



Section 7.5 Enrollment, Disenrollment and Other Data Submission

- I. Statement of Purpose
- II. References
- III. Standards
- IV. Definitions
- V. Procedures
 - A. Enrollment and disenrollment transactions
 - B. Demographic and clinical data

I. STATEMENT OF PURPOSE:

The collection and reporting of accurate, complete and timely enrollment, demographic, clinical, and disenrollment data is of vital importance to the successful operation of the Arizona Health Care Cost Containment System (AHCCCS) 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 technicians) to have a thorough understanding of why it is necessary to collect the data, how it can be used and how to accurately “code” the data.

This data in turn is used by AHCCCS to:

1. 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);
2. Comply with federal and state funding and/or grant requirements;
3. Assist with financial-related activities such as budget development and rate setting;
4. Support quality management and utilization management activities; and
5. 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:

1. Episode of Care transactions; and
2. Demographic and clinical data, including changes in a person’s behavioral health status.

II. REFERENCES:

The following Pascua Yaqui (PY) Centered Spirit Program (CSP) Provider Manual sections can serve as additional resources for this content area:



Section 3.8, Outreach, Engagement, Re-Engagement and Closure
Section 3.9, Intake, Assessment and Service Planning
Section 3.10, SMI Eligibility Determination

The following AHCCCS document also serves as a resource for this content area:

[AHCCCS/TRBHA Intergovernmental Agreement 2021 \(IGA\)](#)

III. **STANDARDS:**

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 Pascua Yaqui (PY) Centered Spirit Program (CSP) Tribal Regional Behavioral Health Authority (TRBHA) behavioral health service delivery system.

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

HIPAA 834 Transaction: Enrollment transactions must be submitted by TRBHAs to AHCCCS within 14 days of first contact with a behavioral health recipient. Behavioral health providers will be required to submit **834** Transactions to the TRBHA 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 person are not required to submit fund source changes if the person posts retroactive Title XIX eligibility. The AHCCCS system will change the person's fund source from Non-Title XIX eligible to Title XIX eligible and requires no action from the behavioral health provider. In instances where fund source is changed, a corresponding retroactive behavioral health enrollment will also occur. Behavioral health services provided during the retroactive eligibility period will be the responsibility of the TRBHA.

Personal financial information does not have to be collected during the intake process for persons who are Title XIX/XXI eligible. However, household income must be reported on all behavioral health recipients, regardless of eligibility status.

Attachment 7.5.1 is a flow chart that includes the timeframes for enrollment (intake), clinical and demographic, and disenrollment (closure) data.

IV. **DEFINITIONS:**



Enrollment/Disenrollment: The process by which a person is enrolled into or disenrolled out of the Contractor and AHCCCS data system.

Day: A calendar day unless otherwise specified.

Descriptive Characteristics: Information used to profile clients at intake and during treatment in the behavioral health system and includes the following areas:

1. Socio-demographic profile;
2. Treatment characteristics;
3. Participation status;
4. Medical condition;
5. Other agency involvement;
6. Special fund source identifier; and
7. Served by CFT.

Edit: A check to ensure that data in a field is valid and complete.

Episode of Care: The period between the beginning of treatment and the ending of behavioral health services for an individual. Within an episode of care, a person may transfer to a different service, facility, program or location. The beginning and end of an episode of care is marked with a demographic file submission. Over time, an individual may have multiple Episodes of Care.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A federal law that includes a section on administrative simplification requiring standardization of electronic data interchanges and greater protection of confidentiality and security of health data. The HIPAA Rule contains a number of words and phrases that have specific meaning as applied to the HIPAA Rule. Examples of such words and phrases include, but are not limited to, “treatment,” “payment,” “health care operations,” “designated record set” and “protected health information.” (45 C.F.R. §§ 160.103 and 164.501)

Intake: The collection by appropriately trained T/RBHA/provider staff of basic demographic information about a person in order to enroll him/her in the AHCCCS system, to screen for Title XIX/XXI AHCCCS eligibility and to determine the need for any copayments



Outcome Measures: Information that allows measurement of behavioral health outcomes for Adults and Children. At a minimum, outcome measures for adults and children include the following:

1. For all clients, a complete Demographic Data Set must be completed and submitted at the start of the episode of care, upon any major change in status, at least once every 365 days, and at the end of the episode of care.
2. For children, the CASII field must also be updated least every 6 months.

