Arizona Department of Health Services

Division of Behavioral Health Services

Client Information System (CIS)
File Layouts and Specifications Manual

Version 1.33

Effective Date: 8/15/2003
Revision Date: June 2006

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 Regional Behavioral Health Authority (RBHA), and each Tribal Regional Behavioral Health Authority (TRBHA), as well as formats of informational reports created by DBHS for the use of each RBHA/TRBHA. This data book is intended to assist each RBHA/TRBHA with ensuring accuracy of data and in the development and/or maintenance of programming and other processes. It is also intended to assist each potential RBHA/TRBHA with understanding what would be required in an information services relationship with DBHS.

The data that must be submitted to DBHS and provided back to each RBHA/TRBHA represents the minimum data necessary for BHS to conduct its oversight and regulatory functions, including HIPAA. RBHAs, TRBHAs, and providers are free to collect any other data necessary for efficient and effective operation.

To the extent possible, RBHAs and TRBHAs are encouraged to use electronic screens and other automated processes to minimize provider burden. Ultimately, integration of these data requirements into the RBHA/TRBHA and provider clinical improvement process is anticipated.

HIPAA INTAKE PROCESSING FLOW

Intakes will be submitted in HIPAA 834 format using the guidelines provided by ADHS/DBHS. The input INTAKE file name will be hintkexx.hipaa ("xx" represents the two-digit RBHA number used by DBHS.) This file will be sent to the DBHS server, which has individual locations for FTP transfers for each RBHA, and a location called RBHA_Common for files that apply to all of the RBHAs. Transactions will be accepted for translation anytime up to the cutoff of 6:00 pm each workday.

During translation processing, any error will result in the complete file being rejected. Three files will be created: hintkexx.yyyymmdd.hhmm.bad, which is the original file; hintkexx.yyyymmdd.hhmm.997.bad, which is the EDI 997 error file and gives the reason for the errors; and hintkexx.yyyymmdd.hhmm.errlog, which is the eVision error log. These three files will be returned to the DBHS server.

After translation two files will be created. The hintkexx.hipaa file will be named uintkexx.darbha, and is used internally by DBHS in the normal daily processing. The other file is hintkexx.yyyymmdd.hhmm.997.good, which will be returned to the DBHS server.

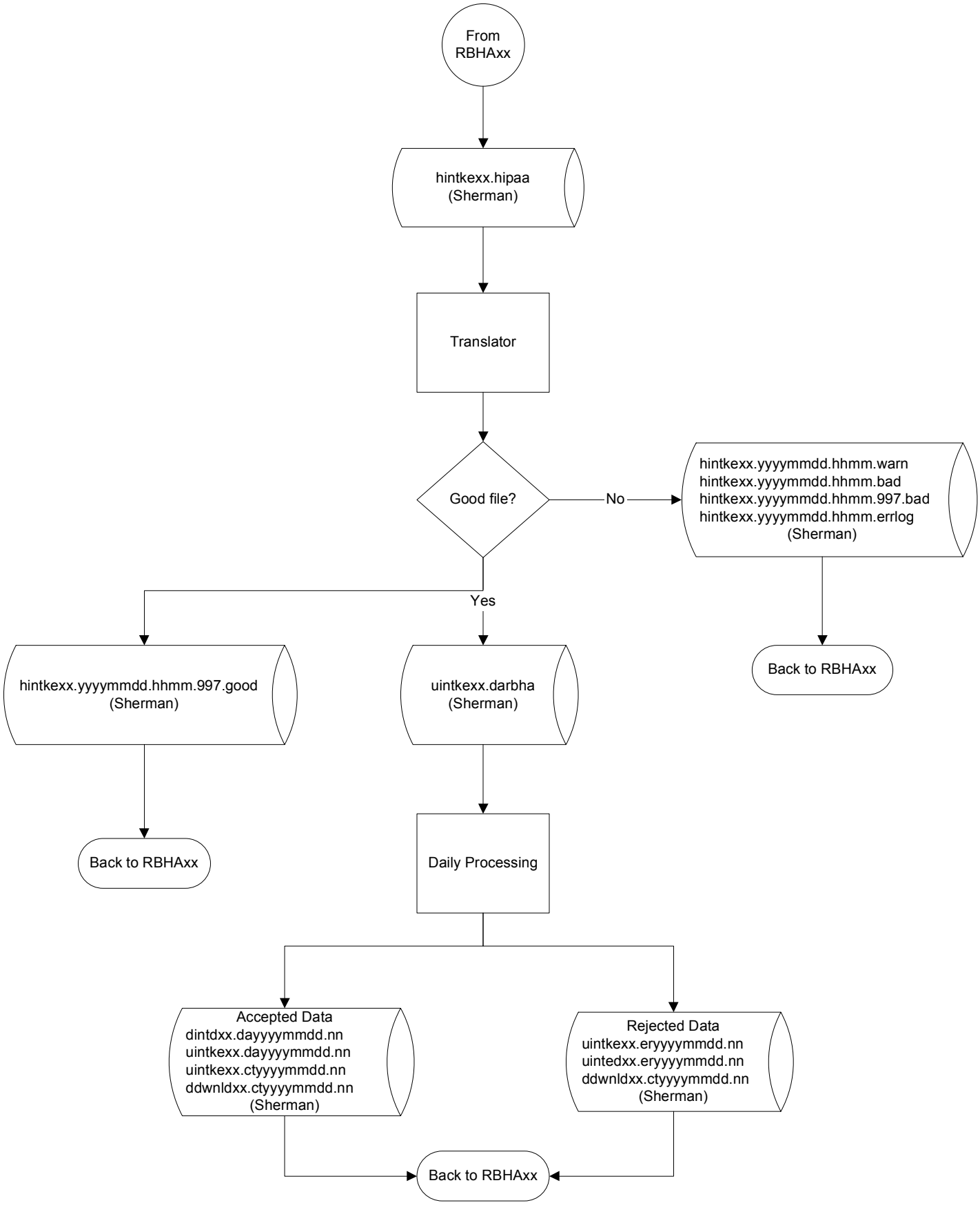
There are six data files created as a result of the normal daily processing: three of accepted data and two of rejected data; along with the Daily Download Activity Report, which is named ddwnldxx.ctyyyymmdd.nn. All of these files are provided to each RBHA via the DBHS server.

The accepted data file is named dintdxx.dayyyymmdd.nn. After processing, the uintkexx.darbha file is renamed uintkexx.dayyyymmdd.nn. In addition to these files, a report file is created, which is named uintkexx.ctyyyymmdd.nn.

The rejected data files are named uintkexx.eryyyymmdd.nn and uintedxx.eryyyymmdd.nn.

In the event a RBHA needs to have a file of all intake data that is reflected on the DBHS system, such as for purposes of reconciliation or because of processing problems, a "resync" file containing all clients with an active status may be requested. The resync file will be named h74212xx.outyyyymmdd.

HIPAA (834)
RBHA INTAKE FLOW



NOTE: xx=rbha id, yyyymmdd.nn = process date

HINTAKE.vsd

HIPAA Mapping Documents

The following is a listing of column names in the HIPAA 834 and 837 mapping documents, and a brief description of their meaning. For additional information, please refer to the HIPAA Implementation Guides, which may be viewed at the official HIPAA Internet site, http://hipaa.wpc-edi.com/HIPAA_40.asp.

Item Name:	Item Description:
Abbrev Name	The X12 abbreviated name for the element.
Data Element	The data element field number from the HIPAA Data Element Dictionary.
Data Type	The data type of the element.
Element Id	An internally derived ID number used for reference purposes.
Element Name	The name of the EDI element (or field).
Input Field Name	The field name in the legacy file where the element maps.
Input Field Size	The size of the field in the legacy file.
Loop	Which loop are the following elements in.
Loop Repeat	How many time can the loop be present in the segment.
Max Len	The maximum allowed length of the element.
Min Len	The minimum required length of the element.
Req. Des.	The X12 Standard Requirement Designator.
R/S	Is the segment Required or Situational?
Seg. Repeat	How many times can the segment be present?
Segment Name	The name of the EDI segment (or record).
Short Desc	A short description of the usage and/or default values of the element.

ELEMENT ID	SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
834-001	Transaction set Header	R	1			Transaction Set Identifier Code	R	ST01	143	M	ID	3	3	"834"		
834-002						Transaction Set Control Number	R	ST02	329	M	ID	4	9	Incremental Number		
834-003	Beginning Segment	R	1			Transaction Set Purpose Code	R	BGN01	353	M	ID	2	2	"00"		
834-004						Reference Identification	R	BGN02	127	M	AN	1	30	Originator Application Transaction Number		
834-005						Date	R	BGN03	373	M	DT	8	8	Transaction Set Create Date		
834-006						Time	R	BGN04	337	X	TM	4	8	Transaction Set Create Time		
834-007						Time Code	S	BGN05	623	O	ID	2	2			
834-008						Reference Identification	S	BGN06	127	O	AN	1	30			
834-009						Action Code	R	BGN08	306	O	ID	1	2	"2"		
834-012	File effective Date	S	>1			Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"007"		
834-013						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-014						Date Time Period	R	DTP03	1251	M	AN	1	35	CCYYMMDD (Process Date)		
834-015	Sponsor Name	R	1	1000A	1	Entity Identifier Code	R	N101	98	M	ID	2	3	"P5"		
834-016						Name	S	N102	93	X	AN	1	60	'Behavioral Health Services'		
834-017						Identification code Qualifier	R	N103	66	X	ID	1	2	"FI"		
834-018						Identification Code	R	N104	67	X	AN	2	80	"86-6004791"		
834-019	Payer	R	1	1000B	1	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-020						Name	S	N102	93	X	AN	1	60	RBHA Name (Used to look up RBHA Number)	RBHA_ID	Char(2)
834-021						Identification code Qualifier	R	N103	66	X	ID	1	2	"FI"		
834-022						Identification Code	R	N104	67	X	AN	2	80	RBHA's Federal Taxpayer's ID		
834-029	Member Level Detail	R	1	2000	>1	Response Code	R	INS01	1073	M	ID	1	1	"Y" = Subscriber		
834-030						Individual Relationship Code	R	INS02	1069	M	ID	2	2	"18" = Self		
834-031						Maintenance Type Code	R	INS03	875	O	ID	3	3	021=(A)dd 030=(O)veride	Action_Code	Char(1)
834-032						Maintenance Reason Code	S	INS04	1203	O	ID	2	3	20=active		
834-033						Benefit Status Code	R	INS05	1216	O	ID	1	1	"A" = active		
834-034						Medicare Plan Code	S	INS06	1218	O	ID	1	1			
834-035						CORBA Qualifying	S	INS07	1219	O	ID	1	2			
834-036						Employment Status Code	S	INS08	584	O	ID	2	2	"FT" = Eligible for Benefits		
834-037						Student Status Code	S	INS09	1220	O	ID	2	2			
834-038						Handicap Indicator	S	INS10	1073	O	ID	2	2			
834-039						Date Time Period Format Qualifier	S	INS11	1250	X	ID	2	3			
834-040						Date Time Period	S	INS12	1251	X	AN	1	35			
834-041						Number	S	INS17	1470	O	N0	1	9			
834-042	Subscriber Number	R	1	2000	>1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"0F" (Numeric zero)		
834-043						Reference Identification	R	REF02	127	X	AN	1	30	RBHA Client_id	rbha_client_id	char(10)
834-046	Member Identitification Number	S	5	2000	>1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"6O" = Cross Reference Number (alpha O)		
834-047						Reference Identification	R	REF02	127	X	AN	1	30	AHCCCS ID	ahcccs_id	char(9)
834-048	Member Identitification Number	S	5	2000	>1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"23" = Client Number		
834-049						Reference Identification	R	REF02	127	X	AN	1	30	CIS Client ID	client_id	char(10)
834-052	Member Level Dates	S	20	2000	>1	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"356" = Intake Date		
834-053						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-054						Date Time Period	R	DTP03	1251	M	AN	1	35	Intake Date (CCYYMMDD)	/ Closure_Date	/ Num(8)
834-055	Member Name	R	1	2100A	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"74"=Corrected Insured "IL"=Insured or Subscriber		
834-056						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"1"		
834-057						Name Last	R	NM103	1035	O	AN	1	35	Subscriber Last Name	Last_Name	15
834-058						Name First	R	NM104	1036	O	AN	1	25	Subscriber First Name	First_Name	Char(10)
834-059						Name Middle	S	NM105	1037	O	AN	1	25	Subscriber Middle Name	Middle_Int	Char(1)
834-060						Name Prefix	S	NM106	1038	O	AN	1	10			
834-061						Name suffix	S	NM107	1039	O	AN	1	10			
834-062						Identification code Qualifier	S	NM108	66	X	ID	1	2	"34" = Social Security Number		
834-063						Identification code	S	NM109	67	X	AN	2	80	SSN	ssno	Char(10)
834-071	Member Residence Street Address	S	1	2100A	1	Address Information	R	N301	166	M	AN	1	55	Address Line 1	Address_Line_1	Char(25)
834-072						Address Information	S	N302	166	O	AN	1	55	Address Line 2	Address_Line_2	Char(25)
834-073	Member Residence City, State, ZIP code	S	1	2100A	1	City Name	R	N401	19	O	AN	2	30	City	City	Char(20)
834-074						State or Province Code	R	N402	156	O	ID	2	2	State	State	Char(2)
834-075						Postal Code	R	N403	116	O	ID	3	15	Zip	Zip_Code	Char(9)
834-076						Country Code	S	N404	26	O	ID	2	3			
834-077						Location Qualifier	S	N405	309	X	ID	1	2	"CY" = County		
834-078						Location Identifier	S	N406	310	O	AN	1	30	County (Location Identification code)	County_Residence	Char(2)
834-079	Member demographics	S	1	2100A	1	Date Time Period format Qualifier	R	DMG01	1250	X	ID	2	3	"D8"		
834-080						Date Time Period	R	DMG02	1251	X	AN	1	35	Date of Birth (CCYYMMDD)	dob	Num(8)
834-081						Gender Code	R	DMG03	1068	O	ID	1	1	Sex	sex	char(1)
834-082						Marital Status Code	S	DMG04	1067	O	ID	1	1	Marital Status	Marital_status	char(1)
834-083						Race or Ethnicity Code	S	DMG05	1109	O	ID	1	1			
834-084						Citizenship Status Code	S	DMG06	1066	O	ID	1	2			
834-095	Member Language	S	5	2100A	1	Identifier Code Qualifier	S	LUI01	66	X	ID	1	2	"LE" - ISO639 Language Codes Used		

ELEMENT ID	SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
834-096						Identification Code	S	LUI02	67	X	AN	2	80	Language Code from ISO639 list		
834-097						Description	S	LUI03	352	X	AN	1	80			
834-098						Use of Language Indicator	S	LUI04	1303	O	ID	1	2			
834-208	Health Coverage	S	1	2300	99	Maintenance Type Code	R	HD01	875	M	ID	3	3	021=add(A) 030=override (O)	Action_Code	Char(1)
834-209	**Segment/loop required for BHS if client has**					Insurance Line Code	R	HD03	1205	O	ID	2	3	"AK" = Mental Health		
834-210	**Med_Insurance_1, 2 or 3 (2320 loops)**					Plan Coverage Description	S	HD04	1204	O	AN	1	50			
834-211						Coverage Level Code	S	HD05	1207	O	ID	3	3			
834-212	Health Coverage Dates	R	4	2300	99	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"348" - benefit begin		
834-213						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-214						Date Time Period	R	DTP03	1251	M	AN	1	35	Intake Date	intake_date	Num(8)
834-251	Coordination of Benefits	S	1	2320	5	Payer Responsibility Sequence Code	R	COB01	1138	O	ID	1	1	"P"		
834-252						Reference Identification	S	COB02	127	O	AN	1	30			
834-253						Coordination of Benefits Code	R	COB03	1143	O	ID	1	1	5		
834-256	Other Insurance Company Name	S	1	2320	5	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-257						Name	S	N102	93	X	AN	1	60	Use names from table	Med_Insurance_1	Char(1)
834-258						Identification code Qualifier	S	N103	66	X	ID	1	2			
834-259						Identification Code	S	N104	67	X	AN	2	80			
834-263	Coordination of Benefits	S	1	2320	5	Payer Responsibility Sequence Code	R	COB01	1138	O	ID	1	1	"S"		
834-264						Reference Identification	S	COB02	127	O	AN	1	30			
834-265						Coordination of Benefits Code	R	COB03	1143	O	ID	1	1	5		
834-268	Other Insurance Company Name	S	1	2320	5	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-269						Name	S	N102	93	X	AN	1	60	Use names from table	Med_Insurance_2	Char(1)
834-270						Identification code Qualifier	S	N103	66	X	ID	1	2			
834-271						Identification Code	S	N104	67	X	AN	2	80			
834-275	Coordination of Benefits	S	1	2320	5	Payer Responsibility Sequence Code	R	COB01	1138	O	ID	1	1	"T"		
834-276						Reference Identification	S	COB02	127	O	AN	1	30			
834-277						Coordination of Benefits Code	R	COB03	1143	O	ID	1	1	5		
834-280	Other Insurance Company Name	S	1	2320	5	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-281						Name	S	N102	93	X	AN	1	60	Use names from table	Med_Insurance_3	Char(1)
834-282						Identification code Qualifier	S	N103	66	X	ID	1	2			
834-283						Identification Code	S	N104	67	X	AN	2	80			
834-287	Transaction Set Trailer	R	1			Number of Included Segments	R	SE01	96	M	N0	1	10	Transaction segment Count	Transfer_Record_count	Num(8)
834-288						Transaction Set Control Number	R	SE02	329	M	AN	4	9	Identical to ST02		
CJM																
Luis																

ELEMENT ID	SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
834-001	Transaction set Header	R	1			Transaction Set Identifier Code	R	ST01	143	M	ID	3	3	"834"		
834-002						Transaction Set Control Number	R	ST02	329	M	ID	4	9	Incremental Number		
834-003	Beginning Segment	R	1			Transaction Set Purpose Code	R	BGN01	353	M	ID	2	2	"00"		
834-004						Reference Identification	R	BGN02	127	M	AN	1	30	Originator Application Transaction Number		
834-005						Date	R	BGN03	373	M	DT	8	8	Transaction Set Create Date		
834-006						Time	R	BGN04	337	X	TM	4	8	Transaction Set Create Time		
834-007						Time Code	S	BGN05	623	O	ID	2	2			
834-008						Reference Identification	S	BGN06	127	O	AN	1	30			
834-009						Action Code	R	BGN08	306	O	ID	1	2	"2"		
834-012	File effective Date	S	>1			Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"007"		
834-013						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-014						Date Time Period	R	DTP03	1251	M	AN	1	35	CCYYMMDD (Process Date)		
834-015	Sponsor Name	R	1	1000A	1	Entity Identifier Code	R	N101	98	M	ID	2	3	"P5"		
834-016						Name	S	N102	93	X	AN	1	60	'Behavioral Health Services'		
834-017						Identification code Qualifier	R	N103	66	X	ID	1	2	"FI"		
834-018						Identification Code	R	N104	67	X	AN	2	80	"86-6004791"		
834-019	Payer	R	1	1000B	1	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-020						Name	S	N102	93	X	AN	1	60	RBHA Name (Used to look up RBHA Number)	RBHA_ID	Char(2)
834-021						Identification code Qualifier	R	N103	66	X	ID	1	2	"FI"		
834-022						Identification Code	R	N104	67	X	AN	2	80	RBHA's Federal Taxpayer's ID		
834-029	Member Level Detail	R	1	2000	>1	Response Code	R	INS01	1073	M	ID	1	1	"Y" = Subscriber		
834-030						Individual Relationship Code	R	INS02	1069	M	ID	2	2	"18" = Self		
834-031						Maintenance Type Code	R	INS03	875	O	ID	3	3	001=(C)hange	Action_Code	Char(1)
834-032						Maintenance Reason Code	S	INS04	1203	O	ID	2	3	20=active		
834-033						Benefit Status Code	R	INS05	1216	O	ID	1	1	"A" = active		
834-034						Medicare Plan Code	S	INS06	1218	O	ID	1	1			
834-035						CORBA Qualifying	S	INS07	1219	O	ID	1	2			
834-036						Employment Status Code	S	INS08	584	O	ID	2	2	"FT" = Eligible for Benefits		
834-037						Student Status Code	S	INS09	1220	O	ID	2	2			
834-038						Handicap Indicator	S	INS10	1073	O	ID	2	2			
834-039						Date Time Period Format Qualifier	S	INS11	1250	X	ID	2	3			
834-040						Date Time Period	S	INS12	1251	X	AN	1	35			
834-041						Number	S	INS17	1470	O	N0	1	9			
834-042	Subscriber Number	R	1	2000	>1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"0F" (Numeric zero)		
834-043						Reference Identification	R	REF02	127	X	AN	1	30	RBHA Client_id	rbha_client_id	char(10)
834-046	Member Identitification Number	S	5	2000	>1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"6O" = Cross Reference Number (alpha O)		
834-047						Reference Identification	R	REF02	127	X	AN	1	30	AHCCCS ID	ahcccs_id	char(9)
834-048	Member Identitification Number	S	5	2000	>1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"23" = Client Number		
834-049						Reference Identification	R	REF02	127	X	AN	1	30	CIS Client ID	client_id	char(10)
834-052	Member Level Dates	S	20	2000	>1	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"356" = Intake Date		
834-053						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-054						Date Time Period	R	DTP03	1251	M	AN	1	35	Intake Date (CCYYMMDD)	/ Closure_Date	/ Num(8)
834-055	Member Name	R	1	2100A	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"74"=Corrected Insured "IL"=Insured or Subscriber		
834-056						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"1"		
834-057						Name Last	R	NM103	1035	O	AN	1	35	Subscriber Last Name	Last_Name	15
834-058						Name First	R	NM104	1036	O	AN	1	25	Subscriber First Name	First_Name	Char(10)
834-059						Name Middle	S	NM105	1037	O	AN	1	25	Subscriber Middle Name	Middle_Int	Char(1)
834-060						Name Prefix	S	NM106	1038	O	AN	1	10			
834-061						Name suffix	S	NM107	1039	O	AN	1	10			
834-062						Identification code Qualifier	S	NM108	66	X	ID	1	2	"34" = Social Security Number		
834-063						Identification code	S	NM109	67	X	AN	2	80	SSN	ssno	Char(10)
834-071	Member Residence Street Address	S	1	2100A	1	Address Information	R	N301	166	M	AN	1	55	Address Line 1	Address_Line_1	Char(25)
834-072						Address Information	S	N302	166	O	AN	1	55	Address Line 2	Address_Line_2	Char(25)
834-073	Member Residence City, State, ZIP code	S	1	2100A	1	City Name	R	N401	19	O	AN	2	30	City	City	Char(20)
834-074						State or Province Code	R	N402	156	O	ID	2	2	State	State	Char(2)
834-075						Postal Code	R	N403	116	O	ID	3	15	Zip	Zip_Code	Char(9)
834-076						Country Code	S	N404	26	O	ID	2	3			
834-077						Location Qualifier	S	N405	309	X	ID	1	2	"CY" = County		
834-078						Location Identifier	S	N406	310	O	AN	1	30	County (Location Identification code)	County_Residence	Char(2)
834-079	Member demographics	S	1	2100A	1	Date Time Period format Qualifier	R	DMG01	1250	X	ID	2	3	"D8"		
834-080						Date Time Period	R	DMG02	1251	X	AN	1	35	Date of Birth (CCYYMMDD)	dob	Num(8)
834-081						Gender Code	R	DMG03	1068	O	ID	1	1	Sex	sex	char(1)
834-082						Marital Status Code	S	DMG04	1067	O	ID	1	1	Marital Status	Marital_status	char(1)
834-083						Race or Ethnicity Code	S	DMG05	1109	O	ID	1	1			
834-084						Citizenship Status Code	S	DMG06	1066	O	ID	1	2			
834-095	Member Language	S	5	2100A	1	Identifier Code Qualifier	S	LUI01	66	X	ID	1	2	"LE" - ISO639 Language Codes Used		

ELEMENT ID	SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
834-096						Identification Code	S	LUI02	67	X	AN	2	80	Language Code from ISO639 list	Primary_Language	Char(3)
834-097						Description	S	LUI03	352	X	AN	1	80			
834-098						Use of Language Indicator	S	LUI04	1303	O	ID	1	2			
834-208	Health Coverage	S	1	2300	99	Maintenance Type Code	R	HD01	875	M	ID	3	3	001=change		
834-209	**Segment/loop required for BHS if client has**					Insurance Line Code	R	HD03	1205	O	ID	2	3	"AK" = Mental Health		
834-210	**Med_Insurance_1, 2 or 3 (2320 loops)**					Plan Coverage Description	S	HD04	1204	O	AN	1	50	Program Indicator		
834-211						Coverage Level Code	S	HD05	1207	O	ID	3	3			
834-212	Health Coverage Dates	R	4	2300	99	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"303" - Maint effective		
834-213						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-214						Date Time Period	R	DTP03	1251	M	AN	1	35	Effective date of change		
834-212	Health Coverage Dates	R	4	2300	99	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"348" - benefit begin		
834-213	**DTP "348" loop present only when**					Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-214	**sending "New_Intake_Date"!**					Date Time Period	R	DTP03	1251	M	AN	1	35	New Intake Date (benefit begin)	new_intake_date	Num(8)
834-251	Coordination of Benefits	S	1	2320	5	Payer Responsibility Sequence Code	R	COB01	1138	O	ID	1	1	"P"		
834-252						Reference Identification	S	COB02	127	O	AN	1	30			
834-253						Coordination of Benefits Code	R	COB03	1143	O	ID	1	1	5		
834-256	Other Insurance Company Name	S	1	2320	5	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-257						Name	S	N102	93	X	AN	1	60	Use names from table	Med_Insurance_1	Char(1)
834-258						Identification code Qualifier	S	N103	66	X	ID	1	2			
834-259						Identification Code	S	N104	67	X	AN	2	80			
834-263	Coordination of Benefits	S	1	2320	5	Payer Responsibility Sequence Code	R	COB01	1138	O	ID	1	1	"S"		
834-264						Reference Identification	S	COB02	127	O	AN	1	30			
834-265						Coordination of Benefits Code	R	COB03	1143	O	ID	1	1	5		
834-268	Other Insurance Company Name	S	1	2320	5	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-269						Name	S	N102	93	X	AN	1	60	Use names from table	Med_Insurance_2	Char(1)
834-270						Identification code Qualifier	S	N103	66	X	ID	1	2			
834-271						Identification Code	S	N104	67	X	AN	2	80			
834-275	Coordination of Benefits	S	1	2320	5	Payer Responsibility Sequence Code	R	COB01	1138	O	ID	1	1	"T"		
834-276						Reference Identification	S	COB02	127	O	AN	1	30			
834-277						Coordination of Benefits Code	R	COB03	1143	O	ID	1	1	5		
834-280	Other Insurance Company Name	S	1	2320	5	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-281						Name	S	N102	93	X	AN	1	60	Use names from table	Med_Insurance_3	Char(1)
834-282						Identification code Qualifier	S	N103	66	X	ID	1	2			
834-283						Identification Code	S	N104	67	X	AN	2	80			
834-287	Transaction Set Trailer	R	1			Number of Included Segments	R	SE01	96	M	N0	1	10	Transaction segment Count	Transfer_Record_count	Num(8)
834-288						Transaction Set Control Number	R	SE02	329	M	AN	4	9	Identical to ST02		

Gray'ed elements are situational elements not used by BHS.

INPUT FIELD NAME:
Corresponding Field name is the Input flat files

INPUT FIELD SIZE:
Corresponding Field size in the input flat files

HIPAA 834 INTAKE DATA DEFINITIONS

Introduction

ADHS/BHS is pleased to present detailed instructions and definitions for completion and submission of data for the HIPAA-compliant ASC X12N 834 Benefit Enrollment and Maintenance Transaction format. This system will be used in conjunction with the Client Information System (CIS) for collection, analysis and reporting of client information.

The data that must be submitted to CIS represents a minimum data set necessary for ADHS/DBHS to conduct its oversight and regulatory functions. RBHAs and providers are free to collect any other data necessary for efficient and effective operation.

To the extent possible, RBHAs are encouraged to use electronic screens and other automated processes to minimize provider burden. Ultimately, integration of these data requirements into the RBHA and provider clinical improvement process is anticipated.

All clients who receive service through the RBHA system must have current identifying data in the ADHS/DBHS Client Information System (CIS). Intake information is time-sensitive and is intended to reflect current identifying data and other client status items.

All clients who remain enrolled for more than thirty days must have Demographic data submitted within 45 days of enrollment. Unless otherwise noted, **all** items must be completed for Intake data submissions.

INTAKE DATA DEFINITIONS

FIELD NAME	DESCRIPTION
Record Type	Distinguishes Header records from Data records.
Action Code	Denotes the record transaction type. Valid values: A- Add; C- Change; O- Override
RBHA ID	The Regional Behavioral Health Authority identification number, assigned by Behavioral Health Services. Two-byte field. Valid values: 02- CBHA GSA 2 (Effective 7/1/05) 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- CBHA GSA 4 (Effective 7/1/05) 23- PGBHA 25- Pascua Yaqui 26- CPSA GSA 5 27- CPSA GSA 3
Client ID	Unique 10-digit alphanumeric field, generated randomly by the CIS system. This field is mandatory.
Intake Date	Date the client intake was completed. Must be less than or equal to the current date. YYYYMMDD format.
SSNO	Client's nine-digit Social Security number. Leave blank if unknown.
AHCCCS ID	The nine-digit client identification number assigned by the AHCCCS system. Required for Title XIX-eligible clients.
DOB	Client's date of birth. YYYYMMDD format.
Sex	Client's gender. Valid values: F-Female; M-Male
Filler	Reserved for future use.
Filler	Reserved for future use.
First Name	Client's first name. **Note:** The First and Last Name fields cannot both be blank. Initials may not be used for the first and last names.
Middle Int	Client's middle initial. If none or unknown, field may be left blank, using the default of a space.
Last Name	Client's last name. Will be truncated if longer than 15 bytes.
Address Line 1	25-byte field to be used for the client's residence street address or post office box. Should not be blank if Address Line 2 is not blank.
Address Line 2	25 bytes in length.
City	20-byte field to accommodate the client's residence city name.
State	Two-byte field for client's state of residence. Use the standard USPS state abbreviation code.
Zip Code	Nine-byte field to accommodate the client's residence Zip code. If the full nine-digit Zip code is not known, the five-digit Zip code should be used, which should be left justified with trailing spaces.
Filler	Reserved for future use.
County Residence	This field contains the two-digit county code for the client's residence. Valid values: 01- Apache 15- Mohave 03- Cochise 17- Navajo 05- Coconino 19- Pima 07- Gila 21- Pinal 09- Graham 23- Santa Cruz

FIELD NAME	DESCRIPTION
	11- Greenlee 25- Yavapai 12- La Paz 27- Yuma 13- Maricopa 99- Out of state If code 99 is used, State field must not be "AZ".
Filler	Reserved for future use.
Med Insurance 1	Indicates that the client has other insurance coverage for medical benefits. Valid values, which must be in upper case, are: ➢ MEDICARE ➢ AHCCCS ➢ PRIVATE- Coverage provided entirely by the client ➢ CHAMPUS/VA ➢ OTHER- Coverage from an employee contribution plan provided by an employer ➢ BLUE CROSS- There is a space between Blue and Cross ➢ HMO ➢ NONE
Med Insurance 2	Available for use if the client has secondary insurance coverage.
Med Insurance 3	Available for use if the client has tertiary insurance coverage.
Filler	Reserved for future use.
Marital Status	Use one of the valid values below. If the client has had multiple marriages and separations, code the most recent status. If the client is living with a significant other but has never married, use code 1. B- Registered domestic partner D- Divorced I- Single M- Married R- Unreported S- Separated U- Unmarried W- Widowed X- Legally separated
Filler	Reserved for future use.
New Intake Date	Indicates the new or changed intake date. This field only applies when there is an existing intake. Must be a valid date in YYYYMMDD format.
RBHA Client ID	Optional 10-byte field reserved for an additional Client ID assigned specifically by the RBHA.
Primary Language	Optional three-byte field. If used, must contain a valid primary language code from the ISO 639-2 language code list. Spaces assumes English (ENG.)
Filler	Reserved for future use.

INTAKE FILE FORMAT

Daily download from DBHS to each RBHA containing intake recipient records that were added, changed or deleted during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
1	1	Filler			Char	1	Value: "
2	2	Transaction	*		Char	1	Indicates the record transaction type: A-Add, C-Change, O-Override
3	5	Filler			Char	3	Value: ","
6	7	RBHA-ID	*	*	Char	2	Identification number assigned to each RBHA
8	10	Filler			Char	3	Value: ","
11	20	Client-ID	**	*	Char	10	Client ID number assigned by CIS system.
21	23	Filler			Char	3	Value: ","
24	31	Intake-Date	*	*	Char	8	YYYYMMDD
32	34	Filler			Char	3	Value: ","
35	43	AHCCCS-ID	**		Char	9	Client identification number assigned by AHCCCS system.
44	46	Filler			Char	3	Value: ","
47	56	SSNO	**		Char	10	Social Security Number
57	59	Filler			Char	3	Value: ","
60	69	F-Nm	*		Char	10	First name
70	72	Filler			Char	3	Value: ","
73	73	M-Nm			Char	1	Middle initial
74	76	Filler			Char	3	Value: ","
77	91	L-Nm	*		Char	15	Last Name
92	94	Filler			Char	3	Value: ","
95	95	Intake-Type			Char	1	Valid values: A-Add, C-Change, O-Override
96	98	Filler			Char	3	Value: ","
99	106	DOB	*		Char	8	Date of birth. YYYYMMMDD
107	109	Filler			Char	3	Value: ","
110	110	Sex	*		Char	1	F-Female, M-Male
111	113	Filler			Char	3	Value: ","
114	115	Filler			Char	2	See table below for obsolete field descriptions.
116	118	Filler			Char	3	Value: ","
119	124	Filler			Char	6	See table below for obsolete field descriptions.

NOTES

1. File name: "**dintdXX.dayyyymmdd.nn**. (XX=RBHA ID.)
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

INTAKE FILE FORMAT

Daily download from DBHS to each RBHA containing intake recipient records that were added, changed or deleted during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
125	127	Filler			Char	3	Value: ","
128	152	Address-Line-1			Char	25	
153	155	Filler			Char	3	Value: ","
156	180	Address-Line-2			Char	25	
181	183	Filler			Char	3	Value: ","
184	203	City	*		Char	20	
204	206	Filler			Char	3	Value: ","
207	208	State	*		Char	2	
209	211	Filler			Char	3	Value: ","
212	220	Zip-Code	*		Char	9	
221	223	Filler			Char	3	Value: ","
224	224	Filler			Char	1	
225	227	Filler			Char	3	Value: ","
228	229	County-Residence	*		Char	2	
230	232	Filler			Char	3	Value: ","
233	240	Filler			Numeric	8(4.2)	See table below for obsolete field descriptions.
241	243	Filler			Char	3	Value: ","
244	247	Filler			Char	4	See table below for obsolete field descriptions.
248	250	Filler			Char	3	Value: ","
251	252	Med-Insurance-1	*		Char	2	
253	255	Filler			Char	3	Value: ","
256	257	Med-Insurance-2			Char	2	
258	260	Filler			Char	3	Value: ","
261	262	Med-Insurance-3			Char	2	
263	265	Filler			Char	3	Value: ","
266	267	Filler			Char	2	See table below for obsolete field descriptions.
268	270	Filler			Char	3	Value: ","
271	272	Filler			Char	2	See table below for obsolete field descriptions.
273	275	Filler			Char	3	Value: ","
276	277	Filler			Char	2	See table below for obsolete field descriptions.

NOTES

1. File name: "**dintdXX.dayyyymmdd.nn**. (XX=RBHA ID.)
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

INTAKE FILE FORMAT

Daily download from DBHS to each RBHA containing intake recipient records that were added, changed or deleted during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
278	280	Filler			Char	3	Value: ","
281	282	Filler			Char	2	See table below for obsolete field descriptions.
283	285	Filler			Char	3	Value: ","
286	287	Filler			Char	2	See table below for obsolete field descriptions.
288	290	Filler			Char	3	Value: ","
291	291	Marital-Stat	*		Char	1	
292	294	Filler			Char	3	Value: ","
295	297	Filler			Char	3	See table below for obsolete field descriptions.
298	300	Filler			Char	3	Value: ","
301	302	Educ			Char	2	Obsolete
303	305	Filler			Char	3	Value: ","
306	307	Payment-Source			Char	2	
308	310	Filler			Char	3	Value: ","
311	311	Filler			Char	1	See table below for obsolete field descriptions.
312	314	Filler			Char	3	Value: ","
315	315	Filler			Char	1	See table below for obsolete field descriptions.
316	318	Filler			Char	3	Value: ","
319	319	Filler			Char	1	See table below for obsolete field descriptions.
320	322	Filler			Char	3	Value: ","
323	323	Filler			Char	1	See table below for obsolete field descriptions.
324	326	Filler			Char	3	Value: ","
327	327	Filler			Char	1	See table below for obsolete field descriptions.
328	330	Filler			Char	3	Value: ","
331	331	Filler			Char	1	See table below for obsolete field descriptions.
332	334	Filler			Char	3	Value: ","
335	335	Filler			Char	1	See table below for obsolete field descriptions.
336	338	Filler			Char	3	Value: ","

NOTES

1. File name: "**dintdXX.dayyyymmdd.nn**. (XX=RBHA ID.)
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

INTAKE FILE FORMAT

Daily download from DBHS to each RBHA containing intake recipient records that were added, changed or deleted during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
339	339	Filler			Char	1	See table below for obsolete field descriptions.
340	342	Filler			Char	3	Value: ","
343	343	Filler			Char	1	See table below for obsolete field descriptions.
344	346	Filler			Char	3	Value: ","
347	348	Filler			Char	2	See table below for obsolete field descriptions.
349	351	Filler			Char	3	Value: ","
352	353	Filer			Char	2	See table below for obsolete field descriptions.
354	356	Filler			Char	3	Value: ","
357	361	Case-Mgr-ID			Char	5	
362	364	Filler			Char	3	Value: ","
365	372	Closure-Date			Char	8	YYYYMMDD
373	375	Filler			Char	3	Value: ","
376	383	Filler			Char	8	See table below for obsolete field descriptions.
384	386	Filler			Char	3	Value: ","
387	387	Filler			Char	1	See table below for obsolete field descriptions.
388	390	Filler			Char	3	Value: ","
391	391	Filler			Char	1	See table below for obsolete field descriptions.
392	394	Filler			Char	3	Value: ","
395	395	Filler			Char	1	See table below for obsolete field descriptions.
396	398	Filler			Char	3	Value: ","
399	399	Filler			Char	1	See table below for obsolete field descriptions.
400	402	Filler			Char	3	Value: ","
403	403	Filler			Char	1	See table below for obsolete field descriptions.
404	406	Filler			Char	3	Value: ","
407	414	EDS-Add-Date			Char	8	System update. YYYYMMDD
415	417	Filler			Char	3	Value: ","
418	425	EDS-Update-ID			Char	8	System update

NOTES

1. File name: "**dintdXX.dayyyymmdd.nn**. (XX=RBHA ID.)
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

INTAKE FILE FORMAT

Daily download from DBHS to each RBHA containing intake recipient records that were added, changed or deleted during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
426	428	Filler			Char	3	Value: ","
429	436	EDS-Update-Date			Char	8	System update. YYYYMMDD
437	439	Filler			Char	3	Value: ","
440	447	EDS-File-Date			Char	8	System update. YYYYMMDD
448	450	Filler			Char	3	Value: ","
451	451	Filler			Char	1	See table below for obsolete field descriptions.
452	454	Filler			Char	3	Value: ","
455	455	Incarc-Status			Char	1	Y or N
456	458	Filler			Char	3	Value: ","
459	466	CIS-Add-Date			Char	8	YYYYMMDD
467	469	Filler			Char	3	Value: ","
470	477	Change-Control-Date			Char	8	YYYYMMDD
478	480	Filler			Char	3	Value: ","
481	488	Change-Control-Pgm			Char	8	
489	491	Filler			Char	3	Value: ","
492	499	Change-Control-User-ID			Char	8	
500	502	Filler			Char	3	Value: ","
503	503	Withdrawal-Indicator			Char	1	
504	506	Filler			Char	3	Value: ","
507	516	RBHA-Client-ID			Char	10	
517	519	Filler			Char	3	Value: ","
520	522	Primary-Language			Char	3	
523	523	Filler			Char	1	Value: "

NOTES

1. File name: "**dintdXX.dayyyymmdd.nn**. (XX=RBHA ID.)
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

OBSOLETE FIELDS FROM INTAKE FILE FORMAT

These fields have been removed from the intake file layout and the data can be found in the demographic file. This is for historical reference only.

