

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
White Mountain Apache Behavioral Health Services Addition**

Section 7.5 **Enrollment, Disenrollment and Other Data
Submission**

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7.5.1 Introduction

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

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

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

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

- Episode of Care transactions, and
- Demographic and clinical data, including changes in a person's behavioral health status.

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7.5.2 References

The following citations can serve as additional resources for this content area:

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/TRBHA IGAs](#)

[Section 3.8, Outreach, Engagement, Re-Engagement and Closure](#)

[Section 3.9, Intake, Assessment and Service Planning](#)

[Section 3.10, SMI Eligibility Determination](#)

[Section 3.17, Transition of Persons](#)

[ADHS/DBHS Demographic Data Set User Guide](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

7.5.3 Scope

To whom does this apply?

This applies to all behavioral health providers who are delivering behavioral health services to persons who are enrolled in the ADHS/DBHS behavioral health system. It has particular relevance for those behavioral health providers that conduct assessments, ongoing service planning, and annual updates.

7.5.4 Did you know...?

- Arizona Health Care Cost Containment System (AHCCCS) enrolled individuals are considered enrolled with the Tribal/Regional Behavioral Health Authority (T/RBHA) at the onset of their eligibility. They are provided an AHCCCS identification card with the assigned T/RBHA. This assignment is sent daily from ADHS/DBHS to the T/RBHA.
- When the individual contacts a provider for services, the provider opens an episode of care. The episode of care will remain in effect until the person completes treatment. No separate T/RBHA enrollment is required for AHCCCS enrolled individuals.
- For Non-Title XIX/XXI eligible individuals, a HIPAA 834-enrollment transaction must be submitted by T/RBHAs to ADHS/DBHS within 14 days of first contact with a behavioral health recipient. Behavioral health providers may be required to submit 834 transactions to the T/RBHA within a shorter timeframe (see subsection [7.5.7-A](#) for required timeframe).
- Behavioral health providers are permitted to submit and change single data fields when necessary, without being required to re-submit every data field contained in a demographic record transaction.
- Behavioral health providers delivering services to a Non-Title XIX/XXI eligible person are not required to submit fund source changes if the person posts retroactive Title XIX/XXI eligibility. The ADHS/DBHS system will be notified by AHCCCS to change the person's fund source from Non-Title XIX/XXI eligible to Title XIX/XXI eligible and requires no action from the behavioral health provider.

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- ADHS/DBHS has developed a flow chart that includes the timeframes for all data submissions. See [PM Attachment 7.5.1](#).

7.5.5 Definitions

[834 Transaction Enrollment/Disenrollment](#)

[Annual Update](#)

[Assessment](#)

[Behavioral Health Category Assignment](#)

[Change](#)

[Client Information System \(CIS\)](#)

[Closure](#)

[Crisis Episode](#)

[Day](#)

[Demographics](#)

[Edit](#)

[Episode of Care](#)

[Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#)

[Intake / Enrollment](#)

[Outcome Measures](#)

7.5.6 Objectives

To ensure that data elements specified by ADHS/DBHS and the T/RBHAs are collected and submitted in a timely, complete and accurate manner for each person in the public behavioral health system.

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7.5.7 Procedures

7.5.7-A: Enrollment and disenrollment transactions

General requirements

- For a Non-Title XIX/XXI eligible person to be enrolled, behavioral health providers must submit an 834 enrollment transaction to the T/RBHA. All AHCCCS enrolled individuals with a mental health benefit are considered enrolled with the T/RBHA at the time of their AHCCCS eligibility.
- For a Non-Title XIX/XXI eligible person who receives a covered behavioral health service, he/she must be enrolled effective the date of first contact by a behavioral health provider.
- All persons who are served through the ADHS/DBHS behavioral health system must have an active episode of care, even if the person only receives a single service (e.g., crisis intervention, one time face-to-face consultation).
- An episode of care is the start and end of services for a behavioral health need as documented by transmission of a demographic record. For both AHCCCS enrolled and Non-Title XIX/XXI eligible individuals, the individuals must have an open episode of care starting at the first date of service and ending with the last service.

When is enrollment information collected?

