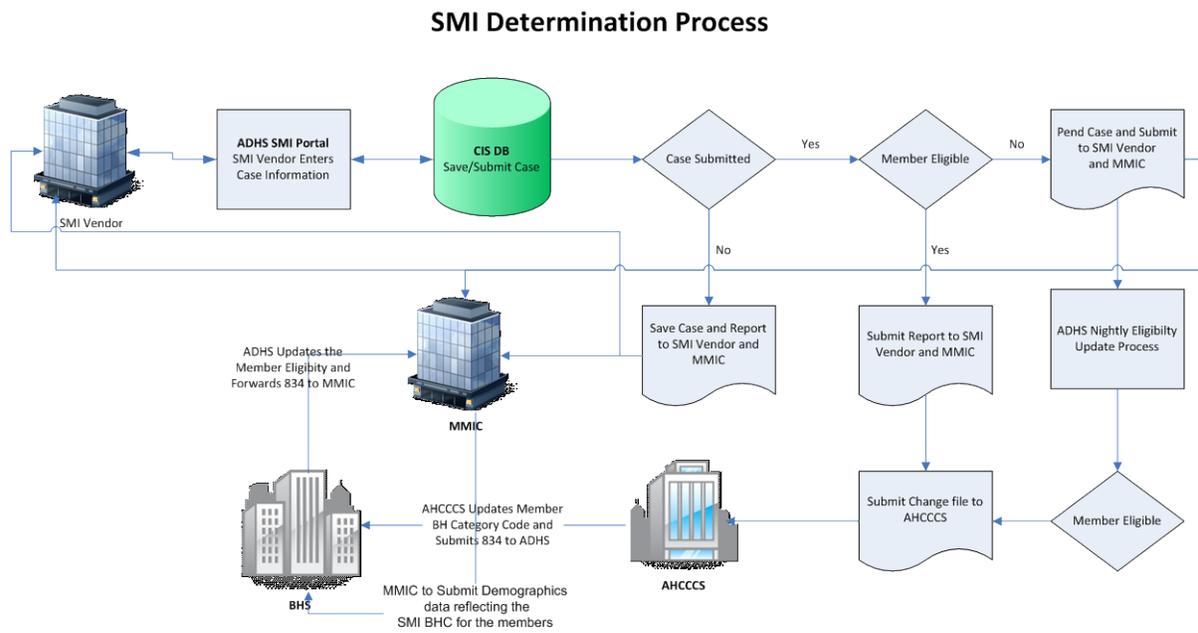


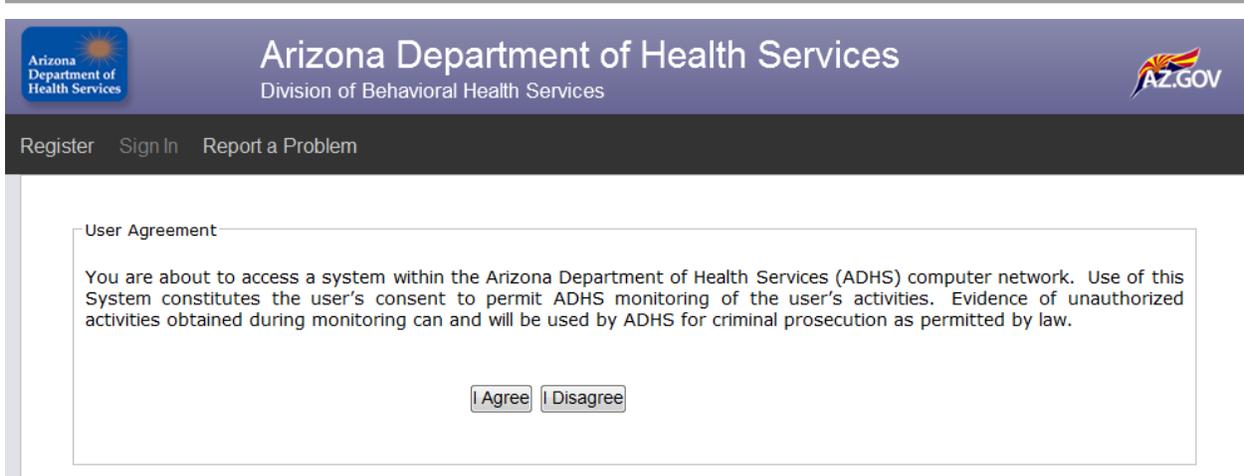
Figure 1: Daily SMI Eligibility Determination Process flow

## ADHS SMI Portal

SMI Determinations are entered into a secure web-based portal by the third-party SMI vendor for processing. This portal is maintained and administered by the Department of Health Services. The following sections of this document serve as a guide for data entry into the SMI Portal by the third-party SMI vendor, including the rules and logic edits incorporated into the Portal necessary to ensure an acceptable level of data integrity. The table on page 10 defines each field in the SMI Portal and details all edit logic and interdependencies required for successful processing.

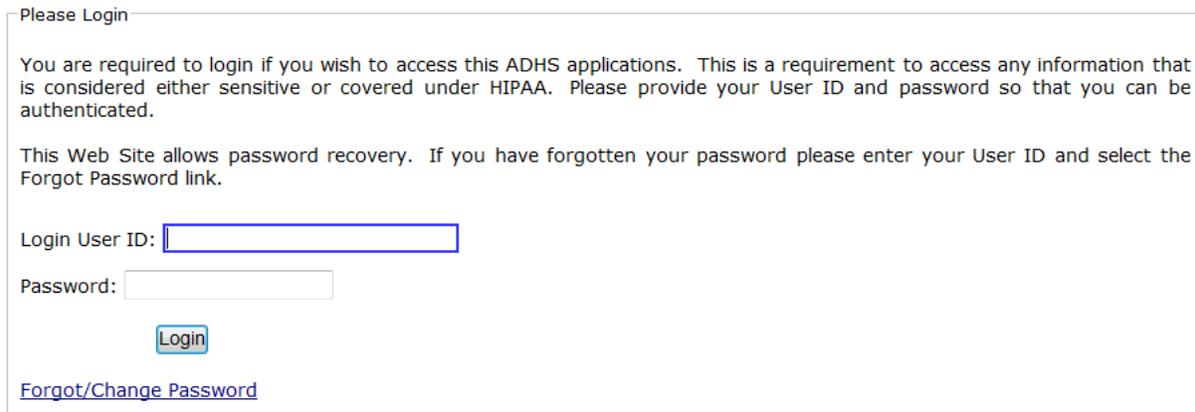
## Accessing the Portal

The SMI Portal is located at <https://app.azdhs.gov/BHSCIENTPORTAL/>. All users must first register and be approved by ADHS prior to accessing this site (select “Register” on the top left of the screen to proceed). Users will receive an email notification from ADHS once their request has been approved and finalized.