Record Location From	To	Column Name	Type	Size	Comment/Changes
114	115	Race	Char	2	Obsolete.
119	124	Health-Plan	Char	6	Obsolete
224	224	Veteran	Char	1	Obsolete. Y or N
233	240	Census-Tract	Numeric	8(4.2)	Obsolete. Decimal is included.
244	247	Census-Place	Char	4	Obsolete
266	267	Inc-Source-1	Char	2	Obsolete
271	272	Inc-Source-2	Char	2	Obsolete
276	277	Inc-Source-3	Char	2	Obsolete
281	282	Family-Size	Char	2	Obsolete
286	287	Income	Char	2	Obsolete
295	297	Days-Waiting-Treat	Char	3	Obsolete
311	311	Legal-Stat	Char	1	Obsolete
315	315	Other-Agency-1	Char	1	Obsolete
319	319	Other-Agency-2	Char	1	Obsolete
323	323	Other-Agency-3	Char	1	Obsolete
327	327	SMI-Flag	Char	1	Obsolete
331	331	SED-Flag	Char	1	Obsolete
335	335	IV-Drug-Flag	Char	1	Obsolete
339	339	Pregnant-Flag	Char	1	Obsolete
343	343	Woman-Dep-Flag	Char	1	Obsolete
347	348	DNHS-Handicap	Char	2	Obsolete
352	353	Referral	Char	2	Obsolete
376	383	Assess-Date	Char	8	Obsolete. YYYYMMDD
387	387	Assess-SMI-Flag	Char	1	Obsolete
391	391	Assess-SED-Flag	Char	1	Obsolete
395	395	Assess-IV-Drug-Flag	Char	1	Obsolete
399	399	Assess-Pregnant-Flag	Char	1	Obsolete
403	403	Assess-Woman-Dep-Flag	Char	1	Obsolete
451	451	Program-Ind	Char	1	Obsolete

HIPAA Implementation Version 8/1/2003

INTAKE FILE LAYOUT

Daily file of RBHA intake data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record

RECORD LOCATION FROM	TO	COLUMN NAME	REQ'D	TYPE	SIZE	JUSTIFY	FILLER	COMMENT/CHANGES
1	1	Record-Type	*	Char	1	Left	Space	Distinguishes header from data records.
2	2	Action-Code	*	Char	1	Left	Space	Indicates the record transaction type. Valid values: A – Add; C – Change; O – Override
3	4	RBHA-ID	*	Char	2	Right	Zeros	Contractor identification number. This is the RBHA responsible for payment. Valid values: 02- CBHA-GSA 2 (Effective 7/1/05) 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- CBHA-GSA 4 (Effective 7/1/05) 23- PGBHA 25- Pascua Yaqui 26- CPSA-GSA 5 27- CPSA-GSA 3
5	14	Client-ID	**	Char	10	Left	Spaces	Unique DBHS 10-digit identification number that identifies a client. This field is mandatory for an Action-Code of "C" (Change.)
15	22	Intake-Date	*	Numeric	8	None	Zeros	The date the client intake was completed. Must be less than or equal to the current date, YYYYMMDD, and a valid date.
23	32	SSNO	**	Char	10	Left	Spaces	Client's Social Security number. First nine digits are the SSN and the tenth digit is a SSN tiebreaker. When entered, all digits are required. Not required when available.
33	41	AHCCCS-ID	**	Char	9	Left	Space	Indicates the client's AHCCCS identifier. Required for Title XIX eligible clients.

NOTES

1. File names: "**uintkeXX.darbha**" and "**uintkeXX.dayyyymmdd.nn**. (XX=RBHA ID) use this file layout.
2. Data file returned to RBHAs after translation for audit purposes.
3. All alpha characters must be capitalized. This is a non-delimited file.
4. Record length: 260

HIPAA Implementation Version 8/1/2003

INTAKE FILE LAYOUT

Daily file of RBHA intake data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
42	49	DOB	*	Numeric	8	None	Zeros	Indicates the client's date of birth. YYYYMMDD and a valid date.
50	50	Sex	*	Char	1	Left	Space	Valid values: M = Male; F = Female
51	52	Filler	*	Char	2	Left	Space	Reserved for future use.
53	58	Filler		Char	6	Left	Space	Reserved for future use.
59	68	First-Name	*	Char	10	Left	Spaces	Client's first name.
69	69	Middle-Int		Char	1	Left	Spaces	Client's middle initial.
70	84	Last-Name	*	Char	15	Left	Spaces	Client's last name.
85	109	Address-Line-1	*	Char	25	Left	Space	Client's street address.
110	134	Address-Line-2		Char	25	Left	Space	Additional address space.
135	154	City	*	Char	20	Left	Space	City of client's address.
155	156	State	*	Char	2	Left	Space	State of client's address.
157	165	Zip-Code	*	Char	9	Left	Space	Zip code of client's address.
166	166	Filler	*	Char	1	Left	Space	Reserved for future use.
167	168	County-Residence	*	Char	2	Left	Space	County of client's address. Valid values: 01- Apache 03- Cochise 05- Coconino 07- Gila 09- Graham 11- G reenlee 12- La Paz 13- Maricopa 15- Mohave

NOTES

1. File names: "**uintkeXX.darbha**" and "**uintkeXX.dayyyymmdd.nn**. (XX=RBHA ID) use this file layout.
2. Data file returned to RBHAs after translation for audit purposes.
3. All alpha characters must be capitalized. This is a non-delimited file.
4. Record length: 260

HIPAA Implementation Version 8/1/2003

INTAKE FILE LAYOUT

Daily file of RBHA intake data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record

RECORD LOCATION FROM	TO	COLUMN NAME	REQ'D	TYPE	SIZE	JUSTIFY	FILLER	COMMENT/CHANGES
								17- Navajo 19- Pima 21- Pinal 23- Santa Cruz 25- Yavapai 27- Yuma 99- Out of State If this field is 99, the State field must not be 'AZ.'
169	179	Filler		Numeric	11	Left	Spaces	Reserved for future use.
180	180	Med-Insurance-1	*	Char	1	Left	Space	All three fields indicate that the client has other insurance coverage for medical benefits. The Primary Medical Insurance is required, while the secondary and tertiary codes are optional. Valid values: 1- Medicare 2- AHCCCS 3- Private (coverage provided entirely by the client.) 4- CHAMPUS/VA 5- Other (from an employee contribution plan provided by an employer.) 6- Blue Cross 7- HMO 9- None
181	181	Med-Insurance-2		Char	1	Left	Space	Optional field for use if client has secondary coverage.
182	182	Med-Insurance-3		Char	1	Left	Space	Optional field for use if client has tertiary coverage.
183	192	Filler		Char	10	Left	Spaces	Reserved for future use.
193	193	Marital-Status	*	Char	1	Left	Space	Indicates client's marital status. Valid values:

NOTES

1. File names: "**uintkeXX.darbha**" and "**uintkeXX.dayyyymmdd.nn**. (XX=RBHA ID) use this file layout.
2. Data file returned to RBHAs after translation for audit purposes.
3. All alpha characters must be capitalized. This is a non-delimited file.
4. Record length: 260

HIPAA Implementation Version 8/1/2003

INTAKE FILE LAYOUT

Daily file of RBHA intake data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record

RECORD LOCATION FROM	TO	COLUMN NAME	REQ'D	TYPE	SIZE	JUSTIFY	FILLER	COMMENT/CHANGES
								B – Registered domestic partner D – Divorced I – Single M – Married R – Unreported S – Separated U – Unmarried (prior status unknown) W – Widowed X – Legally separated
194	213	Filler		Char	20	Left	Spaces	Reserved for future use.
214	221	New-Intake-Date		Numeric	8	None	Zeros	Indicates the new or changed intake date. This field only applies when there is an existing intake. YYYYMMDD and a valid date.
222	231	RBHA-Client-ID		Char	10	Left	Spaces	This is an optional field reserved for an additional Client ID assigned specifically by the RBHA.
232	234	Primary-Language		Char	3	Left	Spaces	This is an optional field, which must be a valid primary language code (from the ISO 639-2 language code list) if not spaces. Spaces assumes English (ENG.)
235	260	Filler		Char	26	Left	Spaces	Reserved for future use.

NOTES

1. File names: "**uintkeXX.darbha**" and "**uintkeXX.dayyyymmdd.nn**. (XX=RBHA ID) use this file layout.
2. Data file returned to RBHAs after translation for audit purposes.
3. All alpha characters must be capitalized. This is a non-delimited file.
4. Record length: 260

HIPAA Implementation Version 8/1/2003

INTAKE FILE LAYOUT

Daily file of RBHA intake data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

Historical changes implemented:

DATE	CHANGE
11/13/03	Removed Client-Ethnicity code.
03/09/05	Added new RBHA IDs for CBHA-GSA 2 and CBHA-GSA 4, effective 7/1/05.

Intake Report Format – Daily download from DBHS to each RBHA reflecting counts for each of the programs processed in the intake preprocessor cycle

Example of Daily Intake (UINTKE) Report

```
H74471~001~CONTROL REPORT          ~********************~
H74471~002~RUN DATE/TIME           ~06/09/2003**18:11:55~
H74471~003~PROGRAM NAME            ~H74471              ~
H74471~004~PROGRAM DESCRIPTION     ~INTAKE SPLIT        ~
H74471~005~RBHA ID                 ~03                  ~
H74471~006~FILE NAME               ~INTKE               ~
H74471~007~************************~********************~
H74471~008~HEADER RECORDS READ     ~0000001             ~
H74471~009~DETAIL RECORDS READ     ~0000016             ~
H74471~010~TOTAL RECORDS READ      ~0000017             ~
H74471~011~CHG HEADER WRITTEN      ~0000000             ~
H74471~012~NON-CHG HEADER WRITTEN  ~0000001             ~
H74471~013~CHG DETAIL WRITTEN      ~0000000             ~
H74471~014~NON-CHG DETAIL WRITTEN  ~0000016             ~
H74471~015~ERROR MSG RECS WRITTEN  ~0000001             ~
H74471~016~REJECT RECS WRITTEN     ~0000000             ~
H74430~000~**********************************************~
H74430~000~                                            *~
H74430~000~* PROCESSING NON-ADJUSTMENTS *~
H74430~000~                                            *~
H74430~000~**********************************************~
H74430~001~CONTROL REPORT          ~********************~
H74430~002~RUN DATE/TIME           ~06/09/2003**18:11:56~
H74430~003~PROGRAM NAME            ~H74430              ~
H74430~004~PROGRAM DESCRIPTION     ~INTAKE EDITS        ~
H74430~005~RBHA ID                 ~03                  ~
H74430~006~FILE NAME               ~INTKE               ~
H74430~007~************************~********************~
H74430~008~INTAKE RECORDS READ     ~0000017             ~
H74430~009~INTK ACCEPT RECS WRITTEN ~0000016            ~
H74430~010~INTK ERR MSG RECS WRITTEN~0000003            ~
H74430~011~INTK REJECT RECS WRITTEN ~0000001            ~
H74435~001~CONTROL REPORT          ~********************~
H74435~002~RUN DATE/TIME           ~06/09/2003**18:11:57~
H74435~003~PROGRAM NAME            ~H74435              ~
H74435~004~PROGRAM DESCRIPTION     ~ASSIGN/VERIFY CLIENT~
H74435~005~RBHA ID                 ~03                  ~
H74435~006~FILE NAME               ~INTKE               ~
H74435~007~************************~********************~
H74435~008~SUMMARY:                ~********************~
H74435~009~HEADER RECORDS READ     ~0000001             ~
H74435~010~INTAKE RECORDS READ     ~0000015             ~
H74435~011~INTAKE RECORDS ACCEPTED ~0000015             ~
H74435~012~INTAKE RECORDS REJECTED ~0000000             ~
H74435~013~************************~********************~
H74435~014~DETAIL:                 ~********************~
H74435~015~READ:                   ~********************~
H74435~016~ADD RECS READ           ~0000015             ~
H74435~017~OVERRIDE RECS READ      ~0000000             ~
H74435~018~CHANGE RECS READ        ~0000000             ~
H74435~019~************************~********************~
H74435~020~ACCEPTED:               ~********************~
H74435~021~CLIENT ID MATCH         ~0000015             ~
```

Notes: (1) File name: “uintkeXX.ctCCYYMMDD.nn” (XX = RBHA ID).

```
H74435~022~AHCCCS ID MATCH          ~0000000            ~
H74435~023~FULL IDENTITY MATCH      ~0000000            ~
H74435~024~NEW IDS ASSIGNED         ~0000000            ~
H74435~025~PREV NEW ID USED         ~0000000            ~
H74435~026~CLIENT ID NOT BLANK-CHG  ~0000000            ~
H74435~027~*************************~********************~
H74435~028~REJECTED:                ~********************~
H74435~029~MULTIPLE CLIENT/AHCCCS ID~0000000            ~
H74435~030~DUP CLIENT-FULL IDENTITY ~0000000            ~
H74435~031~DUP CLIENT-PART IDENTITY ~0000000            ~
H74435~032~DISCREPANT DATA-CLIENT ID~0000000            ~
H74435~033~DISCREPANT DATA-AHCCCS ID~0000000            ~
H74435~034~CLIENT ID BLANK-CHG REC  ~0000000            ~
H74435~035~*************************~********************~
H74435~036~WRITTEN:                 ~********************~
H74435~037~HEADER RECORDS WRITTEN   ~0000001            ~
H74435~038~ACCEPTED RECS WRITTEN    ~0000015            ~
H74435~039~INTK ERR MSG RECS WRITTEN~0000000            ~
H74435~040~INTK REJECT RECS WRITTEN ~0000000            ~
H74435~041~ASSOC STATE RECS WRITTEN ~0000000            ~
H74437~001~CONTROL REPORT           ~********************~
H74437~002~RUN DATE/TIME            ~06/09/2003**18:11:59~
H74437~003~PROGRAM NAME             ~H74437             ~
H74437~004~PROGRAM DESCRIPTION      ~OVERLAPPING ENR    ~
H74437~005~RBHA ID                  ~03                 ~
H74437~006~FILE NAME                ~INTKE              ~
H74437~007~*************************~********************~
H74437~008~SUMMARY:                 ~********************~
H74437~009~HEADER RECORDS READ      ~0000001            ~
H74437~010~DETAIL RECORDS READ      ~0000015            ~
H74437~011~TOTAL RECORDS READ       ~0000016            ~
H74437~012~RECYCLED CLOSURES READ   ~0000000            ~
H74437~013~INTAKE RECORDS ACCEPTED  ~0000015            ~
H74437~014~INTAKE RECORDS REJECTED  ~0000000            ~
H74437~015~*************************~********************~
H74437~016~DETAIL:                  ~********************~
H74437~017~READ:                    ~********************~
H74437~018~SKIP OVERLAP RECS READ   ~0000000            ~
H74437~019~PROCESS OVERLAP RECS READ~0000015            ~
H74437~020~*************************~********************~
H74437~021~ACCEPTED:                ~********************~
H74437~022~SKIP OVERLAP RECS READ   ~0000000            ~
H74437~023~NON-OVERLAP INTAKES      ~0000015            ~
H74437~024~*************************~********************~
H74437~025~REJECTED:                ~********************~
H74437~026~OVERLAPS ACTIVE ENR      ~0000000            ~
H74437~027~OVERLAPS INACTIVE ENR    ~0000000            ~
H74437~028~OVERLAPS WITHIN FILE     ~0000000            ~
H74437~029~*************************~********************~
H74437~030~WRITTEN:                 ~********************~
H74437~031~HEADER RECS DROPPED      ~0000001            ~
H74437~032~ACCEPTED RECS WRITTEN    ~0000015            ~
H74437~033~INTK ERR MSG RECS WRITTEN~0000000            ~
H74437~034~INTK REJECT RECS WRITTEN ~0000000            ~
H74437~035~ASSOC STATE RECS WRITTEN ~0000000            ~
```

Notes: (1) File name: “uintkeXX.ctCCYYMMDD.nn” (XX = RBHA ID).

INTAKE ERROR FILE FORMAT (UINTKE)

Daily download from DBHS to each RBHA containing intake errors that were identified during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
The following fields are common to all records in this file:					
1	2	Program-Code	Char	2	Indicates the DBHS process that identified the error (will be either "CI" or "CO".)
3	3	Filler	Char	1	Value: ~
4	9	Sequence-Nbr	Char	6	All records for the same intake will share the same sequence number in this file. There should always be an E record and one or more R and S records.
10	10	Filler	Char	1	Value: ~
11	11	Record-Type	Char	1	Indicates the remaining format of the record. Each record will contain only the above three fields and either the E, R or S field set. E=Error Message Description R=Data from RBHA S=Data from State
12	12	Filler	Char	1	Value: ~
The following are "E" record fields, which follow the common fields above:					
13	16	Message-ID	Char	4	
17	17	Filler	Char	1	Value: ~
18	97	Message-Text	Char	80	
98	98	Filler	Char	1	Value: ~
99	188	Filler	Char	90	
The following are "R" record fields, which follow the common fields above:					
13	22	Client-ID	Char	10	
23	23	Filler	Char	1	Value: ~
24	31	Intake-Date	Char	8	YYYYMMDD
32	32	Filler	Char	1	Value: ~
33	41	AHCCCS-ID	Char	9	
42	42	Filler	Char	1	Value: ~
43	52	SSNO	Char	10	
53	53	Filler	Char	1	Value: ~
54	63	First-Name	Char	10	
64	64	Filler	Char	1	Value: ~
65	65	Middle-Init	Char	1	
66	66	Filler	Char	1	Value: ~

NOTES

(1) File name: "**uintkeXX.eryyyymmdd.nn**. (XX=RBHA ID.)
(2) File is tilde-delimited (~) between each field (does not use commas around each field.)
(3) Defaults: Character fields will have spaces.
(4) Record length: 188.

INTAKE ERROR FILE FORMAT (UINTKE)

Daily download from DBHS to each RBHA containing intake errors that were identified during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
67	81	Last-Name	Char	15	
82	82	Filler	Char	1	Value: ~
83	90	Date-of-Birth	Char	8	YYYYMMDD
91	91	Filler	Char	1	Value: ~
92	92	Sex	Char	1	
93	93	Filler	Char	1	Value: ~
94	103	RBHA-Client-ID	Char	10	
104	104	Filler	Char	1	Value: ~
105	188	Filler	Char	84	
The following are "S" record fields, which follow the common fields above:					
13	22	Client-ID	Char	10	
23	23	Filler	Char	1	Value: ~
24	31	Intake-Date	Char	8	YYYYMMDD
32	32	Filler	Char	1	Value: ~
33	41	AHCCCS-ID	Char	9	
42	42	Filler	Char	1	Value: ~
43	52	SSNO	Char	10	
53	53	Filler	Char	1	Value: ~
54	63	First-Name	Char	10	
64	64	Filler	Char	1	Value: ~
65	65	Middle-Init	Char	1	
66	66	Filler	Char	1	Value: ~
67	81	Last-Name	Char	15	
82	82	Filler	Char	1	Value: ~
83	90	Date-of-Birth	Char	8	YYYYMMDD
91	91	Filler	Char	1	Value: ~
92	92	Sex	Char	1	
93	93	Filler	Char	1	Value: ~
94	95	Contractor-ID	Char	2	
96	96	Filler	Char	1	Value: ~
97	104	Closure-Date	Char	8	YYYYMMDD
105	105	Filler	Char	1	Value: ~
106	130	Address-Line-1	Char	25	
131	131	Filler	Char	1	Value: ~

NOTES

(1) File name: "**uintkeXX.eryyyymmdd.nn**. (XX=RBHA ID.)
(2) File is tilde-delimited (~) between each field (does not use commas around each field.)
(3) Defaults: Character fields will have spaces.
(4) Record length: 188.

INTAKE ERROR FILE FORMAT (UINTKE)

Daily download from DBHS to each RBHA containing intake errors that were identified during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
132	156	Address-Line-2	Char	25	
157	157	Filler	Char	1	Value: ~
158	177	City	Char	20	
178	178	Filler	Char	1	Value: ~
179	187	Zip-Code	Char	9	9-digit Zip. If only first five digits present, field will be left justified with four trailing spaces.
188	188	Filler	Char	1	Value: ~

NOTES

(1) File name: "**uintkeXX.eryyyymmdd.nn**. (XX=RBHA ID.)
(2) File is tilde-delimited (~) between each field (does not use commas around each field.)
(3) Defaults: Character fields will have spaces.
(4) Record length: 188.

INTAKE ERROR FILE LAYOUT (UINTED)

Daily download from DBHS to each RBHA containing intake errors that were identified during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
The following fields are common to all records in this file:					
1	2	Program-Code	Char	2	Indicates the DBHS process that identified the error (will be either spaces when the record is the file header or IE for all others.)
3	3	Filler	Char	1	Value: ~
4	9	Sequence-Nbr	Char	6	All records for the same intake will share the same sequence number in this file. There should always be one or more E records and one R record.
10	10	Filler	Char	1	Value: ~
11	11	Record-Type	Char	1	Indicates the remaining format of the record. Each record will contain only the above three fields and either the E, R or S field set. E=Error Message Description R=Errors in data from RBHA
12	12	Filler	Char	1	Value: ~
The following are "E" record fields, which follow the common fields above:					
13	14	Error-Type	Char	2	
15	15	Filler	Char	1	Value: ~
16	45	Error-Field-Name	Char	30	
46	46	Filler	Char	1	Value: ~
47	66	Errored-Date	Char	20	
67	67	Filler	Char	1	Value: ~
68	71	Message-ID	Char	4	
72	72	Filler	Char	1	Value: ~
73	152	Message-Text	Char	80	
153	153	Filler	Char	1	Value: ~
154	188	Filler	Char	35	
The following are "R" record fields, which follow the common fields above:					
13	22	Client-ID	Char	10	
23	23	Filler	Char	1	Value: ~
24	31	Intake-Date	Char	8	YYYYMMDD
32	32	Filler	Char	1	Value: ~
33	41	AHCCCS-ID	Char	9	
42	42	Filler	Char	1	Value: ~

NOTES

(1) File name: "**uintedXX.eryyyymmdd.nn**. (XX=RBHA ID.)
(2) File is tilde-delimited(~) between each field (does not use commas around each field.)
(3) Defaults: Character fields will have spaces.
(4) Record length: 188.

INTAKE ERROR FILE LAYOUT (UINTED)

Daily download from DBHS to each RBHA containing intake errors that were identified during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
43	52	SSNO	Char	10	
53	53	Filler	Char	1	Value: ~
54	63	First-Name	Char	10	
64	64	Filler	Char	1	Value: ~
65	65	Middle-Init	Char	1	
66	66	Filler	Char	1	Value: ~
67	81	Last-Name	Char	15	
82	82	Filler	Char	1	Value: ~
83	90	Date-of-Birth	Char	8	YYYYMMDD
91	91	Filler	Char	1	Value: ~
92	92	Sex	Char	1	
93	93	Filler	Char	1	Value: ~
94	103	RBHA-Client-ID	Char	10	
104	104	Filler	Char	1	Value: ~
105	188	Filler	Char	84	

NOTES

(1) File name: "**uintedXX.eryyyymmdd.nn**. (XX=RBHA ID.)
(2) File is tilde-delimited(~) between each field (does not use commas around each field.)
(3) Defaults: Character fields will have spaces.
(4) Record length: 188.

DBHS INTAKE PRE-PROCESSOR EDITS

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables) (**Indicate multiple Error Field)
1.	RBHA-ID	F2	RBHA-ID on data record is missing.	F13	RBHA-ID on data record is required.
2.	RBHA-ID	F2	RBHA-ID on data record is invalid.	F14	*RBHA-ID must be: 02 – Cenpatico GSA 2 03 – EXCEL 08 – ValueOptions 11 – Gila River Indian Tribe 14 – Navajo Nation 15 – NARBHA 22 – Cenpatico GSA 4 23 – PGBHA 25 – Pascua Yaqui 26 – CPSA GSA 5 27 – CPSA GSA 3
3.	RBHA-ID / RBHA-ID	F2	RBHA-ID on data record does not match RBHA-ID on File Header record.	F15	RBHA-ID on data record must match RBHA-ID on File Header record.
4.	Action-Code	F2	Action-Code is missing.	F16	Action-Code is required.
5.	Action-Code	F2	Action-Code is invalid.	F17	Action-Code must be: A – Add C – Change O – Override
6.	Client-ID / Action-Code	F2	Client-ID is missing for an Action-Code of “C”.	F18	Client-ID is required when the Action-Code is “C”.
7.	Intake-Date	F2	Intake-Date is missing.	F19	Intake-Date is required.
8.	Intake-Date	F2	Intake-Date is not a valid date.	F20	Intake-Date must be a valid date. Format CCYYMMDD.
9.	Intake-Date, New-Intake-Date	F2	Future intake not allowed	F38	Intake dates or new intake dates (intake date changes) may not be a future date.
10.	Transfer-Record-Count	NF	Transfer-Record-Count does not equal records transferred	N02	Transfer-Record-Count must equal records transferred.
11.	Record-Type	NF	Record-Type on data record is not blank.	N04	Record-Type on data header must be blank.
12.	Address-Line-1	NF	Address-Line-1 is missing.	N06	Address-Line-1 is required.
13.	City	NF	City is missing.	N10	City is required.
14.	Client-ID / Action-Code	NF	Client-ID is not blank & Action-Code is “O”.	N13	Client-ID must be blank when the Action-Code is “O”.
15.	County-Residence	NF	County-Residence is missing.	N14	County-Residence is required.

NOTES

1. **F1** – Fatal **file** error, entire **file** will be rejected.
2. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
3. **NF –** Non-Fatal, remaining edits will be performed and the record rejected.

DBHS INTAKE PRE-PROCESSOR EDITS

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables) (**Indicate multiple Error Field)
16.	County-Residence	NF	County-Residence is not valid.	N15	County-Residence must be: 01- Apache 03- Cochise 05- Coconino 07- Gila 09- Graham 11- Greenlee 12- La Paz 13- Maricopa 15- Mohave 17- Navajo 19- Pima 21- Pinal 23- Santa Cruz 25- Yavapai 27- Yuma 99- Out of state
17.	County-Residence / State	NF	County-Residence and State are not compatible.	N20	When County-Residence is 16, State may not be “AZ”
18.	DOB	NF	DOB is missing.	N23	DOB is required.
19.	DOB	NF	DOB is not a valid date.	N24	DOB must be a valid date. Format YYYYMMDD.
20.	First-Name	NF	First-Name is missing.	N30	First-Name is required.
21.	Last-Name	NF	Last-Name is missing.	N38	Last-Name is required.
22.	Marital-Status	NF	Marital-Status is missing.	N41	Marital-Status is required.
23.	Marital-Status	NF	Marital-Status is not valid.	N42	Marital-Status must be: B- Registered Domestic Partner D- Divorced I- Single M- Married R- Unreported S- Separated U- Unmarried (prior status unknown) W- Widowed X- Legally separated
24.	Med-Insurance-1	NF	Med-Insurance-1 is missing.	N43	Med-Insurance-1 is required.

NOTES

1. **F1** – Fatal **file** error, entire **file** will be rejected.
2. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
3. **NF –** Non-Fatal, remaining edits will be performed and the record rejected.

DBHS INTAKE PRE-PROCESSOR EDITS

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables) (**Indicate multiple Error Field)
25.	Med-Insurance-1	NF	Med-Insurance-1 is not valid.	N44	Med-Insurance- (1,2,3) must be: 1- Medicare 2- AHCCCS 3- Private (coverage provided entirely by client) 4- CHAMPUS/VA 5- Other (defined as from an employee contribution plan provided by an employer) 6- Blue Cross 7- HMO 9- None
26.	Med-Insurance-2	NF	Med-Insurance-2 is not valid.	N45	See Med-Insurance-(1,2,3)
27.	Med-Insurance-3	NF	Med-Insurance-3 is not valid.	N46	See Med-Insurance-(1,2,3)
28.	New-Intake-Date / Action-Code	NF	New-Intake-Date is present for Action-Code other than “C”	N48	New-Intake-Date must be blank for Action-Code of “A” or “O”
29.	New-Intake-Date / Client-ID / RBHA-ID / Action-Code	NF	New-Intake-Date, Client-ID & RBHA-ID combo exists on DB.	N49	**New-Intake-Date, Client-ID & RBHA-ID must NOT exist on DB.
30.	Sex	NF	Sex Code is missing.	N60	Sex is required.
31.	Sex	NF	Sex Code is not valid.	N61	Sex must be either “F” or “M”.
32.	State	NF	State is missing.	N64	State is required.
33.	Zip-Code	NF	Zip code is missing.	N69	Zip code is required.
34.	New-Intake-Date	NF	New-Intake-Date is not valid	N71	When present, New-Intake-Date must be a valid date. YYYYMMDD format.
35.	Client-ID & Intake-Date or SSNO, DOB, Sex, First-Name & Last-Name	NF	Duplicate Intake exists in file.	N72	Duplicate Client-ID & Intake-Date cannot exist in file. When Client-ID is blank, duplicate SSNO, DOB, Sex, First-Name & Last-Name cannot exist in the same file, except when Action is ‘O’.
36.	Client-ID	NF	No previous Intake exists for this Client-ID.	N76	A previous Intake must exist if the Client -ID field is filled in.
37.	AHCCCS-ID, First Name, Initial, Last Name and Sex fields.	NF	Field(s) must be in Upper Case	N77	Field(s) must be in Upper Case
38.	AHCCCS-ID	NF	Invalid AHCCCS-ID	N80	If AHCCCS-ID field contains data, it must contain nine characters (no spaces) and may not be all nines or zeros.
39.	SSNO	NF	Invalid SSN	N81	If SSN field contains data, it must contain nine characters, all numeric, and not all nines or zeros.
40.	AHCCCS-ID	NF	AHCCCS ID doesn’t match current intake.	N82	If the intake being submitted and most current intake (for any RBHA) in CIS both contain an AHCCCS ID, they must match.

NOTES

1. **F1** – Fatal **file** error, entire **file** will be rejected.
2. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
3. **NF –** Non-Fatal, remaining edits will be performed and the record rejected.

DBHS INTAKE PRE-PROCESSOR EDITS

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables) (**Indicate multiple Error Field)
41.	AHCCCS-ID	NF	AHCCCS ID match in CIS.	N83	Only intakes for clients not previously enrolled in CIS should be submitted without a client ID, therefore the AHCCCS ID should not match an AHCCCS ID on an intake already in the CIS database.
42.	RBHA-ID	NF	Database match not found.	N84	When submitting an intake change (action code C,) the Client -ID, Intake-Date and RBHA -ID must match those on the existing intake record in the CIS database.
43.	DOB/Gender	NF	DOB/Gender must match current intake.	N85	On all intakes being submitted with a client ID, the DOB and gender must match the most current intake (from any RBHA) in the CIS database.
44.	New-Intake-Date, Intake-Date, Closure-Date	NF	New intake date after closure.	N87	When changing an intake date, the corrected intake date cannot be after the intake closure date.
45.	Unit-of-Service, Allowable-Charge, Net-Paid, Special-Net-Value	NF	New intake date orphans encounters.	N88	When changing an intake date, the new intake date cannot cause encounters to be outside of the new date span.
46.	Intake-Date, Closure-Date, New-Intake-Date	NF	Overlaps existing enrollment.	N89	The intake date or new intake date being submitted cannot overlap another intake.
47.	First-Name, Last-Name, DOB	NF	Partial name/DOB match in CIS.	N90	Only intakes for clients not previously enrolled in CIS should be submitted without a client ID. If the system finds a partial match on name and DOB with a client already in the CIS database, it will reject the intake.
48.	SSNO	NF	SSN doesn't match current intake.	N91	If the intake being submitted and the most current intake (for any RBHA) in CIS both contain an SSN, the first nine digits of both SSNs must match.
49.	SSNO	NF	SSN match in CIS.	N92	Only intakes for clients not previously enrolled in CIS should be submitted without a client ID, therefore the SSN should not match the SSN on any intake already in the CIS database.
50.	Client-ID	NF	Secondary ID, no new intakes allowed.	N93	Must be submitted under Primary ID.
51.	DOB	NF	DOB cannot be a future date.	N94	Verify date of birth is not later than current date.
52.	DOB	NF	DOB cannot be greater than date of intake.	N95	Verify date of birth is not later than the intake date.
53.	DOB	NF	Age of client cannot be older than 110 at time of intake.	N96	Verify client's age is not greater than 110 at time of intake.
54.	AHCCCS ID	NF	Cannot Change AHCCCS ID to anything but Spaces.	N97	An existing AHCCCS ID can only be updated to Spaces.
55.	Primary-Language	NF	Primary language is invalid.	N187	Must be a valid primary language code, from the ISO 639-2 language code list, if not spaces. Spaces assumes English (ENG.)

NOTES

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3. **NF –** Non-Fatal, remaining edits will be performed and the record rejected.

DBHS INTAKE PRE-PROCESSOR EDITS

History of changes:

DATE	COMMENT
1/19/05	Added error messages N93, N94, N95 and N96.
5/23/05	Added error message N187; updated County codes to reflect current codes in use; moved error messages N05, N09, N36, N37, N47and N86 to the historical page, as they are no longer in use.
8/3/05	Added error message N97 "Cannot Change AHCCCS ID to anything but Spaces."

NOTES

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DBHS INTAKE PRE-PROCESSOR EDITS
NO LONGER IN USE
(HISTORICAL REFERENCE ONLY)

INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG	EDIT / VALIDATION RULE / DESCRIPTION	COMMENTS
File-Name	F1	File-Name on File Header is missing.	F01	File-Name on File Header is required.	
File-Name	F1	File-Name on File Header is invalid.	F02	File-Name on File Header must be “INTKE”	
RBHA-ID	F1	RBHA-ID on File Header is missing.	F04	RBHA-ID on File Header is required.	
RBHA-ID	F1	RBHA-ID on File Header is invalid.	F05	*RBHA-ID must be: 03 - EXCEL 08 - ValueOptions 11 - Gila River Indian Tribe 14 - Navajo Nation 15 - NARBHA 23 - PGBHA 25 - Pascua Yaqui 26 - CPSA Region 5 27 - CPSA Region 3	
Record-Type	F1	Record-Type on File Header is not “H”.	F06	Record-Type on File Header must be “H”.	
Record-Type	F1	Multiple File Header records exist for the same file.	F07	Only one File Header record is allowed for one file.	
Record-Type	F1	No File Header record was found on file.	F08	One File Header record is required per file.	
Transfer-Date	F1	Transfer-Date is missing.	F09	Transfer-Date on File Header is required.	
Transfer-Record-Count	F1	Transfer-Record-Count on File Header is missing.	F10	Transfer-Record-Count on File Header is required.	
Transfer-Record-Count	F1	Transfer-Record-Count is not numeric.	F11	Transfer-Record-Count on File Header must be numeric.	
Transfer-Time	F1	Transfer-Time is missing.	F12	Transfer-Time on File Header is required.	
Transfer-Date	NF	Transfer-Date is not a valid date.	N01	Transfer-Date on File Header must be a valid date. CCYYMMDD	
Transfer-Time	NF	Transfer-Time is not a valid time.	N03	Transfer-Time on File Header must be a valid date. HHMMSS	

NOTES

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DBHS INTAKE PRE-PROCESSOR EDITS
NO LONGER IN USE
(HISTORICAL REFERENCE ONLY)

Action-Code / Client-ID / Intake-Date / RBHA-ID	NF	Client-ID, Intake-Date and RBHA-ID combo does not exist.	N05	**When Action-Code is "C", the Client-ID, Intake-Date & RBHA-ID combo must exist on DB.	
AHCCCS-Health-Plan	NF	AHCCCS-Health-Plan is not valid.	N07	AHCCCS-Health-Plan must be: 003335 = Permanent FFS 010519 = AHCCCS Select 008690 = Temporary FFS 008715 = TPA 010009 = Comp. AHCCCS Plan 010025 = N. AZ Family 010083 = Maricopa Health Plan 010124 = Pima Health System 010158 = AP/IPA 010166 = DES/CMDP 010174 = Maricopa LTC 010497 = Health Choice of AZ 550005 = DES DD LTC VD 010515 = Az Health Concept 010497 = Health Choice of AZ 110007 = LTC DD DES 010182 = Pima LTC 010207 = SHS/Medical Care System 010281 = Graham Co. Doctors 010299 = Phoenix Health Plan 010306 = Mercy Care 010463 = Regional AHCCCS Plan 888886 = FFS LTC 999998 = ISH	Removed Valid Value Edit
AHCCCS-Health-Plan / AHCCCS-ID	NF	AHCCCS-Health-Plan is missing and AHCCCS-ID is present.	N08	AHCCCS-Health-Plan is required when AHCCCS-ID is present.	This edit removed 2001 per RBHA request, no AHCCCS impact
AHCCCS-ID / Action-Code	NF	AHCCCS-ID is not blank and Action-Code is "O".	N09	AHCCCS-ID must be blank when the Action-Code is "O".	
Client Ethnicity	NF	Client Ethnicity is missing.	N11	Client Ethnicity is required.	Removed 11/13/03
Client Ethnicity	NF	Client Ethnicity is not valid.	N12		Removed 11/13/03
County-Residence / Census-Place	NF	Census-Place is missing.	N16	Census-Place is required when County-Residence is "08" or "11"	PLUGGED
County-Residence / Census-Tract	NF	Census-Tract is missing.	N17	Census-Tract is required when County-Residence is "08" or "11"	PLUGGED

NOTES

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DBHS INTAKE PRE-PROCESSOR EDITS
NO LONGER IN USE
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Days-from-Referral	NF	Days-from-Referral is missing.	N21	Days-from-Referral is required.	PLUGGED
Days-from-Referral	NF	Days-from-Referral is not numeric.	N22	Days-from-Referral must be numeric.	PLUGGED
Education-Years	NF	Education-Years is missing.	N25	Education-Years is required.	PLUGGED
Education-Years	NF	Education-Years is not numeric.	N26	Education-Years must be numeric.	PLUGGED
Family-Size	NF	Family-Size is missing.	N27	Family-Size is required.	PLUGGED
Family-Size	NF	Family-Size must be greater than zero.	N28	Family-Size must be greater than zero.	PLUGGED
Income	NF	Income is missing.	N31	Income is required.	PLUGGED
Income-Source-1	NF	Income-Source-1 is missing.	N32	Income-Source-1 is required.	PLUGGED
Income-Source-1	NF	Income-Source-1 is not valid.	N33	Income-Source- (1,2,3) must be: 01 = No income 02 = Employment 03 = Retirement 04 = Family 05 = Unemployment Comp 06 = AFDC 07 = Food Stamps 08 = General Assistance 09 = Social Security 10 = SSDI 11 = SSI 12 = Veteran Comp. 13 = Other	PLUGGED
Income-Source-2	NF	Income-Source-2 is not valid.	N34	See Income-Source (1,2,3)	PLUGGED
Income-Source-3	NF	Income-Source-3 is not valid.	N35	See Income-Source (1,2,3)	PLUGGED
IV-Drug-Flag	NF	IV-Drug-Flag is missing.	N36	IV-Drug-Flag is required.	
IV-Drug-Flag	NF	IV-Drug-Flag is not valid.	N37	IV-Drug-Flag must be “Y” or “N”	
Legal-Status	NF	Legal-Status is missing.	N39	Legal-Status is required.	PLUGGED

NOTES

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DBHS INTAKE PRE-PROCESSOR EDITS
NO LONGER IN USE
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Legal-Status	NF	Legal-Status is not valid.	N40	Legal-Status must be: 1 = Voluntary *2 = Involuntary Civil Evaluation (removed)* *3 = Involuntary Civil Treatment (removed)* *4 = Involuntary Criminal Evaluation (removed* *5 = Involuntary Criminal Treatment (removed* *6 = Emergency (description modified)* 6 = Civil Court Order 7 = DUI Court Order 8 = Other Criminal Court Order	PLUGGED
New-Intake-Date	NF	New-Intake-Date invalidates existing encounters.	N47	New-Intake-Date must not invalidate any existing encounters for that RBHA.	
Other-Agency (1-3)	NF	Other-Agency is not valid.	N50	Other-Agency must be: 1 = DES/ACY 2 = DES/DD 3 = ADYTR 4 = AOC/JC 5 = ADE/HODGES 6 = DES/DVR 7 = ADOC	PLUGGED for Other-Agency 2 & 3
Payment-Source-TPL	NF	Payment-Source-TPL is not valid.	N51	Payment-Source-TPL must be: 01 = Self Pay 02 = Medicare 03 = Other Government 04 = Other Insurance 09 = Other	
Pregnant-Flag	NF	Pregnant-Flag is missing.	N52	Pregnant-Flag is required.	
Pregnant-Flag	NF	Pregnant-Flag is not valid.	N53	Pregnant-Flag must be “Y” or “N”	
Program-Ind	NF	Program-Ind is missing.	N54	Program-Ind is required.	
Program-Ind	NF	Program-Ind is not valid.	N55	Program-Ind must be: M = Adult Mental Health Services A = Alcohol Abuse Treatment D = Drug Abuse Treatment S = SMI Services C = Children’s Services V = Domestic Violence P = Prevention	
Referral-Into-System	NF	Referral-Into-System is missing.	N56	Referral-Into-System is required.	