V. **PROCEDURES:**

A. **Enrollment and disenrollment transactions.**

General requirements:

1. For a Non-Title XIX/XXI eligible person to be enrolled, behavioral health providers must submit an 834 enrollment transaction to the TRBHA. All AHCCCS enrolled individuals with a mental health benefit are considered enrolled with the TRBHA at the time of their AHCCCS eligibility.
2. 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.
3. All persons who are served through the AHCCCS 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).
4. 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. All persons who are served through the AHCCCS behavioral health system must be enrolled, even if the person only receives a single service (e.g., crisis intervention, one time face-to-face consultation).

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). Attachment 7.5.2, 834 Transaction Data Requirements, contains a list of the data elements necessary to create an 834 Transaction enrollment transaction.



For AHCCCS enrolled individuals, the 834 Transaction information will be provided to the TRBHA by AHCCCS daily for the providers to access.

What kind of data is included in an 834 Transaction?

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

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

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

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 TRBHA if required data elements are missing. For Title XIX/XXI eligible individuals, the 834 Transaction information will be provided to the TRBHA by AHCCCS.

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:

1. The 834 Enrollment Transaction must be submitted to the CSP within two (2) business days of the first contact with a behavioral health recipient;
2. The 834 Disenrollment Transaction must be submitted to the CSP within 14 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 to the CSP within 14 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:

1. Name;
2. Address;
3. Date of birth;
4. Gender;
5. Marital status; or
6. 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 AHCCCS of changes to the above information. That information will be provided from AHCCCS to the TRBHA on a daily file.

When a person in an episode of care permanently relocates from one TRBHA's Geographic Service Area (GSA) to another TRBHA's GSA, an inter-TRBHA transfer must occur (see *Section 3.17, Transition of Persons*). The steps that are necessary to facilitate an inter-TRBHA transfer include the following data submission requirements:

1. The home TRBHA must submit an 834 Transaction plan change transaction on the date of transfer; and end the episode of care, and
2. The receiving TRBHA must submit an 834 Transaction plan change transaction on the date of accepting the person for services and start an episode of care.
3. AHCCCS will be notified when a TRBHA enrolled person is determined eligible for the Arizona Long Term Care System (ALTCS) Elderly and Physically Disabled (EPD) Program. This information will be passed to the TRBHA on a daily basis.

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 TRBHA. If a behavioral health provider requires assistance for technical related



problems or issues, please contact Clinical Training Coordinator for assistance at the Tucson CSP (520) 879-6060.

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 Transaction 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 AHCCCS 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 AHCCCS.

What are the specific data elements?

CSP utilizes an assessment tool in the CSP electronic file system to collect demographic data set and the timeframe requirements for submitting the demographic data set. Any additions, changes and/or modifications to the assessment tool data elements must be prior approved by the AHCCCS Policy Office.

What are the timeframes for submitting demographic and clinical data?

The following timeframes apply to demographic and clinical data submissions:

1. All required demographic data submitted to CSP TRBHA within 30 days of the initial intake for all enrolled persons;
2. Outcome measures, for children birth through age 17, submitted to CSP TRBHA within 30 days of the six (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 submission will be indicated as a "change;"
3. All required demographic data submitted to CSP TRBHA within 30 days of the annual update;
4. All required demographic data submitted to CSP TRBHA within 15 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 AHCCCS;



5. All required data elements submitted to PY TRBHA within 15 days of the end of the episode of care. The required data elements include the reason for the person's disenrollment.

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:

1. Child;
2. Seriously Emotionally Disturbed (SED) Child (see Attachment 7.5.3 SMI and SED Qualifying Diagnoses Table);
3. Adult with SMI;
4. Adult, non-SMI with general mental health need; and
5. 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:

1. For a child who is non-SED, enter "C;"
2. For a child who is SED, enter "Z;"
3. For a person determined to have a Serious Mental Illness in accordance with *Section 3.10, SMI Eligibility Determination*, enter "S," then "a" or "b."
4. For an adult non-SMI person with a general mental health need (who does not have a substance abuse problem) enter "M;" and
5. For an adult non-SMI person with a reported substance abuse problem enter "G."

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:



PY TRBHA - CSP
Provider Manual - 2023



1. Utilizing and integrating collected demographic data into the person's assessments;
2. Monitoring the nature of the provider's behavioral health recipient population; and
3. Evaluating the effectiveness of the provider's behavioral health services towards improving the clinical outcomes of persons enrolled in the AHCCCS 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 TRBHA. If a behavioral health provider requires assistance for technical related problems or issues, please contact the Clinical Training Coordinator at Tucson CSP.