The screenshot shows the top navigation bar of the Arizona Department of Health Services website. It includes the department logo on the left, the name 'Arizona Department of Health Services' and 'Division of Behavioral Health Services' in the center, and the 'AZ.GOV' logo on the right. Below the navigation bar are links for 'Register', 'Sign In', and 'Report a Problem'. The main content area is titled 'User Agreement' and contains the following text: 'You are about to access a system within the Arizona Department of Health Services (ADHS) computer network. Use of this System constitutes the user's consent to permit ADHS monitoring of the user's activities. Evidence of unauthorized activities obtained during monitoring can and will be used by ADHS for criminal prosecution as permitted by law.' At the bottom of the agreement are two buttons: 'I Agree' and 'I Disagree'.

After registration, users are to review and agree to the above terms, and then supply their unique username and password, prior to accessing the Portal.



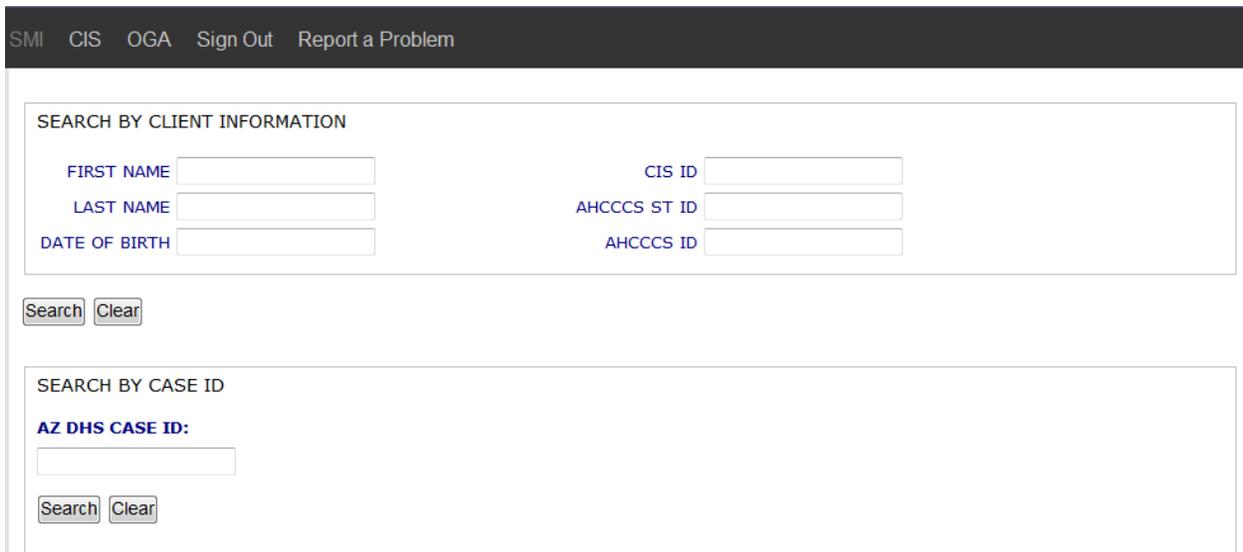
The screenshot shows the 'Please Login' section of the portal. It contains the following text: 'You are required to login if you wish to access this ADHS applications. This is a requirement to access any information that is considered either sensitive or covered under HIPAA. Please provide your User ID and password so that you can be authenticated.' Below this is another line of text: 'This Web Site allows password recovery. If you have forgotten your password please enter your User ID and select the Forgot Password link.' There are two input fields: 'Login User ID:' followed by a text box, and 'Password:' followed by a text box. Below the password field is a 'Login' button. At the bottom left of the form is a link: '[Forgot/Change Password](#)'.

The main screen of the ADHS/DBHS Portal is displayed on the following page. All users granted access to the SMI portal are also permitted limited rights to the Client Information System (CIS) member eligibility look-up tool, as well as the Office for Grievance and Appeals (OGA) database – these applications are accessible from the banner at the top of the screen. This is necessary to complete the full SMI Determination process, beginning with member identification and continuing through any potential appeal of the decision.



### Initiating a New Case

Once the SMI vendor receives a referral for determination from a provider they are to access the SMI Portal and initiate a case for that request. The user will select “SMI” from the main screen (above) to begin this process. In order to ensure appropriate levels of security, member confidentiality and overall data integrity, the Portal requires the user to match 100% of the member’s identifying information prior to beginning the data entry process.



The user is to enter the member’s complete first name, last name, date of birth and either the CIS ID or AHCCCS ID. This information must match the enrollment / eligibility information for the member as reflected in CIS, i.e. nicknames or AKAs are not permissible. *It is imperative that the SMI Vendor, Referring Provider and the Regional Behavioral Health Authority effectively communicate to ensure accurate member information is supplied to the SMI Vendor in order to prevent delays in the determination process.*

### Proceeding without Member ID

There will be instances in which an evaluation packet will be forwarded to the SMI Vendor for a member that has no history in the RBHA system and, therefore, has not been assigned a CIS or AHCCCS ID. Policy requires the RBHA to submit an 834 transaction to AHCCCS to begin the enrollment and ID assignment process; it is the RBHA’s responsibility to enforce this requirement to their sub-contracted provider network.

The Portal will allow the SMI Vendor to initiate a case for a member with no CIS or AHCCCS ID – **this option must only be pursued after the Vendor has searched CIS for the member to confirm no ID exists**, and has also reached out to the Provider and RBHA to verify the member’s identifying information and ensure an 834 transaction is in process.

The Vendor enters the member’s legal first name, last name, and date of birth into the Portal’s main screen to proceed.

PROCEED WITHOUT CASE ID

FIRST NAME

LAST NAME

DATE OF BIRTH

SMI Determinations Entered with No ID will be Monitored by ADHS Compliance for Appropriate Use.

### Accessing an Existing Case

If the Vendor needs to access an established case for review or update, they may do so by entering the Case ID at the main screen and the selecting “search”; they will be required to verify the Date of Birth for the member in question prior to accessing that record.

SEARCH BY CASE ID

AZ DHS CASE ID:

Once the Vendor has entered accurate member information into the main screen they will be directed to the data entry section, as displayed on the next page of this document.