NOTES

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DBHS INTAKE PRE-PROCESSOR EDITS
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Referral-Into-System	NF	Referral-Into-System is not valid.	N57	Referral-Into-System must be: 01 = Self, Family, Friend *02 = Arizona State Hospital (removed)* 03 = Behavioral Health Provider *04 = Alcohol Abuse Agency (removed)* *05 = Drug Abuse Agency (removed)* 06 = Social Service Agency 07 = School/ADE 08 = Employer *09 = Clergy(removed)* *10 = Private Psychiatric Facility(removed)* 11 = General Medical Provider *12 = Private Therapist(removed)* *13 = HMO(removed)* 14 = Shelter for Homeless 15 = Veterans Administration 16 = Indian Health Service *17 = Court Order DWI (removed)* 18 = AOC/JPO 19 = Other 20 = ADOC - AZ Department of Corrections ***(See Comments for additional valid values)***	***Additional Valid Values*** *21 = Military (removed)* 22 = DES/ACYF - Department of Economic Security *23 = Juvenile Probation Office (includes child protective services) (removed)* *24 = General Medical/Surgical Hospital (non-psychiatric) (removed)* *25=Department of Education (removed)* 26 = Adult Probation/Court *27 = County Hospital or Regional medical Center (psychiatric) (removed)* *28 = Formal Adjudication non-State/ Federal(removed)* *29 = Other legal Organization(removed)* *30 = Diversionary Program/TASC(removed)* 31 = Nursing Home 32 = DES/DD 33 = DES/DVR 34 = ADJC
SED-Flag	NF	SED-Flag is missing.	N58	SED-Flag is required.	
SED-Flag	NF	SED-Flag is not valid.	N59	SED-Flag must be “Y” or “N”	
SMI-Flag	NF	SMI-Flag is missing.	N62	SMI-Flag is required.	
SMI-Flag	NF	SMI-Flag is not valid.	N63	SMI-Flag must be “Y” or “N”	
Veteran-Status	NF	Veteran-Status is missing.	N65	Veteran-Status is required.	Plugged
Veteran-Status	NF	Veteran-Status is not valid.	N66	Veteran-Status must be a “Y” or “N”.	Plugged
Woman-Dep-Flag	NF	Woman-Dep-Flag is missing.	N67	Woman-Dep-Flag is required.	
Woman-Dep-Flag	NF	Woman-Dep-Flag is not valid.	N68	Woman-Dep-Flag must be “Y” or “N”	
Income	NF	Income is not numeric	N70	Income must be numeric.	PLUGGED
Census-Tract	NF	Census-Tract is not numeric	N73	Census-Tract must be numeric	Plugged
SMI-Flag, SED-Flag	NF	Both SMI and SED flags cannot be ‘Y’	N75	Either SMI-Flag or SED-Flag must be ‘Y’ or both ‘N’	
Client-ID	NF	Duplicate intake on submission file.	N86	Only one intake action, “A” or “O”, for the same client ID may be submitted on the same intake file.	

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INTAKE RESYNC FILE FORMAT

On-demand download file produced as a result of an intake resync request to DBHS for one RBHA.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
1	1	Filler			Char	1	Value: "
2	2	Transaction	*		Char	1	Indicates the record transaction type: A-Add, C-Change, O-Override
3	5	Filler			Char	3	Value: ","
6	7	RBHA-ID	*	*	Char	2	Identification number assigned to each RBHA
8	10	Filler			Char	3	Value: ","
11	20	Client-ID	**	*	Char	10	Client ID number assigned by CIS system.
21	23	Filler			Char	3	Value: ","
24	31	Intake-Date	*	*	Char	8	YYYYMMDD
32	34	Filler			Char	3	Value: ","
35	43	AHCCCS-ID	**		Char	9	Client identification number assigned by AHCCCS system.
44	46	Filler			Char	3	Value: ","
47	56	SSNO	**		Char	10	Social Security Number
57	59	Filler			Char	3	Value: ","
60	69	F-Nm	*		Char	10	First name
70	72	Filler			Char	3	Value: ","
73	73	M-Nm			Char	1	Middle initial
74	76	Filler			Char	3	Value: ","
77	91	L-Nm	*		Char	15	Last Name
92	94	Filler			Char	3	Value: ","
95	95	Intake-Type			Char	1	Valid values: A-Add, C-Change, O-Override
96	98	Filler			Char	3	Value: ","
99	106	DOB	*		Char	8	Date of birth. YYYYMMMDD
107	109	Filler			Char	3	Value: ","
110	110	Sex	*		Char	1	F-Female, M-Male
111	113	Filler			Char	3	Value: ","
114	115	Filler			Char	2	See table below for obsolete field descriptions.
116	118	Filler			Char	3	Value: ","
119	124	Filler			Char	6	See table below for obsolete

NOTES

1. File name: **"h74212Xx.outYYYYMMDD,"** (XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

INTAKE RESYNC FILE FORMAT

On-demand download file produced as a result of an intake resync request to DBHS for one RBHA.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
							field descriptions.
125	127	Filler			Char	3	Value: ","
128	152	Address-Line-1			Char	25	
153	155	Filler			Char	3	Value: ","
156	180	Address-Line-2			Char	25	
181	183	Filler			Char	3	Value: ","
184	203	City	*		Char	20	
204	206	Filler			Char	3	Value: ","
207	208	State	*		Char	2	
209	211	Filler			Char	3	Value: ","
212	220	Zip-Code	*		Char	9	
221	223	Filler			Char	3	Value: ","
224	224	Filler			Char	1	
225	227	Filler			Char	3	Value: ","
228	229	County-Residence	*		Char	2	
230	232	Filler			Char	3	Value: ","
233	240	Filler			Numeric	8(4.2)	See table below for obsolete field descriptions.
241	243	Filler			Char	3	Value: ","
244	247	Filler			Char	4	See table below for obsolete field descriptions.
248	250	Filler			Char	3	Value: ","
251	252	Med-Insurance-1	*		Char	2	
253	255	Filler			Char	3	Value: ","
256	257	Med-Insurance-2			Char	2	
258	260	Filler			Char	3	Value: ","
261	262	Med-Insurance-3			Char	2	
263	265	Filler			Char	3	Value: ","
266	267	Filler			Char	2	See table below for obsolete field descriptions.
268	270	Filler			Char	3	Value: ","
271	272	Filler			Char	2	See table below for obsolete field descriptions.
273	275	Filler			Char	3	Value: ","

NOTES

1. File name: **"h74212Xx.outYYYYMMDD,"** (XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

INTAKE RESYNC FILE FORMAT

On-demand download file produced as a result of an intake resync request to DBHS for one RBHA.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
276	277	Filler			Char	2	See table below for obsolete field descriptions.
278	280	Filler			Char	3	Value: “,”
281	282	Filler			Char	2	See table below for obsolete field descriptions.
283	285	Filler			Char	3	Value: “,”
286	287	Filler			Char	2	See table below for obsolete field descriptions.
288	290	Filler			Char	3	Value: “,”
291	291	Marital-Stat	*		Char	1	
292	294	Filler			Char	3	Value: “,”
295	297	Filler			Char	3	See table below for obsolete field descriptions.
298	300	Filler			Char	3	Value: “,”
301	302	Educ			Char	2	Obsolete
303	305	Filler			Char	3	Value: “,”
306	307	Payment-Source			Char	2	
308	310	Filler			Char	3	Value: “,”
311	311	Filler			Char	1	See table below for obsolete field descriptions.
312	314	Filler			Char	3	Value: “,”
315	315	Filler			Char	1	See table below for obsolete field descriptions.
316	318	Filler			Char	3	Value: “,”
319	319	Filler			Char	1	See table below for obsolete field descriptions.
320	322	Filler			Char	3	Value: “,”
323	323	Filler			Char	1	See table below for obsolete field descriptions.
324	326	Filler			Char	3	Value: “,”
327	327	Filler			Char	1	See table below for obsolete field descriptions.
328	330	Filler			Char	3	Value: “,”
331	331	Filler			Char	1	See table below for obsolete field descriptions.
332	334	Filler			Char	3	Value: “,”

NOTES

1. File name: **“h74212Xx.outYYYYMMDD,”** (XX=RBHA ID), which is placed in the requesting RBHA’s directory.
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req’d field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

INTAKE RESYNC FILE FORMAT

On-demand download file produced as a result of an intake resync request to DBHS for one RBHA.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
335	335	Filler			Char	1	See table below for obsolete field descriptions.
336	338	Filler			Char	3	Value: ","
339	339	Filler			Char	1	See table below for obsolete field descriptions.
340	342	Filler			Char	3	Value: ","
343	343	Filler			Char	1	See table below for obsolete field descriptions.
344	346	Filler			Char	3	Value: ","
347	348	Filler			Char	2	See table below for obsolete field descriptions.
349	351	Filler			Char	3	Value: ","
352	353	Filer			Char	2	See table below for obsolete field descriptions.
354	356	Filler			Char	3	Value: ","
357	361	Case-Mgr-ID			Char	5	
362	364	Filler			Char	3	Value: ","
365	372	Closure-Date			Char	8	YYYYMMDD
373	375	Filler			Char	3	Value: ","
376	383	Filler			Char	8	See table below for obsolete field descriptions.
384	386	Filler			Char	3	Value: ","
387	387	Filler			Char	1	See table below for obsolete field descriptions.
388	390	Filler			Char	3	Value: ","
391	391	Filler			Char	1	See table below for obsolete field descriptions.
392	394	Filler			Char	3	Value: ","
395	395	Filler			Char	1	See table below for obsolete field descriptions.
396	398	Filler			Char	3	Value: ","
399	399	Filler			Char	1	See table below for obsolete field descriptions.
400	402	Filler			Char	3	Value: ","
403	403	Filler			Char	1	See table below for obsolete field descriptions.

NOTES

1. File name: **"h74212Xx.outYYYYMMDD,"** (XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

INTAKE RESYNC FILE FORMAT

On-demand download file produced as a result of an intake resync request to DBHS for one RBHA.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
404	406	Filler			Char	3	Value: ","
407	414	EDS-Add-Date			Char	8	System update. YYYYMMDD
415	417	Filler			Char	3	Value: ","
418	425	EDS-Update-ID			Char	8	System update
426	428	Filler			Char	3	Value: ","
429	436	EDS-Update-Date			Char	8	System update. YYYYMMDD
437	439	Filler			Char	3	Value: ","
440	447	EDS-File-Date			Char	8	System update. YYYYMMDD
448	450	Filler			Char	3	Value: ","
451	451	Filler			Char	1	See table below for obsolete field descriptions.
452	454	Filler			Char	3	Value: ","
455	455	Incarc-Status			Char	1	Y or N
456	458	Filler			Char	3	Value: ","
459	466	CIS-Add-Date			Char	8	YYYYMMDD
467	469	Filler			Char	3	Value: ","
470	477	Change-Control-Date			Char	8	YYYYMMDD
478	480	Filler			Char	3	Value: ","
481	488	Change-Control-Pgm			Char	8	
489	491	Filler			Char	3	Value: ","
492	499	Change-Control-User-ID			Char	8	
500	502	Filler			Char	3	Value: ","
503	503	Withdrawal-Indicator			Char	1	
504	506	Filler			Char	3	Value: ","
507	516	RBHA-Client-ID			Char	10	
517	519	Filler			Char	3	Value: ","
520	522	Primary-Language			Char	3	
523	523	Filler			Char	1	Value: "

NOTES

1. File name: **"h74212Xx.outYYYYMMDD,"** (XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. Defaults: numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
4. Record length: 523.

OBSOLETE FIELDS FROM INTAKE FILE FORMAT

These fields have been removed from the intake file layout and the data can be found in the demographic file. This is for historical reference only.

Record Location From	To	Column Name	Type	Size	Comment/Changes
114	115	Race	Char	2	Obsolete.
119	124	Health-Plan	Char	6	Obsolete
224	224	Veteran	Char	1	Obsolete. Y or N
233	240	Census-Tract	Numeric	8(4.2)	Obsolete. Decimal is included.
244	247	Census-Place	Char	4	Obsolete
266	267	Inc-Source-1	Char	2	Obsolete
271	272	Inc-Source-2	Char	2	Obsolete
276	277	Inc-Source-3	Char	2	Obsolete
281	282	Family-Size	Char	2	Obsolete
286	287	Income	Char	2	Obsolete
295	297	Days-Waiting-Treat	Char	3	Obsolete
311	311	Legal-Stat	Char	1	Obsolete
315	315	Other-Agency-1	Char	1	Obsolete
319	319	Other-Agency-2	Char	1	Obsolete
323	323	Other-Agency-3	Char	1	Obsolete
327	327	SMI-Flag	Char	1	Obsolete
331	331	SED-Flag	Char	1	Obsolete
335	335	IV-Drug-Flag	Char	1	Obsolete
339	339	Pregnant-Flag	Char	1	Obsolete
343	343	Woman-Dep-Flag	Char	1	Obsolete
347	348	DNHS-Handicap	Char	2	Obsolete
352	353	Referral	Char	2	Obsolete
376	383	Assess-Date	Char	8	Obsolete. YYYYMMDD
387	387	Assess-SMI-Flag	Char	1	Obsolete
391	391	Assess-SED-Flag	Char	1	Obsolete
395	395	Assess-IV-Drug-Flag	Char	1	Obsolete
399	399	Assess-Pregnant-Flag	Char	1	Obsolete
403	403	Assess-Woman-Dep-Flag	Char	1	Obsolete
451	451	Program-Ind	Char	1	Obsolete

HIPAA CLOSURE PROCESSING FLOW

Closures will be submitted in HIPAA 834 format using the guidelines provided by ADHS/DBHS. The input CLOSURE file name will be hclsrexx.hipaa ("xx" represents the two-digit RBHA number used by DBHS). This file will be sent to the DBHS server, which has individual locations for FTP transfers for each RBHA and a location called RBHA_Common for files that apply to all of the RBHAs. Transactions will be accepted for translation anytime up to the cutoff of 6:00 pm each workday.

During translation processing, any error will result in the complete file being rejected. Three files will be created: hclsrexx.yyyymmdd.hhmm.bad, which is the original file; hclsrexx.yyyymmdd.hhmm.997.bad, which is the EDI 997 error file and gives the reason for the errors; and hclsrexx.yyyymmdd.hhmm.errlog, which is the eVision error log. These three files will be returned to the DBHS server.

After translation two files will be created. The hclsrexx.hipaa file will be named uclsrexx.darbha, and is used internally by DBHS in the normal daily processing. The other file is hclsrexx.yyyymmdd.hhmm.997.good, which will be returned to the DBHS server.

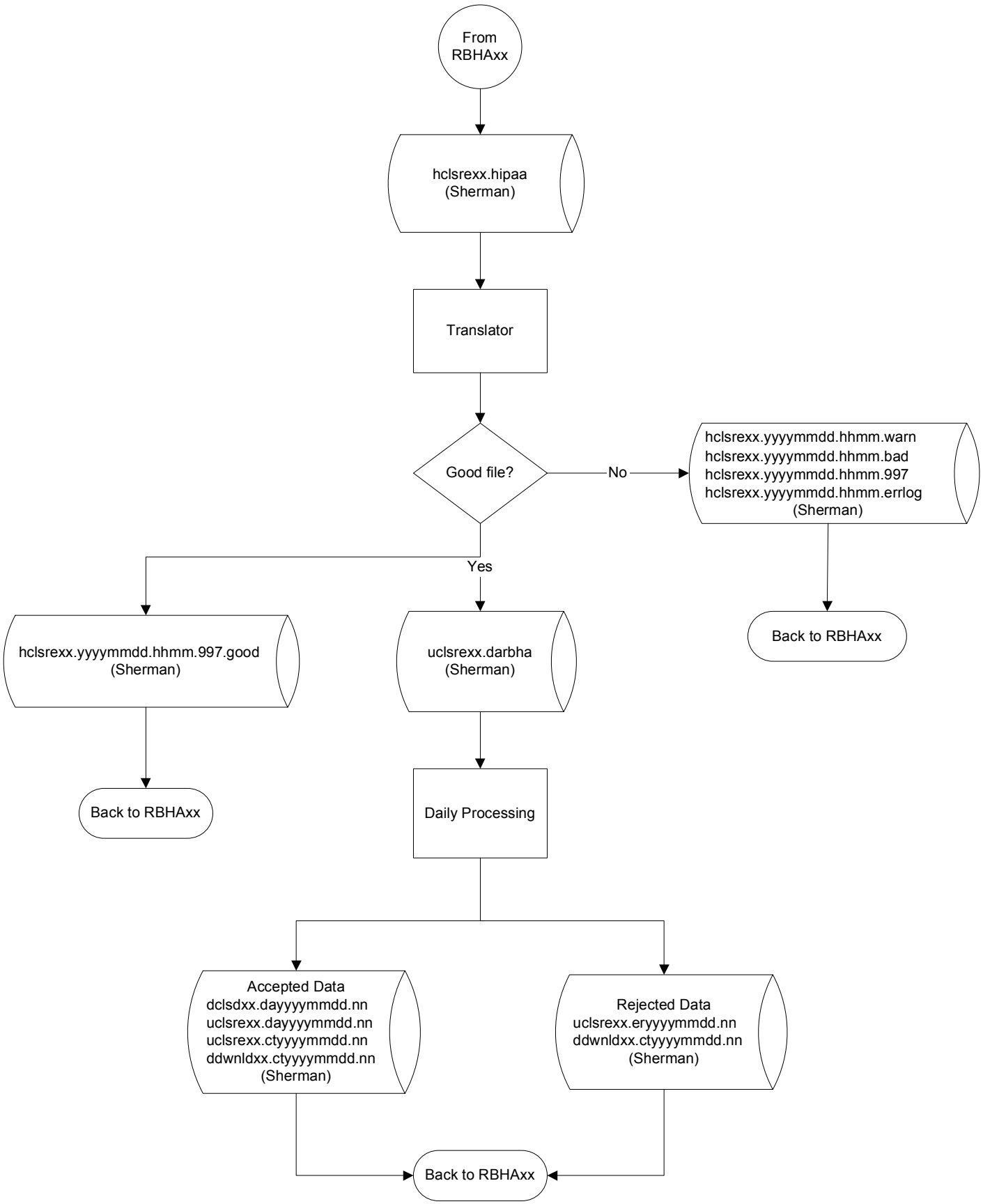
There are six data files created as a result of the normal daily processing: three of accepted data and one of rejected data; along with the Daily Download Activity Report, which is named ddwnldxx.ctyyyymmdd.nn. All of these files are provided to each RBHA via the DBHS server.

The accepted data file is named dclsdxx.dayyyymmdd.nn. After processing, the uclsrexx.darbha file is named uclsrexx.dayyyymmdd.nn. In addition to these files a report file is created, which is named uclsrexx.ctyyyymmdd.nn.

The rejected data file is named uclsrexx.eryyyymmdd.nn.

In the event a RBHA needs to have a file of all closure data that is reflected on the DBHS system, such as for purposes of reconciliation or because of processing problems, a "resync" file containing all clients with a closed status may be requested. The resync file will be named h74217xx.outyyyymmdd.

HIPAA (834)
RBHA CLOSURE FLOW



NOTE: Rbhaxx - xx=rbha id yyyymmdd.nn = process date

HCLOSURE.vsd

ELEMENT ID	SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
834-001	Transaction set Header	R	1			Transaction Set Identifier Code	R	ST01	143	M	ID	3	3	"834"		
834-002						Transaction Set Control Number	R	ST02	329	M	ID	4	9	Incremental Number		
834-003	Beginning Segment	R	1			Transaction Set Purpose Code	R	BGN01	353	M	ID	2	2	"00"		
834-004						Reference Identification	R	BGN02	127	M	AN	1	30	Originator Application Transaction Number		
834-005						Date	R	BGN03	373	M	DT	8	8	Transaction Set Create Date		
834-006						Time	R	BGN04	337	X	TM	4	8	Transaction Set Create Time		
834-007						Time Code	S	BGN05	623	O	ID	2	2			
834-008						Reference Identification	S	BGN06	127	O	AN	1	30			
834-009						Action Code	R	BGN08	306	O	ID	1	2	"2"		
834-012	File effective Date	S	>1			Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"007"		
834-013						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-014						Date Time Period	R	DTP03	1251	M	AN	1	35	CCYYMMDD (Process Date)		
834-015	Sponsor Name	R	1	1000A	1	Entity Identifier Code	R	N101	98	M	ID	2	3	"P5"		
834-016						Name	S	N102	93	X	AN	1	60	'Behavioral Health Services'		
834-017						Identification code Qualifier	R	N103	66	X	ID	1	2	"FI"		
834-018						Identification Code	R	N104	67	X	AN	2	80	"86-6004791"		
834-019	Payer	R	1	1000B	1	Entity Identifier Code	R	N101	98	M	ID	2	3	"IN"		
834-020						Name	S	N102	93	X	AN	1	60	RBHA Name (Used to look up RBHA Number)	RBHA-ID	Char(2)
834-021						Identification code Qualifier	R	N103	66	X	ID	1	2	"FI"		
834-022						Identification Code	R	N104	67	X	AN	2	80	RBHA's Federal Taxpayer's ID		
834-029	Member Level Detail	R	1	2000	>1	Response Code	R	INS01	1073	M	ID	1	1	"Y" = Subscriber		
834-030						Individual Relationship Code	R	INS02	1069	M	ID	2	2	"18" = Self		
834-031						Maintenance Type Code	R	INS03	875	O	ID	3	3	001=change 024=termination	Action_Code	Char(1)
834-032						Maintenance Reason Code	S	INS04	1203	O	ID	2	3	07=termination		
834-033						Benefit Status Code	R	INS05	1216	O	ID	1	1	"A" = active		
834-034						Medicare Plan Code	S	INS06	1218	O	ID	1	1			
834-035						CORBA Qualifying	S	INS07	1219	O	ID	1	2			
834-036						Employment Status Code	S	INS08	584	O	ID	2	2	"TE"	Terminated	
834-037						Student Status Code	S	INS09	1220	O	ID	2	2			
834-038						Handicap Indicator	S	INS10	1073	O	ID	2	2			
834-039						Date Time Period Format Qualifier	S	INS11	1250	X	ID	2	3			
834-040						Date Time Period	S	INS12	1251	X	AN	1	35			
834-041						Number	S	INS17	1470	O	N0	1	9			
834-042	Subscriber Number	R	1	2000	>1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"0F" (Numeric zero)		
834-043						Reference Identification	R	REF02	127	X	AN	1	30	RBHA Client_id	rbha_client_id	char(10)
834-048	Member Identitification Number	S	5	2000	>1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"23" = Client Number		
834-049						Reference Identification	R	REF02	127	X	AN	1	30	CIS Client ID	client_id	char(10)
834-052	Member Level Dates	S	20	2000	>1	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"356" = Intake Date		
834-053						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-054						Date Time Period	R	DTP03	1251	M	AN	1	35	Intake Date (CCYYMMDD)	Intake_date	/ Num(8)
834-052	Member Level Dates	S	20	2000	>1	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"357" = Closure Date		
834-053						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"D8"		
834-054						Date Time Period	R	DTP03	1251	M	AN	1	35	Closure Date (CCYYMMDD)	Closure_Date	/ Num(8)
834-055	Member Name	R	1	2100A	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"74"=Corrected Insured "IL"=Insured or Subscriber		
834-056						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"1"		
834-057						Name Last	R	NM103	1035	O	AN	1	35	Subscriber Last Name	Last_Name	15
834-058						Name First	R	NM104	1036	O	AN	1	25	Subscriber First Name	First_Name	Char(10)
834-059						Name Middle	S	NM105	1037	O	AN	1	25	Subscriber Middle Name	Middle_Int	Char(1)
834-060						Name Prefix	S	NM106	1038	O	AN	1	10			
834-061						Name suffix	S	NM107	1039	O	AN	1	10			
834-062						Identification code Qualifier	S	NM108	66	X	ID	1	2	"34" = Social Security Number		
834-063						Identification code	S	NM109	67	X	AN	2	80	SSN	ssno	Char(10)
834-071	Member Residence Street Address	S	1	2100A	1	Address Information	R	N301	166	M	AN	1	55	Address Line 1	Address_Line_1	Char(25)
834-072						Address Information	S	N302	166	O	AN	1	55	Address Line 2	Address_Line_1	Char(25)
834-073	Member Residence City, State, ZIP code	S	1	2100A	1	City Name	R	N401	19	O	AN	2	30	City	City	Char(20)
834-074						State or Province Code	R	N402	156	O	ID	2	2	State	State	Char(2)
834-075						Postal Code	R	N403	116	O	ID	3	15	Zip	Zip_Code	Char(9)
834-076						Country Code	S	N404	26	O	ID	2	3			
834-077						Location Qualifier	S	N405	309	X	ID	1	2	"CY" = County		
834-078						Location Identifier	S	N406	310	O	AN	1	30	County (Location Identification code)	County_Residence	Char(2)
834-079	Member demographics	S	1	2100A	1	Date Time Period format Qualifier	R	DMG01	1250	X	ID	2	3	"D8"		
834-080						Date Time Period	R	DMG02	1251	X	AN	1	35	Date of Birth (CCYYMMDD)	dob	Num(8)
834-081						Gender Code	R	DMG03	1068	O	ID	1	1	Sex	sex	char(1)
834-082						Marital Status Code	S	DMG04	1067	O	ID	1	1	Gap in codes available	Marital_status	char(1)
834-083						Race or Ethnicity Code	S	DMG05	1109	O	ID	1	1			

ELEMENT ID	SEGMENT NAME	R/S	Seg. Repeat	LOOP	Loop Repeat	ELEMENT NAME	R/S	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
834-084						Citizenship Status Code	S	DMG06	1066	O	ID	1	2			
834-287	Transaction Set Trailer	R	1			Number of Included Segments	R	SE01	96	M	N0	1	10	Transaction segment Count		
834-288						Transaction Set Control Number	R	SE02	329	M	AN	4	9	Identical to ST02		

Gray'ed elements are situational elements not used by BHS.

INPUT FIELD NAME:
Corresponding Field name is the Input flat files

INPUT FIELD SIZE:
Corresponding Field size in the input flat files

HIPAA 834 CLOSURE DATA DEFINITIONS

INTRODUCTION

ADHS/DBHS is pleased to present detailed instructions for completion and submission of data for the HIPAA-compliant ASC X12N 834 Benefit Enrollment and Maintenance Transaction Format. This system will be used in conjunction with the Client Information System (CIS) for collection, analysis and reporting of client information.

The data that must be submitted to CIS represents a minimum data set necessary for ADHS/DBHS to conduct its oversight and regulatory functions. RBHAs and providers are free to collect any other data necessary for efficient and effective operation.

To the extent possible, RBHAs are encouraged to use electronic screens and other automated processes to minimize provider burden. Ultimately, integration of these data requirements into the RBHA and provider clinical improvement process is anticipated.

CLOSURE DATA DEFINITIONS

*Items in **Bold** print have been modified or added.

FIELD NAME	DESCRIPTION
Record Type	Distinguishes header from data records. Valid value: H- Header record
RBHA ID	The Regional Behavioral Health Authority identification number, assigned by Behavioral Health Services. Two-byte field. Valid values: 02- CBHA GSA 2 (Effective 7/1/05) 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- CBHA GSA 4 (Effective 7/1/05) 23- PGBHA 25- Pascua Yaqui 26- CPSA GSA 5 27- CPSA GSA 3
File Name	Indicates the name of the file. Valid values: INTKE- Intake CLSRE- Closure PDMED- HCFA 1500 Encounter PDINP- UB 92 Encounter PDDRG- NCPDP Drug Encounter
Transfer Record Count	Indicates total record count for the file. Does not include Header record. (Obsolete)
Transfer Date	Date the file was produced for transfer. YYYYMMDD format.
Transfer Time	Time the file was produced for transfer. HHMMSS format, and a 24-hour clock.
Record Filler	Filler for the remainder of the fixed-length record.
Record Type	Distinguishes header from data records. Valid value: Space- Data record
Action Code	Indicates the record transaction type. Valid values: A- Add; C- Change
RBHA ID	See above for valid values.
Client ID	Ten-digit alphanumeric field, generated randomly by the CIS system. Demographic data cannot be submitted to CIS unless the client has a valid CIS-assigned Client ID.
Intake Date	Must be equal to or less than the date the file is processed. YYYYMMDD format.
Closure-Date	Date the client is closed out. A closure or movement may be dated the same as the intake.
Type Of Movement	Indicates the type of closure. Valid values: 1- Transfer 2- Closure with referral 3- Closure with no referral
Reason Of Movement	Reason for the closure. Valid values: **0- One-time consultation** 1- Treatment completed 2- Needs additional service

FIELD NAME	DESCRIPTION
	3- Closure against staff advice 4- Lack of contact **5- (Code not used)** 6- Incarceration 7- Death 8- Moved out of area **9- Inter-RBHA transfer** **R- BHS disenrollment**
Service Transfer	Indicates the type of entity of the transfer or referral when the closure has a Type Of Movement code 1 or 2. Leave blank if Type Of Movement is code 3. Valid values: 01- Arizona State Hospital 02- Mental health agency 03- Alcohol abuse agency 04- Drug abuse agency 05- Social service agency 06- School 07- EAP or business 08- Clergy 09- Private psychiatric facility 10- Private physician 11- Private therapist 12- Health maintenance organization 13- Homeless shelter 14- Veterans Administration 15- Indian Health Service 16- Other 20- Department of Corrections 21- Military 22- Department of Economic Security 23- Juvenile probation office (includes Child Protective Services) 24- General medical/surgical hospital (non-psychiatric) 25- Department of Education 26- Probation officer 27- County hospital or regional medical center (psychiatric) 28- Formal adjudication, non-state/federal 29- Other legal organization 30- Diversionary program/TASC 31- Nursing home/extended care organization
RBHA Client ID	Optional 10-byte field reserved for an additional Client ID assigned specifically by the RBHA.
Filler	Reserved.

CLOSURE FILE LAYOUT

Daily download from DBHS to each RBHA containing closure records that were added, changed or deleted during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
1	1	Filler			Char	1	Value: "
2	2	Transaction-Type	*		Char	1	Indicates the record transaction type: A=Add,C=Change,O=Override
3	5	Filler			Char	3	Value: ","
6	15	Client-ID	*	*	Char	10	
16	18	Filler			Char	3	Value: ","
19	20	RBHA-ID	*	*	Char	2	
21	23	Filler			Char	3	Value: ","
24	31	Intake-Date	*	*	Char	8	YYYYMMDD
32	34	Filler			Char	3	Value: ","
35	42	Event-Date	*		Char	8	YYYYMMDD
43	45	Filler			Char	3	Value: ","
46	46	Event-Type	*		Char	1	
47	49	Filler			Char	3	Value: ","
50	51	Event-Reason	*		Char	2	
52	54	Filler			Char	3	Value: ","
55	56	Provider-Type			Char	2	
57	59	Filler			Char	3	Value: ","
60	67	EDS-Add-Dt			Char	8	YYYYMMDD
68	70	Filler			Char	3	Value: ","
71	78	EDS-Update-Id			Char	8	YYYYMMDD
79	81	Filler			Char	3	Value: ","
82	89	EDS-Update-Dt			Date	8	YYYYMMMDD
90	92	Filler			Char	3	Value: ","
93	100	EDS-File-Dt			Char	8	
101	103	Filler			Char	3	Value: ","
104	111	CIS-Add-Date			Char	8	YYYYMMDD
112	114	Filler			Char	3	Value: ","
115	122	Change-Control-Date			Char	8	YYYYMMDD
123	125	Filler			Char	3	Value: ","
126	133	Change-Control-Pgm			Char	8	

NOTES

(1) File name: "**dclsdXX.dayyyymmdd.nn**. (XX=RBHA ID.)

(2) File is comma-delimited with quotes ("") surrounding each field. Character fields use null values. Record length: 158

CLOSURE FILE LAYOUT

Daily download from DBHS to each RBHA containing closure records that were added, changed or deleted during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
134	136	Filler			Char	3	Value: ","
137	144	Change-Control-User-Id			Char	8	
145	147	Filler			Char	3	Value: ","
148	157	RBHA-Client-Id			Char	10	
158	158	Filler			Char	1	Value: "

NOTES

(1) File name: "**dclsdXX.dayyyymmdd.nn**. (XX=RBHA ID.)

(2) File is comma-delimited with quotes ("") surrounding each field. Character fields use null values. Record length: 158

CLOSURE FILE LAYOUT

Daily file of RBHA closure data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Header Record

RECORD LOCATION FROM	TO	COLUMN NAME	REQ'D	TYPE	SIZE	JUSTIFY	FILLER	COMMENT/CHANGES
1	1	Record-Type	*	Char	1	Left	Space	Distinguishes header from data records. Valid value for a header record is H.
2	3	RBHA-ID	*	Char	2	Left	Zeros	Identifies RBHA submitting the file. Valid values: 02- CBHA-GSA 2 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- CBHA-GSA 4 23- PGBHA 25- Pascua Yaqui 26- CPSA -GSA 5 27- CPSA -GSA 3
4	8	File-Name	*	Char	5	Left	Spaces	Indicates the name of the file. Valid values: INTKE = Intake CLSRE = Closure PDMED = HCFA 1500 Encounter PDINP = UB 92 Encounter PDDRG = Drug Encounter
9	16	Transfer-Record-Count	*	Numeric	8	Right	Zeros	Indicates the total record count for the file. This does not include Header record.
17	24	Transfer-Date	*	Numeric	8	None	Zeros	Indicates the date the file was produced for transfer. YYYYMMDD, and a valid date.
25	30	Transfer-Time	*	Numeric	6	Right	Zeros	Indicates the time the file was produced for transfer. HHMMSS, and a 24-hour clock.
31	60	Record-Filler		Char	30	Left	Spaces	Filler for the remainder of the fixed-length record.

NOTES

1. File name: "**uclsreXX.darbha**" and "**uclsreXX.dayyyymmdd.nn**. (XX=RBHA ID) use this file layout. This is a non-delimited file.
2. Data file returned to RBHAs after translation for audit purposes.
3. All alpha characters must be capitalized. Place a CR-LF after the last byte of every record. Record length: 60
4. Items in bold have been added or modified.

CLOSURE FILE LAYOUT

Daily file of RBHA closure data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
1	1	Record-Type	*	Char	1	Left	Space	Distinguishes header from data records. Valid value for data records is a space.
2	2	Action-Code	*	Char	1	Left	Spaces	Indicates the record transaction type. Valid values: A = Add; C = Change
3	4	RBHA-ID	*	Char	2	Left	Zeros	Contractor identification number. Indicates the RBHA responsible for payment. Valid values: 02 – CBHA-GSA 2 03 – The EXCEL Group 08 – ValueOptions 11 – Gila River Indian Community 14 – Navajo Nation 15 – NARBHA 22 – CBHA-GSA 4 23 – PGBHA 25 – Pascua Yaqui 26 – CPSA-GSA 5 27 – CPSA-GSA 3
5	14	Client-ID	*	Char	10	Left	Spaces	Unique DBHS 10-digit identification number that identifies a client.
15	22	Intake-Date	*	Numeric	8	None	Zeros	Indicates the corresponding intake date for this closure. YYYYMMDD format.
23	30	Closure-Date	*	Numeric	8	None	Zeros	Indicates the date the client is closed out. A closure or movement may be dated the same as the intake.
31	31	Type-Of-Movement	*	Char	1	Left	Space	Type of closure. Valid values: 1- Transfer 2- Closure with referral 3- Closure with no referral
32	32	Reason-Of-Movement	*	Char	1	Left	Space	Indicates the reason for the closure. Valid values: **0- One-time consultation**

NOTES

1. File name: "**uclsreXX.darbha**" and "**uclsreXX.dayyyymmdd.nn**. (XX=RBHA ID) use this file layout. This is a non-delimited file.
2. Data file returned to RBHAs after translation for audit purposes.
3. All alpha characters must be capitalized. Place a CR-LF after the last byte of every record. Record length: 60
4. Items in bold have been added or modified.

CLOSURE FILE LAYOUT

Daily file of RBHA closure data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record

RECORD LOCATION FROM	TO	COLUMN NAME	REQ'D	TYPE	SIZE	JUSTIFY	FILLER	COMMENT/CHANGES
								1- Treatment completed 2- Needs additional service 3- Closure against staff advice 4- Lack of contact **5- (Not in use)** 6- Incarceration 7- Death 8- Moved out of area **9- Inter-RBHA transfer** **R- BHS Disenrollment**
33	34	Service-Transfer	**	Char	2	Right	Zeros	Indicates the entity type of the transfer or referral when the closure has a type of movement of 1 or 2. Leave this field blank if type of movement is 3. Valid values: 01- Arizona State Hospital 02- Mental health agency 03- Alcohol abuse agency 04- Drug abuse agency 05- Social service agency 06- School 07- EAP or business 08- Clergy 09- Private psychiatric facility 10- Private physician 11- Private therapist 12- Health maintenance organization 13- Shelter for the homeless 14- Veterans Administration 15- Indian Health Service 16- Other 20- Department of Corrections

NOTES

1. File name: "**uclsreXX.darbha**" and "**uclsreXX.dayyyymmdd.nn**. (XX=RBHA ID) use this file layout. This is a non-delimited file.
2. Data file returned to RBHAs after translation for audit purposes.
3. All alpha characters must be capitalized. Place a CR-LF after the last byte of every record. Record length: 60
4. Items in bold have been added or modified.

CLOSURE FILE LAYOUT

Daily file of RBHA closure data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record

RECORD LOCATION FROM	TO	COLUMN NAME	REQ'D	TYPE	SIZE	JUSTIFY	FILLER	COMMENT/CHANGES
								21- Military 22- Department of Economic Security 23- Juvenile probation office (includes Child Protective Services) 24- General medical/surgical hospital (non-psychiatric) 25- Department of Education 26- Probation officer 27- County hospital or regional medical center (psychiatric) 28- Formal adjudication non-state/federal 29- Other legal organization 30- Diversionary program/TASC 31- Nursing home/extended care organization
35	44	RBHA-Client-ID		Char	10	Left	Spaces	This is an optional field reserved for an additional Client ID assigned specifically by the RBHA.
45	60	Filler		Char	16	Left	Spaces	Reserved for future use.

NOTES

1. File name: "**uclsreXX.darbha**" and "**uclsreXX.dayyyymmdd.nn**. (XX=RBHA ID) use this file layout. This is a non-delimited file.
2. Data file returned to RBHAs after translation for audit purposes.
3. All alpha characters must be capitalized. Place a CR-LF after the last byte of every record. Record length: 60
4. Items in bold have been added or modified.

CLOSURE FILE LAYOUT

Daily file of RBHA closure data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

Historical changes implemented:

DATE	CHANGE
9/04	Removed Assessment A & B values from the File-Name field. No longer being used.
03/09/05	Added new RBHA IDs for CBHA-GSA 2 and CBHA-GSA 4, effective 7/1/05.
01/06	Valid values for Reason-of-Movement were updated.