For Non-Title XIX/XXI eligible individuals, information necessary to complete an 834 transaction is usually collected during the intake and assessment process (see [Section 3.9, Intake, Assessment and Service Planning](#)). [PM Attachment 7.5.2, 834 Transaction Data Requirements](#), contains a list of the data elements necessary to create an 834 enrollment transaction.

For AHCCCS enrolled individuals, the 834 information will be provided to the T/RBHA by ADHS/DBHS daily for the providers to access.

What kind of data is included in an 834?

The data fields that are included in the 834 transmittals are dictated by HIPAA and consist of:

- Key client identifiers used for file matching (e.g., person's name, address, date of birth),
- Basic demographic information (e.g., gender, marital status), and
- Information on third party insurance coverage.

For a specific list of data elements necessary to create an 834 enrollment and disenrollment, for Non-Title XIX/XXI eligible individuals, see [PM Attachment 7.5.2](#).

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What happens if there is not enough information to complete an enrollment?

Behavioral health providers must actively secure any needed information to complete the enrollment (834 transaction) for a Non-Title XIX/XXI eligible individual. An 834 transaction will not be accepted by the T/RBHA if required data elements are missing. For Title XIX/XXI eligible individuals, the 834 information will be provided to the T/RBHA by ADHS/DBHS.

What are the timeframes for submitting enrollment and disenrollment data for a Non-Title XIX/XXI eligible individual?

The following data submittal timeframes apply to the enrollment/disenrollment transactions: The 834-enrollment transaction must be submitted to ABHS Record Manager within one (1) day of the first contact with a behavioral health recipient next business day on weekends or holidays;

The 834 disenrollment transaction must be submitted to the ABHS Records Manager within three (3) days of the person being disenrolled from the system; and any changes to the enrollment/disenrollment transaction data fields (e.g., change in address, insurance coverage) must be submitted three (3) days from the date of identifying the need for the change.

What other events require a submittal of an 834 transaction for a Non-Title XIX/XXI eligible individual?

In addition to submitting an 834 transaction at enrollment and disenrollment, an 834 transaction must also be submitted when any of the following elements of the 834 transaction have changed:

- Name,
- Address,
- Date of birth,
- Gender,
- Marital status, or
- Third party insurance information.

Other considerations for both Non-Title XIX/XXI eligible and AHCCCS enrolled individuals

- For an AHCCCS enrolled individual, AHCCCS will notify ADHS/DBHS of changes to the above information. That information will be provided from ADHS/DBHS to the T/RBHA on a daily file.
- When a person in an episode of care permanently re-locates from one T/RBHA's geographic area to another T/RBHA's geographic area, an inter-T/RBHA transfer must occur (see [Section 3.17, Transition of Persons](#)). The steps that are necessary to facilitate an inter-T/RBHA transfer include the following data submission requirements:
 - The home T/RBHA must submit an 834 plan change transaction on the date of transfer; and end the episode of care, and

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- The receiving T/RBHA must submit an 834 plan change transaction on the date of accepting the person for services and start an episode of care.
- AHCCCS will notify ADHS/DBHS when a T/RBHA enrolled person is determined eligible for the Arizona Long Term Care System (ALTC) Elderly and Physically Disabled (EPD) Program. This information will be passed to the T/RBHA on a daily file.

What technical assistance is available to help with problems associated with electronic data submission?

At times, technical problems or other issues may occur in the electronic transmission of the data from the behavioral health provider to the receiving T/RBHA. If a behavioral health provider requires assistance for technical related problems or issues, please contact Intake Specialist Lindsey Fall at (928) 338-4811 ext. 2251 for technical assistance for IT issues contact IT Administrator, Roger Jacob, at (928) 338-4811 ext. 2236

7.5.7-B: Demographic and clinical data

When is demographic and clinical data collected?

Demographic and clinical data will be collected starting at the first date of service. For Non-Title XIX/XXI eligible individuals, an 834 must be completed. For both AHCCCS enrolled and Non-Title XIX/XXI eligible individuals, a demographic record must be collected within 45 days of the first service and submitted to ADHS/DBHS within 55 days. Additional clinical data may be collected at subsequent assessment and service planning meetings with the person (e.g., education, vocation) as well as during periodic and annual updates. Demographic and clinical data recorded in the person's behavioral health medical record must match the demographic file on record with ADHS/DBHS.