[BACK TO SEARCH](#)

[Qualifying SMI Diagnoses](#)

**Member Information:**

Smith, Jane; DOB: 01/05/1965; RBHA ID: 07; CIS ID: 1234561234; AHCCCS ID: A12345687

**Member Eligibility:**

Start date: 10/01/2010 End Date: Current Location: AHCCCS BHC: GMH/SA

**Case Id:**

**Status:**

**Pre-Determination Information:**

* Date CRN Received Determination Packet:	<input type="text"/>
* Referral Source:	<input type="text"/>
Was Member Inpatient During Time of Evaluation Request:	<input type="text"/>
Date the SMI Evaluation Request was Received:	<input type="text"/>
Time the SMI Evaluation Request was Received: (HH:MM AM/PM)	<input type="text"/>
* Date the SMI Evaluation was Completed:	<input type="text"/>
Time the SMI Evaluation Request was Completed: (HH:MM AM/PM)	<input type="text"/>

**Pend or Extension Status:**

Pended Status:	<input type="text"/>
** Pended Status Date:	<input type="text"/>
** Pended Status Reason:	<input type="text"/>
Date of Extension Request:	<input type="text"/>
** Extension End Date:	<input type="text"/>

**Determination Results:**

* SMI Determination Date:	<input type="text"/>
* SMI Eligibility Determination:	<input type="text"/>
** Reason for SMI Eligibility Denial:	<input type="text"/>
* AXIS I.1:	<input type="text"/>
AXIS I.2:	<input type="text"/>
AXIS I.3:	<input type="text"/>
AXIS I.4:	<input type="text"/>
AXIS I.5:	<input type="text"/>
AXIS II.1:	<input type="text"/>
AXIS II.2:	<input type="text"/>
* Global Assessment of Functioning Score:	<input type="text"/>
* First Name of Person who conducted assessment:	<input type="text"/>
* Last Name of Person who conducted assessment:	<input type="text"/>
* First Name of Behavioral Health Medical Practitioner:	<input type="text"/>
* Last Name of Behavioral Health Medical Practitioner:	<input type="text"/>
* License:	<input type="text"/>

**Member Assignment:**

Preferred Clinic:	<input type="text"/>
Reason for Preference:	<input type="text"/>

**Case Notes:**

[Insert](#) [Cancel](#)

\* - Field required for record submission  
\*\* - Pended Status date is required if Pended Status if populated.  
Pended Status reason is required if Pended Status if populated.  
Reason for denial is required if member is not SMI eligible.  
Extension Date is required if Extension Request date is populated.

The member’s identifying information will be displayed at the top of the page, as seen in the preceding image.<sup>1</sup> A new case requires two pieces of data to be initiated – those being the “Date [SMI Vendor] Received Determination Packet” and the “Referral Source”, which are located in the section titled “Pre-Determination Information”. Once those two fields are populated, the vendor may select “Insert” at the bottom of the screen. The record will be created and a Case ID assigned. The SMI Vendor will also receive a secure email from ADHS confirming the case has been initiated and the Status will be updated to indicate the case is now *Saved/Open for Update*.

Please note: the SMI Vendor may populate any other field at onset; however, the above two cited elements are the only fields required to initiate a new case.

**Case Id: 1522**  
**Status: SAVED/OPEN FOR UPDATE**  
**Pre-Determination Information:**

* Date CRN Received Determination Packet:	01/07/2014
* Referral Source:	TERROS
Was Member Inpatient During Time of Evaluation Request:	<input type="checkbox"/>
Date the SMI Evaluation Request was Received:	<input type="text"/>
Time the SMI Evaluation Request was Received: (HH:MM AM/PM)	<input type="text"/>
* Date the SMI Evaluation was Completed:	<input type="text"/>
Time the SMI Evaluation Request was Completed: (HH:MM AM/PM)	<input type="text"/>

### Entering Determination Information

Once the case has been initiated, the SMI Vendor may complete the evaluation review process and enter the required information (notated by an “\*”) into the portal for completion. The Portal is divided into four distinct sections:

- Pre-Determination Information;
- Pend or Extension Status;
- Determination Results, and;
- Member Assignment

There is also a section at the bottom where any case-specific notations can be added. This is a free text field.

The SMI Vendor may update the various case sections as the data becomes available and progress may be saved by selecting “Update” at the bottom of the screen. However, the case may not be submitted until all required fields are populated with valid information (see rules, page 10).

### Pre-Determination Information:

The Pre-Determination section is designed to capture information largely focused on the activities that occurred prior to the SMI Vendor receiving the evaluation packet. This information is critical for monitoring and assessing the timeliness of the evaluation and determination process.

<sup>1</sup> Not all fields will be populated in instances where the member in question has no CIS or AHCCCS ID

### **Pend or Extension Status:**

Information in this section is not required for successful submission – as not all cases will pend or need an extension. However - should the case in question require a 20 or 90-day pend, or an extension, and this has been approved by the member and documented in the file, this **must** be entered into this section of the Portal. This allows the Department, as well as the SMI vendor, to account for cases that were not successfully completed and submitted within the required timeframes.

### **Determination Results:**

This section includes all pertinent data elements that substantiate the SMI Vendor’s conclusion as to the member’s SMI status. The vendor must populate all fields marked with an asterisk (\*) upon completion of the review process in order to finalize the submission. This includes the determination date, determination result, reason for any denial, axial diagnoses and functional score, as well as the names of the individuals who performed the SMI assessment and the reviewing BHMP.

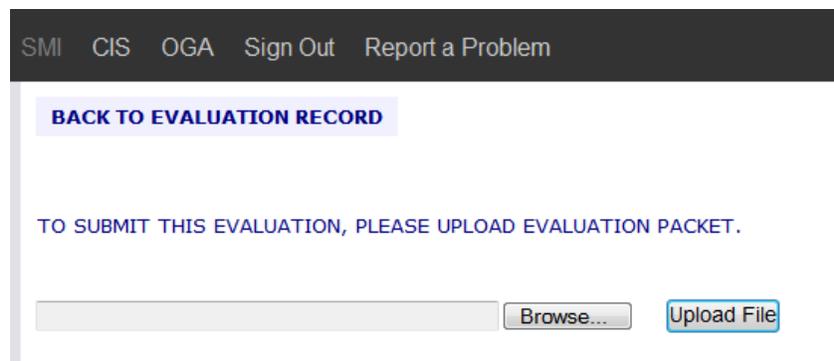
### **Member Assignment:**

During the SMI evaluation process, and prior to determination review, the member is asked which SMI clinic they would like to be assigned to if they are subsequently determined SMI. This preferred clinic should be chosen from the drop down list, the SMI portal will automatically display that clinic’s street address. Additionally, the SMI vendor should include why that clinic was selected by the member, for example, the geographic location, or familiarity with said provider agency. The RBHA will use this preference when assigning the member to their primary clinic if they are determined SMI.