Closure Report Format – Daily download from DBHS to each RBHA reflecting counts for each of the programs run during the nightly closure preprocessor cycle

Example of Daily Closure (UCLSRE) Report

```
H74472~001~CONTROL REPORT           ~********************~
H74472~002~RUN DATE/TIME            ~05/23/2003**18:04:44~
H74472~003~PROGRAM NAME             ~H74472              ~
H74472~004~PROGRAM DESCRIPTION      ~CLOSURE SPLIT       ~
H74472~005~RBHA ID                  ~03                  ~
H74472~006~FILE NAME                ~CLSRE               ~
H74472~007~*************************~********************~
H74472~008~HEADER RECORDS READ      ~0000001             ~
H74472~009~DETAIL RECORDS READ      ~0000169             ~
H74472~010~TOTAL RECORDS READ       ~0000170             ~
H74472~011~CHG HEADER WRITTEN       ~0000001             ~
H74472~012~NON-CHG HEADER WRITTEN   ~0000001             ~
H74472~013~CHG DETAIL WRITTEN       ~0000001             ~
H74472~014~NON-CHG DETAIL WRITTEN   ~0000168             ~
H74472~015~ERROR MSG RECS WRITTEN   ~0000000             ~
H74472~016~REJECT RECS WRITTEN      ~0000000             ~
H74450~000~**********************************************~
H74450~000~ *~
H74450~000~* PROCESSING NON-ADJUSTMENTS *~
H74450~000~ *~
H74450~000~**********************************************~
H74450~001~CONTROL REPORT           ~********************~
H74450~002~RUN DATE/TIME            ~05/23/2003**18:04:45~
H74450~003~PROGRAM NAME             ~H74450              ~
H74450~004~PROGRAM DESCRIPTION      ~CLOSURE EDITS       ~
H74450~005~RBHA ID                  ~03                  ~
H74450~006~FILE NAME                ~CLSRE               ~
H74450~007~*************************~********************~
H74450~008~HEADER RECORDS READ      ~0000001             ~
H74450~009~DETAIL RECORDS READ      ~0000168             ~
H74450~010~TOTAL RECORDS READ       ~0000169             ~
H74450~011~HEADER RECS DROPPED      ~0000001             ~
H74450~012~CLSR ACCEPT RECS WRITTEN ~0000068             ~
H74450~013~CLSR ERR MSG RECS WRITTEN~0000101             ~
H74450~014~CLSR REJECT RECS WRITTEN ~0000098             ~
H74450~015~RECY HEADER RECS WRITTEN ~0000001             ~
H74450~016~RECY DETAIL RECS WRITTEN ~0000002             ~
H74450~000~**********************************************~
H74450~000~ *~
H74450~000~* PROCESSING RECYCLES *~
H74450~000~ *~
H74450~000~**********************************************~
H74450~001~CONTROL REPORT           ~********************~
H74450~002~RUN DATE/TIME            ~05/23/2003**18:25:40~
H74450~003~PROGRAM NAME             ~H74450              ~
H74450~004~PROGRAM DESCRIPTION      ~CLOSURE EDITS       ~
H74450~005~RBHA ID                  ~03                  ~
H74450~006~FILE NAME                ~CLSRE               ~
H74450~007~*************************~********************~
H74450~008~HEADER RECORDS READ      ~0000001             ~
H74450~009~DETAIL RECORDS READ      ~0000002             ~
H74450~010~TOTAL RECORDS READ       ~0000003             ~
H74450~011~HEADER RECS DROPPED      ~0000001             ~
```

Notes: (1) File name: “uclsreXX.ctCCYYMMDD.nn” (XX = RBHA ID).

```
H74450~012~CLSR ACCEPT RECS WRITTEN ~0000000            ~
H74450~013~CLSR ERR MSG RECS WRITTEN~0000002            ~
H74450~014~CLSR REJECT RECS WRITTEN ~0000002            ~
H74450~015~RECY HEADER RECS WRITTEN ~0000000            ~
H74450~016~RECY DETAIL RECS WRITTEN ~0000000            ~
H74450~000~**********************************************~
H74450~000~ *~
H74450~000~* PROCESSING ADJUSTMENTS *~
H74450~000~ *~
H74450~000~**********************************************~
H74450~001~CONTROL REPORT           ~********************~
H74450~002~RUN DATE/TIME            ~05/23/2003**18:28:34~
H74450~003~PROGRAM NAME             ~H74450              ~
H74450~004~PROGRAM DESCRIPTION      ~CLOSURE EDITS       ~
H74450~005~RBHA ID                  ~03                  ~
H74450~006~FILE NAME                ~CLSRE               ~
H74450~007~*************************~********************~
H74450~008~HEADER RECORDS READ      ~0000001             ~
H74450~009~DETAIL RECORDS READ      ~0000001             ~
H74450~010~TOTAL RECORDS READ       ~0000002             ~
H74450~011~HEADER RECS DROPPED      ~0000001             ~
H74450~012~CLSR ACCEPT RECS WRITTEN ~0000000             ~
H74450~013~CLSR ERR MSG RECS WRITTEN~0000002             ~
H74450~014~CLSR REJECT RECS WRITTEN ~0000001             ~
H74450~015~RECY HEADER RECS WRITTEN ~0000000             ~
H74450~016~RECY DETAIL RECS WRITTEN ~0000000             ~
```

Notes: (1) File name: “uclsreXX.ctCCYYMMDD.nn” (XX = RBHA ID).

CLOSURE ERROR FILE LAYOUT

Daily download from DBHS to each RBHA containing closure records that were added, changed or deleted during the nightly batch processing.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	6	Sequence-Nbr	Char	6	All records for the same intake will share the same sequence number in this file.
7	7	Filler	Char	1	Value: ~
8	17	Client-ID	Char	10	
18	18	Filler	Char	1	Value: ~
19	26	Intake-Date	Char	8	YYYYMMDD
27	27	Filler	Char	1	Value: ~
28	35	Closure-Date	Char	8	YYYYMMDD
36	36	Filler	Char	1	Value: ~
37	46	RBHA-Client-ID	Char	10	
47	47	Filler	Char	1	Value: ~
48	49	Error-Type	Char	2	
50	50	Filler	Char	1	Value: ~
51	80	Error-Field-Name	Char	30	
81	81	Filler	Char	1	Value: ~
82	101	Errored-Data	Char	20	
102	102	Filler	Char	1	Value: ~
103	106	Message-ID	Char	4	
107	107	Filler	Char	1	Value: ~
108	187	Message-Text	Char	80	
188	188	Filler	Char	1	Value: ~

NOTES

(1) File name: **"uclsreXX.eryyyymmdd.nn** (XX=RBHA ID.)
(2) This file is tilde-delimited (~) after each field. It does not use commas around each field. Character fields use null values.
(3) Record length: 188

DBHS CLOSURE PRE-PROCESSOR EDITS

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables)
1.	RBHA-ID	F2	RBHA-ID on data record is invalid.	F14	*RBHA-ID must be: 02 - CBHA GSA 2 03 - The EXCEL Group 08 - ValueOptions 11 - Gila River Indian Tribe 14 - Navajo Nation 15 - NARBHA 22 - CBHA GSA 4 23 - PGBHA 25 - Pascua Yaqui 26 - CPSA Region 5 27 - CPSA Region 3
2.	RBHA-ID / RBHA-ID	F2	RBHA-ID on data record does not match RBHA-ID on File Header record.	F15	RBHA-ID on data record must match RBHA-ID on File Header record.
3.	Action-Code	F2	Action-Code is missing.	F16	Action-Code is required.
4.	Action-Code	F2	Action-Code is invalid.	F17	Action-Code must be: A – Add C – Change
5.	Client-ID	F2	Client-ID is missing.	F18	Client-ID is required.
6.	Intake-Date	F2	Intake-Date is missing.	F19	Intake-Date is required.
7.	Intake-Date	F2	Intake-Date is not a valid date.	F20	Intake-Date must be a valid date. Format - CCYYMMDD.
8.	Closure-Date	F2	Closure -Date is missing.	F21	Closure -Date is required.
9.	Closure -Date	F2	Closure -Date is not a valid date.	F22	Closure -Date must be a valid date. Format - YYYYMMDD.
10.	Closure-Date / Intake-Date	F2	Closure-Date is less than Intake-Date	F23	Closure-Date must be greater than or equal to Intake-Date.
11.	Closure Date	F2	Closure date greater than current-date	F25	Closure Date cannot be greater than current date
12.	Record-Type	NF	Record-Type on data record is not blank.	N04	Record-Type on data header must be blank.
13.	Action-Code / Client-ID / Intake-date / RBHA-ID	NF	Intake does not exist for Client-ID, Intake-date & RBHA-ID.	N05	When Action-Code is A, Intake must exist for Client-ID, Intake-Date and RBHA-ID on DB.

NOTES

1. **F1** – Fatal **file** error, entire **file** will be rejected.
2. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
3. **NF** = Non-Fatal, remaining edits are performed and the record rejected.
4. ** D = Dependent, R = Relational, DB = Database

DBHS CLOSURE PRE-PROCESSOR EDITS

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables)
14.	Action-Code / Client-ID / Intake-Date / RBHA-ID	NF	Closure exists for Client-ID, Intake-Date and RBHA-ID.	N06	When Action-Code is A, Closure must not exist for Client-ID, Intake-date & RBHA-ID on DB.
15.	Action-Code / Client-ID / Intake-Date / RBHA-ID	NF	Closure does not exist for Client-ID, Intake-Date & RBHA-ID.	N07	When Action-Code is C, Closure must exist for Client-ID, Intake-date & RBHA-ID on DB.
16.	Closure -Date	NF	Closure -Date invalidates existing encounters.	N08	Closure -Date must not invalidate any existing encounters.
17.	Closure -Date	NF	Closure-Date causes overlapping enrollment.	N13	Closure-Date may not cause an overlapping enrollment.
18.	RBHA-ID, Client-ID, Intake-Date, Closure-Date	NF	Duplicate Closure exists in file.	N18	Duplicate RBHA-ID, Client-ID, Intake-Date & Closure-Date cannot exist in the same file.

NOTES

1. **F1** – Fatal **file** error, entire **file** will be rejected.
2. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
3. **NF** = Non-Fatal, remaining edits are performed and the record rejected.
4. ** D = Dependent, R = Relational, DB = Database

DBHS CLOSURE PRE-PROCESSOR EDITS
NO LONGER IN USE
(HISTORICAL REFERENCE ONLY)

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables)
19.	File-Name	F1	File-Name on File Header is missing.	F01	File-Name on File Header is required. INACTIVATED 9/21/05.
20.	File-Name	F1	File-Name on File Header is invalid.	F02	File-Name on File Header must be "CLSRE". INACTIVATED 9/21/05.
21.	RBHA-ID	F1	RBHA-ID on File Header is missing.	F04	RBHA-ID on File Header is required. INACTIVATED 9/21/05.
22.	RBHA-ID	F1	RBHA-ID on File Header is invalid.	F05	*RBHA-ID must be: 02 - CBHA GSA 2 03 - The EXCEL Group 08 - ValueOptions 11 - Gila River Indian Tribe 14 - Navajo Nation 15 - NARBHA 22 - CBHA GSA 4 23 - PGBHA 25 - Pascua Yaqui 26 - CPSA Region 5 27 - CPSA Region 3 INACTIVATED 9/21/05.
23.	Record-Type	F1	Record-Type on File Header is not "H".	F06	Record-Type on File Header must be "H". INACTIVATED 9/21/05.
24.	Record-Type	F1	Multiple File Header records exist for the same file.	F07	Only one File Header record is allowed for one file. INACTIVATED 9/21/05.
25.	Record-Type	F1	No File Header record was found on file.	F08	One File Header record is required per file. INACTIVATED 9/21/05.
26.	Transfer-Date	F1	Transfer-Date is missing.	F09	Transfer-Date on File Header is required. INACTIVATED 9/21/05.
27.	Transfer-Record-Count	F1	Transfer-Record-Count on File Header is missing.	F10	Transfer-Record-Count on File Header is required. INACTIVATED 9/21/05.
28.	Transfer-Record-Count	F1	Transfer-Record-Count is not numeric.	F11	Transfer-Record-Count on File Header must be numeric. INACTIVATED 9/21/05.

NOTES

5. **F1** – Fatal **file** error, entire **file** will be rejected.
6. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
7. **NF** = Non-Fatal, remaining edits are performed and the record rejected.
8. ** D = Dependent, R = Relational, DB = Database

DBHS CLOSURE PRE-PROCESSOR EDITS
NO LONGER IN USE
(HISTORICAL REFERENCE ONLY)

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables)
29.	**Transfer-Time**	**F1**	**Transfer-Time is missing.**	**F12**	**Transfer-Time on File Header is required. INACTIVATED 9/21/05.**
30.	**RBHA-ID**	**F2**	**RBHA-ID on data record is missing.**	**F13**	**RBHA-ID on data record is required. INACTIVATED 9/21/05.**
31.	**Not applicable**	**F1**	**File does not have any detail records**	**F24**	**None. INACTIVATED 9/21/05.**
32.	**Transfer-Date**	**NF**	**Transfer-Date is not a valid date.**	**N01**	**Transfer-Date on File Header must be a valid date. Format: YYYYMMDD. INACTIVATED 9/21/05.**
33.	**Transfer-Record-Count**	**NF**	**Transfer-Record-Count does not equal records transferred.**	**N02**	**Transfer-Record-Count must equal records transferred. INACTIVATED 9/21/05.**
34.	**Transfer-Time**	**NF**	**Transfer-Time is not a valid time.**	**N03**	**Transfer-Time on File Header must be a valid date. Format: HHMMSS INACTIVATED 9/21/05.**
35.	Type-of-Movement	NF	Type-of-Movement is missing.	N09	Type-of-Movement is required.
36.	Type-of-Movement	NF	Type-of-Movement is not valid.	N10	Type-of-Movement must be: 1- Transfer 2- Closure with referral 3- Closure with no referral
37.	Reason-of-Movement	NF	Reason-of-Movement is missing.	N11	Reason-of-Movement is required.
38.	Reason-of-Movement	NF	Reason-of-Movement is not valid.	N12	*Reason-of-Movement must be: R- BHS Disenrollment 0- One-time consultation 1- Treatment completed 2- Needs additional service 3- Closure against staff advice 4- Lack of contact 5- (Not a valid code) 6- Incarceration 7- Death 8- Moved out of area 9- Inter-RBHA transfer

NOTES

5. **F1** – Fatal **file** error, entire **file** will be rejected.
6. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
7. **NF** = Non-Fatal, remaining edits are performed and the record rejected.
8. ** D = Dependent, R = Relational, DB = Database

DBHS CLOSURE PRE-PROCESSOR EDITS
NO LONGER IN USE
(HISTORICAL REFERENCE ONLY)

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables)
39.	Service-Transfer/ Type-of-Movement	NF	Service Transfer is missing.	N14	When Type-of-Movement is 1 or 2, Service-Transfer may not be blank.
40.	Service-Transfer/ Type-of-Movement	NF	Service Transfer is not blank	N15	When Type-of-Movement is 3, Service-Transfer must be blank.
41.	Service-Transfer	NF	Service Transfer is not valid.	N16	*Service-Transfer must be: 01- Arizona State Hospital 02- Mental health agency 03- Alcohol abuse agency 04- Drug abuse agency 05- Social service agency 06- School 07- EAP or business 08- Clergy 09- Private psychiatric facility 10- Private physician 11- Private therapist 12- Health maintenance org 13- Homeless shelter 14- Veterans Administration 15- Indian health organization 16- Other 20- Dept. of Corrections 21- Military 22- Dept. of Economic Security 23- Juvenile Probation Office 24- General surgical/medical hospital (non-psych) 25- Dept. of Education 26- Probation officer 27- County hospital/regional medical center (psych) 28- Formal adjudication non-State/Federal 29- Other legal organization 30- Diversionary program/TASC 31- Nursing home/extended care org

NOTES

5. **F1** – Fatal **file** error, entire **file** will be rejected.
6. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
7. **NF** = Non-Fatal, remaining edits are performed and the record rejected.
8. ** D = Dependent, R = Relational, DB = Database

DBHS CLOSURE PRE-PROCESSOR EDITS
NO LONGER IN USE
(HISTORICAL REFERENCE ONLY)

	INTERFACE COLUMN NAME	ERR TYPE	ERROR MESSAGE	MSG #	EDIT / VALIDATION RULE / DESCRIPTION (*= Valid Value Tables)
42.	Type-of-Movement / Reason-of-Movement	NF	Type-of-Movement is incompatible with Reason-of-Movement.	N17	When Type-of-Movement is 1, Reason-of-Movement must be 1, 2, 6 or 8, 9, 0. When Type-of-Movement is 2, Reason-of-Movement must be 1, 2, 3, 6 or 8, 9, 0. When Type-of-Movement is 3, Reason-of-Movement must be 1, 3, 4, 6, 7 or 8, 0.

NOTES

5. **F1** – Fatal **file** error, entire **file** will be rejected.
6. **F2** – Fatal **record** error, entire **record** will be rejected and no further editing performed.
7. **NF** = Non-Fatal, remaining edits are performed and the record rejected.
8. ** D = Dependent, R = Relational, DB = Database

CLOSURE RESYNC FILE LAYOUT

On-demand download file produced as a result of a closure resync request to DBHS by a RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Char	1	Value: “
2	2	Transaction-Type	Char	1	Indicates the record transaction type: A=Add,C=Change,O=Override
3	5	Filler	Char	3	Value: “,”
6	15	Client-ID	Char	10	
16	18	Filler	Char	3	Value: “,”
19	20	RBHA-ID	Char	2	
21	23	Filler	Char	3	Value: “,”
24	31	Intake-Date	Char	8	YYYYMMDD
32	34	Filler	Char	3	Value: “,”
35	42	Event-Date	Char	8	YYYYMMDD
43	45	Filler	Char	3	Value: “,”
46	46	Event-Type	Char	1	
47	49	Filler	Char	3	Value: “,”
50	51	Event-Reason	Char	2	
52	54	Filler	Char	3	Value: “,”
55	56	Provider-Type	Char	2	
57	59	Filler	Char	3	Value: “,”
60	67	EDS-Add-Dt	Char	8	YYYYMMDD
68	70	Filler	Char	3	Value: “,”
71	78	EDS-Update-Id	Char	8	YYYYMMDD
79	81	Filler	Char	3	Value: “,”
82	89	EDS-Update-Dt	Date	8	YYYYMMMDD
90	92	Filler	Char	3	Value: “,”
93	100	EDS-File-Dt	Char	8	
101	103	Filler	Char	3	Value: “,”
104	111	CIS-Add-Date	Char	8	YYYYMMDD
112	114	Filler	Char	3	Value: “,”
115	122	Change-Control-Date	Char	8	YYYYMMDD
123	125	Filler	Char	3	Value: “,”
126	133	Change-Control-Pgm	Char	8	
134	136	Filler	Char	3	Value: “,”
137	144	Change-Control-User-Id	Char	8	

NOTES

1. File name: “**h74217XX.outYYYYMMDD** (XX=RBHA ID), which is placed in the requesting RBHA’s directory.
2. File is comma-delimited with quotes (“”) surrounding each field.
3. Record length: 158.

CLOSURE RESYNC FILE LAYOUT

On-demand download file produced as a result of a closure resync request to DBHS by a RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
145	147	Filler	Char	3	Value: “,”
148	157	RBHA-Client-Id	Char	10	
158	158	Filler	Char	1	Value: ”

NOTES

1. File name: “**h74217XX.outYYYYMMDD** (XX=RBHA ID), which is placed in the requesting RBHA’s directory.
2. File is comma-delimited with quotes (“”) surrounding each field.
3. Record length: 158.

ENCOUNTER PROCESSING

There are three different types of Encounter processing within DBHS. Please refer to the separate sections for each:

(1) Drug Encounters

(2) HCFA 1500 Encounters

(3) UB 92 Encounters

The files, reports, and other information listed under Encounter Processing are not specific to any of these three types.

HIPAA ENCOUNTER DRUG PROCESSING FLOW

Encounters will be submitted in HIPAA NCPDP format using the guidelines provided by ADHS/DBHS. The input ENCOUNTER DRUG file name will be hendrgxx.hipaa ("xx" represents the two-digit RBHA number used by DBHS). This file will be sent to the DBHS server, which has individual locations for FTP transfers for each RBHA and a location called RBHA_Common for files that apply to all of the RBHAs. Transactions will be accepted for translation anytime up to the cutoff of 6:00 pm each workday.

During translation processing, any error will result in the complete file being rejected. One file is created and will be named hendrgxx.yyyymmdd.hhmm.bad, which is the original file. This file will be returned to the DBHS server.

After translation the accepted file will be named uendrgxx.darbha. This file is used internally by DBHS in the normal daily processing.

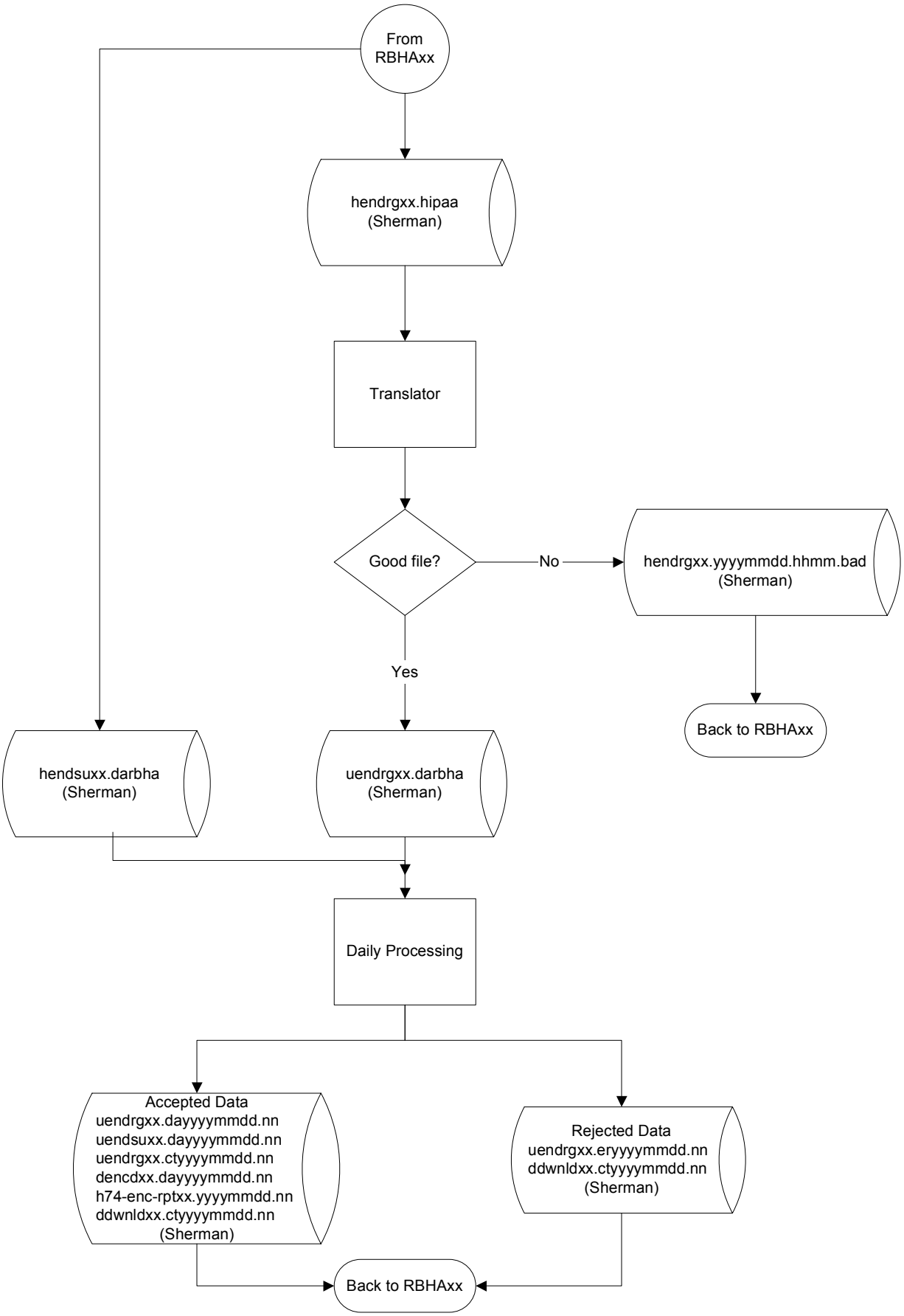
There are six files created as a result of the normal daily processing: four of accepted data and one of rejected data; along with the Daily Download Activity Report, which is named ddwnldxx.ctyyyymmdd.nn. All of these files are provided to each RBHA via the DBHS server.

The accepted data file is named dencdxx.dayyyymmdd.nn. After processing, the uendrgxx.darbha file is renamed uendrgxx.dayyyymmdd.nn. In addition to these files, two report files are created for each RBHA, which are named uendrgxx.ctyyyymmdd.nn and h74-enc-rptxx.yyyymmdd.nn.

The rejected data file is named uendrgxx.eryyyymmdd.nn.

In the event a RBHA needs to have a file of all Encounters reflected on the DBHS system, which originally were submitted within a particular date range, a "resync" file containing all such Encounters may be requested. The resync file will be named h74242xx.outyyyymmdd.

HIPAA (NCPDP)
RBHA ENCOUNTER
DRUG FLOW



NOTE: xx=rbha id, yyyymmdd.nn = process date

HENDRUG.vsd

ELEMENT ID	SEGMENT NAME	HIPAA USAGE	Segment Repeat	ELEMENT NAME	Field	BHS USAGE	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
N-1	Batch Header	Mandatory	1	Text Indicator	880-K4	Req	AN	1	1	<02>	N/A	
N-2				Segment Identifier	701	Req	AN	2	2	Always "00" = File Control Header	N/A	
N-3				Transmission Type	880-K6	Req	AN	1	1	"T" (Transaction)	N/A	
N-4				Sender ID	880-K1	Req	AN	24	24	Defined by the processor/switch	RBHA-ID (from HDR)	2
N-5				Batch Number	880-5C	Req	AN	7	7	Assigned by Sender / matches trailer	N/A	
N-6				Creation Date	880-K2	Req	N	8	8	ccyymmdd	TRANSFER-DATE	8
N-7				Creation Time	880-K3	Req	N	4	4	hhmm	TRANSFER-TIME	6
N-8				File Type	702	Req	AN	1	1	Test = "T" Production = "P"	N/A	
N-9				Version/Release Number	101-A2	Req	AN	2	2	Always "11" (Ver 1 Rel 1)	N/A	
N-10				Receiver Id	880-K7	Req	AN	24	24	Defined by the processor/switch	"ADHS/BHS"	
N-11				Text Indicator	880-K4	Req	AN	1	1	<03>	N/A	
N-12	Detail Record (up to 9,999,999,997 per batch)	Mandatory	> 1	Text Indicator	880-K4	Req	AN	1	1	<02>	N/A	
N-13				Segment Identifier	701	Req	AN	2	2	Always "G1" = Detail Data Record	N/A	
N-14				Transaction Reference Number	880-K5	Req	AN	10	10	TBD by Provider	ICN-NUMBER (last 10 digits)	
N-15				NCPDP Data Record		Req	AN			see below	see below	
N-16				Text Indicator	880-K4	Req	AN	1	1	<03>	N/A	
N-17	Batch Trailer Record	Mandatory	1	Text Indicator	880-K4	Req	AN	1	1	<02>	N/A	
N-18				Segment Identifier	701	Req	AN	2	2	Always "99" = File Trailer	N/A	
N-19				Batch Number	806-5C	Req	AN	7	7	Same as in header record above	N/A	
N-20				Record Count	751	Req	AN	10	10	Including header & trailer	N/A	
N-21				Message	504-F4	Req	AN	35	35		N/A	
N-22				Text Indicator	880-K4	Req	AN	1	1	<03>	N/A	

Note 2

<02> is a single hex "02" character
<03> is a single hex "03" character
<1C> is a single hex "1C" character
<1D> is a single hex "1D" character
<1E> is a single hex "1E" character

Overpunch Information

	Pos	Neg
0	{	}
1	A	J
2	B	K
3	C	L
4	D	M
5	E	N
6	F	O
7	G	P
8	H	Q
9	I	R

INPUT FIELD NAME:
Corresponding Field name is the Input flat files

INPUT FIELD SIZE:
Corresponding Field size in the input flat files

ELEMENT ID	SEGMENT NAME	HIPAA USAGE	Segment Repeat	ELEMENT NAME	Field	BHS USAGE	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE	TABLE AFFECTED	TABLE COLUMN NAME	TABLE COLUMN SIZE
B1-14-1	Transaction Header	Mandatory	1	Bin Number	101-A1	Req	N	6	6	0	N/A				
B1-14-2				Version/Release Number	102-A2	Req	AN	2	2	51	N/A				
B1-14-3				Transaction Code	103-A3	Req	AN	2	2	"B1"	N/A				
B1-14-4				Processor Control Number	104-A4	Req	AN	10	10	ICN-Number (last 10 digits)	ICN-NUMBER	11			
B1-14-5				Transaction Count	109-A9	Req	AN	1	1	LINE-NUMBER "Always 1"	N/A				
B1-14-6				Service Provider Id Qualifier	202-B2	Req	AN	2	2	"5" - Medicaid	N/A				
B1-14-7				Service Provider Id	201-B1	Req	AN	15	15	AHCCCS Provider ID & Loc for Pharmacy	NABP-ID & Location	9			
B1-14-8				Date Of Service	401-D1	Req	AN	8	8	Service start date	SERVICE-START-DT	8			
B1-14-9				Software Vendor/Certification ID	110-AK	Req	AN	10	10	Spaces	N/A				
B1-14-10	**Segment Separator**			Field Separator			AN	3	3	<1E>AM					
B1-14-11	Prescriber Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	03					
B1-14-12				Field Separator			AN	3	3	<1C>EZ					
B1-14-13	**Required by AHCCCS for service dates**			Prescriber ID Qualifier	466-EZ	Req	AN	2	2	"05"=AHCCCS ID or "12"=DEA Number	N/A				
B1-14-14	**7/1/2004 and after**			Field Separator			AN	3	3	<1C>DB					
B1-14-15				Prescriber ID	411-DB	Req	AN	15	15	Prescriber's AHCCCS ID and location code or their DEA number	Prescriber-AHCCCS-ID & Location or Prescriber-DEA-Nbr	9			
B1-14-16	**Segment Separator**			Field Separator			AN	3	3	<1E>AM					
B1-14-17	Insurance Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	04					
B1-14-18				Field Separator			AN	3	3	<1C>C2					
B1-14-19				Cardholder ID	302-C2	Req	AN	20	20	CIS Client ID	CLIENT-ID	10			
B1-14-20				Field Separator			AN	3	3	<1C>C1					
B1-14-21				Group ID	301-C1	Req	AN	15	15	RHBA ID	RBHA-ID	2			
B1-14-22	**Group Separator**						AN	1	1	<1D>					
B1-14-23	**Segment Separator**						AN	3	3	<1E>AM					
B1-14-24	Claim Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	07	N/A				
B1-14-25				Field Separator			AN	3	3	<1C>EM					
B1-14-26				Prescription/Service Ref. Num. Qualifier	455-EM	Req	AN	1	1	1	N/A				
B1-14-27				Field Separator			AN	3	3	<1C>D2					
B1-14-28				Prescription/Service Ref. Num.	402-D2	Req	N	7	7	9(7)	N/A				
B1-14-29				Field Separator			AN	3	3	<1C>E1					
B1-14-30				Product/Service ID Qualifier	436-E1	Req	AN	2	2	03	N/A				
B1-14-31				Field Separator			AN	3	3	<1C>D7					
B1-14-32				Product/Service ID	407-D7	Req	AN	19	19	NDC Code	NDC-CODE				
B1-14-33				Field Separator			AN	3	3	<1C>SE					
B1-14-34				Procedure Modifier Code Count	458-SE	Sit	N	1	1	1	N/A				
B1-14-35				Field Separator			AN	3	3	<1C>ER					
B1-14-36				Procedure Modifier Code	459-ER	Sit	N	2	2	Modifier	MODIFIER				
B1-14-37				Field Separator			AN	3	3	<1C>E7					
B1-14-38				Quantity Dispensed	442-E7	Req	N	10	10	9(7)v999	DISPENSE-QTY				
B1-14-39				Field Separator			AN	3	3	<1C>D3					
B1-14-40				Fill Number	403-D3	Req	N	2	2		NUMBER-THIS-REFILL				
B1-14-41				Field Separator			AN	3	3	<1C>DE					
B1-14-42				Date Prescription Written	414-DE	Req	N	8	8	ccyymmdd	RX-ORDER-DATE				
B1-14-43				Field Separator			AN	3	3	<1C>DF					
B1-14-44				Number Of Refills Authorized	415-DF	Req	N	2	2		REFILLS-AUTHORIZED				
B1-14-45				Field Separator			AN	3	3	<1C>D5					
B1-14-46				Days Supply	405-D5	Req	N	3	3		DAYS-SUPPLY				
B1-14-47	**Segment Separator**			Field Separator			AN	3	3	<1E>AM					
B1-14-48	COB/Other Payments Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	5					
B1-14-49	***This segment does not appear at all if***			Field Separator			AN	3	3	<1C>4C					
B1-14-50	***there is no other insurance or medicare***			COB/Other Payments Count	337-4C	Req	AN	1	1	1 or 2					
B1-14-51				Field Separator			AN	3	3	<1C>5C					
B1-14-52	***B1-14-50 thru B1-14-60 repeats if***			Other Payer Coverage Type	338-5C	Req	AN	2	2	"01=Primary, 02=Secondary, 03=tertiary"					
B1-14-53	***COB/Other Payments Count = 2***			Field Separator			AN	3	3	<1C>6C					
B1-14-54				Other Payer ID Qualifier	339-6C	Req	AN	2	2	99					
B1-14-55				Field Separator			AN	3	3	<1C>7C					
B1-14-56				Other Payer ID	340-7C	Req	AN	10	10	"MEDICARE " or "OTHER INS "					
B1-14-57				Field Separator			AN	3	3	<1C>HB					
B1-14-58				Other Payer Amount Paid Count	341-HB	Req	AN	1	1	"1"					
B1-14-59				Field Separator			AN	3	3	<1C>HC					
B1-14-60				Other Payer Amount Paid Qualifier	342-HC	Req	AN	2	2	"08"					
B1-14-61				Field Separator			AN	3	3	<1C>DV					
B1-14-62				Other Payer Amount Paid	431-DV	Req	AN	8	8	s9(6)v99 (see overpunch information)					
B1-14-63	**Segment Separator**						AN	3	3	<1E>AM					
B1-14-64	Pricing Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	11	N/A				
B1-14-65				Field Separator			AN	3	3	<1C>D9					
B1-14-66				Ingredient Cost	409-D9	Req	N	8	8	s9(6)v99 (see overpunch information)	INGREDIENT-COST				

ELEMENT ID	SEGMENT NAME	HIPAA USAGE	Segment Repeat	ELEMENT NAME	Field	BHS USAGE	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE	TABLE AFFECTED	TABLE COLUMN NAME	TABLE COLUMN SIZE
B1-14-67				Field Separator			AN	3	3	<1C>DC					
B1-14-68				Dispensing Fee	412-DC	Req	N	8	8	s9(6)v99 (see overpunch information)	DISPENSING-FEE				
B1-14-69				Field Separator			AN	3	3	<1C>DX					
B1-14-70				Patient Paid Amount	433-DX	Req	N	8	8	s9(6)v99 (see overpunch information)	CO-PAY-AMT				
B1-14-71				Field Separator			AN	3	3	<1C>DU					
B1-14-72				Gross Amount Due	430-DU	Sit	N	8	8	s9(6)v99 (see overpunch information)	PRESCRIPTION-COST				

ELEMENT ID	SEGMENT NAME	HIPAA USAGE	Segment Repeat	ELEMENT NAME	Field	BHS USAGE	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE	TABLE AFFECTED	TABLE COLUMN NAME	TABLE COLUMN SIZE
B2-14-1	Transaction Header	Mandatory	1	Bin Number	101-A1	Req	N	6	6	0	N/A				
B2-14-2				Version/Release Number	102-A2	Req	AN	2	2	51	N/A				
B2-14-3				Transaction Code	103-A3	Req	AN	2	2	"B2"	N/A				
B2-14-4				Processor Control Number	104-A4	Req	AN	10	10	ICN-Number (length issue)	ICN-NUMBER	11			
B2-14-5				Transaction Count	109-A9	Req	AN	1	1	1	N/A				
B2-14-6				Service Provider Id Qualifier	202-B2	Req	AN	2	2	"5" - Medicaid	N/A				
B2-14-7				Service Provider Id	201-B1	Req	AN	15	15	AHCCCS Provider ID & Loc for Pharmacy	NABP-ID & Location	9			
B2-14-8				Date Of Service	401-D1	Req	AN	8	8	Service start date	SERVICE-START-DT	8			
B2-14-9				Software Vendor/Certification ID	110-AK	Req	AN	10	10	Spaces	N/A				
B1-14-10	**Segment Separator**			Field Separator			AN	3	3	<1E>AM					
B1-14-11	Prescriber Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	03					
B1-14-12				Field Separator			AN	3	3	<1C>EZ					
B1-14-13	**Required by AHCCCS for service dates**			Prescriber ID Qualifier	466-EZ	Req	AN	2	2	"05"=AHCCCS ID or "12"=DEA Number	N/A				
B1-14-14	**7/1/2004 and after**			Field Separator			AN	3	3	<1C>DB					
B1-14-15				Prescriber ID	411-DB	Req	AN	15	15	Prescriber's AHCCCS ID and location code or their DEA number	Prescriber-AHCCCS-ID & Location or Prescriber-DEA-Nbr	9			
B2-14-16	**Segment Separator**			Segment Seperator			AN	3	3	<1E>AM					
B2-14-17	Insurance Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	04					
B2-14-18				Field Separator			AN	3	3	<1C>C2					
B2-14-19				Cardholder ID	302-C2	Req	AN	20	20	CIS Client ID	CLIENT-ID	10			
B2-14-20				Field Separator			AN	3	3	<1C>C1					
B2-14-21				Group ID	301-C1	Req	AN	15	15	RHBA ID	RBHA-ID	2			
B2-14-22	**Group Separator**			Group Seperator			AN	1	1	<1D>					
B2-14-23	**Segment Separator**			Segment Seperator			AN	3	3	<1E>AM					
B2-14-24	Claim Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	07					
B2-14-25				Field Separator			AN	3	3	<1C>EM					
B2-14-26				Prescription/Service Ref. Num. Qualifier	455-EM	Req	AN	1	1	1					
B2-14-27				Field Separator			AN	3	3	<1C>D2					
B2-14-28				Prescription/Service Ref. Num.	402-D2	Req	N	7	7	9(7)					
B2-14-29				Field Separator			AN	3	3	<1C>E1					
B2-14-30				Product/Service ID Qualifier	436-E1	Req	AN	2	2	03					
B2-14-31				Field Separator			AN	3	3	<1C>D7					
B2-14-32				Product/Service ID	407-D7	Req	AN	19	19	NDC Code	NDC-CODE				
B2-14-33				Field Separator			AN	3	3	<1C>SE					
B2-14-34				Procedure Modifier Code Count	442-SE	Req	N	10	10	1	N/A				
B2-14-35				Field Separator			AN	3	3	<1C>ER					
B2-14-36				Procedure Modifier Code	442-ER	Req	N	10	10	Modifier	MODIFIER				
B2-14-37				Field Separator			AN	3	3	<1C>E7					
B2-14-38				Quantity Dispensed	442-E7	Req	N	10	10		DISPENSE-QTY				
B2-14-39				Field Separator			AN	3	3	<1C>D3					
B2-14-40				Fill Number	403-D3	Req	N	2	2		NUMBER-THIS-REFILL				
B2-14-41				Field Separator			AN	3	3	<1C>DE					
B2-14-42				Date Prescription Written	414-DE	Req	N	8	8	ccyymmdd	RX-ORDER-DATE				
B2-14-43				Field Separator			AN	3	3	<1C>DF					
B2-14-44				Number Of Refills Authorized	415-DF	Req	N	2	2		REFILLS-AUTHORIZED				
B1-14-63	**Segment Separator**						AN	3	3	<1E>AM					
B1-14-64	Pricing Segment	Optional		Segment Identifier	111-AM	Req	AN	2	2	11	N/A				
B1-14-71	**Translator Requirement**			Field Separator			AN	3	3	<1C>DU					
B1-14-72				Gross Amount Due	430-DU	Sit	N	8	8	0000000{ (zero with overpunch)	PRESCRIPTION-COST				

INTRODUCTION

ADHS/DBHS is pleased to present detailed instructions for completion and submission of data for the HIPAA-compliant ASC X12N NCPDP Health Care Claims Transaction Format for Universal Pharmacy Claims/Encounters. This system will be used in conjunction with the Client Information System (CIS) for collection, analysis and reporting of client information.

The data that must be submitted to CIS represents a minimum data set necessary for ADHS/DBHS to conduct its oversight and regulatory functions. RBHAs and providers are free to collect any other data necessary for efficient and effective operation.

To the extent possible, RBHAs are encouraged to use electronic screens and other automated processes to minimize provider burden. Ultimately, integration of these data requirements into the RBHA and provider clinical improvement process is anticipated.

ENCOUNTER NCPDP DATA DEFINITIONS

File layout: uendrgXX.dayyyymmdd.nn.

All clients who receive service through the RBHA system must have current identifying data in the ADHS/DBHS Client Information System (CIS). NCPDP Universal Pharmacy Claims/Encounters billing data is potentially time-sensitive and should reflect current identifying data and other client status items.

Unless otherwise noted, **all** items must be completed for Claims/Encounters Data submissions.