What are the specific data elements?

The [ADHS/DBHS Demographic Data Set User Guide](#) describes the data elements that comprise the demographic data set and the timeframe requirements for submitting the demographic data set. T/RBHAs must ensure that providers collect required demographic data set elements in accordance with the [ADHS/DBHS Demographic Data Set User Guide](#). When ADHS/DBHS issues updates to the demographic data set, T/RBHAs are responsible for communicating changes to their providers.

What are the timeframes for submitting demographic and clinical data?

The following timeframes apply to demographic and clinical data submissions (see the [ADHS/DBHS Demographic Data Set User Guide](#)):

- All required demographic data submitted to White Mountain Apache Behavioral Health Services Records Manager within 10 days of the initial intake for all enrolled persons.
- Outcome measures, for children birth through age 17, submitted to WMABHS Records Manager within fifteen (15) days of the 6 month anniversary date of the last demographic submission (see [Section 3.9, Intake, Assessment and Service Planning](#)). For outcome measures submission dates that do not coincide with the annual update, the reason for

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submission will be indicated as a “change” (see specific instructions in the [ADHS/DBHS Demographic Data Set User Guide](#)).

- All required demographic data submitted to WMABHS Records Manager within fifteen (15) of the annual update (see [Section 3.9, Intake, Assessment and Service Planning](#)).
- All required demographic data submitted to WMABHS Records Manager within ten (10) days of a recorded change in the person’s demographic data record. Behavioral health providers must ensure that the person’s behavioral health medical record matches the demographic data set on file with ADHS/DBHS.
- All required data elements submitted to [WMABHS Records Manager within ten (10) days of the end of the episode of care. The required data elements include the reason for the person’s disenrollment. See the [ADHS/DBHS Demographic Data Set User Guide](#) to determine the specific data elements that must accompany a demographic disenrollment transaction.

Determining a behavioral health recipient’s behavioral health category assignment

Behavioral health providers must designate a person’s behavioral health category assignment during the assessment process as well as at any other times that necessitate changes to the person’s assignment (e.g., transition to adulthood). Behavioral health categories include:

- Child,
- Seriously Emotionally Disturbed (SED) Child (see [Attachment 7.5.3, SMI and SED Qualifying Diagnoses Table](#)),
- Adult with SMI,
- Adult, non-SMI with general mental health need, and
- Adult, non-SMI with substance abuse (see [Attachment 7.5.4, Substance Abuse Disorders Qualifying Diagnoses Table](#)).

Behavioral health providers must initially assign and update, as necessary, behavioral health category assignments as follows (see the [ADHS/DBHS Demographic Data Set User Guide](#) for more detailed instructions on assignment of behavioral health categories):

- For a child who is non-SED, enter “C”;
- For a child who is SED, enter “Z”;
- For a person determined to have a Serious Mental Illness in accordance with [Section 3.10, SMI Eligibility Determination](#), enter “S”, then enter “a” or “b”;
- For an adult non-SMI person with a general mental health need (who does not have a substance abuse problem) enter “M”; and

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- For an adult non-SMI person with a reported substance abuse problem enter “G”.

How can demographic and clinical data be used?

Behavioral health providers are encouraged to utilize demographic and clinical data to improve operational efficiency and gain information about the persons who receive behavioral health services. Behavioral health providers may consider:

- Utilizing and integrating collected demographic data into the person’s assessments,
- Monitoring the nature of the provider’s behavioral health recipient population, and
- Evaluating the effectiveness of the provider’s behavioral health services towards improving the clinical outcomes of persons enrolled in the ADHS/DBHS system.

What technical assistance is available to help with problems associated with demographic and clinical data submission?

At times, technical problems or other issues may occur in the electronic transmission of the clinical and demographic data from the behavioral health provider to the receiving T/RBHA. If a behavioral health provider requires assistance for technical related problems or issues, please contact Intake Specialist Lindsey Fall at (928) 338-4811 ext. 2251 lynzz@wmabhs.org for technical assistance for IT issues contact IT Administrator, Roger Jacob, at (928) 338-4811 ext. 2236, rogerjacob@wmabhs.org