### **Submitting a Case**

Once all required documentation has been entered into the SMI Portal the case can be submitted to ADHS for processing. This is done by selecting “Submit Case” at the bottom of the data entry screen. The Portal performs a series of pre-submission logic edits that prevent the user from entering invalid or illogical data into CIS. The user will receive notification should any field fall into error – this must be corrected prior to submission. Once the record is validated, the user will receive a prompt indicating that the case is about to be submitted and will no longer be available for editing.

The user will then be instructed to attach the evaluation packet. The evaluation material must be provided in one file and is not to exceed 10MB. ADHS will rename this file to include the case ID and submittal date, and subsequently forward this file to the RBHA for the clinic’s records.



### Opening a Submitted Case

As noted in the preceding section, once a case is submitted to ADHS it is locked to prevent any accidental or inadvertent changes to the record. However, in certain circumstances it may be necessary to reopen and change the determination finding, or other information, within a previously submitted case. This is most commonly attributed to cases that are overturned after an appeal. In order to safeguard this process, only select individuals at ADHS and the SMI Vendor are permitted to reopen a case. Users with this privilege may search the Portal by case ID (main screen) and then select “Open Case” at the bottom of the data entry screen. They will then be allowed to make any needed changes and resubmit the case to ADHS.

### Field Definitions and Rules

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
Case ID	Unique Record ID	NA	<i>System Generated</i>	
Received Date	The initial date the <b>SMI Vendor</b> received the SMI Determination Packet for review	MM/DD/YYYY	Must be less than or equal to system date	Yes
Referral Source	Name of <b>Evaluating Provider</b> submitting SMI Determination Packet for review	Free Text	Character Limited	Yes
Evaluation Request Date	Date the SMI Evaluation Request was Received by the <b>Evaluating Provider</b>	MM/DD/YYYY	Must be less than or equal to Received Date	Yes
Evaluation Request Time	Time the SMI Evaluation Request was Received <b>Evaluating Provider</b>	(HH:MM)	Required if Inpatient Status is ‘Yes’	Yes if Inpatient Status is ‘Yes’
Evaluation Date	Date the <b>Evaluating Provider</b> completed the SMI Evaluation Assessment	MM/DD/YYYY	Must be less than or equal to Received Date	Yes
Evaluation Time	Time the <b>Evaluating Provider</b> completed the SMI Evaluation Assessment	(HH:MM)	Required if Inpatient Status is ‘Yes’	Yes if Inpatient Status is ‘Yes’
Inpatient Status	Was Member Inpatient During Time of Evaluation Request?	Drop Down (Yes/No)	None	Yes
Pended Status	The length of time the selected case's determination has been pended	Null	Must be Null if case is not pended; Pended Status Date and Reason must be Null	No
		20-day	Pended Status Date and Pend Status Reason cannot be Null	No

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
		90-day	Pended Status Date and Pend Status Reason cannot be Null	No
Pended Status Date	Date the selected case was placed in pended status	MM/DD/YYYY	Default to Null if Pended Status is Null; must be greater than or equal to Received Date; cannot be greater than system date	Yes - if Pended Status is Not Null
Pended Status Reason	Reason selected case was pended	Null	Default to Null if Pended Status is Null; cannot be Null if Pended Status is populated	Yes - if Pended Status is Not Null
		Need Additional Information/ Records	NA	
		Need for Further Evaluation	NA	
		Substance Abuse evaluation/ abstinence	NA	
Date of Extension Request	Date the Individual agreed to an extension in determining their SMI status	MM/DD/YYYY	Must be greater than or equal to Received Date; cannot be greater than system date	No
Extension End Date	Date the extension ended	MM/DD/YYYY	Default to Null	No
SMI Eligibility Determination	Result (Finding) of Vendor's review of SMI Determination Packet	SMI	1) At least one of the AXIS I or AXIS II disorders must equate to an SMI-approved diagnosis.	Yes
		Not SMI	1) No AXIS I or AXIS II disorders equate to an SMI-approved diagnosis - OR- 2) GAF Score greater than 50	
		Withdrawn	SMI Determination Date must be populated; AXIS I and AXIS II, GAF Score, Assessor and BHMP Names, License Type can be Null	
Reason for SMI Eligibility Denial	Reason the member was not Determined to be SMI	Null	Default to Null if SMI Eligibility Determination is 'SMI' or 'Withdrawn'	Yes if SMI Eligibility equals Not-SMI
		Individual Does not Meet Functional Requirements	GAF Score must be greater than 50	

Field Title	Definition	Allowable Options	Edits / Rules	Required to Submit
		Individual does not meet Diagnosis Qualifications	No AXIS I or AXIS II disorders equate to an SMI-approved diagnosis	
		Individual Does not Meet Either Functional or Diagnosis Requirements	GAF Score must be greater than 50 -AND - No AXIS I or AXIS II disorders equate to an SMI-approved diagnosis	
SMI Determination Date	Date the SMI Determination for the selected case was completed	MM/DD/YYYY	Must be greater than or equal to Received Date; cannot be greater than system date; If SMI Eligibility Determination equals "Withdrawn", this field must reflect the date the request for determination was withdrawn.	Yes
AXIS I.1 - AXIS I.5	Axial Developmental and Personality Disorders	DSM-IV-TR format	Per policy, at least one of the AXIS I or AXIS II disorders must equate to an SMI-approved diagnosis if SMI Eligibility Determination equals 'SMI'	AXIS I.1 Yes; all others required if supplied by provider
AXIS II.1 - AXIS II.2				
Global Assessment of Functioning (GAF) Score	Member's level of functioning	0-100 point scale		Yes
First Name of Person who Conducted SMI Assessment	Free Text	Free Text	Character Limited	Yes
Last Name of Person who Conducted SMI Assessment	Free Text	Free Text	Character Limited	Yes
First Name of Behavioral Health Medical Practitioner	Free Text	Free Text	Character Limited	Yes
Last Name of Behavioral Health Medical Practitioner	Free Text	Free Text	Character Limited	Yes
License	BHMP / BMP	Drop Down		Yes

---

## Web-Based Reports

The SMI Portal has an integrated reporting feature which permits users to readily review the status of current and historical determination cases, including:

- Cases Open, not yet Submitted to ADHS
- Cases Submitted to ADHS
- Cases Open or Submitted with no CIS ID

This feature is accessed by selecting “Report” at the top of the Portal’s member/case search screen.