FIELD NAME	DESCRIPTION
Action Code	Indicates whether this record is a new record, replacement record or void record. Valid values: Spaces- New R- Replacement V- Void
RBHA ID	The Regional Behavioral Health Authority identification number, assigned by Behavioral Health Services, and signifies the RBHA responsible for payment. Valid values: 02- CBHA GSA 2 (Effective 7/1/05) 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- CBHA GSA 4 (Effective 7/1/05) 23- PGBHA 25- Pascua Yaqui 26- CPSA GSA 5 27- CPSA GSA 3
Client ID	Unique client identifier generated by the CIS system.
NABP ID	Valid AHCCCS ID.
Filler	Reserved for future use.
NABP Locator ID	This is the Locator Code field. If left blank it will default to "01".
Service Start Date	Date prescription was filled. Must be a valid date in YYYYMMDD format, and fall in range of enrollment.
Dispense Qty	Number of doses dispensed.
NDC Code 1	National Drug Code group 1. Must be a valid NDC code. Right justify with zero in high order position if necessary.
NDC Code 2	National Drug Code group 2. Must be a valid NDC code. Right justify with zero in high order position if necessary.
NDC Code 3	National Drug Code group 3. Must be a valid NDC code. Right justify with zero in high order position if necessary.
Prescription Cost	Amount paid on a prescription. Decimal is implied and should not be included.
Rx Order Date	Date prescription was written. Must be a valid date in YYYYMMDD format.
Number This Refill	Indicates whether the prescription is an original or a refill. Valid values: 00- Original (default) 01-99 Refill number
Refills Authorized	Number of refills authorized by prescriber. Valid values: 00- Not specified (Default) 01-99, with 99 being as needed, refills unlimited

FIELD NAME	DESCRIPTION
Modifier	Spaces.
Group Biller ID	Must be a valid AHCCCS provider ID.
Locator Code	Group biller locator code. If left blank, it will default to 01.
ICN Nbr	Invoice control number, or claim number.
Prescription Nbr	Prescription number assigned by pharmacy.
Adjustment ICN	Denotes the original ICN number for this encounter when it is a replacement or void.
Prescriber AHCCCS ID	Prescribing provider's AHCCCS ID. (If not available, Prescriber DEA Nbr must be sent.)
Prescriber Locator Cd	Location address code assigned to the prescriber as identified in the National Provider System.
Ingredient Cost Submitted	Submitted product component cost of dispensed prescription. This amount is included in the 'Gross Amount Due'.
Dispensing Fee Submitted	Dispensing fee submitted by pharmacy. This amount is included in the 'Gross Amount Due'.
Co-Pay	Dollar amount paid by the customer at the time prescription was filled.
Days Supply	Estimated number of days this prescription will last.
Prescriber DEA Nbr	Identification number assigned to the prescriber by the Drug Enforcement Agency.
Other Ins Ing Cost Paid	Ingredient cost paid by other insurance. Zero if no other insurance.
Other Ins Disp Fee Paid	Dispensing fee paid by other insurance. Zero if no other insurance.
Other Ins Co Pay	Co-pay amount paid by other insurance. Zero if no other insurance.
Other Ins Deductible	Other insurance deductible amount. Zero if no other insurance.
Other Ins Amt Paid	Total amount paid by the other insurance company. Zero if no other insurance.
Medicare Ing Cost Paid	Ingredient cost paid by Medicare. Zero if no Medicare.
Medicare Disp Fee Paid	Dispensing fee paid by Medicare. Zero if no Medicare.
Medicare Co Pay	Medicare co-payment amount. Zero if no Medicare.
Medicare Deductible	Medicare deductible amount. Zero if no Medicare.
Medicare Co Insurance	Medicare co-insurance amount. Zero if no Medicare.
Medicare Amt Paid	Total amount paid by Medicare. Zero if no Medicare.
Filler	All fields labeled as Filler are reserved for future use.

SUPPLEMENTAL ENCOUNTER DRUG DATA DEFINITIONS

File layout: uendsuXX.dayyyymmdd.nn.

All clients who receive service through the RBHA system must have current identifying data in the ADHS/DBHS Client Information System (CIS). NCPDP Universal Pharmacy Claims/Encounters billing data is potentially time-sensitive and should reflect current identifying data and other client status items.

Unless otherwise noted, **all** items must be completed for Claims/Encounters Data submissions.

FIELD NAME	DESCRIPTION
Action Code	Indicates whether this record is a new record, replacement record or void record. Valid values: Spaces- New R- Replacement V- Void
RBHA ID	The Regional Behavioral Health Authority identification number, assigned by Behavioral Health Services, and signifies the RBHA responsible for payment. Valid values: 02- CBHA GSA 2 (Effective 7/1/05) 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- CBHA GSA 4 (Effective 7/1/05) 23- PGBHA 25- Pascua Yaqui 26- CPSA GSA 5 27- CPSA GSA 3
Client ID	Unique client identifier generated by the CIS system.
ICN Nbr	Invoice Control Number. The 10-digit number reported in the NCPDP record in field 104-A4 (processor control number.)
Oth Ins Disp Fee Paid	Dispensing fee paid by other insurance. Zero if no other insurance.
Oth Ins Ing Cost Paid	Ingredient cost paid by other insurance. Zero if no other insurance.
Oth Ins Copay	Co-pay amount paid by other insurance. Zero if no other insurance.
Oth Ins Deductible	Other insurance deductible amount. Zero if no other insurance.
Oth Ins Coinsurance	Other insurance co-insurance amount. Zero if no other insurance.
Medicare Disp Fee Paid	Dispensing fee paid by Medicare. Zero if no Medicare.
Medicare Ing Cost Paid	Ingredient cost paid by Medicare. Zero if no Medicare.
Medicare Copay	Medicare co-payment amount. Zero if no Medicare.
Medicare Deductible	Medicare deductible amount. Zero if no Medicare.
Medicare Coinsurance	Medicare co-insurance amount. Zero if no Medicare.
Filler	All fields labeled as Filler are reserved for future use.

HIPAA ENCOUNTER HCFA PROCESSING FLOW

Encounters will be submitted in HIPAA 837P format using the guidelines provided by ADHS/DBHS. The input ENCOUNTER file name will be henmedxx.hipaa ("xx" represents the two-digit RBHA number used by DBHS.) This file will be sent to the DBHS server, which has individual locations for FTP transfers for each RBHA and a location called RBHA_Common for files that apply to all of the RBHAs. Transactions will be accepted for translation anytime up to the cutoff of 6:00 pm each workday.

During translation processing, any error will result in the complete file being rejected. Three files will be created: henmedxx.yyyymmdd.hhmm.bad, which is the original file; henmedxx.yyyymmdd.hhmm.997.bad, which is the EDI 997 error file and gives the reason for the errors; and henmedxx.yyyymmdd.hhmm.errlog, which is the eVision error log. These three files will be returned to the DBHS server.

After translation two files will be created. The henmedxx.hippaa file will be named uenmedxx.darbha, and is used internally by DBHS in the normal daily processing. The other file is uenmedxx.yyyymmdd.hhmm.997.good, which will be returned to the DBHS server.

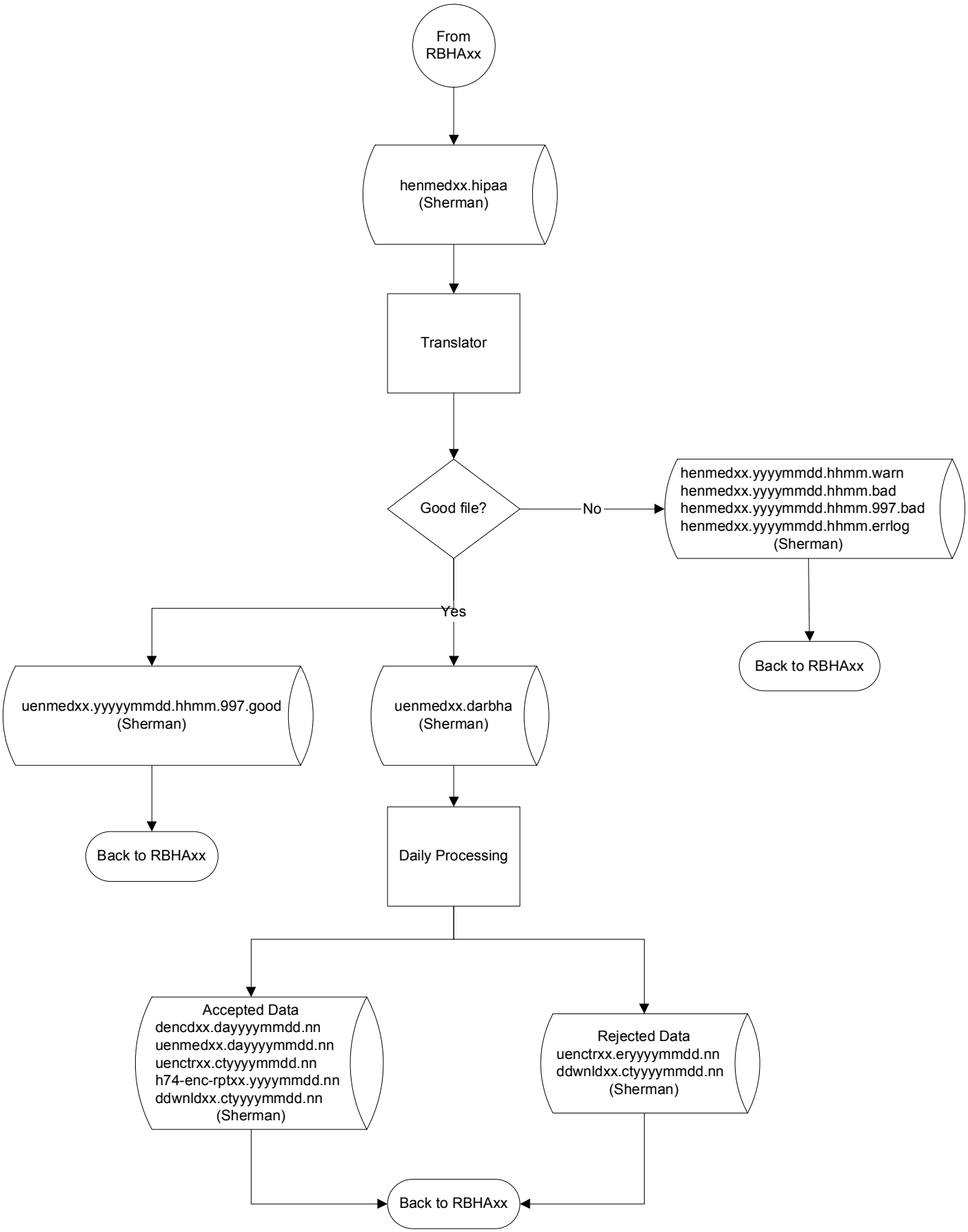
There are six data files created as a result of the normal daily processing: four of accepted data and one of rejected data; along with the Daily Download Activity Report, which is named ddwnldxx.ctyyyymmdd.nn. All of these files are provided to each RBHA via the DBHS server.

The accepted data file is named dencdxx.dayyyymmdd.nn. After processing, the uenmedxx.darbha file is renamed uenmedxx.dayyyymmdd.nn. In addition to these files, two report files are created for each RBHA, which are named uenctrxx.ctyyyymmdd.nn and h74-enc-rptxx.yyyymmdd.nn.

The rejected data file is named uenctrxx.eryyyymmdd.nn.

In the event a RBHA needs to have a file of all Encounters reflected on the DBHS system, which originally were submitted within a particular date range, a "resync" file containing all such Encounters may be requested. The resync file will be named h74242xx.outyyyymmdd.

HIPAA (837P)
RBHA ENCOUNTER
HCFA FLOW



NOTE: xx=rbha id, yyyymmdd.nn = process date

HENMED.vsd

ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
837p-001	Transaction Set Header	Required	1			Transaction Set Identifier Code	Req	ST01	143	M	ID	3	3	"837"		
837p-002						Transaction Set Control Number	Req	ST02	329	M	ID	4	9	Incremented Number		
837p-003	Beginning of Hierarchical Transaction	Required	1			Hierarchical Structure Code	Req	BHT01	1005	M	ID	4	4	"0019"		
837p-004						Transaction Set purpose Code	Req	BHT02	353	M	ID	2	2	"00"		
837p-005						Reference Identification	Req	BHT03	127	O	AN	1	30	Originator Application Transaction Identifier		
837p-006						Date	Req	BHT04	373	O	DT	8	8	Transaction Set Creation Date	Transfer-Date	Num(8)
837p-007						Time	Req	BHT05	337	O	TM	4	8	Transaction Set Creation Time	Transfer-Time	Num(8)
837p-008						Transaction Type Code	Req	BHT06	640	O	ID	2	2	"RP"		
837p-009	Transmission Type Identification	Required	1			Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"87"		
837p-010						Reference Identification	Req	REF02	127	X	AN	1	30	"004010X098A1" (004010X098DA1 for test file)		
837p-011	Submitter Name	Required	1	1000A	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"41"		
837p-012						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-013						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	RBHA Name		
837p-014						Name First	Sit	NM104	1036	O	AN	1	25			
837p-015						Name Middle	Sit	NM105	1037	O	AN	1	25			
837p-016						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"46"		
837p-017						Identification code	Req	NM109	67	X	AN	2	80	RBHA Contractor ID	Rbha_id	Char(2)
837p-018	Submitter EDI Contact Information	Required	2	1000A	1	Contact Function Code	Req	PER01	366	M	ID	2	2	"IC"		
837p-019						Name	Req	PER02	93	O	AN	1	60	Contact Person		
837p-020						Communication Number Qualifier	Req	PER03	365	X	ID	2	2	Codes ED, EM, FX, TE		
837p-021						Communication Number	Req	PER04	364	X	AN	1	80	Communication number		
837p-022						Communication Number Qualifier	Sit	PER05	365	X	ID	2	2			
837p-023						Communication Number	Sit	PER06	364	X	AN	1	80			
837p-024						Communication Number Qualifier	Sit	PER07	365	X	ID	2	2			
837p-025						Communication Number	Sit	PER08	364	X	AN	1	80			
837p-026	Receiver Name	Required	1	1000B	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"40"		
837p-027						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-028						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	"ADHS/BHS"		
837p-029						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"46"		
837p-030						Identification code	Req	NM109	67	X	AN	2	80	"86-6004791"		
837p-031	Billing/Pay-to provider hierarchical level	Required	1	2000A	>1	Hierarchical Id Number	Req	HL01	628	M	AN	1	12	Starts with 1 and is incremented for each HL		
837p-032						Hierarchical Level Code	Req	HL03	735	M	ID	1	2	"20"		
837p-033						Hierarchical Child Code	Req	HL04	736	O	ID	1	1	"1"		
837p-039	Billing Provider Name	Required	1	2010AA	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"85"		
837p-040						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"	***NOTE***NOTE***NOTE***	
837p-041						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Group Biller Name / Provider Name	If there is a group biller, send the	
837p-045						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"24" until Nat Prov Id issued, then "XX"	group biller info in this loop and the	
837p-046						Identification code	Req	NM109	67	X	AN	2	80	EIN until Nat Prov ID issued	provider info in the pay-to loop. If	
837p-047	Billing Provider Address	Required	1	2010AA	1	Address Information	Req	N301	166	M	AN	1	55	Group Biller / Provider Address	there is no group biller then the	
837p-048						Address Information	Sit	N302	166	O	AN	1	55		provider info should be sent in this	
837p-049	Billing Provider City/State/Zip code	Required	1	2010AA	1	City Name	Req	N401	19	O	AN	2	30	Group Biller / Provider City	loop and there is no pay-to loop.	
837p-050						State or Providence Code	Req	N402	156	O	ID	2	2	Group Biller / Provider State		
837p-051						Postal Code	Req	N403	116	O	ID	3	15	Group Biller / Provider Zip Code		
837p-052						Country Code	Sit	N404	26	O	ID	2	3			
837p-053	Billing Provider Secondary Identification	Situational	8	2010AA	1	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"1D"		
837p-054						Reference Identification	Req	REF02	127	X	AN	1	30	Group Biller ID / Provider Id	group_biller_id / provider_id	Char(9)
837p-065	Pay-to Provider Name	Situational	1	2010AB	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"87"		
837p-066						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-067						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Provider Name		
837p-071						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"24" until Nat Prov ID issued, then "XX"		
837p-072						Identification code	Req	NM109	67	X	AN	2	80	EIN until Nat Prov ID issued		
837p-073	Pay-to Provider Address	Required	1	2010AB	1	Address Information	Req	N301	166	M	AN	1	55	Provider Address		
837p-074						Address Information	Sit	N302	166	O	AN	1	55			
837p-075	Pay-to Provider City/State/Zip code	Required	1	2010AB	1	City Name	Req	N401	19	O	AN	2	30	Provider City		
837p-076						State or Province Code	Req	N402	156	O	ID	2	2	Provider State		
837p-077						Postal Code	Req	N403	116	O	ID	3	15	Provider Zip Code		
837p-078						Country Code	Sit	N404	26	O	ID	2	3			
837p-079	Pay-to Provider Secondary Identification	Situational	5	2010AB	1	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"G2"		
837p-080						Reference Identification	Req	REF02	127	X	AN	1	30	Provider ID	provider_id	Char(9)
837p-081	Subscriber Hierarchical Level	Required	1	2000B	>1	Hierarchical Id Number	Req	HL01	628	M	AN	1	12	Next HL# (incremented by 1 for each HL)		
837p-082						Hierarchical Parent ID Number	Req	HL02	734	O	AN	1	12	HL01 from provider HL level		
837p-083						Hierarchical Level Code	Req	HL03	735	M	ID	1	2	"22"		
837p-084						Hierarchical Child Code	Req	HL04	736	O	ID	1	1	"0"		
837p-085	Subscriber Information	Required	1	2000B	1	Payer Responsibility Sequence Number Code	Req	SBR01	1138	M	ID	1	1	"T"		
837p-086						Individual Relationship Code	Sit	SBR02	1069	O	ID	2	2	"18"		
837p-087						Reference Identification	Sit	SBR03	127	O	AN	1	30			
837p-088						Name	Sit	SBR04	93	O	AN	1	60			
837p-089						Insurance Type Code	Sit	SBR05	1336	O	ID	1	3			
837p-090						Claim Filling Indicator Code	Sit	SBR09	1032	O	ID	1	2	"MC"		
837p-096	Subscriber Name	Required	1	2010BA	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"IL"		
837p-097						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"1"		

ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
837p-098						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Client's Last Name		
837p-099						Name First	Sit	NM104	1036	O	AN	1	25	Client's First Name		
837p-100						Name Middle	Sit	NM105	1037	O	AN	1	25			
837p-101						Name suffix	Sit	NM107	1039	O	AN	1	10			
837p-102						Identification code Qualifier	Sit	NM108	66	X	ID	1	2	"MI"		
837p-103						Identification code	Sit	NM109	67	X	AN	2	80	Client ID	client-id	Char(10)
837p-104	Subscriber Address	Situational	1	2010BA	1	Address Information	Req	N301	166	M	AN	1	55			
837p-105						Address Information	Sit	N302	166	O	AN	1	55			
837p-106	Subscriber City/State/Zip code	Situational	1	2010BA	1	City Name	Req	N401	19	O	AN	2	30			
837p-107						State or Province Code	Req	N402	156	O	ID	2	2			
837p-108						Postal Code	Req	N403	116	O	ID	3	15			
837p-109						Country Code	Sit	N404	26	O	ID	2	3			
837p-110	Subscriber Demographic Information	Situational	1	2010BA	1	Date Time Period format Qualifier	Req	DMG01	1250	X	ID	2	3	"D8"		
837p-111						Date Time Period	Req	DMG02	1251	X	AN	1	35			
837p-112						Gender Code	Req	DMG03	1068	O	ID	1	1			
837p-117	Payer Name	Required	1	2010BB	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"PR"		
837p-118						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-119						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	"ADHS/BHS"		
837p-120						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"PI"		
837p-121						Identification code	Req	NM109	67	X	AN	2	80	"86-6004791"		
837p-183	Claim Information	Required	1	2300	100	Claim submitter's Identifier	Req	CLM01	1028	M	AN	1	38	ICN Number	ICN-Nbr	Char(11)
837p-184						Monetary Amount	Req	CLM02	782	O	R	1	18	Line Item Charge Amount	Billed_Amount	Num(7)
837p-185	****NOTE** The 2300 through 2330B info**					Health Care Service Location Information	Req	CLM05	C023	O						
837p-186	**must be repeated for each line of a multi**					Facility Code Value	Req	CLM05-1	1331	M	AN	1	2	Place of Service	Place_of_Service	Char(2)
837p-187	**line HCFA when Medicare or Other Ins**					Claim Frequency Type Code	Req	CLM05-3	1325	O	ID	1	1	"1"	Adjustment_Flag	char(1)
837p-188	**Information is present**					Yes/No Condition or Response Code	Req	CLM06	1073	O	ID	1	1	"Y"		
837p-189						Provider Accept Assigment Code	Req	CLM07	1359	O	ID	1	1	"A"		
837p-190						Yes/No Condition or Response Code	Req	CLM08	1073	O	ID	1	1	"Y"		
837p-191						Release of Information Code	Req	CLM09	1363	O	ID	1	1	"A", "I", "M", "O", "Y"		
837p-192						Patient Signature Source Code	Sit	CLM10	1351	O	ID	1	1	"C"		
837p-193						Related Causes Information	Sit	CLM11	C024	O						
837p-194						Related-Causes Code	Req	CLM11-1	1362	M	ID	2	3			
837p-195						Related-Causes Code	Sit	CLM11-2	1362	O	ID	2	3			
837p-196						Related-Causes Code	Sit	CLM11-3	1362	O	ID	2	3			
837p-197						State or Province Code	Sit	CLM11-4	156	O	ID	2	2			
837p-198						Country Code	Sit	CLM11-5	26	O	ID	2	3			
837p-199						Special Program Code	Sit	CLM12	1366	O	ID	2	3			
837p-200						Provider Agreement Code	Sit	CLM16	1360	O	ID	1	1			
837p-201						Delay Reason Code	Sit	CLM20	1514	O	ID	1	2			
837p-272	Prior Authorization or Referral Number	Situational	2	2300	100	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"G1"		
837p-273						Reference Identification	Req	REF02	127	X	AN	1	30	Prior Authorization Number	Prior_Auth_nbr	Char(6)
837p-274	Original Reference Number (ICN/DCN)	Situational	1	2300	100	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"F8"		
837p-275						Reference Identification	Req	REF02	127	X	AN	1	30	Claim Original Reference Number	Adjustment_icn	Char(11)
837p-293	Claim Note	Situational	1	2300	100	Note Reference Code	Req	NTE01	363	O	ID	3	3	"ADD"		
837p-294						Description	Req	NTE02	352	M	AN	1	80	String the three fields into a single 10 char entry	Dup-Override-Ind, Oth-Ins-Cov-Flag + Encounter-Processed-Date	Char(10)
837p-295	Ambulance Transport information	Situational	1	2300	100	Unit or Basis for Measurement Code	Sit	CR101	355	X	ID	2	2		Not stored	
837p-296	**Required For Transportation Encounters**					Weight	Sit	CR102	81	X	R	1	10		Not stored	
837p-297	**ONLY!!!**					Ambulance Transport Code	Req	CR103	1316	O	ID	1	1	"X" Replaces "2X" modifier	trans_type_code	Char(1)
837p-298						Ambulance Transport Reason Code	Req	CR104	1317	O	ID	1	1	"A", "B", "C", "D", or "E"	trans_reason_code	Char(1)
837p-299						Unit or Basis for Measurement Code	Req	CR105	355	X	ID	2	2	"DH"	Not stored	
837p-300						Quantity	Req	CR106	380	X	R	1	15	Miles (should be same as SV104)	Not stored	
837p-301						Description	Sit	CR109	352	O	AN	1	80	Required when CR103 = "X"	Not stored	
837p-302						Description	Sit	CR110	352	O	AN	1	80		Not stored	
837p-329	Health Care Diagnosis Code	Situational	1	2300	100	Health Care Code Information	Req	HI01	C022	M						
837p-330						Code List Qualifier Code	Req	HI01-1	1270	M	ID	1	3	"BK"		
837p-331						Industry Code	Req	HI01-2	1271	M	AN	1	30	Diagnosis Code	Diagnosis_code	Char(5)
837p-332						Health Care Code Information	Sit	HI02	C022	O						
837p-333						Code List Qualifier Code	Req	HI02-1	1270	M	ID	1	3	"BF"		
837p-334						Industry Code	Req	HI02-2	1271	M	AN	1	30	ICD9 code 2	icd9_code_2	Char(6)
837p-335						Health Care Code Information	Sit	HI03	C022	O						
837p-336						Code List Qualifier Code	Req	HI03-1	1270	M	ID	1	3	"BF"		
837p-337						Industry Code	Req	HI03-2	1271	M	AN	1	30	ICD9 code 3	icd9_code_3	Char(6)
837p-338						Health Care Code Information	Sit	HI04	C022	O						
837p-339						Code List Qualifier Code	Req	HI04-1	1270	M	ID	1	3	"BF"		
837p-340						Industry Code	Req	HI04-2	1271	M	AN	1	30	ICD9 code 4	icd9_code_4	Char(6)
837p-387	Rendering Provider Name	Situational	1	2310B	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"82"		
837p-388						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-389						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Rendering provider Name		
837p-393						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"24"		

ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
837p-394						Identification code	Req	NM109	67	X	AN	2	80	Identification Code		
837p-432	Other Subscriber Information (Medicare Loop)	Situational	1	2320	10	Payer Responsibility Sequence Number Code	Req	SBR01	1138	M	ID	1	1	"P" or "S"		
837p-433						Individual Relationship Code	Req	SBR02	1069	O	ID	2	2	18		
837p-434						Reference Identification	Sit	SBR03	127	O	AN	1	30			
837p-435						Name	Sit	SBR04	93	O	AN	1	60			
837p-436						Insurance Type Code	Req	SBR05	1336	O	ID	1	3	"MB" or "MP"		
837p-437						Claim Filling Indicator Code	Sit	SBR09	1032	O	ID	1	2	"MB"		
837p-457	COB Payer Paid Amount	Situational	1	2320	10	Amount Qualifier Code	Req	AMT01	522	M	ID	1	3	"D"		
837p-458						Monetary Amount	Req	AMT02	782	M	R	1	18	Medicare Payment	Medicare_payment	Num(8)
837p-461	COB Allowed Amount	Situational	1	2320	10	Amount Qualifier Code	Req	AMT01	522	M	ID	1	3	"B6"		
837p-462						Monetary Amount	Req	AMT02	782	M	R	1	18	Medicare Allowed Amount	Medicare_allow_amount	Num(8)
837p-463	COB Patient Responsibility Amount	Situational	1	2320	10	Amount Qualifier Code	Req	AMT01	522	M	ID	1	3	"F2"		
837p-464						Monetary Amount	Req	AMT02	782	M	R	1	18	Medicare Deductible Amount	medicare_deductible	Num(8)
837p-477	Subscriber Demographic Information	Situational	1	2320	10	Date Time Period format Qualifier	Req	DMG01	1250	X	ID	2	3	"D8"		
837p-478						Date Time Period	Req	DMG02	1251	X	AN	1	35	Date of Birth	-----	
837p-479						Gender Code	Req	DMG03	1068	O	ID	1	1	Gender	-----	
837p-480	Other Insurance Coverage Information	Required	1	2320	10	Yes/No Condition or Response Code	Req	OI03	1073	O	ID	1	1	"Y"		
837p-481						Patient Signature Source Code	Sit	OI04	1351	O	ID	1	1	"C"		
837p-482						Release of Information Code	Req	OI06	1363	O	ID	1	1	"A"		
837p-492	Other Subscriber Name	Required	1	2330A	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"IL"		
837p-493						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"1"		
837p-494						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Client's Last Name		
837p-495						Name First	Sit	NM104	1036	O	AN	1	25	Client's First Name		
837p-496						Name Middle	Sit	NM105	1037	O	AN	1	25			
837p-497						Name suffix	Sit	NM107	1039	O	AN	1	10			
837p-498						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"MI"		
837p-499						Identification code	Req	NM109	67	X	AN	2	80	Client's medicare ID		
837p-508	Other Payer Name	Required	1	2330B	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"PR"		
837p-509						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-510						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	"Medicare"		
837p-511						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"PI" until Nat Plan ID issued; then "XV"		
837p-512	(end of Medicare Loop)					Identification code	Req	NM109	67	X	AN	2	80	Payer's Plan ID until Nat Plan ID issued		
837p-432	Other Subscriber Information (Oth Ins Loop)	Situational	1	2320	10	Payer Responsibility Sequence Number Code	Req	SBR01	1138	M	ID	1	1	"P" or "S"		
837p-433						Individual Relationship Code	Req	SBR02	1069	O	ID	2	2	18		
837p-434						Reference Identification	Sit	SBR03	127	O	AN	1	30			
837p-435						Name	Sit	SBR04	93	O	AN	1	60			
837p-436						Insurance Type Code	Req	SBR05	1336	O	ID	1	3	"C1"		
837p-437						Claim Filling Indicator Code	Sit	SBR09	1032	O	ID	1	2	any valid code except "MB" or "MC"		
837p-457	COB Payer Paid Amount	Situational	1	2320	10	Amount Qualifier Code	Req	AMT01	522	M	ID	1	3	"D"		
837p-458						Monetary Amount	Req	AMT02	782	M	R	1	18	Other Insurance Payment	Other_ins_payment	Num(8)
837p-477	Subscriber Demographic Information	Situational	1	2320	10	Date Time Period format Qualifier	Req	DMG01	1250	X	ID	2	3	"D8"		
837p-478						Date Time Period	Req	DMG02	1251	X	AN	1	35			
837p-479						Gender Code	Req	DMG03	1068	O	ID	1	1			
837p-480	Other Insurance Coverage Information	Required	1	2320	10	Yes/No Condition or Response Code	Req	OI03	1073	O	ID	1	1	"Y"		
837p-481						Patient Signature Source Code	Sit	OI04	1351	O	ID	1	1	"C"		
837p-482						Release of Information Code	Req	OI06	1363	O	ID	1	1	"A"		
837p-492	Other Subscriber Name	Required	1	2330A	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"IL"		
837p-493						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"1"		
837p-494						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Client's Last Name		
837p-495						Name First	Sit	NM104	1036	O	AN	1	25	Client's First Name		
837p-496						Name Middle	Sit	NM105	1037	O	AN	1	25			
837p-497						Name suffix	Sit	NM107	1039	O	AN	1	10			
837p-498						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"MI"		
837p-499						Identification code	Req	NM109	67	X	AN	2	80	Client's Other Insurance ID		
837p-508	Other Payer Name	Required	1	2330B	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"PR"		
837p-509						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-510						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Insurance Company Name		
837p-511						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"PI" until Nat Plan ID issued; then "XV"		
837p-512	(end of Oth Ins Loop)					Identification code	Req	NM109	67	X	AN	2	80	Payer's Plan ID until Nat Plan ID issued		
837p-556	Service Line	Required	1	2400	50	Assigned Number	Req	LX01	554	M	N0	1	6	Line Number for single line HCFAs	Line_nbr	Num(2)
837p-557	Professional Service	Required	1	2400	50	Composite Medical Procedure Identifier	Req	SV101	C003	M						
837p-558						Product/Service ID Qualifier	Req	SV101-1	235	M	ID	2	2	"HC"		
837p-559						Product/Service ID	Req	SV101-2	234	M	AN	1	48	Procedure Code	Procedure_code	Char(5)
837p-560						Procedure Modifier	Sit	SV101-3	1339	O	AN	2	2	Procedure Code Modifier	Proc_Code_modifier	Char(2)
837p-561						Procedure Modifier	Sit	SV101-4	1339	O	AN	2	2	Procedure Code Modifier	Proc_Code_modifier2	Char(2)
837p-562						Procedure Modifier	Sit	SV101-5	1339	O	AN	2	2			
837p-563						Procedure Modifier	Sit	SV101-6	1339	O	AN	2	2			
837p-564						Monetary Amount	Req	SV102	782	O	R	1	18	Line Item Charge Amount	Billed_Amount	Num(7)
837p-565						Unit or Basis for Measurement Code	Req	SV103	355	X	ID	2	2	"UN"		
837p-566						Quantity	Req	SV104	380	X	R	1	15	Unit of Service	Unit_Of_Service	Num(7)

ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
837p-567						Facility Code Value	Sit	SV105	1331	O	AN	1	2	Place of Service	place_of_svc	Char(2)
837p-568						Composite Diagnosis Code Pointer	Sit	SV107	C004	O						
837p-569						Diagnosis Code Pointer	Req	SV107-1	1328	M	N0	1	2	"1"		
837p-570						Diagnosis Code Pointer	Sit	SV107-2	1328	O	N0	1	2	"2"		
837p-571						Diagnosis Code Pointer	Sit	SV107-3	1328	O	N0	1	2	"3"		
837p-572						Diagnosis Code Pointer	Sit	SV107-4	1328	O	N0	1	2	"4"		
837p-573						Yes/No Condition or Response Code	Req	SV109	1073	O	ID	1	1	"Y" if Emergency, no value of not emergency		
837p-574						Yes/No Condition or Response Code	Sit	SV110	1073	O	ID	1	1			
837p-575						Yes/No Condition or Response Code	Sit	SV111	1073	O	ID	1	1			
837p-576						Copay Status Code	Sit	SV115	1327	O	ID	1	1			
837p-587	Ambulance Transport Information	Situational	1	2400	50	Unit or Basis for Measurement Code	Sit	CR101	355	X	ID	2	2	Not expected / not stored		
837p-588	****USED FOR MULTI-LINE HCFAs ONLY**					Weight	Sit	CR102	81	X	R	1	10	Not expected / not stored		
837p-589	**To over-ride CR1 segment in 2300 loop**					Ambulance Transport Code	Req	CR103	1316	O	ID	1	1	"X" Replaces "2X" modifier	trans_type_code	Char(1)
837p-590						Ambulance Transport Reason Code	Req	CR104	1317	O	ID	1	1	"A", "B", "C", "D", or "E"	trans_reason_code	Char(1)
837p-591						Unit or Basis for Measurement Code	Req	CR105	355	X	ID	2	2	"DH"		
837p-592						Quantity	Req	CR106	380	X	R	1	15	Miles (should be same as SV104)		
837p-593						Description	Sit	CR109	352	O	AN	1	80	Required when CR103 = "X"		
837p-594						Description	Sit	CR110	352	O	AN	1	80	Not expected / not stored		
837p-627	Date - Service Date	Required	1	2400	50	Date/Time Qualifier	Req	DTP01	374	M	ID	3	3	Code 472 - Service		
837p-628						Date Time Period Format Qualifier	Req	DTP02	1250	M	ID	2	3	"RD8" CCYYMMDD-CCYYMMDD		
837p-629						Date Time Period	Req	DTP03	1251	M	AN	1	35	Service Date - End Date	Service-Start-Date, Service-End-Date	Num(16)
837p-669	Contract Information	Situational	1	2400	50	Contract Type Code	Req	CN101	1166	M	ID	2	2	"05" or "02"	svc-type	char(1)
837p-670						Monetary Amount	Sit	CN102	782	O	R	1	18	Special Net Value or Net-Paid	special-net-value / net-paid	num(7)
837p-681	Line Item Control Number	Situational	1	2400	50	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"6R"		
837p-682	****USED FOR MULTI-LINE HCFAs ONLY**					Reference Identification	Req	REF02	127	M	AN	1	30	Line Number for multi-line HCFAs	Line_nbr	Num(2)
837p-865	Transaction Set Trailer	Required	1			Number of Included Segments	Req	SE01	96	M	N0	1	10	Total # of segments (including ST and SE)	Transfer-Record-Count	Num(8)
837p-866						Transaction Set Control Number	Req	SE02	329	M	AN	4	9			

Gray'ed elements are situational elements that are not used by BHS. However if elements are sent, they must follow the HIPAA Implementation Guides.

INPUT FIELD NAME:
Corresponding Field name is the Input flat files

INPUT FIELD SIZE:
Corresponding Field size in the input flat files

ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
837p-001	Transaction Set Header	Required	1			Transaction Set Identifier Code	Req	ST01	143	M	ID	3	3	"837"		
837p-002						Transaction Set Control Number	Req	ST02	329	M	ID	4	9	Incremented Number		
837p-003	Beginning of Hierarchical Transaction	Required	1			Hierarchical Structure Code	Req	BHT01	1005	M	ID	4	4	"0019"		
837p-004						Transaction Set purpose Code	Req	BHT02	353	M	ID	2	2	"00"		
837p-005						Reference Identification	Req	BHT03	127	O	AN	1	30	Originator Application Transaction Identifier		
837p-006						Date	Req	BHT04	373	O	DT	8	8	Transaction Set Creation Date	Transfer-Date	Num(8)
837p-007						Time	Req	BHT05	337	O	TM	4	8	Transaction Set Creation Time	Transfer-Time	Num(8)
837p-008						Transaction Type Code	Req	BHT06	640	O	ID	2	2	"RP"		
837p-009	Transmission Type Identification	Required	1			Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"87"		
837p-010						Reference Identification	Req	REF02	127	X	AN	1	30	"004010X098A1" (004010X098DA1 for test file)		
837p-011	Submitter Name	Required	1	1000A	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"41"		
837p-012						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-013						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	RBHA Name		
837p-014						Name First	Sit	NM104	1036	O	AN	1	25			
837p-015						Name Middle	Sit	NM105	1037	O	AN	1	25			
837p-016						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"46"		
837p-017						Identification code	Req	NM109	67	X	AN	2	80	Contractor ID	Rbha_id	Char(2)
837p-018	Submitter EDI Contact Information	Required	2	1000A	1	Contact Function Code	Req	PER01	366	M	ID	2	2	"IC"		
837p-019						Name	Req	PER02	93	O	AN	1	60	Contact Person		
837p-020						Communication Number Qualifier	Req	PER03	365	X	ID	2	2	Codes ED, EM, FX, TE		
837p-021						Communication Number	Req	PER04	364	X	AN	1	80	Communication number		
837p-022						Communication Number Qualifier	Sit	PER05	365	X	ID	2	2			
837p-023						Communication Number	Sit	PER06	364	X	AN	1	80			
837p-024						Communication Number Qualifier	Sit	PER07	365	X	ID	2	2			
837p-025						Communication Number	Sit	PER08	364	X	AN	1	80			
837p-026	Receiver Name	Required	1	1000B	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"40"		
837p-027						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-028						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	"ADHS/BHS"		
837p-029						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"46"		
837p-030						Identification code	Req	NM109	67	X	AN	2	80	"86-6004791"		
837p-031	Billing/Pay-to provider hierarchical level	Required	1	2000A	>1	Hierarchical Id Number	Req	HL01	628	M	AN	1	12	Starts with 1 and is incremented for each HL		
837p-032						Hierarchical Level Code	Req	HL03	735	M	ID	1	2	"20"		
837p-033						Hierarchical Child Code	Req	HL04	736	O	ID	1	1	"1"		
837p-039	Billing Provider Name	Required	1	2010AA	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"85"		
837p-040						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-041						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Group Biller Name	***NOTE***NOTE***NOTE***	
837p-045						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"24" until Nat Prov Id issued, then "XX"	If there is a group biller, send the	
837p-046						Identification code	Req	NM109	67	X	AN	2	80	EIN until Nat Prov ID issued	group biller info in this loop and the	
837p-047	Billing Provider Address	Required	1	2010AA	1	Address Information	Req	N301	166	M	AN	1	55	Group Biller Address	provider info in the pay-to loop. If	
837p-048						Address Information	Sit	N302	166	O	AN	1	55		there is no group biller then the	
837p-049	Billing Provider City/State/Zip code	Required	1	2010AA	1	City Name	Req	N401	19	O	AN	2	30	Group Biller City	provider info should be sent in this	
837p-050						State or Providence Code	Req	N402	156	O	ID	2	2	Group Biller State	loop and there is no pay-to loop.	
837p-051						Postal Code	Req	N403	116	O	ID	3	15	Group Biller Zip Code		
837p-052						Country Code	Sit	N404	26	O	ID	2	3			
837p-053	Billing Provider Secondary Identification	Situational	8	2010AA	1	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"1D"		
837p-054						Reference Identification	Req	REF02	127	X	AN	1	30	Group Biller ID / Provider Id	group_biller_id / provider_id	Char(9)
837p-065	Pay-to Provider Name	Situational	1	2010AB	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"87"		
837p-066						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-067						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Provider Name		
837p-071						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"24" until Nat Prov ID issued, then "XX"		
837p-072						Identification code	Req	NM109	67	X	AN	2	80	EIN until Nat Prov ID issued		
837p-073	Pay-to Provider Address	Required	1	2010AB	1	Address Information	Req	N301	166	M	AN	1	55	Provider Address		
837p-074						Address Information	Sit	N302	166	O	AN	1	55			
837p-075	Pay-to Provider City/State/Zip code	Required	1	2010AB	1	City Name	Req	N401	19	O	AN	2	30	Provider City		
837p-076						State or Province Code	Req	N402	156	O	ID	2	2	Provider State		
837p-077						Postal Code	Req	N403	116	O	ID	3	15	Provider Zip Code		
837p-078						Country Code	Sit	N404	26	O	ID	2	3			
837p-079	Pay-to Provider Secondary Identification	Situational	5	2010AB	1	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"G2"		
837p-080						Reference Identification	Req	REF02	127	X	AN	1	30	Provider ID	provider_id	Char(9)
837p-081	Subscriber Hierarchical Level	Required	1	2000B	>1	Hierarchical Id Number	Req	HL01	628	M	AN	1	12	Next HL# (incremented by 1 for each HL)		
837p-082						Hierarchical Parent ID Number	Req	HL02	734	O	AN	1	12	HL01 from provider HL level		
837p-083						Hierarchical Level Code	Req	HL03	735	M	ID	1	2	"22"		
837p-084						Hierarchical Child Code	Req	HL04	736	O	ID	1	1	"0"		
837p-085	Subscriber Information	Required	1	2000B	1	Payer Responsibility Sequence Number Code	Req	SBR01	1138	M	ID	1	1	"T"		
837p-086						Individual Relationship Code	Sit	SBR02	1069	O	ID	2	2	"18"		
837p-087						Reference Identification	Sit	SBR03	127	O	AN	1	30			
837p-088						Name	Sit	SBR04	93	O	AN	1	60			
837p-089						Insurance Type Code	Sit	SBR05	1336	O	ID	1	3			
837p-090						Claim Filling Indicator Code	Sit	SBR09	1032	O	ID	1	2	"MC"		
837p-096	Subscriber Name	Required	1	2010BA	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"IL"		
837p-097						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"1"		

ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
837p-098						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Client's Last Name		
837p-099						Name First	Sit	NM104	1036	O	AN	1	25	Client's First Name		
837p-100						Name Middle	Sit	NM105	1037	O	AN	1	25			
837p-101						Name suffix	Sit	NM107	1039	O	AN	1	10			
837p-102						Identification code Qualifier	Sit	NM108	66	X	ID	1	2	"MI"		
837p-103						Identification code	Sit	NM109	67	X	AN	2	80	Client ID	client-id	Char(10)
837p-104	Subscriber Address	Situational	1	2010BA	1	Address Information	Req	N301	166	M	AN	1	55			
837p-105						Address Information	Sit	N302	166	O	AN	1	55			
837p-106	Subscriber City/State/Zip code	Situational	1	2010BA	1	City Name	Req	N401	19	O	AN	2	30			
837p-107						State or Province Code	Req	N402	156	O	ID	2	2			
837p-108						Postal Code	Req	N403	116	O	ID	3	15			
837p-109						Country Code	Sit	N404	26	O	ID	2	3			
837p-110	Subscriber Demographic Information	Situational	1	2010BA	1	Date Time Period format Qualifier	Req	DMG01	1250	X	ID	2	3	"D8"		
837p-111						Date Time Period	Req	DMG02	1251	X	AN	1	35			
837p-112						Gender Code	Req	DMG03	1068	O	ID	1	1			
837p-117	Payer Name	Required	1	2010BB	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"PR"		
837p-118						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-119						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	"ADHS/BHS"		
837p-120						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"PI"		
837p-121						Identification code	Req	NM109	67	X	AN	2	80	"86-6004791"		
837p-183	Claim Information	Required	1	2300	100	Claim submitter's Identifier	Req	CLM01	1028	M	AN	1	38	ICN Number	ICN-Nbr	Char(11)
837p-184	****NOTE** The 2300 through 2330B info					Monetary Amount	Req	CLM02	782	O	R	1	18	Sum of 2400 Billed-amounts		
837p-185	**must be repeated for each line of a multi**					Health Care Service Location Information	Req	CLM05	C023	O						
837p-186	**line HCFA when Medicare or Other Ins**					Facility Code Value	Req	CLM05-1	1331	M	AN	1	2	Place of Service	Place_of_Service	Char(2)
837p-187	**Information is present**					Claim Frequency Type Code	Req	CLM05-3	1325	O	ID	1	1	"7"=Replace or "8"=Void	Adjustment_Flag	char(1)
837p-188						Yes/No Condition or Response Code	Req	CLM06	1073	O	ID	1	1	"Y"		
837p-189						Provider Accept Assigment Code	Req	CLM07	1359	O	ID	1	1	"A"		
837p-190						Yes/No Condition or Response Code	Req	CLM08	1073	O	ID	1	1	"Y"		
837p-191						Release of Information Code	Req	CLM09	1363	O	ID	1	1	"A", "I", "M", "O", "Y"		
837p-192						Patient Signature Source Code	Sit	CLM10	1351	O	ID	1	1	"C"		
837p-193						Related Causes Information	Sit	CLM11	C024	O						
837p-194						Related-Causes Code	Req	CLM11-1	1362	M	ID	2	3			
837p-195						Related-Causes Code	Sit	CLM11-2	1362	O	ID	2	3			
837p-196						Related-Causes Code	Sit	CLM11-3	1362	O	ID	2	3			
837p-197						State or Province Code	Sit	CLM11-4	156	O	ID	2	2			
837p-198						Country Code	Sit	CLM11-5	26	O	ID	2	3			
837p-199						Special Program Code	Sit	CLM12	1366	O	ID	2	3			
837p-200						Provider Agreement Code	Sit	CLM16	1360	O	ID	1	1			
837p-201						Delay Reason Code	Sit	CLM20	1514	O	ID	1	2			
837p-272	Prior Authorization or Referral Number	Situational	2	2300	100	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"G1"		
837p-273						Reference Identification	Req	REF02	127	X	AN	1	30	Prior Authorization Number	Prior_Auth_nbr	Char(6)
837p-274	Original Reference Number (ICN/DCN)	Situational	1	2300	100	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"F8"		
837p-275						Reference Identification	Req	REF02	127	X	AN	1	30	Claim Original Reference Number	Adjustment_icn	Char(11)
837p-293	Claim Note	Situational	1	2300	100	Note Reference Code	Req	NTE01	363	O	ID	3	3	"ADD"		
837p-294						Description	Req	NTE02	352	M	AN	1	80	String the three fields into a single 10 char entry	Dup-Override-Ind, Oth-Ins-Cov-Flag + Encounter-Processed-Date	Char(10)
837p-295	Ambulance Transport information	Situational	1	2300	100	Unit or Basis for Measurement Code	Sit	CR101	355	X	ID	2	2		Not stored	
837p-296	**Required For Transportation Encounters**					Weight	Sit	CR102	81	X	R	1	10		Not stored	
837p-297	**ONLY!!!**					Ambulance Transport Code	Req	CR103	1316	O	ID	1	1	"X" Replaces "2X" modifier	trans_type_code	Char(1)
837p-298						Ambulance Transport Reason Code	Req	CR104	1317	O	ID	1	1	"A", "B", "C", "D", or "E"	trans_reason_code	Char(1)
837p-299						Unit or Basis for Measurement Code	Req	CR105	355	X	ID	2	2	"DH"	Not stored	
837p-300						Quantity	Req	CR106	380	X	R	1	15	Miles (should be same as SV104)	Not stored	
837p-301						Description	Sit	CR109	352	O	AN	1	80	Required when CR103 = "X"	Not stored	
837p-302						Description	Sit	CR110	352	O	AN	1	80		Not stored	
837p-329	Health Care Diagnosis Code	Situational	1	2300	100	Health Care Code Information	Req	HI01	C022	M						
837p-330						Code List Qualifier Code	Req	HI01-1	1270	M	ID	1	3	"BK"		
837p-331						Industry Code	Req	HI01-2	1271	M	AN	1	30	Diagnosis Code	Diagnosis_code	Char(5)
837p-332						Health Care Code Information	Sit	HI02	C022	O						
837p-333						Code List Qualifier Code	Req	HI02-1	1270	M	ID	1	3	"BF"		
837p-334						Industry Code	Req	HI02-2	1271	M	AN	1	30	ICD9 code 2	icd9_code_2	Char(6)
837p-335						Health Care Code Information	Sit	HI03	C022	O						
837p-336						Code List Qualifier Code	Req	HI03-1	1270	M	ID	1	3	"BF"		
837p-337						Industry Code	Req	HI03-2	1271	M	AN	1	30	ICD9 code 3	icd9_code_3	Char(6)
837p-338						Health Care Code Information	Sit	HI04	C022	O						
837p-339						Code List Qualifier Code	Req	HI04-1	1270	M	ID	1	3	"BF"		
837p-340						Industry Code	Req	HI04-2	1271	M	AN	1	30	ICD9 code 4	icd9_code_4	Char(6)
837p-387	Rendering Provider Name	Situational	1	2310B	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"82"		
837p-388						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-389						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Rendering provider Name		
837p-393						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"24"		

ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
837p-394						Identification code	Req	NM109	67	X	AN	2	80	Identification Code		
837p-432	Other Subscriber Information (Medicare Loop)	Situational	1	2320	10	Payer Responsibility Sequence Number Code	Req	SBR01	1138	M	ID	1	1	"P" or "S"		
837p-433						Individual Relationship Code	Req	SBR02	1069	O	ID	2	2	18		
837p-434						Reference Identification	Sit	SBR03	127	O	AN	1	30			
837p-435						Name	Sit	SBR04	93	O	AN	1	60			
837p-436						Insurance Type Code	Req	SBR05	1336	O	ID	1	3	"MB" or "MP"		
837p-437						Claim Filling Indicator Code	Sit	SBR09	1032	O	ID	1	2	"MB"		
837p-457	COB Payer Paid Amount	Situational	1	2320	10	Amount Qualifier Code	Req	AMT01	522	M	ID	1	3	"D"		
837p-458						Monetary Amount	Req	AMT02	782	M	R	1	18	Medicare Payment	Medicare_payment	Num(8)
837p-461	COB Allowed Amount	Situational	1	2320	10	Amount Qualifier Code	Req	AMT01	522	M	ID	1	3	"B6"		
837p-462						Monetary Amount	Req	AMT02	782	M	R	1	18	Medicare Allowed Amount	Medicare_allow_amount	Num(8)
837p-463	COB Patient Responsibility Amount	Situational	1	2320	10	Amount Qualifier Code	Req	AMT01	522	M	ID	1	3	"F2"		
837p-464						Monetary Amount	Req	AMT02	782	M	R	1	18	Medicare Deductible Amount	medicare_deductible	Num(8)
837p-477	Subscriber Demographic Information	Situational	1	2320	10	Date Time Period format Qualifier	Req	DMG01	1250	X	ID	2	3	"D8"		
837p-478						Date Time Period	Req	DMG02	1251	X	AN	1	35	Date of Birth	-----	
837p-479						Gender Code	Req	DMG03	1068	O	ID	1	1	Gender	-----	
837p-480	Other Insurance Coverage Information	Required	1	2320	10	Yes/No Condition or Response Code	Req	OI03	1073	O	ID	1	1	"Y"		
837p-481						Patient Signature Source Code	Sit	OI04	1351	O	ID	1	1	"C"		
837p-482						Release of Information Code	Req	OI06	1363	O	ID	1	1	"A"		
837p-492	Other Subscriber Name	Required	1	2330A	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"IL"		
837p-493						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"1"		
837p-494						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Client's Last Name		
837p-495						Name First	Sit	NM104	1036	O	AN	1	25	Client's First Name		
837p-496						Name Middle	Sit	NM105	1037	O	AN	1	25			
837p-497						Name suffix	Sit	NM107	1039	O	AN	1	10			
837p-498						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"MI"		
837p-499						Identification code	Req	NM109	67	X	AN	2	80	Client's medicare ID		
837p-508	Other Payer Name	Required	1	2330B	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"PR"		
837p-509						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-510						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	"Medicare"		
837p-511						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"PI" until Nat Plan ID issued; then "XV"		
837p-512	(end of Medicare Loop)					Identification code	Req	NM109	67	X	AN	2	80	Payer's Plan ID until Nat Plan ID issued		
837p-432	Other Subscriber Information (Oth Ins Loop)	Situational	1	2320	10	Payer Responsibility Sequence Number Code	Req	SBR01	1138	M	ID	1	1	"P" or "S"		
837p-433						Individual Relationship Code	Req	SBR02	1069	O	ID	2	2	18		
837p-434						Reference Identification	Sit	SBR03	127	O	AN	1	30			
837p-435						Name	Sit	SBR04	93	O	AN	1	60			
837p-436						Insurance Type Code	Req	SBR05	1336	O	ID	1	3	"C1"		
837p-437						Claim Filling Indicator Code	Sit	SBR09	1032	O	ID	1	2	any valid code except "MB" or "MC"		
837p-457	COB Payer Paid Amount	Situational	1	2320	10	Amount Qualifier Code	Req	AMT01	522	M	ID	1	3	"D"		
837p-458						Monetary Amount	Req	AMT02	782	M	R	1	18	Other Insurance Payment	Other_ins_payment	Num(8)
837p-477	Subscriber Demographic Information	Situational	1	2320	10	Date Time Period format Qualifier	Req	DMG01	1250	X	ID	2	3	"D8"		
837p-478						Date Time Period	Req	DMG02	1251	X	AN	1	35			
837p-479						Gender Code	Req	DMG03	1068	O	ID	1	1			
837p-480	Other Insurance Coverage Information	Required	1	2320	10	Yes/No Condition or Response Code	Req	OI03	1073	O	ID	1	1	"Y"		
837p-481						Patient Signature Source Code	Sit	OI04	1351	O	ID	1	1	"C"		
837p-482						Release of Information Code	Req	OI06	1363	O	ID	1	1	"A"		
837p-492	Other Subscriber Name	Required	1	2330A	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"IL"		
837p-493						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"1"		
837p-494						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Client's Last Name		
837p-495						Name First	Sit	NM104	1036	O	AN	1	25	Client's First Name		
837p-496						Name Middle	Sit	NM105	1037	O	AN	1	25			
837p-497						Name suffix	Sit	NM107	1039	O	AN	1	10			
837p-498						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"MI"		
837p-499						Identification code	Req	NM109	67	X	AN	2	80	Client's Other Insurance ID		
837p-508	Other Payer Name	Required	1	2330B	1	Entity Identifier Code	Req	NM101	98	M	ID	2	3	"PR"		
837p-509						Entity Type Qualifier	Req	NM102	1065	M	ID	1	1	"2"		
837p-510						Name Last / Organization Name	Req	NM103	1035	O	AN	1	35	Insurance Company Name		
837p-511						Identification code Qualifier	Req	NM108	66	X	ID	1	2	"PI" until Nat Plan ID issued; then "XV"		
837p-512	(end of Oth Ins Loop)					Identification code	Req	NM109	67	X	AN	2	80	Payer's Plan ID until Nat Plan ID issued		
837p-556	Service Line	Required	1	2400	50	Assigned Number	Req	LX01	554	M	N0	1	6	Line Number	Line_nbr	Num(2)
837p-557	Professional Service	Required	1	2400	50	Composite Medical Procedure Identifier	Req	SV101	C003	M						
837p-558						Product/Service ID Qualifier	Req	SV101-1	235	M	ID	2	2	"HC"		
837p-559						Product/Service ID	Req	SV101-2	234	M	AN	1	48	Procedure Code	Procedure_code	Char(5)
837p-560						Procedure Modifier	Sit	SV101-3	1339	O	AN	2	2	Procedure Code Modifier	Proc_Code_modifier	Char(2)
837p-561						Procedure Modifier	Sit	SV101-4	1339	O	AN	2	2	Procedure Code Modifier	Proc_Code_modifier2	Char(2)
837p-562						Procedure Modifier	Sit	SV101-5	1339	O	AN	2	2			
837p-563						Procedure Modifier	Sit	SV101-6	1339	O	AN	2	2			
837p-564						Monetary Amount	Req	SV102	782	O	R	1	18	Line Item Charge Amount	Billed_Amount	Num(7)
837p-565						Unit or Basis for Measurement Code	Req	SV103	355	X	ID	2	2	"UN"		
837p-566						Quantity	Req	SV104	380	X	R	1	15	Unit of Service	Unit_Of_Service	Num(7)

ELEMENT ID	SEGMENT NAME	USAGE	Segment Repeat	LOOP	Loop Repeat	ELEMENT NAME	USAGE	ABBREV. NAME	DATA ELEMENT	REQ. DES.	DATA TYPE	MIN LEN	MAX LEN	SHORT DESCRIPTION	INPUT FIELD NAME	INPUT FIELD SIZE
837p-567						Facility Code Value	Sit	SV105	1331	O	AN	1	2	Place of Service	place_of_svc	Char(2)
837p-568						Composite Diagnosis Code Pointer	Sit	SV107	C004	O						
837p-569						Diagnosis Code Pointer	Req	SV107-1	1328	M	N0	1	2	"1"		
837p-570						Diagnosis Code Pointer	Sit	SV107-2	1328	O	N0	1	2	"2"		
837p-571						Diagnosis Code Pointer	Sit	SV107-3	1328	O	N0	1	2	"3"		
837p-572						Diagnosis Code Pointer	Sit	SV107-4	1328	O	N0	1	2	"4"		
837p-573						Yes/No Condition or Response Code	Req	SV109	1073	O	ID	1	1	"Y" if Emergency, no value of not emergency		
837p-574						Yes/No Condition or Response Code	Sit	SV110	1073	O	ID	1	1			
837p-575						Yes/No Condition or Response Code	Sit	SV111	1073	O	ID	1	1			
837p-576						Copay Status Code	Sit	SV115	1327	O	ID	1	1			
837p-587	Ambulance Transport Information	Situational	1	2400	50	Unit or Basis for Measurement Code	Sit	CR101	355	X	ID	2	2	Not expected / not stored		
837p-588	**USED FOR MULTI-LINE HCFAs ONLY					Weight	Sit	CR102	81	X	R	1	10	Not expected / not stored		
837p-589	To over-ride CR1 segment in 2300 loop					Ambulance Transport Code	Req	CR103	1316	O	ID	1	1	"X" Replaces "2X" modifier	trans_type_code	Char(1)
837p-590						Ambulance Transport Reason Code	Req	CR104	1317	O	ID	1	1	"A", "B", "C", "D", or "E"	trans_reason_code	Char(1)
837p-591						Unit or Basis for Measurement Code	Req	CR105	355	X	ID	2	2	"DH"		
837p-592						Quantity	Req	CR106	380	X	R	1	15	Miles (should be same as SV104)		
837p-593						Description	Sit	CR109	352	O	AN	1	80	Required when CR103 = "X"		
837p-594						Description	Sit	CR110	352	O	AN	1	80	Not expected / not stored		
837p-627	Date - Service Date	Required	1	2400	50	Date/Time Qualifier	Req	DTP01	374	M	ID	3	3	Code 472 - Service		
837p-628						Date Time Period Format Qualifier	Req	DTP02	1250	M	ID	2	3	"RD8" CCYYMMDD-CCYYMMDD		
837p-629						Date Time Period	Req	DTP03	1251	M	AN	1	35	Service Date - End Date	Service-Start-Date, Service-End-Date	Num(16)
837p-669	Contract Information	Situational	1	2400	50	Contract Type Code	Req	CN101	1166	M	ID	2	2	"05" or "02"	svc-type	char(1)
837p-670						Monetary Amount	Sit	CN102	782	O	R	1	18	Special Net Value or Net-Paid	special-net-value / net-paid	num(7)
837p-681	Line Item Control Number	Situational	1	2400	50	Reference Identification Qualifier	Req	REF01	128	M	ID	2	3	"6R"		
837p-682	**USED FOR MULTI-LINE HCFAs ONLY					Reference Identification	Req	REF02	127	M	AN	1	30	Line Number	Line_nbr	Num(2)
837p-865	Transaction Set Trailer	Required	1			Number of Included Segments	Req	SE01	96	M	N0	1	10	Total # of segments (including ST and SE)	Transfer-Record-Count	Num(8)
837p-866						Transaction Set Control Number	Req	SE02	329	M	AN	4	9			

Gray'ed elements are situational elements that are not used by BHS. However if elements are used, they must follow the HIPAA Implementation Guides.

INPUT FIELD NAME:
Corresponding Field name is the Input flat files

INPUT FIELD SIZE:
Corresponding Field size in the input flat files

INTRODUCTION

ADHS/DBHS is pleased to present detailed instructions for completion and submission of data for the HIPAA-compliant ASC X12N 837 Health Care Claims Transaction Format for HCFA 1500 Professional Claims/Encounters. This system will be used in conjunction with the Client Information System (CIS) for collection, analysis and reporting of client information.

The data that must be submitted to CIS represents a minimum data set necessary for ADHS/DBHS to conduct its oversight and regulatory functions. RBHAs and providers are free to collect any other data necessary for efficient and effective operation.

To the extent possible, RBHAs are encouraged to use electronic screens and other automated processes to minimize provider burden. Ultimately, integration of these data requirements into the RBHA and provider clinical improvement process is anticipated.

Encounter HCFA Data Definitions

File layout: uenmedXX.dayyyymmdd.nn

All clients who receive service through the RBHA system must have current identifying data in the ADHS/DBHS Client Information System (CIS). HCFA 1500 Claims/Encounters billing data is potentially time-sensitive and should reflect current identifying data and other client status items.

Unless otherwise noted, **all** items must be completed for Claims/Encounters Data submissions.

FIELD NAME	DESCRIPTION
THE FOLLOWING DEFINITIONS REFER TO THE DATA RECORD HEADER LEVEL DATA:	
Record Type	Distinguishes header from data records. Valid value: Space- data record
ICN Number	Invoice Control Number, or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits will be defined by the RBHA. The structure of the ICN is Rxxxxxxxxxx. Valid values for "R": 1- 03 The EXCEL Group 2- 08 ValueOptions 3- 11 Gila River Indian Community 4- 14 Navajo Nation 5- 15 NARBHA 6- 23 PGBHA 7- 25 Pascua Yaqui 8- 26 CPSA GSA 5 9- 27 CPSA GSA 3 C- 02 CBHA GSA 2 D- 22 CBHA GSA 4
Line Number	Line number on the claim. HCFA 1500 Header date number must be 00. (This refers to the first data record of each claim, not to the file header record.)
RBHA ID	The Regional Behavioral Health Authority identification number, assigned by Behavioral Health Services. Two-byte field. Valid values: 02- CBHA GSA 2 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- CBHA GSA 4 23- PGBHA 25- Pascua Yaqui 26- CPSA GSA 5 27- CPSA GSA 3
Prior Auth Number	Prior authorization number.
Client ID	Unique DBHS 10-digit identification number generated randomly by the CIS system. Demographic and Encounter data cannot be submitted to CIS unless the client has a valid CIS-assigned Client ID.
Provider ID	Provider ID where service was provided. Includes facility ID. Valid BHS Provider ID for Dates of Service prior to 1/1/2002, except if BHS-only provider. Valid AHCCCS Provider ID for dates of service after 01/01/2002.
Filler	Reserved for future use.
Locator Code	This is the locator code field. If left blank, it will default to "01".

FIELD NAME	DESCRIPTION
Adjustment Flag	Indicates if this record is being sent to void a previous encounter.
Diagnosis Code	Diagnosis pertaining to this treatment. Must use a valid ICD-9 code.
Adjustment ICN	ICN number for this encounter when it's an adjustment.
Encounter Form Type	Indicates the type of this encounter. Valid values: A- Medical B- Inpatient
Other Ins Cov Flag	Indicates that other insurer(s) were billed first. Valid values: Y or N.
Place of Service	Type of place or facility where service was rendered. Default value is 00. Valid values: 04 – Homeless shelter 11 – Office 12 – Patient's residence 15 – Mobile Unit 20 – Urgent Care Facility 21 – Inpatient hospital 22 – Outpatient hospital 23 – Emergency room – hospital 31 – Skilled nursing facility 32 – Nursing facility 33 – Custodial care facility 41 – Ambulance, land 42 – Ambulance, air or water 50 – Federally-qualified health center 51 – Level I behavioral health facility (JCAHO-accredited RTC) 52 – Psychiatric facility partial hospitalization 53 – Outpatient clinic 54 – Intermediate care facility/mentally retarded 55 – Residential detoxification facility 56 – Alternative residential care facility 62 – Comprehensive outpatient rehab 71 – State or local public health clinic 72 – Rural health clinic 81 – Independent laboratory 99 – Other
Group Biller ID	Valid AHCCCS Provider Identifier for dates of service after 01/01/2002.
Filler	Reserved for future use.
Group Biller	This is the locator code field. If left blank, it will default to "01".
Filler	Reserved for future use.
THE FOLLOWING DEFINITIONS REFER TO THE DATA RECORD LINE ITEM DATA:	
Record Type	Distinguishes header from data records. Valid value: Space- data record
ICN Number	Invoice Control Number, or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits will be defined by the RBHA. The structure of the ICN is Rxxxxxxxxxx. Valid values for "R": 1- 03 The EXCEL Group 2- 08 ValueOptions 3- 11 Gila River Indian Community 4- 14 Navajo Nation 5- 15 NARBHA 6- 23 PGBHA 7- 25 Pascua Yaqui 8- 26 CPSA GSA 5 9- 27 CPSA GSA 3 C- 02 CBHA GSA 2

FIELD NAME	DESCRIPTION
	D- 22 CBHA GSA 4
Line Number	Line number on the claim. Must be numeric integers 01-99.
Procedure Code	Code for service provided. Valid revenue code or CPT or BHS Service Matrix code.
Service Start Date	First date service was provided. Valid date in YYYYMMDD format.
Service End Date	Last date service was provided. Valid date in YYYYMMDD format.
Service Type	Type of payment for this procedure code. Valid values: 1- Fee for Service 2- Prepaid.
Unit of Service	Number of times the service was provided. Do not include decimal.
Billed Amount	Amount the provider billed for the service. This is an amount field, renamed from *Allowable Amount.* Decimal is implied, do not include.
Net Paid	Amount paid on fee-for-service claim or prescription. This is an amount field, do not include decimal.
Special Net Value	Amount that the prepaid type of service encounter is valued. Decimal is implied, do not include decimal.
Other Ins Payment	Amount of payment received from other insurer(s). Decimal is implied, do not include.
Proc Code Modifier	Indicates the modifier code, when applicable, for the procedure.
Dup Override Ind	Indicates that a duplicate Procedure Code and Service Start Date is reasonable for this service and a duplicate has been detected previously. Valid values: Y or blank.
Medicare Allow Amount	Amount Medicare would pay.
Medicare Deductible	Amount of Medicare deductible that recipient is required to pay.
Medicare Payment	Amount Medicare paid. Do not include decimal.
ICD9 Code 2	Valid ICD9 code.
ICD9 Code 3	Valid ICD9 code.
ICD9 Code 4	Valid ICD9 code.
Medicare Flag	Indicates the presence of values in the Medicare field. Valid values: Y or N.
Proc Code Modifier 2	Indicates the modifier code, when applicable, for the procedure.
Transportation Type Code	Code indicating the type of ambulance transport. Valid values: I – Initial R – Return T – Transfer X – Round trip
Transportation Reason Code	Code indicating reason for transportation. Valid values: A- Transported to the nearest facility B- Transported for the benefit of preferred physician C- Transported for the benefit of nearness to family members. D- Transported for the benefit of care of a specialist E- Transferred to a rehabilitation facility
Filler	Reserved for future use.

CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Client-ID, Provider-ID, Procedure-Code, Proc-Code-Modifier, Service-Start-Dt , Service-End-Dt & Dup-Override-Ind	NF	Duplicate found on the same file for the Client, Provider, Service and Date.	A02	Full Duplicate - File Check for Client-ID, Procedure-Code, Dates-Of-Service and Provider.	HCFA Drug	Old drug edit 36
Client-ID, Provider-ID, Procedure-Code, Proc-Code-Modifier, Service-Start-Dt , Service-End-Dt & Dup-Override-Ind	NF	Duplicate found on DB for the Client, Provider, Service and Date.	A03	Full Duplicate - Database Check for Client-ID, Procedure-Code, Dates-Of-Service and Provider.	HCFA Drug	Old drug edit 38
Client-ID, Procedure-Code, Proc-Code-Modifier, Service-Start-Dt , Service-End-Dt & Dup-Override-Ind	NF	Near Duplicate found on the same file	A04	Near Duplicate -File Check for Client-ID, Procedure-Code, Dates-Of-Service and Provider. Overlapping dates are allowed. Different Provider with same dates of service is also allowed.	HCFA Drug	Old drug edit 35
Client-ID, Procedure-Code, Proc-Code-Modifier, Service-Start-Dt , Service-End-Dt & Dup-Override-Ind	NF	Near Duplicate found on the Database	A05	Near Duplicate - Database Check for Client-ID, Procedure-Code, Dates-Of-Service and Provider. Overlapping dates are allowed. Different Provider with same dates of service is also allowed.	HCFA Drug	Old drug edit 37
Client-ID	F2	Client ID is missing.	F15	Client ID is required.	UB HCFA Drug	UB92 FL 60 The Client ID HCFA 1500 FL 1A Insured=s ID Number
Encounter-Form-Type	F2	Encounter-Form-Type is missing.	F16	Encounter-Form-Type is required.	UB HCFA	
Encounter-Form-Type	F2	Encounter-Form-Type is not “B”	F17	Encounter-Form-Type must be a “B” for UB Encounters.	UB	
Encounter-Form-Type	F2	Encounter-Form-Type is not “A”	F18	Encounter-Form-Type must be a “A” for 1500 Encounters.	HCFA	
ICN-NBR	F2	ICN-NBR on header is missing.	F19	ICN-NBR is required.	UB HCFA Drug	

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** F = File, H = Header, L = Line Item
*** D = Dependent, R = Relational, DB = Database

CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
ICN-NBR	F2	Left-most digit in ICN of header is not valid.	F20	* First digit in ICN-NBR must be: C- 02 CBHA GSA 2 1- 03 EXCEL 2- 08 ValueOptions 3- 11 Gila River 4- 14 Navajo Nation 5- 15 NARBHA D- 22 CBHA GSA 4 6- 23 PGBHA 7- 25 Pascua Yaqui 8- 26 CPSA GSA 5 9- 27 CPSA GSA 3	UB HCFA Drug	
ICN-NBR / RBHA-ID	F2	First digit in ICN-NBR does not correspond to a valid RBHA-ID on data Header.	F21	First digit in ICN-NBR must correspond to RBHA-ID on data Header.	HCFA UB Drug	
ICN-NBR / Line-NBR	F2	Line number on the Header record is invalid	F22	One data header record must exist for each Encounter or ICN. Data header is indicated by Line-NBR = “00”	UB HCFA	Changed error message text 1/1/04
ICN-NBR / Line-NBR	F2	Total Detail lines exceed 50.	F23	The maximum number of allowable detail lines is 50 per Encounter or ICN.	HCFA	
ICN-NBR / Line-NBR	F2	Total Detail lines exceed 99.	F24	The maximum number of allowable detail lines is 99 per Encounter or ICN.	UB	
Provider-ID	F2	Provider number is missing.	F25	Provider number is required.	UB HCFA Drug	HCFA 1500 FL 33, Provider Number
RBHA-ID	F2	RBHA-ID on Header data record is missing.	F26	RBHA-ID on data record is required.	UB HCFA Drug	

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** F = File, H = Header, L = Line Item
*** D = Dependent, R = Relational, DB = Database

CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
RBHA-ID	F2	RBHA-ID on Header data record is invalid.	F27	* First digit in ICN-NBR must be: C- 02 CBHA GSA 2 1- 03 EXCEL 2- 08 ValueOptions 3- 11 Gila River 4- 14 Navajo Nation 5- 15 NARBHA D- 22 CBHA GSA 4 6- 23 PGBHA 7- 25 Pascua Yaqui 8- 26 CPSA GSA 5 9- 27 CPSA GSA 3	UB HCFA Drug	
ICN-NBR (Header / Detail)	F2	Header record does not have any detail records.	F29	One detail line must exist for every header.	UB HCFA	
ICN-NBR / LINE-NBR	F1	File does not have any data records	F30	File must contain at least one data record.	UB HCFA Drug	
ICN-NBR / LINE-NBR	F2	Original Encounter is missing in DB	F31	Original Encounter is required for an Adjustment Encounter.	HCFA UB Drug	Added H74HCFAVOID, H74UBVOID & H74DRUGVOID 1/1/04
Service-Start-Dt (older than 2 years)	F2	Submitted Encounter older than 2 years	F32	Encounter submitted is older than 2 years	UB HCFA Drug	Covered Services Edit Old drug edit 18
Duplicate Detail Header Record	F1	Detail-Header-Duplicate	F33	Duplicate Detail Header Record	UB HCFA	Covered Services Edit
ICN-NBR / LINE-NBR	F1	ICN number less than 11 bytes	F60	ICN number must be 11 bytes.	HCFA UB Drug	Added 1/1/04
Diagnosis Code	F2	Invalid diagnosis code	F75	Field must match an entry on the diagnosis table	UB HCFA	Edit for error will occur on records with a service-start-date of 04/01/2001 and later
Diagnosis Code	F2	Start date less than effective date.	F76	Not a valid service date.	UB HCFA	
Diagnosis Code	F2	Valid Sex Code	F77	Diagnosis sex code and Intake sex code not equal	UB HCFA	
Diagnosis Code	F2	Age not valid	F78	Minimum and/or Maximum age not valid	UB HCFA	

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** F = File, H = Header, L = Line Item
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CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Encounter Duplicates	F1	Duplicate encounter with same icn_nbr, line_nbr and cis_add_date	F79	Duplicate encounter with same icn_nbr, line_nbr and cis_add_date	UB HCFA Drug	Old drug edit 29
Encounter not found	F1	Encounter not found for update	F80	Encounter not found for update	UB HCFA Drug	Old drug edit 30
Encounter not updated	F1	Encounter not updated for adjustment	F81	Encounter not updated for adjustment	UB HCFA Drug	Old drug edit 31
ICN-NBR / Line-NBR	F2	Error occurred on update	F82	Error occurred on update	HCFA UB Drug	Old drug edit 32
Encounter Duplicates	F1	Encounter processed as an ADD already exists on database	F83	Encounter processed as an ADD already exists on database	UB HCFA Drug	Old drug edit 33
ICN-NBR	F1	Duplicate ICN	F86	An ICN may not be used more than once.	Drug	
ICN-NBR	F2	All existing lines were not re-submitted for Void	F92	All line items from original UB must resubmitted for Void.	UB	Added 1/1/04
Adjustment Flag	F2	No adjustments/replacements allowed	F94	No more adjustments allowed	HCFA UB DRUG	Added 5/3/04
Medical-Record-Number	F2	Medical record number cannot be spaces.	F95	Medical record number cannot be spaces.	UB	Added 7/1/04
Prescriber-ID	F2	Prescribing provider ID cannot be spaces.	F96	Prescribing provider cannot be spaces.	DRUG	Added 7/1/04
Ingredient-Cost-Submitted	F2	Ingredient cost is invalid.	F97	Ingredient cost is invalid.	DRUG	Added 7/1/04
Dispensing-Fee-Submitted	F2	Dispensing fee is invalid.	F98	Dispensing fee is invalid.	DRUG	Added 7/1/04
Admission-Dt	NF	Admission date is missing.	N07	Admission date is required.	UB	UB92 FL 17 Admission/Start of Care Date
Admission-Dt	NF	Admission date is not a valid date.	N08	Admission date must be a valid date. Format - CCYYMMDD	UB	UB92 FL 17 Admission/Start of Care Date
Admission-Source	NF	Source of admission is missing.	N09	Source of admission is required.	UB	UB92 FL 20 Source of Admission

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** F = File, H = Header, L = Line Item
*** D = Dependent, R = Relational, DB = Database

CIS HCFA 1500, UB92 and Drug Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Admission-Source	NF	Source of admission is not valid.	N10	* Source of admission must be: 1 = physician referral 2 = clinic referral 3 = HMO (health plan) referral 4 = transfer from a hospital 5 = transfer from a skilled nursing facility 6 = transfer from another health care facility 7 = emergency room 8 = court/law enforcement 9 = information not available	UB	UB92 FL 20 Source of Admission
Admission-Type	NF	Type of admission is missing.	N11	Type of admission is required.	UB	UB92 FL 19 Type of Admission
Admission-Type	NF	Type of admission is not valid.	N12	* Type of admission must be: 1 = emergency 2 = urgent 3 = elective	UB	UB92 FL 19 Type of Admission
Attending-Physician	NF	Attending Physician Provider number is missing.	N13	Attending Physician Provider number is required.	UB	UB92 FL 82 Attending Physician ID
Attending-Physician	NF	Attending Physician Provider number is not a BHS provider number.	N14	Attending Physician Provider number must match BHS provider number.	UB	UB92 FL 82
Bill-Type	NF	Bill type is missing.	N15	Bill type is required	UB	UB92 FL 4 Type of Bill

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** F = File, H = Header, L = Line Item
*** D = Dependent, R = Relational, DB = Database

CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Bill-Type	NF	Bill type is not valid	N16	* Type of Bill must be: Medicare Part A 111 = Admit through discharge 112 = Interim bill (1st) 113 = Interim bill (continue) 114 = Interim bill (final) 116 = Adj of prior claim 118 = Void/Cancel of prior Claim Medicare Part B 121 = Admit through discharge 122 = Interim bill (1st) 123 = Interim (continue) 124 = Interim (final) 126 = Adj of prior claim 128 = Void/Cancel of prior claim Outpatient bill 131 = Admit through discharge 132 = Hosp interim bill (1st) 133 = Hosp interim bill (continue) 134 = Hosp interim bill (final) 136 = Adjustment 138 = Void/cancel of prior claim	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Client-ID	NF	Client ID is not valid.	N17	Client ID must be on the intake file.	UB HCFA Drug	UB92 FL 60 The Client ID HCFA 1500 FL 1A Insured=s ID Number Old drug edit 01
Client-ID	NF	Client is not eligible during the dates of service.	N18	Client must have valid eligibility within dates of service period.	UB HCFA Drug	UB92 FL 60 The Client ID HCFA 1500 FL 1A Insured=s ID Number
Diagnosis-Code	NF	Diagnosis is missing.	N19	Diagnosis is required.	UB HCFA	UB92 FL 67 Principal Diagnosis Code HCFA 1500 FL 21 Diagnosis or Nature of Illness or Injury.
Encounter-Processed-Dt	NF	Encounter-Processed-Dt is missing.	N20	Encounter-Processed-Dt is required.	UB HCFA	
Encounter-Processed-Dt	NF	Encounter-Processed-Dt is not a valid date.	N21	Encounter-Processed-Dt must be a valid date. Format - CCYYMMDD	UB HCFA	
Oth-Ins-Cov-Flag	NF	Oth-Ins-Cov-Flag is missing.	N22	Oth-Ins-Cov-Flag is required.	UB HCFA	UB92 FL 53 Assignment of Benefits. HCFA 1500 FL 11d, Is there another health benefit plan?
Oth-Ins-Cov-Flag	NF	Oth-Ins-Cov-Flag must be “Y” or “N”.	N23	Oth-Ins-Cov-Flag must be set to “Y” or “N”	UB HCFA	UB92 FL 53 Assignment of Benefits. HCFA 1500 FL 11d, Is there another health benefit plan?

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CIS HCFA 1500, UB92 and Drug Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Oth-Ins-Cov-Flag / Oth-Ins-Pymt	NF	Oth-Ins-Cov-Flag is set to "N" and Oth-Ins-Pymt is greater than zero.	N24	Oth-Ins-Cov-Flag must be "Y" when Oth-Ins-Pymt is NOT blank.	UB	UB92 FL 53 Assignment of Benefits & FL 54, Prior Payments.
Oth-Ins-Pymt / Oth-Ins-Cov-Flag	NF	Oth-Ins-Pymt is missing and Oth-Ins-Cov-Flag is set to "Y"	N25	Oth-Ins-Pymt is required when Oth-Ins-Cov-Flag is set to "Y".	UB	UB92 FL 53 Assignment of Benefits & FL 54, Prior Payments.
Oth-Ins-Pymt	NF	Oth-Ins-Pymt is not numeric.	N26	Oth-Ins-Pymt must be numeric.	UB HCFA	UB92 FL 54, Prior Payments. HCFA 1500 FL 29, Amount Paid
Patient-Status	NF	Patient status is missing.	N27	Patient status is required.	UB	UB92 FL 22 Patient Status
Patient-Status	NF	Patient status is not valid.	N28	* Patient status must be: 01 = Discharged to home or self care (routine discharge) 02 = Transferred to another short-term general hospital 03 = Transferred to a skilled-nursing facility 04 = Transferred to an intermediate-care facility 05 = Transferred to another type of institution 06 = Discharged/transferred to home under care of organized home health service organization 07 = Left against medical advice or discontinued care 20 = Expired 30 = Still a patient	UB	UB92 FL 22 Patient Status
Provider-ID	NF	Provider number is not a BHS provider number.	N29	Provider number must match BHS provider number.	UB HCFA	HCFA 1500 FL 33, Provider Number
CLIENT-ID / SERVICE-START-DATE / PROVIDER-ID / BILL-TYPE	NF	Duplicate billing found for the same client	N30	Encounters with duplicate Client ID, Service Start Date, Provider ID and Bill Type may not be submitted.	HCFA	
Provider-ID	NF	The provider number is not valid within dates of service.	N31	Provider number must be valid for entire dates of service period.	UB HCFA Drug	HCFA 1500 FL 33, Provider Number Old drug edit 34
Record-Type	NF	Record-Type on data header is not blank.	N32	Record-Type on data header must be blank.	UB HCFA	

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CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Service-End-Dt	NF	Service End Date is missing.	N33	Service End Date is required.	UB HCFA	UB92 FL 6 Statement Covers Period HCFA 1500 FL 24a, Date of Service
Service-End-Dt	NF	Service End Date is invalid.	N34	Service End Date must be a valid date. Format – CCYYMMDD or If service start date contains the same date as service end date	UB HCFA	Inpatient first detail record only. Edit for this error(s) will occur on records with a service-start-date of 04/01/2001 or later UB92 FL 6 Statement Covers Period HCFA 1500 FL 24a, Date of Service
Service-End-Dt	NF	Service End Date is before Service Start Date	N35	Service End Date must be on or after Service Begin Date.	UB HCFA	UB92 FL 6 Statement Covers Period HCFA 1500 FL 24a, Date of Service
Service-Start-Dt	NF	Service Start Date is missing.	N36	Service Start Date is required.	UB HCFA	UB92 FL 45 Service Date HCFA 1500 FL 24a, Date of Service
Service-Start-Dt	NF	Service Start Date is not a valid date.	N37	Service Start Date must be a valid date. Format - CCYYMMDD	UB HCFA Drug	UB92 FL 45 Service Date HCFA 1500 FL 24a, Date of Service Old drug edit 03
Service-Start-Dt	NF	Service Start Date is before Admission Date	N38	Service Start Date must be on or after Admission Date.	UB	UB92 FL 45 Service Date
Svc-Type	NF	Svc-Type is missing.	N39	Svc-Type is required.	UB	
Svc-Type	NF	Svc-Type is not valid	N40	Svc-Type must be: 1 – Fee for Service 2 – Prepaid	UB	
Billed-Amount	NF	Billed Amount is missing.	N41	Billed Amount is required and must be greater than zero.	UB HCFA	UB92 FL 44 HCPCS/Rates. This is the Usual and Customary daily rate for the service provided. HCFA 1500 FL 24f, Charges
Billed-Amount	NF	Billed Amount is not numeric	N42	Billed Amount must be numeric.	UB HCFA	UB92 FL 44 HCPCS/Rates HCFA 1500 FL 24f, Charges
ICN-NBR / Line-NBR	NF	Duplicate Encounter exists in Database.	N43	ICN-NBR and Line-NBR combination must be unique within the history file (database).	UB HCFA Drug	
ICN-NBR / Line-NBR	NF	Duplicate Encounter exists in file.	N44	ICN-NBR and Line-NBR combination must be unique within the same file.	UB HCFA	
Line-NBR (Detail)	NF	Line-NBR on data Detail is missing.	N45	Line-NBR is required.	UB HCFA	
Line-NBR (Detail)	NF	Line-NBR on data Detail is not 01-99.	N46	Line-NBR must be 01 - 99	UB HCFA	
Net-Paid / Svc-Type	NF	Net Paid is missing.	N47	Net Paid is required when Svc-Type = 1.	UB HCFA	Net Amount Paid. Equivalent to the Billed Amount minus all TPL and Co-Pay.