## Post-Submission Processing

Once the SMI Vendor has completed the determination and submitted the case to ADHS, the record status is updated to ‘Submitted’ and staged for enrollment processing via the nightly Change File generation package (please see Chapter 2 – Enrollment). The following rules apply to the SMI Portal’s Records:

1. If the member is an AHCCCS-Eligible adult (18 or older) AND the determination changes the member’s Mental Health Category to or from ‘SMI’, the record is added to the nightly change file.
2. If the member is a non-AHCCCS-Eligible adult (18 or older) AND the determination changes the member’s Mental Health Category to-or-from ‘SMI’, the record is held at ADHS and is only added to the nightly change file process should the member subsequently gain AHCCCS eligibility at a later date. In the interim, the RBHA is to submit a State-Only 834 enrollment transaction to AHCCCS which correctly reflects the member’s Mental Health Category.
3. If the member is an AHCCCS-Eligible child (under 18 years of age) AND the determination changes the member’s Mental Health Category to ‘SMI’, the record is held at ADHS until the member’s 18<sup>th</sup> birthday and is added to the nightly change file the next day. The ‘Begin Date’ of SMI Status will be notated as the Date of the 18<sup>th</sup> Birthday + 1 day.
4. If the member is a non-AHCCCS-Eligible child, the record will be held at ADHS until the member turn’s 18 AND gains AHCCCS eligibility.

Furthermore, the nightly process will review all cases submitted for members with no CIS or AHCCCS ID and append the ID(s) to the record if found in CIS. The system *must* first match 100% of the member’s identifying information prior to appending an ID to the record. Once completed, the case record is then reviewed against the above rules and processed appropriately.

All records submitted to the SMI Portal are reviewed for the above criteria *every* night and processed accordingly.

## Daily Status Files

The Department of Health Services generates a series of status files on a nightly basis and provides these files to the SMI Vendor and the Maricopa County Regional Behavioral Health Authority. This process is critical, as it ensures the RBHA is aware of all determinations either in progress, or completed by the SMI Vendor – which allows the RBHA to effectively communicate with the appropriate SMI clinic and coordinate care for the member.

### Open Not yet Submitted Detail File

File Name: *OPENNOTSUBMITTEDXXYYMMDD.DAT* - ('XX' indicates the Contractor ID)

A fixed-width file identifying all cases that have been initiated by the SMI Vendor, but have not been finalized and submitted. This is a rolling report, i.e. cases will appear on this file continuously until they are submitted to ADHS. This file is provided to both the SMI Vendor and the RBHA via Secure FTP.

Fixed Width Layout:

Field	Spaces
CASE ID	10
CIS ID	10 (can be Null)
AHCCCS ID	9 (can be Null)
Last Name	20
First Name	20
Case Creation Date	8 (YYYYMMDD)
Days Open	4
Evaluator First Name	20
Evaluator Last Name	20
Case Creator	30

### Submitted Case Activity (Vendor File)

File Name: *SMI-SUBMITTEDXXYYMMDD.DAT* - ('XX' indicates the Contractor ID)

A fixed-width flat file listing all cases submitted by the SMI Vendor during the date in the file name. Cases submitted after 5:00 pm will be included in the next daily file. This is a daily activity report provided to the SMI Vendor via Secure FTP for reconciliation and case tracking purposes.

Fixed Width Layout:

Field	Spaces
CASE ID	10
CIS ID	10 (can be Null)
AHCCCS ID	9 (can be Null)
Last Name	20
First Name	20
Case Creation Date	8 (YYYYMMDD)
Determination Date	8 (YYYYMMDD)
Determination Result	1
Case Submitter	30

### Submitted Case Activity (RBHA File)

File Name: *SMI-STATUSXXYYMMDD.DAT* - ('XX' indicates the Contractor ID)

A fixed-width flat file listing all cases submitted by the SMI Vendor during the date in the file name. Cases submitted after 5:00 pm will be included in the next daily file. This is a daily activity report provided to the RBHA via Secure FTP for reconciliation and case tracking purposes. This file contains more information than that supplied to the SMI vendor, as the RBHA must take further action once notified of a member's change in SMI Status, including assigning that member to a provider clinic, and providing ADHS with an updated demographic record reflecting the member's assessment information.

#### Fixed-Width Layout

Field	Spaces	Definition	Notes
CASE ID	10		
RBHA ID	2		
CIS ID	10		Can be Null
AHCCCS ID	9		Can be Null
Last Name	20		
First Name	20		
Date of Birth	8 (YYYYMMDD)		
Referring Provider	30		
Evaluation Date	8 (YYYYMMDD)		
Determination Result	1	'S' – SMI 'G' – GMH/SA 'W' – Case Withdrawn	
Denial Reason	1	'1' – SMI '2' – Diagnosis Criteria not met '3' – Functional Criteria not met '4' – Neither Diagnosis nor Functional Criteria met	
Determination Date	8 (YYYYMMDD)		
AXIS I.1	6	DSM-IV-TR	
AXIS I.2	6	DSM-IV-TR	Can be Null
AXIS I.3	6	DSM-IV-TR	Can be Null
AXIS I.4	6	DSM-IV-TR	Can be Null
AXIS I.5	6	DSM-IV-TR	Can be Null
AXIS II.1	6	DSM-IV-TR	Can be Null
AXIS II.2	6	DSM-IV-TR	Can be Null
AXIS V	3	DSM-IV-TR	
Assessor – First Name	10		
Assessor – Last Name	20		
BHMP – First Name	10		
BHMP – Last Name	20		
EOC Status	1	'1' – Open EOC with Maricopa Contractor '2' – Open EOC with Non-Maricopa Contractor '3' – No Open EOC Null – No EOC History on Record for Member	Can be Null
EOC Start Date	8 (YYYYMMDD)		Can be Null
Current MHC (Demo)	1	'S' – SMI 'G' or 'M' – Non-SMI Adult 'C' or 'Z' – Child / Adolescent	Can be Null
Trans_1 ECN	15		Can be Null
Days Open	4	Number of Days Since Submittal to Portal	

Field	Spaces	Definition	Notes
In Appeal	1	'Y' – Case in Appeal (see OGA Database) 'N' – No Open Appeal	
Preferred Clinic	35		Can be Null
Reason for Preference	55		Can be Null

### Appended ID Flat File

File Name: *SMI-IDAPPENDXXYYMMDD.DAT* - ('XX' indicates the Contractor ID)

A fixed-width flat file listing all cases submitted by the SMI Vendor in which the member had no CIS or AHCCCS ID at the time of original submission. The ID has since been generated and appropriately linked to the member in question. This file is provided to both the SMI Vendor and the RBHA via Secure FTP and includes only those cases in which the member ID has been identified within the most recent processing cycle.