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CIS HCFA 1500, UB92 and Drug Encounter Pre-Processor Edits Reference

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Net-Paid	NF	Net Paid is not numeric	N48	Net Paid must be numeric.	UB HCFA	Zeros are valid values.
Procedure-Code	NF	Procedure code is missing.	N51	Procedure code is required.	HCFA	HCFA 1500 FL 24d Procedures, Services, or Supplies
Procedure-Code	NF	Procedure code is not valid.	N52	This error will no longer occur. See comments Procedure code for UB will need to be spaces or a valid procedure code	UB	These values are now revenue codes and will need to be placed in the revenue field for records that will be processed on CIS after 04/30/2001 See Appendix B2 in the Covered Services Guide for valid values.
Procedure-Code / Proc-Code-Modifier	NF	Procedure code and Proc-Code-Modifier combination is not valid.	N53	Procedure code / Proc-Code-Modifier must be a part of the service matrix.	HCFA	HCFA 1500 FL 24d Procedures, Services, or Supplies.
Record-Type	NF	Record-Type on Detail is not blank.	N54	Record-Type on Detail must be blank.	UB HCFA	
Special-Net-Value	NF	Special Net Value is missing.	N55	Special Net Value is required when Svc-Typ is “2”	UB HCFA	Amount of the prepaid type of service that the encounter is valued.
Special-Net-Value	NF	Special Net Value is not numeric	N56	Special Net Value must be numeric.	UB HCFA	Zeros are valid values.
Unit-Of-Service	NF	Service unit is missing.	N57	Service unit is required for each procedure code listed.	UB HCFA	UB92 FL 46 Service Units HCFA 1500 FL 24g, Units
Unit-Of-Service	NF	Service unit must be greater than zero	N58	If unit of service contains a value less than or equal to zero and record is the first line of the encounter Service unit must be greater than zero when encounter is not an adjustment	UB HCFA	Inpatient first detail record only. Edit for this error(s) will occur on records with a service-start-date of 04/01/2001 or later UB92 FL 46 Service Units HCFA 1500 FL 24g, Units
Occurrence-Code-x	NF	Occurrence Code is not valid.	N59	When present, Occurrence Code must be valid.	UB	
Occurrence-Date-x	NF	Occurrence Date is not valid.	N60	When present, Occurrence Date must be a valid date. Format: CCYYMMDD	UB	
Occurrence-Code-1 / Occurrence-Date-1	NF	Occurrence Code or Occurrence Date is missing.	N61	Occurrence Code 1 and Occurrence Date 1 is required.	UB	
Place-Of-Service	NF	Place of Service Missing	N62	Place of service is required	HCFA	
Place-Of-Service	NF	Place of Service Invalid	N63	Value not on Place Of Service valid values table.	HCFA	

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CIS HCFA 1500, UB92 and Drug Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Admit-Hour	NF	Admit Hour Missing.	N64	Admit Hour is required.	UB	
Discharge-Hour	NF	Discharge Hour Missing.	N65	Discharge Hour is required.	UB	
Attending-Physician	NF	AHCCCS Provider ID is not eligible at time of service	N66	Provider ID of Attending Physician not AHCCCS eligible for these dates of service	UB	UB92 FL 82 Attending Physician ID
Procedure-Code/Unit-of-Service	NF	Number of Service Units not equal to Date Span	N67	The number of service units must equal the End Date minus the Start Date for Case Management. (W2030 & W2040)	HCFA	HCFA 1500 FL 24d Procedures, Services, or Supplies.
Procedure-Code	NF	Duplicate billing of Case Management for the same Client on the same day.	N68	Cannot bill for both W2030 and W2040 for the same Client on the same day.	HCFA	HCFA 1500 FL 24d Procedures, Services, or Supplies
Procedure-Code	NF	Duplicate billing of Partial Care for the same Client on the same day	N69	Encounters billing Partial Care for the same Client and Service Dates may not be submitted.	HCFA	
Procedure-Code	NF	Duplicate billing of Revenue Code for the same Client on the same day.	N70	Cannot bill for revenue codes of 114, 124, 134, or 154 for the same Client on the same day.	UB	UB92 FL 42 Revenue Code
Attending-Physician	NF	Attending Physician is not an AHCCCS Provider	N71	Attending Physician Provider number is	UB	UB92 FL 82 Attending Physician ID
Procedure-Code	NF	Procedure code is invalid.	N72	Procedure code must be 5 digits in length	UB HCFA	Procedure code can be spaces for UB(s)
Procedure-Code	NF	Procedure code not on file.	N73	Procedure code on incoming encounter is not on table.	UB HCFA	
Procedure-Code	NF	Procedure code not available on DOS.	N74	Procedure code on incoming encounter not valid during encounter dates of service.	UB HCFA	
Member Age	NF	Member age less than minimum for Procedure Code.	N75	Member age not greater than minimum age limitation for procedure code.	UB HCFA	This edit is not active for UB encounters - 05/01/2001
Member Age	NF	Member age greater than maximum for Procedure Code.	N76	Member age not less than maximum age limitation for Procedure Code.	UB HCFA	This edit is not active for UB encounters - 05/01/2001

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CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Svc-type	NF	Svc type special net value is invalid	N77	If svc type contain a value of 2 and special net value amount is not greater than zeroes and net paid amount is greater than zeroes	UB	Edit for error will occur on records that are processed after 04/30/2001 * Note - at least one of the detail records will need to pass this edit.
Svc-Type	NF	Svc type net paid is invalid	N78	If svc type contains a value of 1 and net paid amount is not greater than zeroes and special-net-value amount is greater than zeroes	UB	Edit for error will occur on records that are processed after 04/30/2001 * Note - at least one of the detail records will need to pass this edit.
Medicare-allow-amt	NF	Medicare allow amount is invalid	N79	Medicare allow amount field must be numeric or contain spaces	UB HCFA Drug	Edit for error will occur on records that are processed on CIS after the date of 04/30/2001 Old drug edit 14
Medicare-deductible	NF	Medicare-deductible amount is invalid	N80	Medicare deductible amount field must be numeric or contain spaces	UB HCFA Drug	Edit for error will occur on records that are processed on CIS after the date of 04/30/2001 Old drug edit 15
Medicare-payment	NF	Medicare-payment amount is invalid	N81	Medicare-payment amount field must be numeric or contain spaces	UB HCFA Drug	Edit for error will occur on records that are processed on CIS after the date of 04/30/2001 Old drug edit 16
Encounter-Form-Type	NF	Form type is invalid	N82	Encounter form type must be a “B”	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Discharge-Hour	NF	Discharge hour invalid	N83	Discharge Hour must be numeric.	UB	
Bill-type/dup-override-ind	NF	Multiple inpatient stay for same dates cannot be overridden	N85	If bill type equal to 11X, 12X, 13X and dup-override-ind not equal to spaces	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Revenue-code	NF	Revenue code is missing/invalid	N86	Mandatory field and must exist on CIS table (2 different checks)	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Bill-Type	NF	Encounter bill type invalid	N87	Must be outpatient Bill Type.	UB	
Revenue-code/bill-type	NF	Revenue code to bill type not on file for DOS	N88	If the combined field of revenue code and bill type is not valid during the encounter DOS	UB	Edit for the error will occur on records with a service-start-date of 04/01/2001 or later

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CIS HCFA 1500, UB92 and Drug Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Revenue-code	NF	Total non-covered-charge mismatch	N89	If revenue-code equal 001 (total line): Non-covered-charge must contain the same amount as a calculated non-covered-charge field (sum of all non-covered-charge amounts for the encounter)	UB	Edit for this error(s) will occur on records with a service-start-date of 04/01/2001 or later
Revenue-code	NF	Total bill amount mismatch	N93	If revenue-code equal 001 (total line): Billed-amount must contain the same amount as a calculated billed-amount field (sum of all billed-amount fields for the encounter)	UB	Edit for this error(s) will occur on records with a service-start-date of 04/01/2001 or later
Revenue-code	NF	Total unit of service mismatch	N94	If revenue-code equal 001 (total line): Unit-of-service must contain the same amount as a calculated unit-of-service field (sum of all unit-of-service amounts for the encounter)	UB	Edit for this error(s) will occur on records with a service-start-date of 04/01/2001 or later
Revenue-code	NF	Revenue code 001 total line charge missing or invalid	N95	If revenue code 001 is not found for a U/B encounter If the count of detail lines is less than 2 and provider type contains the value of “78”	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Number of detail lines	NF	Ancillary services must be reported on a UB-92	N96	If the count of detail line is less than 3 and provider type does not contain the value of “78”	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Revenue-code/bill-type	NF	Revenue code invalid of bill type	N98	If the combined field of revenue code and bill type is not found on a CIS table	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Service-End-Dt	NF	Encounter dates of service are invalid	N99	Service End date must be a valid date and can not be greater than CIS processing date	UB HCFA	Edit for error will occur on records with a service-start-date of 04/01/2001 or later
Procedure-code	NF	Procedure-code is not valid after 07/01/2001	N101	If procedure code contains a value of W2030 and net-paid field contains spaces or non-numeric values or special net values contains spaces or non-numeric values	HCFA	Edit for error will occur on records that have a service-start-date of 07/01/2001 or later

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Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Bill-Type	NF	Interim Bill must have pt status of 30 and no discharge hour	N105	Interim Bill must have pt status of 30 and no discharge hour	UB	UB92
Bill-type	NF	Previous claim submitted as admit thru discharge	N107	If bill type is equal to one of the following: 112,113,114,122,123,124 An encounter exist in the CIS system and bill type contains the value of 111 or 121	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Bill-type/patient-status	NF	Patient status is required on inpatient bill	N108	If bill type equal to 11X, 12X then patient status cannot be equal to spaces	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Revenue-code / unit-of-service/ first line item/ service-start-date/ service-end-date/ bill-type	NF	Revenue-code Accommodation revenue code missing/invalid	N109	If revenue code does not contain the value of 11X or 12X or 13X	UB	Inpatient first detail record only. Edit for this error(s) will occur on records with a service-start-date of 04/01/2001 or later
Revenue-code / unit-of-service/ first line item/ service-start-date/ service-end-date/ bill-type	NF	Unit of service Accommodation days not valid for date of service span	N110	If unit of service does not contain the same number of units as calculated* number of days between service start date and service end date * Calculated number of days between service start date and service end date If Patient-status contains a value of 30 and bill type contains a value of 112 or 113,or 122 or 123 or patient-status contains a value of 20 then subtract service start date from service end date and add 1 to the result If patient-status contains a value of 01 thru 07 and bill type contains a value of 111 or 114 or 121 or 124 then subtract service start date from service end-date.	UB	Inpatient first detail record only. Edit for this error(s) will occur on records with a service-start-date of 04/01/2001 or later

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Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Bill-type/Revenue-code	NF	Accommodation revenue code cannot be billed as on outpatient claim	N112	If bill type contain a value of 13X and revenue code contains a value of 11X, or 12X, or 13x	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later
Bill-Type	NF	Discharge hour required on Inpatient final bill	N114	Discharge hour required on Inpatient final bill	UB	UB92
Co-insurance	NF	Co-insurance is invalid	N117	Co-insurance must be numeric or spaces.	UB	
Admit-Hour	NF	Admit Hour is invalid	N118	Admit Hour must be numeric.	UB	
Non-Covered-Charge	NF	Non-covered charge is invalid	N119	Non-Covered Charge must be numeric or spaces	UB	
Proc-Code-Modifier	NF	Proc-code-modifier is invalid	N120	Proc-code-modifier must be either spaces or one of the following: RA, RC, HA, HC	UB Drug	Old drug edit 17
Diagnosis-code	NF	Diagnosis invalid for in-patient bill type	N121	Diagnosis invalid for in-patient bill type	UB	Covered Services Edit
Locator Code	NF	Locator Code invalid for this provider	N122	This Provider Id's Locator code is invalid	HCFA UB Drug	Covered Services Edit Old drug edit 28
Procedure-Code	NF	Dummy ID not allowed to bill for this Procedure Code	N141	Dummy Id not allow to bill for this Procedure Code	HCFA	Covered Services Edit
Encounter-Form-Type	NF	Encounter Form Type is not an 'A', 'B' or 'C'	N142	Encounter Form Type must be an 'A', 'B' or 'C'	HCFA UB	Covered Services Edit
Group Biller	NF	Group Biller's Locator Code not found	N143	Group Biller has an invalid Locator Code	HCFA UB Drug	Covered Services Edit Old drug edit 22
Group Biller	NF	Group Biller's Provider ID not found	N144	Group Biller's Provider Id not found	HCFA UB Drug	Covered Services Edit Old drug edit 21
Medicare Amounts	NF	Medicare amounts not in sync. Must be all blank or numeric.	N145	Medicare amounts not in sync. Must be all blank or all numeric.	UB HCFA Drug	Covered Services Edits Old drug edit 24
Procedure-Code	NF	Dummy Id not authorized for this Procedure Code or Contractor	N146	Dummy Id not authorized for this Procedure Code or Contractor	HCFA	Covered Services Edit

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Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Group Biller	NF	Group Biller not allowed for BHS Provider	N147	BHS Provider may not submit a Group Biller Id	HCFA UB Drug	Covered Services Edit Old drug edit 19
Unit-Of-Service	NF	Units of Service greater than Max Daily Unit allowed	N148	Units of Service cannot be greater than Max Daily Unit allowed	UB HCFA	Covered Services Edit
Procedure-Code	NF	Procedure Code not found	N149	Procedure code not found	HCFA	Covered Services Edit
Procedure-Code	NF	Invalid Place of Service for this Procedure Code	N150	Invalid Place of Service for this Procedure Code	HCFA	Covered Services Edit
Provider-ID	NF	Provider not allowed to bill for this Category of Service	N151	Provider not allowed to bill for this Category of Service	HCFA UB	Covered Services Edit
Provider-ID	NF	Provider ID not found	N152	Provider ID not found	HCFA UB	Covered Services Edit
Procedure-Code	NF	Provider Type invalid for this Procedure Code or Revenue Code	N153	Provider Type invalid for this Procedure Code or Revenue Code	HCFA UB	Covered Services Edit
Revenue Code	NF	Revenue Code not found	N154	Revenue Code not found	UB	Covered Services Edit
Medicare Amounts	NF	Medicare COB missing, but Client covered under Medicare	N155	Medicare amounts are blank but Client covered under Medicare	UB HCFA Drug	Covered Services Edits Old drug edit 25 Changed error message text 1/1/04
Medicare Amounts	NF	Medicare COB present, but Client not covered under Medicare	N156	Medicare amounts are numeric but Client NOT Covered under Medicare	UB HCFA Drug	Covered Services Edits Old drug edit 26 Changed error message text 1/1/04
Procedure-Code	NF	Telemedicine not allowed for this Procedure Code	N157	Telemedicine not allowed for this Procedure Code	HCFA	Covered Services Edit
Flex Fund (Spec.Net Value & Net Paid)	NF	Flex fund exceeded limit	N158	Flex Fund exceeded the limit for this Fiscal year	HCFA	Covered Services Edit
Respite Care	NF	Respite Care exceeded the limit	N159	Respite Care exceeded the limit for this Fiscal year	HCFA	Covered Services Edit
Home Pass (Revenue Code & No. of Units)	NF	Home Pass or Bed Hold services exceeded the limit	N161	Home Pass or Bed Hold services exceeded the limit for this fiscal year	HCFA UB	Covered Services Edit

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CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Group Biller	NF	Provider and Group Biller cannot be the same	N162	Provider Id and Group Biller Id cannot be the same	HCFA UB Drug	Covered Services Edit Old drug edit 20
Procedure-Code	NF	Only Dummy Ids are allowed to bill this Procedure Code	N163	Only Dummy Ids are allowed to bill this Procedure Code	HCFA	Covered Services Edit
Procedure-Code	NF	BHS Ids cannot bill non-Scode Procedure Codes	N164	BHS Ids cannot bill non-Scode Procedure Codes	HCFA	Covered Services Edit
Sub-Contr-Id/ Facility-Id	NF	BHS IDs cannot bill UBs	N165	As of 02/01/2002, UB's may not be submitted with old BHS Provider ID's.	UB	
Procedure-Code	NF	New Encounter Proc Code cannot bill on the same day as existing Encounter Proc Code	N166	Cannot bill New Encounter Proc Code the same day as existing Encounter Proc Code (See Covered Services Matrix)	HCFA	Covered Services Edit
Procedure-Code	NF	New Encounter Proc Code cannot bill on same day as existing Encounter Revenue Code	N167	Cannot bill new Encounter Proc Code on the same day as existing Encounter Revenue Code (See Covered Services Matrix)	HCFA UB	Covered Services Edit
Procedure-Code	NF	New Encounter Revenue Code cannot bill on the same day as existing Encounter Proc Code	N168	Cannot bill new Encounter Revenue Code on the same day as existing Encounter Proc Code (See Covered Services Matrix)	HCFA UB	Covered Services Edit
Procedure-Code	NF	New Encounter Revenue Code cannot bill on same day as existing Encounter Revenue Code	N169	Cannot bill new Encounter Revenue Code on the same day as existing Encounter Revenue Code (See Covered Services Matrix)	UB	Covered Services Edit
Procedure-Code	NF	New Encounter Proc Code cannot bill on same day as Other New Encounter Proc Code	N170	Cannot bill new Encounter Proc Code on the same day as other new Encounter Proc Code (See Covered Services Matrix)	HCFA	Covered Services Edit
Procedure-Code	NF	New Encounter Proc Code cannot bill on same day as Other New Encounter Revenue Code	N171	Cannot bill new Encounter Proc Code on the same day as other new Encounter Revenue Code (See covered services Matrix)	HCFA UB	Covered Services Edit

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CIS HCFA 1500, UB92 and Drug Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Procedure-Code	NF	New Encounter Revenue Code cannot bill on same day as Other New Encounter Proc Code	N172	Cannot bill new Encounter Revenue Code on the same day as other new Encounter Proc Code (See Covered Services Matrix)	HCFA UB	Covered Services Edit
Procedure-Code	NF	New Encounter Revenue Code cannot bill on same day as Other New Encounter Revenue Code	N173	Cannot bill new Encounter Revenue Code on the same day as other new Encounter Revenue Code (See Covered Services Matrix)	UB	Covered Services Edit
Procedure-Code (Interpreter Services)	NF	S7001/T1013 Translation cannot be billed without a prior existing Encounter	N174	Procedure Code S7001 (Translation) cannot be billed without a prior existing Encounter	HCFA	Covered Services Edit Changed error message text 1/1/04
Encounter Duplicates	NF	Full Duplicate of an existing encounter	N176	Encounter already exists	UB	Covered Services Edit
Encounter Duplicates	NF	Near Duplicate of an existing encounter	N177	Near Duplicate of an existing encounter	UB	Covered Services Edit
Encounter Duplicates	NF	Full Duplicate of another new encounter	N178	Full Duplicate of another new encounter	UB	Covered Services Edit
Encounter Duplicates	NF	Near Duplicate of another new encounter	N179	Near Duplicate of another new encounter	UB	Covered Services Edit
Provider ID/Provider Type	NF	Invalid Provider Type	N180	Must be a valid provider type	Drug	
Service-Dates	NF	Service Dates Overlap/Span	N181	Service Dates spanning between months	UB	
Provider-Type	NF	Invalid Provider-Type or Category of Service	N182	Invalid Provider/COS	HCFA	
Provider-ID (AHCCCS-ID)	NF	Provider Type not found	N183	Provider Type not found	HCFA	Covered Services Edit
Diagnosis-code	F1	Diagnosis code 799.9 only valid COS 14, 31 and transportation procedure codes and 'S' codes	N184	Diagnosis 799.9 only valid for COS 14, 31 and transportation procedure codes and 'S' codes	HCFA	Covered Services Edit
Adjustment -Flag	NF	Zero Units and Dollars for Void	N185	Adjustment Flag must be set to a "V"	HCFA	Edit for this error will occur on voids that contain a non zero value in unit/dollar
Provider Type	NF	Z3050 can only be billed by provider type 39.	N186	Z3050 can only be billed by provider type 39.	HCFA	

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CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Dup-Override-Ind	NF	Override function not available	N191	Override function not available	HCFA	
Filled--Dt	NF	Filled Date is greater than Transfer Date	N195	Filled Date may not be greater than Transfer Date.	Drug	Old drug edit 10
NDC-Code	NF	NDC code is invalid	N196	NDC codes may not contain spaces.	Drug	Old drug edit 05
Prescription-Cost	NF	Prescription Cost is not numeric	N197	Prescription Cost must be numeric.	Drug	Old drug edit 06
Quantity	NF	Invalid Quantity	N198	Quantity may not contain all zeroes or spaces.	Drug	Old drug edit 07
NABP-ID Inactivated 8/17/05	NF	NABP ID not valid	N199	A valid NABP ID is required for DOS less than 02/01/02. Except if BHS only provider.	Drug	Old drug edit 08 Inactivated 8/17/05
RX-Order-Dt	NF	RX order date is not valid	N201	RX order date may not contain spaces or zeroes.	Drug	Old drug edit 11
Number-This-Refill	NF	Number This Refill is not numeric	N202	Number This Refill must be numeric.	Drug	Old drug edit 12
Refills-Authorized	NF	Refills Authorized is not numeric	N203	Refills Authorized must be numeric.	Drug	Old drug edit 13
Prescription-Nbr	NF	Prescription number is not valid	N204	Prescription number must be numeric.	Drug	
AHCCCS-Max-Units	NF	Procedure Exceeded AHCCCS Max Limit	N206	Service units for procedure may not exceed AHCCCS maximum limit.	HCFA	HIPAA edit.
BHS-Max-Units	NF	Procedure Exceeded BHS Max Limit	N207	Service units for procedure may not exceed BHS maximum limit.	HCFA	HIPAA edit.
Proc-POS-Modifier	NF	Invalid Procedure code, Modifier and Place of service combination	N208	Procedure code, Modifier and Place of service must be a valid combination.	HCFA	HIPAA edit.
Admit-Diagnosis-Code	NF	Invalid Admit Diagnosis Code	N209	Must be a valid Diagnosis Code.	UB	Added 1/1/04
Trauma-Diagnosis-Code	NF	Invalid Trauma Diagnosis Code	N210	Must be a valid Diagnosis Code.	UB	Added 1/1/04
Transportation-Round-Trip-Indicator	NF	Invalid Transportation Round-Trip Indicator	N211	Must be a valid Transportation Round-Trip Indicator.	HCFA	Added 1/1/04
Transportation-Reason-Code	NF	Invalid Transportation Reason Code	N212	Must be a valid Transportation Reason Code	HCFA	Added 1/1/04

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CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Encounter Status	NF	Sent out to Ahcccs	N213	Must be approved at Ahcccs	HCFA UB DRUG	Added 5/3/04
Encounter Status	NF	Void on a Void Encounter	N214	Must be approved at Ahcccs	HCFA UB DRUG	Added 5/3/04
Encounter Status	NF	Void on a deleted Encounter	N215	Must be approved at Ahcccs	HCFA UB DRUG	Added 5/3/04
ICD9-Proc-Date	NF	Invalid ICD9 proc date	N216	Must be a valid date.	UB	Added 1/1/04
Units	NF	Units not evenly divisible by # of days	N217	Units must be evenly divisible by number.of.days.	HCFA	Implemented 1/14/04
Procedure-Code Modifier	NF	Invalid case/crisis-mgt modifier	N218	Case/crisis-mgt procedure codes must have valid case/crisis mgt modifiers. T1016 may only have modifier code HO or HM. S9484, S9485 & H2011 may only have code HT.	HCFA	Implemented 1/14/04
Revenue Code	NF	Duplicate Accommodation code	N219	Must be a unique accommodation code	UB	Added 5/3/04
Revenue Code	NF	No other accommodation codes are allowed	N220	Must be unique accommodation code	UB	Added 5/3/04
Encounter Status	NF	Void on a requested change record not allowed	N221	Must be approved at Ahcccs	HCFA UB DRUG	Added 5/3/04
Prescriber-ID	W	Invalid prescribing provider AHCCCS ID.	N222	Check prescribing provider ID to be sure it is a valid AHCCCS ID	DRUG	Added 7/1/04 7/11/05 – Error msg changed Previously was: Prescribing ID not valid for dates of service.
Prescriber-Locator-Cd	W	Invalid prescribing locator code.	N223	Check if the prescribing locator code is valid with Prescribing ID	DRUG	Added 7/1/04. 7/11/05 – Edit inactivated
Prescription-Cost	NF	Invalid gross amount.	N224	Ing_Cost+Disp_Fee-Copay not = Gross_Amt.	DRUG	Added 7/1/04. Error message changed 11/9/04.
Days-Supply	NF	Invalid days supply	N225	Check if days-supply is numeric and greater than zero	DRUG	Added 7/1/04
Billed-Amount	NF	Paid amount >= 500% or <= 20% of allowable charge.	N226	Billed amount compared with 500% or 20% of maximum allowable charge.	UB HCFA	Implemented 10/01/04.

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CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Billed-Amount	NF	Paid amount >= 250% or <= 40% of allowable charge	N227	Billed amount compared with 250% or 40% of maximum allowable charge.	UB HCFA	Implemented 10/01/04.
Units, Dollars	NF	UB ancillary line with zero units or dollars	N228	Check for units and dollars >0 on UB ancillary lines.	UB	Added 8/12/04.
Prescribers AHCCCS ID/ DEA-Number	W	Prescriber's AHCCCS ID or DEA number must be present.	N230	Prescriber's AHCCCS ID or DEA number must be present.	Drug	Applies to Dates of Service 7/1/04 and later. Added 9/27/04.
DEA-Number	W	DEA number not found in the table	N231	Check DEA number for accuracy.	Drug	Applies to dates of service 7/1/04 and later. Added 9/27/04.
Net-Paid Billed Amount	NF	Net-Paid is greater than Billed-Amount	N233	Net-Paid cannot be greater than Billed-Amount	UB HCFA	Added 3/11/05
Special-Net-Value Billed-Amount	NF	Special-Net-Value	N234	Special-Net-Value cannot be greater than Billed-Amount	UB HCFA	Added 3/11/05
Procedure-code Proc-Code-Modifier	NF	Procedure code/Modifier combination must be limited to one per month	N240	Encounters with a procedure code/modifier combination of S9986/HW must be limited to one per month.	HCFA	Added 2/7/06
Billed-Amount Other-Ins-Net-Paid Medicare-Payment Special-Net-Value Net-Paid	**NF**	**Combined dollars paid cannot be greater than allowed amount**	**N241**	**Combined dollars paid cannot be greater than allowed amount**	**UB HCFA**	**Added 5/24/06**

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Encounter Pre-Processor Edits Reference

HISTORY OF CHANGES IMPLEMENTED:

DATE	COMMENT
9/27/04	Added error messages N230 and N231.
9/27/04	Added new Error Type W. Warning edit, but record will be added to the encounter table.
9/27/04	Changed error messages N222 and N223 from Error Type NF to W.
11/9/04	Changed error message N224 to reflect proper balancing calculation for drug encounters reported on the NCPDP transaction.
2/25/05	Changed error message N182 to read: Invalid Provider Type or Category of Service.
3/11/05	Added error messages N233 and N234.
6/6/05	Moved the following inactive error messages to the historical section below: F13, F14, F36, N04, N05, N06, N100, N102, N103, N106, N111, N115, N123, N140, N188, N200, N205
2/7/06	Added error message N240.
3/21/06	Error N110, deleted the phrase “and -1 from the result” from the Edit Rule description
5/24/06	Added error message N241.

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CIS HCFA 1500, UB92 and Drug
Encounter Pre-Processor Edits Reference
NO LONGER IN USE (HISTORICAL REFERENCE ONLY)

Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Adjustment -Flag / Adjustment-ICN	F2	Adjustment -Flag is set to "Y" and Adjustment-ICN is blank.	F13	Adjustment-Flag must be "N" when Adjustment-ICN is blank.	UB HCFA Drug	Edit for this error will occur on records with a service-start-date before the date of 04/01/2001
Adjustment-Flag	F2	All existing lines were not resubmitted for the adjustment.	F14	All existing lines must be present in the Adjustment Encounter.	UB	
Adjustment –Flag Adjustment-icn	NF	Adjustment/Void on a Void Encounter is not allowed	F36	Adjustment Flag must be set to a "V"	UB	Edit for this error is based on adjustment-icn, line-nbr and adjustment-flag = "V" on the database
Adjustment -Flag	NF	Adjustment-Flag is not a "Y" or "N".	N04	Adjustment Flag must be set to "Y" or "N"	UB HCFA	Edit for this error will occur on records that contain a service-start-date before the date of 04/01/2001
Adjustment -Flag	NF	Adjustment -Flag is set to "N" and Adjustment-ICN is NOT blank.	N05	Adjustment-Flag must be "Y" when Adjustment-ICN is NOT blank.	UB HCFA	Edit for this error will occur on records with a service-start-date before the date of 04/01/2001
Adjustment-ICN	NF	Adjustment-ICN does not exist on the database.	N06	Adjustment-ICN must exist on the database.	UB HCFA Drug	
Units-Of-Service	NF	Number of units invalid for dates of service (DOS) span	N100	Service Units must be valid/authorized for Dates of Service.	HCFA	
Adjustment-Flag	NF	Adjustment/Void reason is invalid	N102	Adjustment flag does not contain a value of space, or V or A	UB HCFA	Edit to this error will occur on records that contain a service-start-date of 04/01/2001 or later
Adjustment-Flag	NF	Previous ICN not present	N103	Adjustment flag contains a value of V or A and adjustment-ICN contains spaces	UB HCFA	Edit for this error will occur on records that contain a service-start-date of 04/01/2001 or later
Bill-type	NF	Bill type - No interim first claim found	N106	If bill type is equal to one of the following: 113,114,123,124 An encounter exist in the CIS system and bill type does not contain the values of 112 or 122	UB	Edit for this error will occur on records with a service-start-date of 04/01/2001 or later

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Interface Column Name	*Error Type	Error Message	Msg ID	Edit / Validation Rule / Description (*= Valid Value Tables)	**Data Resides	Comments
Adjustment-Flag	NF	No void/adjustment on encounter for bill type	N111	Adjustment flag contains a value of A and bill type does not contain a value of 116, or 126, or 136 OR Adjustment flag contains a valid of V and bill type does not contain a value of 118, or 128, or 138	UB	Edit for this error will occur on records that contain a service-start-date of 04/01/2001 or later
Revenue-code	NF	Bed hold day not allowed on day of admission or discharge	N115	Bed hold day revenue code not allowed on day of admission or discharge	UB	
Procedure-Code / Proc-Code Modifier	NF	Procedure Code invalid with '2X' procedure code modifier	N123	Procedure code invalid with '2X' procedure code modifier	HCFA	Covered Services Edit
Provider-ID (AHCCCS-ID)	NF	AHCCCS-ID not found	N140	AHCCCS-id not found	HCFA UB Drug	Covered Services Edit Old drug edit 23
Client-ID, Provider-ID, ICN-Nbr, Line-Nbr	NF	Adjustment Client ID/Provider ID does not match original encounter	N188	Adjustment Client-ID and Provider-ID match original encounter	UB HCFA	
Replacement-Flag	NF	Replacement Flag invalid	N200	Replacement Flag must be ' ', 'R' or 'V'.	Drug	
Void-Quantity/ Void-Prescription-Cost	NF	Dispense Quantity and Prescription Cost should be zero for Voids	N205	Value must be zero for void.	Drug	

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Encounter Status Codes and Descriptions

CODE	DESCRIPTION
Blank/null	Encounter received by CIS.
92	AHCCCS pended status for first-time pend.
AE	Adjustment encounter sent to AHCCCS for same encounter previously sent to AHCCCS on a new day tape.
AP	Adjudicated/Approved encounter.
AV	Adjudicated/Voided encounter.
BP	Bypassed encounter.
DE	Voluntary plan deletion.
DP	Duplicate drug encounter.
DR	Void submitted on an encounter already marked for delete.
HD	On hold.
MM	Subvention only.
PC	CIS internally pended encounter.
RA	Encounter has been approved as an exact/near duplicate from the AHCCCS pended file and sent back to AHCCCS.
RC	Encounter has been voluntarily changed from the AHCCCS pended file.
RD	Encounter has been voluntarily deleted from the AHCCCS pended file.
SO	CIS sent original encounter to AHCCCS on new day tape.
VD	Encounter sent to AHCCCS for deletion from adjudicated encounter file.
VR	Void requested for an Approved encounter.

HIPAA ENCOUNTER UB PROCESSING FLOW

Encounters will be submitted in HIPAA 837I format using the guidelines provided by ADHS/DBHS. The input ENCOUNTER UB file name will be heninpxx.hipaa ("xx" represents the two-digit RBHA number used by DBHS.) This file will be sent to the DBHS server, which has individual locations for FTP transfers for each RBHA and a location called RBHA_Common for files that apply to all of the RBHAs. Transactions will be accepted for translation anytime up to the cutoff of 6:00 pm each workday.

During translation processing any error will result in the complete file being rejected. Three files will be created: heninpxx.yyyymmdd.hhmm.bad, which is the original file; heninpxx.yyyymmdd.hhmm.997.bad, which is the EDI 997 error file and gives the reason for the errors; and heninpxx.yyyymmdd.hhmm.errlog, which is the eVision error log. These three files will be returned to the DBHS server.

After translation two files will be created. The heninpxx.hipaa file will be named ueninpxx.darbha, and is used internally by DBHS in the normal daily processing. The other file is ueninpxx.yyyymmdd.hhmm.997.good, which will be returned to the DBHS server.

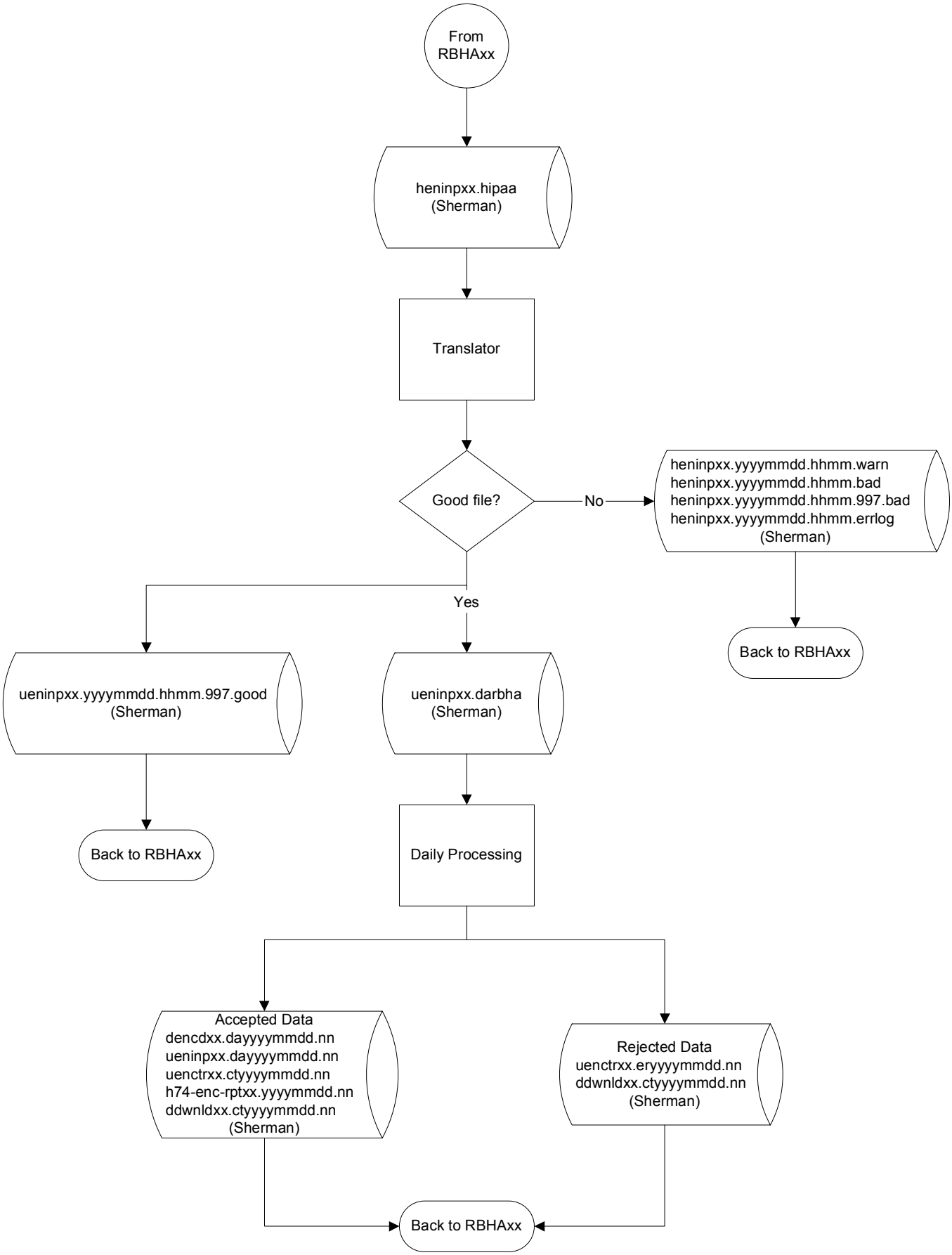
There are six files created as a result of the normal daily processing: four of accepted data and one of rejected data; along with the Daily Download Activity Report, which is named ddwnldxx.ctyyyymmdd.nn. All of these files are provided to each RBHA via the DBHS server.

The accepted data file is named dencdxx.dayyyymmdd.nn. After processing, the ueninpxx.darbha file is renamed ueninpxx.dayyyymmdd.nn. In addition to these files, two report files are created for each RBHA, which are named uenctrxx.ctyyyymmdd.nn and h74-enc-rptxx.yyyymmdd.nn.

The rejected data file is named uenctrxx.eryyyymmdd.nn.

In the event a RBHA needs to have a file of all Encounters reflected on the DBHS system, which originally were submitted within a particular date range, a "resync" file containing all such Encounters may be requested. The resync file will be named h74242xx.outyyyymmdd.