Fixed Width Layout:

Field	Spaces
CASE ID	10
CIS ID	10
AHCCCS ID	9 (can be Null)
Last Name	20
First Name	20
Determination Date	8 (YYYYMMDD)

### RBHA Responsibilities

Once a case has been submitted to the SMI Portal the RBHA is responsible for ensuring that the member's status in CIS is appropriately updated. This includes successfully uploading a demographic record to ADHS reflecting the member's mental health category (please see the [Demographic and Outcomes Data Set Users Guide](#) for more details); additionally, if the member is non-Medicaid eligible, the RBHA will must transmit an 834 enrollment add or change record to AHCCCS with the correct mental health category documented (please see Chapter 2 of this manual on Enrollment).

Client Information Systems  
File Layout and Specifications Manual  
v.3

Section 6

Monitoring Reports

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## **Table of Contents**

Overview – Monitoring Reports.....	3
Report Generation and Location .....	3
Delinquent Demographic Report (H74dmog001_YYYYMMDD_XX.txt).....	3
Delinquent Demographic Report - File Layout .....	3
Member Inactivity Report (H74dmog002_YYYYMMDD_XX.txt).....	3
Member Inactivity Report – File Layout .....	3
Annual Assessment Compliance – Summary Report (H74dmog003A_YYYYMMDD_XX.txt) .....	3
Annual Assessment Compliance Summary Report – File Layout.....	3
Annual Assessment Compliance – Detail File (H74dmog003B_YYYYMMDD_XX.txt) .....	4
Annual Assessment Compliance Detail File – File Layout.....	4
Open Short/Crisis Episodes (H74_monthly_open_crisis_report_XX.YYYYYMMDD.txt).....	4
Open Short/Crisis Episodes – File Layout.....	4
Medicare Parity Payment Report (H74Parity_YYYYMMDD_XX.txt) .....	4
Encounters Post-DOD (H74ENC_DOD_YYYYMMDD_XX.txt) .....	4
Encounters Post-DOD – File Layout .....	5
Inflated Pharmacy Encounters (H74INFL_DISP_YYYYMMDD_XX.txt).....	5
Inflated Pharmacy Encounters – File Layout.....	5

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## Overview – Monitoring Reports

### Report Generation and Location

The Department of Health Services generates multiple reports each month in an effort to monitor Contractor compliance with data submission requirements and integrity standards. These reports are automatically generated on the second Friday of each month using the most up-to-date data available in CIS and are placed on the Contractor's respective FTP directories as follows:<sup>1</sup>

#### Delinquent Demographic Report (H74dmog001\_YYYYMMDD\_XX.txt)

Detail file listing all members receiving services without an established Open Episode of Care. Focuses on encounters with a Date of Service within the prior 365 days as of report generation date.

##### Delinquent Demographic Report - File Layout

Comma Separated file with field labels

- RBHA Name
- CIS ID
- Member Last Name
- First Service Date
- Days Since First Service

---

#### Member Inactivity Report (H74dmog002\_YYYYMMDD\_XX.txt)

Detail file listing all members in an Open Episode of Care without recent encounters (no encounters within at least the past 90 days as of report generation date).

##### Member Inactivity Report – File Layout

Comma Separated file with field labels

- RBHA Name
- CIS ID
- EOC Start Date
- Behavioral Health Category
- Eligibility Status
- Last Encounter Date
- Days Inactive

---

#### Annual Assessment Compliance – Summary Report (H74dmog003A\_YYYYMMDD\_XX.txt)

Report detailing the contractor's progress in ensuring each member in an open Episode of Care undergoes a complete assessment at least once annually.

##### Annual Assessment Compliance Summary Report – File Layout

Comma Separated file with field labels

- RBHA Name
- Behavioral Health Category
- Open Clients (Count - Denominator)

---

<sup>1</sup> Note: This section is not inclusive of all reports provided to the Regional Behavioral Health Authorities. Formats for reports specific to 837i/p and NCPDP encounter pends or denials, and 834-enrollment transactions are dictated by AHCCCS and can be found in their respective sections of this manual.

- 
- Assessment in last 365 Days (Count – Numerator)
  - Percent (Numerator / Denominator)
- 

### **Annual Assessment Compliance – Detail File (H74dmog003B\_YYYYMMDD\_XX.txt)**

Annual Assessment Compliance (Detail File for H74demog003A); includes all members in an open EOC whose most recent full assessment was 330 days or more from report generation date.

#### **Annual Assessment Compliance Detail File – File Layout**

Comma Separated file with field labels

- RBHA Name
  - CIS ID
  - Last Name
  - Behavioral Health Category
  - Eligibility Status
  - EOC Start Date
  - Assessment Date
  - Days Since Last Assessment
- 

### **Open Short/Crisis Episodes (H74\_monthly\_open\_crisis\_report\_XX.YYYYMMDD.txt)**

Identifies all members in an open short or crisis Episode of Care (Trans Code 5) in which the EOC has been open at least 30 days as of report generation date. These EOCs are nearing, or exceeding, the timeframe in which a Full Episode should be established (if applicable) and should be promptly closed.

#### **Open Short/Crisis Episodes – File Layout**

Comma Separated file with field labels

- ECN
  - RBHA ID
  - CIS ID
  - EOC Start Date
  - Trans Code Type
  - EOC Status
  - LOS
- 

### **Medicare Parity Payment Report (H74Parity\_YYYYMMDD\_XX.txt)**

Identifies adjudicated encounters submitted by the RBHAs to be corrected and resubmitted; paid amount must be increased to a rate equal to that of the Medicare Rate Schedule. This is a time-limited requirement through December 31, 2014 and is specific to certain provider types and procedure codes. Please see the [Parity Encounter Flow](#) developed by AHCCCS for more information about this requirement.

---

### **Encounters Post-DOD (H74ENC\_DOD\_YYYYMMDD\_XX.txt)**

Identifies all encounters submitted by the RBHA in which the Date of Service occurred after the member's documented Date of Death. RBHAs are to research each encounter and void (not to replace) as necessary. Any discrepancies or potential instances of fraud or program abuse must be brought to ADHS' attention upon discovery.

### Encounters Post-DOD – File Layout

Comma Separated file with field labels

- RBHA ID
  - AHCCCS ID (if available)
  - CIS ID
  - ICN
  - CRN (if available)
  - Form Type
  - Procedure Code (if HCFA)
  - Revenue Code (if UB)
  - NDC Code (if NCPDP)
  - Provider AHCCCS ID
  - Provider NPI (if available)
  - Start DOS
  - End DOS
  - Member DOD
  - Net Paid
  - Special Net Value
- 

### Inflated Pharmacy Encounters (*H74INFL\_DISP\_YYYYMMDD\_XX.txt*)

Identifies all adjudicated NCPDP encounters with a perceived inflated dispense quantity (dispense quantity  $\geq$  (supply days \* 10)).

### Inflated Pharmacy Encounters – File Layout

Comma Separated file with field labels

- RBHA ID
- AHCCCS ID (if available)
- CIS ID
- ICN
- CRN (if Available)
- NDC Code
- Quantity Dispensed
- Supply Days
- Prescribing Provider NPI
- Prescribing Provider AHCCCS ID
- Adjudication Date
- Health Plan Paid Amount

Client Information Systems  
File Layout and Specifications Manual  
v.3

Section 7

Provider Affiliation

**Table of Contents**

Background – Provider Affiliation Transmission ..... 3

Transmission Process ..... 3

Behavioral Health Specific Revisions ..... 3

File Layout ..... 4

    Provider Detail File ..... 5

    Behavioral Health Specific Specialty Codes ..... 6

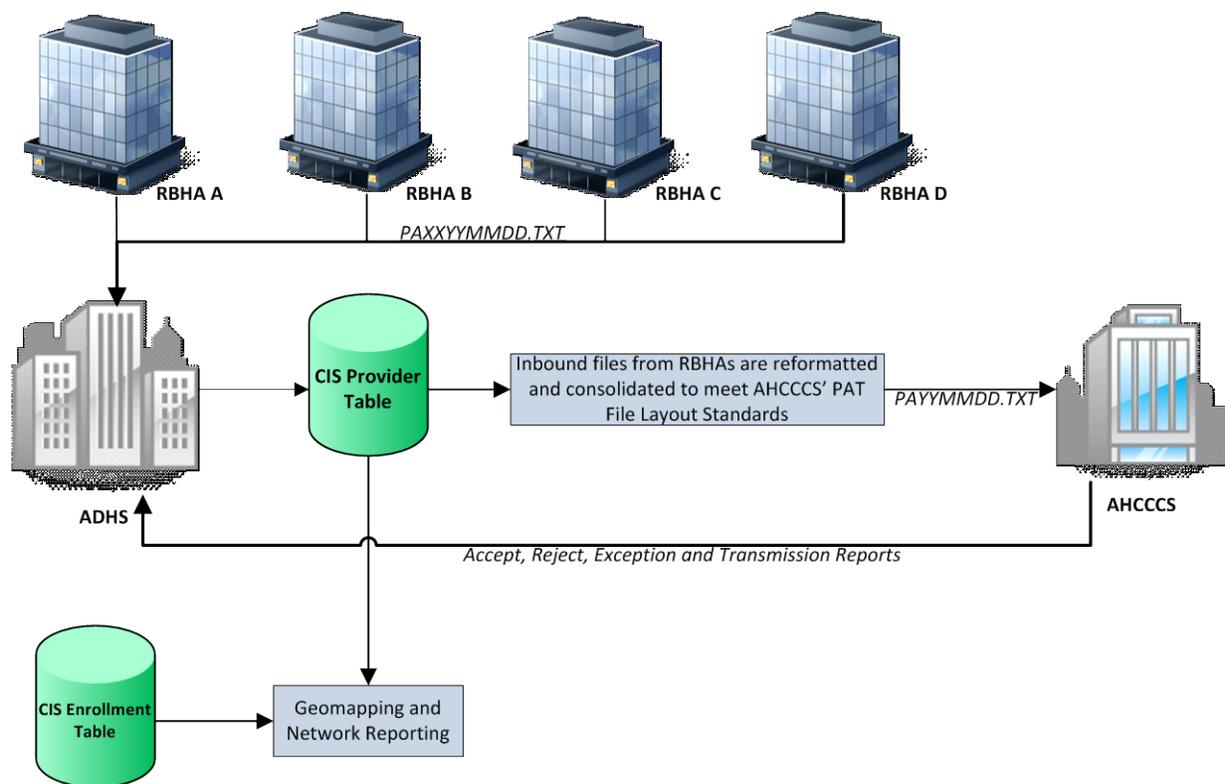
Submission Schedule and File Naming Convention ..... 6

## Background – Provider Affiliation Transmission

Effective April 1, 2014, the Regional Behavioral Health Authorities are contractually required to submit evidence of provider network sufficiency to the Department of Health Services via a quarterly Provider Affiliation Transmission (PAT) file. The PAT file format and submission standards are developed and maintained by the Arizona Health Care Cost Containment System (AHCCCS); this process has been historically used by AHCCCS to assess the adequacy of the physical health plans’ provider networks in Arizona.<sup>1</sup>

Once submitted by the RBHAs, the Department stores this information locally and forwards the records to AHCCCS under the ADHS health plan ID.<sup>2</sup> The PAT file contents are loaded into the ADHS Client Information System (CIS) for geospatial analysis against the member enrollment tables to assess network sufficiency.<sup>3</sup>

## Transmission Process



## Behavioral Health Specific Revisions

In order to ensure the PAT file more effectively captures the intricacies of the public behavioral health system, the Department of Health Services has made minimal revisions to AHCCCS’ file layout. Specifically, the RBHAs are permitted to identify up to ten (10) specialty service codes per provider; additionally, the Department has identified fourteen (14) additional specialty codes specific to the behavioral health system that should be used by the RBHAs as necessary to accurately capture each

<sup>1</sup> These requirements do not apply to Tribal Regional Behavioral Health Authorities (TRBHA).

<sup>2</sup> Only the PAT file for the Integrated RBHA in Maricopa County is forwarded to AHCCCS at this time.

<sup>3</sup> Please see the Division’s Annual Network Plan for more details on geospatial analyses and the provider sufficiency evaluation process.

provider's focus or area of specialty. These fourteen codes are available in addition to the numerous specialty codes prescribed by AHCCCS.

### **File Layout**

With the exception of the two tables identified below, the PAT file layout, including rules, definitions and allowable values, is available on the [AHCCCS website](#). The following tables are applicable to the Regional Behavioral Health Authorities for their quarterly submissions to the Department of Health Services. Accordingly, the Department will reformat these submissions to meet the PAT file standards prior to forwarding to AHCCCS.<sup>4</sup>

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<sup>4</sup> Please see the AHCCCS [PAT File Manual](#) for additional layouts, including file Headers and Trailers.

Provider Detail File

PAT File Detail – A1 – One Per Provider					
DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE PROVIDER REGISTRATION ID	X(6)	1	6	Required	An active AHCCCS registered provider
SERVICE STREET 1	X(25)	7	31	Required	NONE
SERVICE STREET 2	X(25)	32	56	Required	NONE
SERVICE CITY	X(20)	57	76	Required	NONE
SERVICE ZIP	X(9)	77	85	Required	NONE (5 or 9 digit number)
COUNTY CODE	X(2)	86	87	Required	See list of valid codes in PAT Manual
PCP INDICATOR	X(1)	88	88	Required	'Y' or 'N'
OB INDICATOR	X(1)	89	89	Required	'Y' or 'N'
OB/PCP INDICATOR	X(1)	90	90	Required	'Y' or 'N'
BH INDICATOR	X(1)	91	91	Required	'Y' or 'N'
BH/PCP INDICATOR	X(1)	92	92	Optional	'Y' or 'N'
DENTAL INDICATOR	X(1)	93	93	Required	'Y' or 'N'
EPSDT INDICATOR	X(1)	94	94	Required	'Y' or 'N'
PO INDICATOR	X(1)	95	95	Required	'Y' or 'N' or 'U'
BC INDICATOR	X(1)	96	96	Required	'Y' or 'N'
CR INDICATOR	X(1)	97	97	Optional	'Y' or 'N'
MEMBER COUNT	9(6) *	98	103	Conditional	A valid numeric greater than or equal to zero
MEMBER CAPACITY	9(6) *	104	109	Conditional	A valid numeric greater than zero
CONTRACT CODE	X(2)	110	111	Required	See list of valid codes in PAT Manual
LANGUAGE CODE – PROVIDER 1	X(2)	112	113	Optional	See list of valid codes in PAT Manual
LANGUAGE CODE – PROVIDER 2	X(2)	114	115	Optional	See list of valid codes in PAT Manual
LANGUAGE CODE – PROVIDER STAFF 1	X(2)	116	117	Optional	See list of valid codes in PAT Manual
LANGUAGE CODE – PROVIDER STAFF 2	X(2)	118	119	Optional	See list of valid codes in PAT Manual
SPECIALTY CODE 1	X(3)	120	122	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 2	X(3)	123	125	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 3	X(3)	126	128	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 4	X(3)	129	131	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 5	X(3)	132	134	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 6	X(3)	135	137	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 7	X(3)	138	140	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 8	X(3)	141	143	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 9	X(3)	144	146	Conditional	See list of valid codes in PAT Manual
SPECIALTY CODE 10	X(3)	147	149	Conditional	See list of valid codes in PAT Manual
FIRST NAME	X(30)	150	179	Conditional	See definition
MIDDLE NAME	X(20)	180	199	Optional	NONE
LAST NAME	X(30)	200	229	Conditional	See definition
PHONE NUMBER	X(10)	230	239	Required	NONE (10 digit number)
PROVIDER TYPE	X(2)	240	241	Required	See list of valid codes in PAT Manual
PROVIDER AFFILIATION	X(4)	242	245	Required	See list of valid codes in PAT Manual
GROUP PRACTICE NAME	X(35)	246	280	Conditional	See definition
FACILITY NAME	X(35)	281	315	Conditional	See definition
SERVICES INTELLECTUAL DISABILITY	X(1)	316	316	Required	'Y' OR 'N' or 'U'
LICENSE NUMBER	X(20)	317	336	Required	See definition
SPECIAL NEEDS	X(1)	337	337	Required	'Y' OR 'N' or 'U'
SERVICE MOBILITY	X(1)	338	338	Required	'Y' OR 'N' OR 'U'
SEDATION	X(1)	339	339	Required	'Y' OR 'N' OR 'U'
BC INDICATOR – ABMS	X(1)	340	340	Required	'Y' OR 'N'
BC DATE - ABMS	X(8)	341	348	Conditional	Valid date in 'YYYYMMDD' format
BC EXPIRATION DATE - ABMS	X(8)	349	356	Conditional	Valid date in 'YYYYMMDD' format
RESERVED FOR FUTURE USE	X(63)	357	419	N/A	NONE
RECORD TYPE	X(2)	420	421	Required	'A1'

### Behavioral Health Specific Specialty Codes

These specialty codes are available in addition to the codes prescribed in AHCCCS' [PAT File Manual](#).

Code	Description
651	Developmental Disability-Adult
652	Developmental Disability-Child
653	Sex Offender Treatment-Adult
654	Sex Offender Treatment-Child
655	Sex Abuse Trauma-Adult
656	Sex Abuse Trauma-Child
657	Substance Use Disorder Treatment-Women
658	Substance Use Disorder Treatment-Adult
659	Substance Use Disorder Treatment-Child
660	Substance Use Disorder Treatment-IVDU
661	Infant and Early Childhood Mental Health
662	Dialectical Behavioral Therapy-Adult
663	Dialectical Behavioral Therapy-Child
664	Peer Support Services

### Submission Schedule and File Naming Convention

Each Regional Behavioral Health Authority is required to submit a minimum of four PAT files per contract year, per assigned Geographical Service Area. The submissions must be made to ADHS on or before the 10<sup>th</sup> day of the first month in each quarter.

First Submission Due on or Before	Late & Resubmission Due on or Before	For Quarter
10/10	10/15	10/01 through 12/31
1/10	1/15	01/01 through 03/31
4/10	4/15	04/01 through 06/30
7/10	7/15	07/01 through 09/30

*Please note: If the 10<sup>th</sup> or 15<sup>th</sup> of the month falls on a non-business day (e.g. Saturday, Sunday or State Holiday), the submission will be due to ADHS on the next routine business day.*

Before an approved PAT submission is loaded into the ADHS CIS database, all existing PAT records for the RBHA contractor are transferred to an archive schema. Therefore, **each PAT submission must represent the RBHA's entire provider network as of the date of file creation.**

The quarterly file submission must be placed in the RBHA's FTP/SFTP INBOUND Directory (RBHAXX) as *PAXXMMDDYY.TXT*, where 'XX' is the RBHA ID and 'MMDDYY' is the file transmission date.