HIPAA (837I) RBHA ENCOUNTER UB FLOW



NOTE: xx=rbha id, yyyymmdd.nn = process date

Heninp.vsd

Element ID	Segment Name	R/S	Seg. Repeat	Loop	Loop Repeat	Element Name	R/S	Abbrev. Name	Data Element	Req. Des.	Data Type	Min Len	Max Len	Short Description	Input Field Name	Input Field Size
837i-001	Transaction Set Header	R	1			Transaction Set Identifier Code	R	ST01	143	M	ID	3	3	"837"		
837i-002						Transaction Set Control Number	R	ST02	329	M	ID	4	9	Incremented Number		
837i-003	Beginning of Hierarchical Transaction	R	1			Hierarchical Structure Code	R	BHT01	1005	M	ID	4	4	"0019"		
837i-004						Transaction Set purpose Code	R	BHT02	353	M	ID	2	2	"00"		
837i-005						Reference Identification	R	BHT03	127	O	AN	1	30	Originator Application Transaction Identifier		
837i-006						Date	R	BHT04	373	O	DT	8	8	Transaction Set Creation Date	transfer-date	
837i-007						Time	R	BHT05	337	O	TM	4	8	Transaction Set Creation Time	transfer-time	
837i-008						Transaction Type Code	R	BHT06	640	O	ID	2	2	"RP"		
837i-009	Transmission Type Identification	R	1			Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"87"		
837i-010						Reference Identification	R	REF02	127	X	AN	1	30	"004010X096A1" or "004010X096DA1" for test		Char(1)
837i-011	Submitter Name	R	1	1000A	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"41"		
837i-012						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"2"		
837i-013						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	RBHA Name		
837i-014						Name First	S	NM104	1036	O	AN	1	25			
837i-015						Name Middle	S	NM105	1037	O	AN	1	25			
837i-016						Identification code Qualifier	R	NM108	66	X	ID	1	2	"46"		
837i-017						Identification code	R	NM109	67	X	AN	2	80	RBHA Contractor Id	Rbha_id	Char(2)
837i-018	Submitter EDI Contact Information	R	2	1000A	1	Contact Function Code	R	PER01	366	M	ID	2	2	"IC"		
837i-019						Name	R	PER02	93	O	AN	1	60	Contact Person		
837i-020						Communication Number Qualifier	R	PER03	365	X	ID	2	2	Codes ED, EM, FX, TE		
837i-021						Communication Number	R	PER04	364	X	AN	1	80	Communication number		
837i-022						Communication Number Qualifier	S	PER05	365	X	ID	2	2			
837i-023						Communication Number	S	PER06	364	X	AN	1	80			
837i-024						Communication Number Qualifier	S	PER07	365	X	ID	2	2			
837i-025						Communication Number	S	PER08	364	X	AN	1	80			
837i-026	Receiver Name	R	1	1000B	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"40"		
837i-027						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"2"		
837i-028						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	"ADHS/BHS"		
837i-029						Identification code Qualifier	R	NM108	66	X	ID	1	2	"46"		
837i-030						Identification code	R	NM109	67	X	AN	2	80	"86-6004791"		
837i-031	Billing/Pay-to provider hierarchical level	R	1	2000A	>1	Hierarchical Id Number	R	HL01	628	M	AN	1	12	Starts with 1 and is incremented by 1 for each HL		
837i-032						Hierarchical Level Code	R	HL03	735	M	ID	1	2	"20"		
837i-033						Hierarchical Child Code	R	HL04	736	O	ID	1	1	"1"		
837i-039	Billing Provider Name	R	1	2010AA	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"85"		
837i-040						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"2"		
837i-041						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	Provider Name	***NOTE***NOTE***NOTE***	
837i-042						Identification code Qualifier	R	NM108	66	X	ID	1	2	"24" until Nat Provider ID issued; then "XX"	If there is a group biller, send the	
837i-043						Identification code	R	NM109	67	X	AN	2	80	Provider's EIN until Nat Provider ID issued	group biller info in this loop and the	
837i-044	Billing Provider Address	R	1	2010AA	1	Address Information	R	N301	166	M	AN	1	55	Provider Address	provider info in the pay-to loop. If	
837i-045						Address Information	S	N302	166	O	AN	1	55		there is no group biller then the	
837i-046	Billing Provider City/State/Zip code	R	1	2010AA	1	City Name	R	N401	19	O	AN	2	30	Provider City Name	provider info should be sent in this	
837i-047						State or Providence Code	R	N402	156	O	ID	2	2	Provider State Code	loop and there is no pay-to loop.	
837i-048						Postal Code	R	N403	116	O	ID	3	15	Provider Zip Code		
837i-049						Country Code	S	N404	26	O	ID	2	3			
837i-050	Billing Provider Secondary Identification	S	8	2010AA	1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"1D"		
837i-051						Reference Identification	R	REF02	127	X	AN	1	30	Provider ID	Provider-id	Char(9)
837i-062	Pay-to Provider Name	S	1	2010AB	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"87"		
837i-063						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"2"		
837i-064						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	Provider Name	***NOTE***NOTE***NOTE***	
837i-065						Identification code Qualifier	R	NM108	66	X	ID	1	2	"24" until Nat Provider ID issued; then "XX"	This loop is only used if there is a	
837i-066						Identification code	R	NM109	67	X	AN	2	80	Provider's EIN until Nat Provider ID issued	group biller on the encounter and	
837i-067	Pay-to Provider Address	R	1	2010AB	1	Address Information	R	N301	166	M	AN	1	55	Provider Address Line	loop 2010AA was used for the	
837i-068						Address Information	S	N302	166	O	AN	1	55		group biller information. The actual	
837i-069	Pay-to Provider City/State/Zip code	R	1	2010AB	1	City Name	R	N401	19	O	AN	2	30	Provider City Name	provider info should be sent in this	
837i-070						State or Province Code	R	N402	156	O	ID	2	2	Provider State Code	loop.	
837i-071						Postal Code	R	N403	116	O	ID	3	15	Provider Zip Code		
837i-072						Country Code	S	N404	26	O	ID	2	3			
837i-073	Pay-to Provider Secondary Identification	S	5	2010AB	1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"G2"		
837i-074						Reference Identification	R	REF02	127	X	AN	1	30	Provider ID	Provider-id	Char(9)
837i-075	Subscriber Hierarchical Level	R	1	2000B	>1	Hierarchical Id Number	R	HL01	628	M	AN	1	12	Next HL# (incremented by 1 for each HL)		
837i-076						Hierarchical Parent ID Number	R	HL02	734	O	AN	1	12	HL01 from provider HL level		
837i-077						Hierarchical Level Code	R	HL03	735	M	ID	1	2	"22"		
837i-078						Hierarchical Child Code	R	HL04	736	O	ID	1	1	"0"		
837i-079	Subscriber Information	R	1	2000B	>1	Payer Responsibility Sequence Number Code	R	SBR01	1138	M	ID	1	1	"P"		
837i-080						Individual Relationship Code	S	SBR02	1069	O	ID	2	2	"18"		
837i-081						Reference Identification	S	SBR03	127	O	AN	1	30			
837i-082						Name	S	SBR04	93	O	AN	1	60	"AHCCCS"		
837i-083						Claim Filling Indicator Code	S	SBR09	1032	O	ID	1	2	"MC"		
837i-084	Subscriber Name	R	1	2010BA	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"IL"		

Element ID	Segment Name	R/S	Seg. Repeat	Loop	Loop Repeat	Element Name	R/S	Abbrev. Name	Data Element	Req. Des.	Data Type	Min Len	Max Len	Short Description	Input Field Name	Input Field Size
837i-085						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"1"		
837i-086						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	Client's Last Name		
837i-087						Name First	S	NM104	1036	O	AN	1	25			
837i-088						Name Middle	S	NM105	1037	O	AN	1	25			
837i-089						Name suffix	S	NM107	1039	O	AN	1	10			
837i-090						Identification code Qualifier	S	NM108	66	X	ID	1	2	"MI"		
837i-091						Identification code	S	NM109	67	X	AN	2	80	Client ID	client-id	Char(10)
837i-092	Subscriber Address	S	1	2010BA	1	Address Information	R	N301	166	M	AN	1	55			
837i-093						Address Information	S	N302	166	O	AN	1	55			
837i-094	Subscriber City/State/Zip code	S	1	2010BA	1	City Name	R	N401	19	O	AN	2	30			
837i-095						State or Province Code	R	N402	156	O	ID	2	2			
837i-096						Postal Code	R	N403	116	O	ID	3	15			
837i-097						Country Code	S	N404	26	O	ID	2	3			
837i-098	Subscriber Demographic Information	S	1	2010BA	1	Date Time Period format Qualifier	R	DMG01	1250	X	ID	2	3	"D8"		
837i-099						Date Time Period	R	DMG02	1251	X	AN	1	35	Subscriber Date of Birth		
837i-100						Gender Code	R	DMG03	1068	O	ID	1	1	Subscriber Gender		
837i-115	Payer Name	R	1	2010BC	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"PR"		
837i-116						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"2"		
837i-117						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	"ADHS/BHS"		
837i-118						Identification code Qualifier	R	NM108	66	X	ID	1	2	"PI"		
837i-119						Identification code	R	NM109	67	X	AN	2	80	"86-6004791"		
837i-165	Claim Information	R	1	2300	100	Claim submitter's Identifier	R	CLM01	1028	M	AN	1	38	ICN Number	ICN-Nbr	Char(11)
837i-166						Monetary Amount	R	CLM02	782	O	R	1	18	Sum of 2400 loop Billed amounts		
837i-167						Health Care Service Location Information	R	CLM05	C023	O						
837i-168						Facility Code Value	R	CLM05-1	1331	M	AN	1	2	Bill Type Position 1 and 2	Bill-Type	Char(2)
837i-169						Facility Code Qualifier	R	CLM05-2	1325	O	ID	1	1	Code A - UB Claim Form Type		
837i-170						Claim Frequency Type Code	R	CLM05-3	1325	O	ID	1	1	Bill Type Position 3	Bill-Type / adjustment-flag	Char(1)
837i-171						Yes/No Condition or Response Code	R	CLM06	1073	O	ID	1	1	Provider Signature on File (Y/N)		
837i-172						Provider Accept Assigment Code	S	CLM07	1359	O	ID	1	1			
837i-173						Yes/No Condition or Response Code	R	CLM08	1073	O	ID	1	1	Assignment of Benefits Indicator. (Y/N)		
837i-174						Release of Information Code	R	CLM09	1363	O	ID	1	1	A, I, M, N, O, or Y		
837i-175						Yes/No Condition or Response Code	R	CLM18	1073	O	ID	1	1	"N"		
837i-176						Delay Reason Code	S	CLM20	1514	O	ID	1	2			
837i-177	Discharge Hour	S	1	2300	100	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"096"		
837i-178						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"TM"		
837i-179						Date Time Period	R	DTP03	1251	M	AN	1	35	HHMM	Discharge-Hour	Char(2)
837i-180	Statement Dates	S	1	2300	100	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"434"		
837i-181						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"RD8" (CCYYMMDD-CCYYMMDD)		
837i-182						Date Time Period	R	DTP03	1251	M	AN	1	35	Statement Covers Period	Service-Start-Date / End-Date	Num(16)
837i-183	Admission Date/Hour	S	1	2300	100	Date/Time Qualifier	R	DTP01	374	M	ID	3	3	"435"		
837i-184						Date Time Period Format Qualifier	R	DTP02	1250	M	ID	2	3	"DT" (CCYYMMDDHHMM)		
837i-185						Date Time Period	R	DTP03	1251	M	AN	1	35		Admission-Dt & Admit-Hour	Num(8)&(2)
837i-186	Institutional Claim Code	S	1	2300	100	Admission Type code	S	CL101	1315	O	ID	1	1		Admission-Type	Char(1)
837i-187						Admission Source Code	S	CL102	1314	O	ID	1	1		Admission-Source	Char(1)
837i-188						Patient Status Code	S	CL103	1352	O	ID	1	2		Patient-Status	Char(2)
837i-193	Contract Information	S	1	2300	100	Contract Type Code	R	CN101	1166	M	ID	2	2	"05" or "02"	svc-type	Char(1)
837i-194						Monetary Amount	S	CN102	782	O	R	1	18	Special Net Value or Net-Paid	Special-Net-Value/Net-Paid	Num(7); 5:2
837i-195						Percent	S	CN103	332	O	R	1	6			
837i-196						Reference Identification	S	CN104	127	O	AN	1	30			
837i-197						Terms Discount Percent	S	CN105	338	O	R	1	6			
837i-198						Version Identifier	S	CN106	799	O	AN	1	30			
837i-215	Original Reference Number (ICN/DCN)	S	1	2300	100	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"F8"		
837i-216						Reference Identification	R	REF02	127	X	AN	1	30	Claim Original Reference Number	Adjustment_icn	Char(11)
837i-223	Prior Authorization or Referral Number	S	2	2300	100	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"G1"		
837i-224						Reference Identification	R	REF02	127	X	AN	1	30	Prior Authorization Number	Prior-Auth-Nbr	Char(6)
837i-225	Medical Record Number	S	2	2300	100	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"EA"		
837i-226						Reference Identification	R	REF02	127	X	AN	1	30	Medical Record Number	Medical Record Number	Char(30)
837i-232	Billing Note	S	1	2300	100	Note Reference Code	R	NTE01	363	O	ID	3	3	"ADD"		
837i-233						Description	R	NTE02	352	M	AN	1	80	String the three fields into a single 10 char entry	Dup-Override-Ind, Oth-Ins-Cov-Flag & Encounter-Processed-Date	Char(10)
837i-276	Principal, Admitting, e-code and Patient reason for visit diagnosis information	S	1	2300	100	Health Care Code Information	R	HI01	C022	M						
837i-277						Code List Qualifier Code	R	HI01-1	1270	M	ID	1	3	"BK"		
837i-278						Industry Code	R	HI01-2	1271	M	AN	1	30		Diagnosis-code	Char(5)
837i-279						Health Care Code Information	S	HI02	C022	O						
837i-280						Code List Qualifier Code	R	HI02-1	1270	M	ID	1	3	"BJ"		
837i-281						Industry Code	R	HI02-2	1271	M	AN	1	30		Admit-Diag-cd	Char(6)
837i-282						Health Care Code Information	S	HI03	C022	O						
837i-283						Code List Qualifier Code	R	HI03-1	1270	M	ID	1	3	"BN"		

Element ID	Segment Name	R/S	Seg. Repeat	Loop	Loop Repeat	Element Name	R/S	Abbrev. Name	Data Element	Req. Des.	Data Type	Min Len	Max Len	Short Description	Input Field Name	Input Field Size
837i-284						Industry Code	R	HI03-2	1271	M	AN	1	30		Trauma-code	Char(6)
837i-288	Other Diagnosis Information	S	2	2300	100	Health Care Code Information	R	HI01	C022	M						
837i-289						Code List Qualifier Code	R	HI01-1	1270	M	ID	1	3	"BF"		
837i-290						Industry Code	R	HI01-2	1271	M	AN	1	30		Diagnosis-cd-1	Char(6)
837i-291						Health Care Code Information	S	HI02	C022	O						
837i-292						Code List Qualifier Code	R	HI02-1	1270	M	ID	1	3	"BF"		
837i-293						Industry Code	R	HI02-2	1271	M	AN	1	30		Diagnosis-cd-2	Char(6)
837i-294						Health Care Code Information	S	HI03	C022	O						
837i-295						Code List Qualifier Code	R	HI03-1	1270	M	ID	1	3	"BF"		
837i-296						Industry Code	R	HI03-2	1271	M	AN	1	30		Diagnosis-cd-3	Char(6)
837i-297						Health Care Code Information	S	HI04	C022	O						
837i-298						Code List Qualifier Code	R	HI04-1	1270	M	ID	1	3	"BF"		
837i-299						Industry Code	R	HI04-2	1271	M	AN	1	30		Diagnosis-cd-4	Char(6)
837i-300						Health Care Code Information	S	HI05	C022	O						
837i-301						Code List Qualifier Code	R	HI05-1	1270	M	ID	1	3	"BF"		
837i-302						Industry Code	R	HI05-2	1271	M	AN	1	30		Diagnosis-cd-5	Char(6)
837i-303						Health Care Code Information	S	HI06	C022	O						
837i-304						Code List Qualifier Code	R	HI06-1	1270	M	ID	1	3	"BF"		
837i-305						Industry Code	R	HI06-2	1271	M	AN	1	30		Diagnosis-cd-6	Char(6)
837i-306						Health Care Code Information	S	HI07	C022	O						
837i-307						Code List Qualifier Code	R	HI07-1	1270	M	ID	1	3	"BF"		
837i-308						Industry Code	R	HI07-2	1271	M	AN	1	30		Diagnosis-cd-7	Char(6)
837i-309						Health Care Code Information	S	HI08	C022	O						
837i-310						Code List Qualifier Code	R	HI08-1	1270	M	ID	1	3	"BF"		
837i-311						Industry Code	R	HI08-2	1271	M	AN	1	30		Diagnosis-cd-8	Char(6)
837i-312						Health Care Code Information	S	HI09	C022	O						
837i-313						Code List Qualifier Code	R	HI09-1	1270	M	ID	1	3			
837i-314						Industry Code	R	HI09-2	1271	M	AN	1	30			
837i-315						Health Care Code Information	S	HI10	C022	O						
837i-316						Code List Qualifier Code	R	HI10-1	1270	M	ID	1	3			
837i-317						Industry Code	R	HI10-2	1271	M	AN	1	30			
837i-318						Health Care Code Information	S	HI11	C022	O						
837i-319						Code List Qualifier Code	R	HI11-1	1270	M	ID	1	3			
837i-320						Industry Code	R	HI11-2	1271	M	AN	1	30			
837i-321						Health Care Code Information	S	HI12	C022	O						
837i-322						Code List Qualifier Code	R	HI12-1	1270	M	ID	1	3			
837i-323						Industry Code	R	HI12-2	1271	M	AN	1	30			
837i-329	Principal Procedure Information	S	2	2300	100	Health Care Code Information	R	HI01	C022	M						
837i-330						Code List Qualifier Code	R	HI01-1	1270	M	ID	1	3	"BR"		
837i-331						Industry Code	R	HI01-2	1271	M	AN	1	30		ICD9-Proc-Code-1	Char(4)
837i-332						Date Time Period format Qualifier	S	HI01-3	1250	X	ID	2	3	"D8" (currently only using MMDD)		
837i-333						Date time Period	S	HI01-4	1251	X	AN	1	35		ICD9-Proc-Date-1	Char(4)
837i-329	Other Procedure Information	S	2	2300	100	Health Care Code Information	R	HI01	C022	M						
837i-330						Code List Qualifier Code	R	HI01-1	1270	M	ID	1	3	"BQ"		
837i-331						Industry Code	R	HI01-2	1271	M	AN	1	30		ICD9-Proc-Code-2	Char(4)
837i-332						Date Time Period format Qualifier	S	HI01-3	1250	X	ID	2	3	"D8" (currently only using MMDD)		
837i-333						Date time Period	S	HI01-4	1251	X	AN	1	35		ICD9-Proc-Date-2	Char(4)
837i-334						Health Care Code Information	S	HI02	C022	O						
837i-335						Code List Qualifier Code	R	HI02-1	1270	M	ID	1	3	"BQ"		
837i-336						Industry Code	R	HI02-2	1271	M	AN	1	30		ICD9-Proc-Code-3	Char(4)
837i-337						Date Time Period format Qualifier	S	HI02-3	1250	X	ID	2	3	"D8" (currently only using MMDD)		
837i-338						Date time Period	S	HI02-4	1251	X	AN	1	35		ICD9-Proc-Date-3	Char(4)
837i-339						Health Care Code Information	S	HI03	C022	O						
837i-340						Code List Qualifier Code	R	HI03-1	1270	M	ID	1	3	"BQ"		
837i-341						Industry Code	R	HI03-2	1271	M	AN	1	30		ICD9-Proc-Code-4	Char(4)
837i-342						Date Time Period format Qualifier	S	HI03-3	1250	X	ID	2	3	"D8" (currently only using MMDD)		
837i-343						Date time Period	S	HI03-4	1251	X	AN	1	35		ICD9-Proc-Date-4	Char(4)
837i-344						Health Care Code Information	S	HI04	C022	O						
837i-345						Code List Qualifier Code	R	HI04-1	1270	M	ID	1	3	"BQ"		
837i-346						Industry Code	R	HI04-2	1271	M	AN	1	30		ICD9-Proc-Code-5	Char(4)
837i-347						Date Time Period format Qualifier	S	HI04-3	1250	X	ID	2	3	"D8" (currently only using MMDD)		
837i-348						Date time Period	S	HI04-4	1251	X	AN	1	35		ICD9-Proc-Date-5	Char(4)
837i-349						Health Care Code Information	S	HI05	C022	O						
837i-350						Code List Qualifier Code	R	HI05-1	1270	M	ID	1	3			
837i-351						Industry Code	R	HI05-2	1271	M	AN	1	30			
837i-352						Date Time Period format Qualifier	S	HI05-3	1250	X	ID	2	3			
837i-353						Date time Period	S	HI05-4	1251	X	AN	1	35			
837i-354						Health Care Code Information	S	HI06	C022	O						
837i-355						Code List Qualifier Code	R	HI06-1	1270	M	ID	1	3			

Element ID	Segment Name	R/S	Seg. Repeat	Loop	Loop Repeat	Element Name	R/S	Abbrev. Name	Data Element	Req. Des.	Data Type	Min Len	Max Len	Short Description	Input Field Name	Input Field Size
837i-356						Industry Code	R	HI06-2	1271	M	AN	1	30			
837i-357						Date Time Period format Qualifier	S	HI06-3	1250	X	ID	2	3			
837i-358						Date time Period	S	HI06-4	1251	X	AN	1	35			
837i-359						Health Care Code Information	S	HI07	C022	O						
837i-360						Code List Qualifier Code	R	HI07-1	1270	M	ID	1	3			
837i-361						Industry Code	R	HI07-2	1271	M	AN	1	30			
837i-362						Date Time Period format Qualifier	S	HI07-3	1250	X	ID	2	3			
837i-363						Date time Period	S	HI07-4	1251	X	AN	1	35			
837i-364						Health Care Code Information	S	HI08	C022	O						
837i-365						Code List Qualifier Code	R	HI08-1	1270	M	ID	1	3			
837i-366						Industry Code	R	HI08-2	1271	M	AN	1	30			
837i-367						Date Time Period format Qualifier	S	HI08-3	1250	X	ID	2	3			
837i-368						Date time Period	S	HI08-4	1251	X	AN	1	35			
837i-369						Health Care Code Information	S	HI09	C022	O						
837i-370						Code List Qualifier Code	R	HI09-1	1270	M	ID	1	3			
837i-371						Industry Code	R	HI09-2	1271	M	AN	1	30			
837i-372						Date Time Period format Qualifier	S	HI09-3	1250	X	ID	2	3			
837i-373						Date time Period	S	HI09-4	1251	X	AN	1	35			
837i-374						Health Care Code Information	S	HI10	C022	O						
837i-375						Code List Qualifier Code	R	HI10-1	1270	M	ID	1	3			
837i-376						Industry Code	R	HI10-2	1271	M	AN	1	30			
837i-377						Date Time Period format Qualifier	S	HI10-3	1250	X	ID	2	3			
837i-378						Date time Period	S	HI10-4	1251	X	AN	1	35			
837i-379						Health Care Code Information	S	HI11	C022	O						
837i-380						Code List Qualifier Code	R	HI11-1	1270	M	ID	1	3			
837i-381						Industry Code	R	HI11-2	1271	M	AN	1	30			
837i-382						Date Time Period format Qualifier	S	HI11-3	1250	X	ID	2	3			
837i-383						Date time Period	S	HI11-4	1251	X	AN	1	35			
837i-384						Health Care Code Information	S	HI12	C022	O						
837i-385						Code List Qualifier Code	R	HI12-1	1270	M	ID	1	3			
837i-386						Industry Code	R	HI12-2	1271	M	AN	1	30			
837i-387						Date Time Period format Qualifier	S	HI12-3	1250	X	ID	2	3			
837i-388						Date time Period	S	HI12-4	1251	X	AN	1	35			
837i-449	Occurrence Information	S	2	2300	100	Health Care Code Information	R	HI01	C022	M						
837i-450						Code List Qualifier Code	R	HI01-1	1270	M	ID	1	3	"BH"		
837i-451						Industry Code	R	HI01-2	1271	M	AN	1	30		Occurrence-Code-1	Char(2)
837i-452						Date Time Period format Qualifier	R	HI01-3	1250	X	ID	2	3	"D8"		
837i-453						Date time Period	R	HI01-4	1251	X	AN	1	35		Occurrence-Date-1	Num(8)
837i-454						Health Care Code Information	S	HI02	C022	O						
837i-455						Code List Qualifier Code	R	HI02-1	1270	M	ID	1	3	"BH"		
837i-456						Industry Code	R	HI02-2	1271	M	AN	1	30		Occurrence-Code-2	Char(2)
837i-457						Date Time Period format Qualifier	R	HI02-3	1250	X	ID	2	3	"D8"		
837i-458						Date time Period	R	HI02-4	1251	X	AN	1	35		Occurrence-Date-2	Num(8)
837i-459						Health Care Code Information	S	HI03	C022	O						
837i-460						Code List Qualifier Code	R	HI03-1	1270	M	ID	1	3	"BH"		
837i-461						Industry Code	R	HI03-2	1271	M	AN	1	30		Occurrence-Code-3	Char(2)
837i-462						Date Time Period format Qualifier	R	HI03-3	1250	X	ID	2	3	"D8"		
837i-463						Date time Period	R	HI03-4	1251	X	AN	1	35		Occurrence-Date-3	Num(8)
837i-464						Health Care Code Information	S	HI04	C022	O						
837i-465						Code List Qualifier Code	R	HI04-1	1270	M	ID	1	3	"BH"		
837i-466						Industry Code	R	HI04-2	1271	M	AN	1	30		Occurrence-Code-4	Char(2)
837i-467						Date Time Period format Qualifier	R	HI04-3	1250	X	ID	2	3	"D8"		
837i-468						Date time Period	R	HI04-4	1251	X	AN	1	35		Occurrence-Date-4	Num(8)
837i-469						Health Care Code Information	S	HI05	C022	O						
837i-470						Code List Qualifier Code	R	HI05-1	1270	M	ID	1	3	"BH"		
837i-471						Industry Code	R	HI05-2	1271	M	AN	1	30		Occurrence-Code-5	Char(2)
837i-472						Date Time Period format Qualifier	R	HI05-3	1250	X	ID	2	3	"D8"		
837i-473						Date time Period	R	HI05-4	1251	X	AN	1	35		Occurrence-Date-5	Num(8)
837i-474						Health Care Code Information	S	HI06	C022	O						
837i-475						Code List Qualifier Code	R	HI06-1	1270	M	ID	1	3	"BH"		
837i-476						Industry Code	R	HI06-2	1271	M	AN	1	30		Occurrence-Code-6	Char(2)
837i-477						Date Time Period format Qualifier	R	HI06-3	1250	X	ID	2	3	"D8"		
837i-478						Date time Period	R	HI06-4	1251	X	AN	1	35		Occurrence-Date-6	Num(8)
837i-479						Health Care Code Information	S	HI07	C022	O						
837i-480						Code List Qualifier Code	R	HI07-1	1270	M	ID	1	3	"BH"		
837i-481						Industry Code	R	HI07-2	1271	M	AN	1	30		Occurrence-Code-7	Char(2)
837i-482						Date Time Period format Qualifier	R	HI07-3	1250	X	ID	2	3	"D8"		
837i-483						Date time Period	R	HI07-4	1251	X	AN	1	35		Occurrence-Date-7	Num(8)
837i-484						Health Care Code Information	S	HI08	C022	O						

Element ID	Segment Name	R/S	Seg. Repeat	Loop	Loop Repeat	Element Name	R/S	Abbrev. Name	Data Element	Req. Des.	Data Type	Min Len	Max Len	Short Description	Input Field Name	Input Field Size
837i-485						Code List Qualifier Code	R	HI08-1	1270	M	ID	1	3	"BH"		
837i-486						Industry Code	R	HI08-2	1271	M	AN	1	30		Occurrence-Code-8	Char(2)
837i-487						Date Time Period format Qualifier	R	HI08-3	1250	X	ID	2	3	"D8"		
837i-488						Date time Period	R	HI08-4	1251	X	AN	1	35		Occurrence-Date-8	Num(8)
837i-489						Health Care Code Information	S	HI09	C022	O						
837i-490						Code List Qualifier Code	R	HI09-1	1270	M	ID	1	3			
837i-491						Industry Code	R	HI09-2	1271	M	AN	1	30			
837i-492						Date Time Period format Qualifier	R	HI09-3	1250	X	ID	2	3			
837i-493						Date time Period	R	HI09-4	1251	X	AN	1	35			
837i-494						Health Care Code Information	S	HI10	C022	O						
837i-495						Code List Qualifier Code	R	HI10-1	1270	M	ID	1	3			
837i-496						Industry Code	R	HI10-2	1271	M	AN	1	30			
837i-497						Date Time Period format Qualifier	R	HI10-3	1250	X	ID	2	3			
837i-498						Date time Period	R	HI10-4	1251	X	AN	1	35			
837i-499						Health Care Code Information	S	HI11	C022	O						
837i-500						Code List Qualifier Code	R	HI11-1	1270	M	ID	1	3			
837i-501						Industry Code	R	HI11-2	1271	M	AN	1	30			
837i-502						Date Time Period format Qualifier	R	HI11-3	1250	X	ID	2	3			
837i-503						Date time Period	R	HI11-4	1251	X	AN	1	35			
837i-504						Health Care Code Information	S	HI12	C022	O						
837i-505						Code List Qualifier Code	R	HI12-1	1270	M	ID	1	3			
837i-506						Industry Code	R	HI12-2	1271	M	AN	1	30			
837i-507						Date Time Period format Qualifier	R	HI12-3	1250	X	ID	2	3			
837i-508						Date time Period	R	HI12-4	1251	X	AN	1	35			
837i-509	Value Information	S	2	2300	100	Health Care Code Information	R	HI01	C022	M						
837i-510						Code List Qualifier Code	R	HI01-1	1270	M	ID	1	3	"BE"		
837i-511						Industry Code	R	HI01-2	1271	M	AN	1	30	"M09" for MedA; "A2" for others		
837i-512						Monetary Amount	R	HI01-5	782	O	R	1	18		Co-insurance	Num(9); 7:2
837i-513						Health Care Code Information	S	HI02	C022	O						
837i-514						Code List Qualifier Code	R	HI02-1	1270	M	ID	1	3			
837i-515						Industry Code	R	HI02-2	1271	M	AN	1	30			
837i-516						Monetary Amount	R	HI02-5	782	O	R	1	18			
837i-517						Health Care Code Information	S	HI03	C022	O						
837i-518						Code List Qualifier Code	R	HI03-1	1270	M	ID	1	3			
837i-519						Industry Code	R	HI03-2	1271	M	AN	1	30			
837i-520						Monetary Amount	R	HI03-5	782	O	R	1	18			
837i-521						Health Care Code Information	S	HI04	C022	O						
837i-522						Code List Qualifier Code	R	HI04-1	1270	M	ID	1	3			
837i-523						Industry Code	R	HI04-2	1271	M	AN	1	30			
837i-524						Monetary Amount	R	HI04-5	782	O	R	1	18			
837i-525						Health Care Code Information	S	HI05	C022	O						
837i-526						Code List Qualifier Code	R	HI05-1	1270	M	ID	1	3			
837i-527						Industry Code	R	HI05-2	1271	M	AN	1	30			
837i-528						Monetary Amount	R	HI05-5	782	O	R	1	18			
837i-529						Health Care Code Information	S	HI06	C022	O						
837i-530						Code List Qualifier Code	R	HI06-1	1270	M	ID	1	3			
837i-531						Industry Code	R	HI06-2	1271	M	AN	1	30			
837i-532						Monetary Amount	R	HI06-5	782	O	R	1	18			
837i-533						Health Care Code Information	S	HI07	C022	O						
837i-534						Code List Qualifier Code	R	HI07-1	1270	M	ID	1	3			
837i-535						Industry Code	R	HI07-2	1271	M	AN	1	30			
837i-536						Monetary Amount	R	HI07-5	782	O	R	1	18			
837i-537						Health Care Code Information	S	HI08	C022	O						
837i-538						Code List Qualifier Code	R	HI08-1	1270	M	ID	1	3			
837i-539						Industry Code	R	HI08-2	1271	M	AN	1	30			
837i-540						Monetary Amount	R	HI08-5	782	O	R	1	18			
837i-541						Health Care Code Information	S	HI09	C022	O						
837i-542						Code List Qualifier Code	R	HI09-1	1270	M	ID	1	3			
837i-543						Industry Code	R	HI09-2	1271	M	AN	1	30			
837i-544						Monetary Amount	R	HI09-5	782	O	R	1	18			
837i-545						Health Care Code Information	S	HI10	C022	O						
837i-546						Code List Qualifier Code	R	HI10-1	1270	M	ID	1	3			
837i-547						Industry Code	R	HI10-2	1271	M	AN	1	30			
837i-548						Monetary Amount	R	HI10-5	782	O	R	1	18			
837i-549						Health Care Code Information	S	HI11	C022	O						
837i-550						Code List Qualifier Code	R	HI11-1	1270	M	ID	1	3			
837i-551						Industry Code	R	HI11-2	1271	M	AN	1	30			
837i-552						Monetary Amount	R	HI11-5	782	O	R	1	18			
837i-553						Health Care Code Information	S	HI12	C022	O						

Element ID	Segment Name	R/S	Seg. Repeat	Loop	Loop Repeat	Element Name	R/S	Abbrev. Name	Data Element	Req. Des.	Data Type	Min Len	Max Len	Short Description	Input Field Name	Input Field Size
837i-554						Code List Qualifier Code	R	HI12-1	1270	M	ID	1	3			
837i-555						Industry Code	R	HI12-2	1271	M	AN	1	30			
837i-556						Monetary Amount	R	HI12-5	782	O	R	1	18			
837i-659	Attending Physician Name	S	1	2310A	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	Use "71" for Attending Physician		
837i-660						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"1"		
837i-661						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	Attending Physician's Last Name		
837i-662						Name First	S	NM104	1036	O	AN	1	25			
837i-663						Name Middle	S	NM105	1037	O	AN	1	25			
837i-664						Name suffix	S	NM107	1039	O	AN	1	10			
837i-665						Identification code Qualifier	R	NM108	66	X	ID	1	2	"24" until Nat Provider ID issued; then "XX"		
837i-666						Identification code	R	NM109	67	X	AN	2	80	Attending Physician's EIN until Nat Prov ID		
837i-670	Attending Physician Secondary Identification	S	5	2310A	1	Reference Identification Qualifier	R	REF01	128	M	ID	2	3	"N5"		
837i-671						Reference Identification	R	REF02	127	M	AN	1	30	Attending Physician	Attending_Physician	Char(9)
837i-819	Other Subscriber Information (Oth Ins Loop)	S	1	2320	10	Payer Responsibility Sequence Number Code	R	SBR01	1138	M	ID	1	1	"P", "S" or "T"		
837i-820						Individual Relationship Code	R	SBR02	1069	O	ID	2	2	"18"		
837i-821						Reference Identification	S	SBR03	127	O	AN	1	30			
837i-822						Name	S	SBR04	93	O	AN	1	60			
837i-823						Claim Filling Indicator Code	S	SBR09	1032	O	ID	1	2	"CI"		
837i-824	Payer Prior Payment	S	1	2320	10	Amount Qualifier Code	R	AMT01	522	M	ID	1	3	"C4"		
837i-825						Monetary Amount	R	AMT02	782	M	R	1	3	Other Insurance Payment	Oth-Ins-Pymt	Num(8): 6:2
837i-826	Other Subscriber Demographic Information	S	1	2320	1	Date Time Period format Qualifier	R	DMG01	1250	X	ID	2	3	"D8"		
837i-827						Date Time Period	R	DMG02	1251	X	AN	1	35	Subscriber Date of Birth		
837i-828						Gender Code	R	DMG03	1068	O	ID	1	1	Subscriber Gender		
837i-829	Other Subscriber Name	R	1	2330A	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"IL"		
837i-830						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"1"		
837i-831						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	Client's Last Name		
837i-832						Name First	S	NM104	1036	O	AN	1	25			
837i-833						Name Middle	S	NM105	1037	O	AN	1	25			
837i-834						Name suffix	S	NM107	1039	O	AN	1	10			
837i-835						Identification code Qualifier	R	NM108	66	X	ID	1	2	"MI"		
837i-836						Identification code	R	NM109	67	X	AN	2	80	Client's Other Insurance ID		
837i-837	Other Payer Name	R	1	2330B	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"PR"		
837i-838						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"2"		
837i-839						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	Other Ins Company Name	"Other Insurance"	
837i-840						Identification code Qualifier	R	NM108	66	X	ID	1	2	"PI" until Nat Prov ID issued; then "XV"		
837i-841	(End of Oth Ins Loop)					Identification code	R	NM109	67	X	AN	2	80	"003" until Nat Prov ID issued	"003"	
837i-842	Other Subscriber Information (Medicare Loop)	S	1	2320	10	Payer Responsibility Sequence Number Code	R	SBR01	1138	M	ID	1	1	"P", "S" or "T"		
837i-843						Individual Relationship Code	R	SBR02	1069	O	ID	2	2	"18"		
837i-844						Reference Identification	S	SBR03	127	O	AN	1	30			
837i-845						Name	S	SBR04	93	O	AN	1	60			
837i-846						Claim Filling Indicator Code	S	SBR09	1032	O	ID	1	2	"MA" or "MB"		
837i-847	Claim Level Adjustments	S	5	2320	10	Claim Adjustment Group Code	R	CAS01	1033	M	ID	1	2	"PR"		
837i-848						Claim Adjustment Reason Code	R	CAS02	1034	M	ID	1	5	"1" - Deductable Amt		
837i-849						Monetary Amount	R	CAS03	782	M	R	1	18	Medicare Deductable	medicare-deductable	Num(8); 6:2
837i-850						Quantity	S	CAS04	380	O	R	1	15			
837i-851						Claim Adjustment Reason Code	S	CAS05	1034	X	ID	1	5			
837i-852						Monetary Amount	S	CAS06	782	X	R	1	18			
837i-853						Quantity	S	CAS07	380	X	R	1	15			
837i-854						Claim Adjustment Reason Code	S	CAS08	1034	X	ID	1	5			
837i-855						Monetary Amount	S	CAS09	782	X	R	1	18			
837i-856						Quantity	S	CAS10	380	X	R	1	15			
837i-857						Claim Adjustment Reason Code	S	CAS11	1034	X	ID	1	5			
837i-858						Monetary Amount	S	CAS12	782	X	R	1	18			
837i-859						Quantity	S	CAS13	380	X	R	1	15			
837i-860						Claim Adjustment Reason Code	S	CAS14	1034	X	ID	1	5			
837i-861						Monetary Amount	S	CAS15	782	X	R	1	18			
837i-862						Quantity	S	CAS16	380	X	R	1	15			
837i-863						Claim Adjustment Reason Code	S	CAS17	1034	X	ID	1	5			
837i-864						Monetary Amount	S	CAS18	782	X	R	1	18			
837i-865						Quantity	S	CAS19	380	X	R	1	15			
837i-866	COB Total Allowed Amount	S	1	2320	10	Amount Qualifier Code	R	AMT01	522	M	ID	1	3	"B6"		
837i-867						Monetary Amount	R	AMT02	782	M	R	1	18	Medicare Allow Amount	Medicare-allow-amount	Num(8); 6:2
837i-868	COB Total Medicare Paid Amount	S	1	2320	10	Amount Qualifier Code	R	AMT01	522	M	ID	1	3	Code 'N1'		
837i-869						Monetary Amount	R	AMT02	782	M	R	1	18	Medicare Payment	Medicare-Payment	Num(8); 6:2
837i-870	Other Insurance Coverage Information	R	1	2320	10	Yes/No Condition or Response Code	R	OI03	1073	O	ID	1	1	Assignment of Benefits Indicator. (Y/N)		
837i-871						Release of Information Code	R	OI06	1363	O	ID	1	1	A, I, M, N, O, or Y		
837i-872	Other Subscriber Name	R	1	2330A	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"IL"		
837i-873						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"1"		
837i-874						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	Client's Last Name		

Element ID	Segment Name	R/S	Seg. Repeat	Loop	Loop Repeat	Element Name	R/S	Abbrev. Name	Data Element	Req. Des.	Data Type	Min Len	Max Len	Short Description	Input Field Name	Input Field Size
837i-875						Name First	S	NM104	1036	O	AN	1	25			
837i-876						Name Middle	S	NM105	1037	O	AN	1	25			
837i-877						Name suffix	S	NM107	1039	O	AN	1	10			
837i-878						Identification code Qualifier	R	NM108	66	X	ID	1	2	"MI"		
837i-879						Identification code	R	NM109	67	X	AN	2	80	Client's medicare ID		
837i-880	Other Payer Name	R	1	2330B	1	Entity Identifier Code	R	NM101	98	M	ID	2	3	"PR"		
837i-881						Entity Type Qualifier	R	NM102	1065	M	ID	1	1	"2"		
837i-882						Name Last / Organization Name	R	NM103	1035	O	AN	1	35	"Medicare"		
837i-883						Identification code Qualifier	R	NM108	66	X	ID	1	2	"PI" until Nat Prov ID issued; then "XV"		
837i-884	(End of Medicare Loop)					Identification code	R	NM109	67	X	AN	2	80	"002"		
837i-885	Service Line Number	R	1	2400	999	Assigned Number	R	LX01	554	M	N0	1	6	Line Number	Line_nbr	Num(2)
837i-886	Institutional Service Line	R	1	2400	999	Product/Service ID	R	SV201	234	M	AN	1	48	Service Line Revenue Code	Revenue-Cd	Char(4)
837i-887						Composite Medical Procedure Identifier	S	SV202	C003	X						
837i-888						Product/Service ID Qualifier	R	SV202-1	235	M	ID	2	2	"HC", or "N4"		
837i-889						Product/Service ID	R	SV202-2	234	M	AN	1	48	Procedure Code	Procedure_Code	Char(5)
837i-890						Procedure Modifier	S	SV202-3	1339	O	AN	2	2			
837i-891						Procedure Modifier	S	SV202-4	1339	O	AN	2	2			
837i-892						Procedure Modifier	S	SV202-5	1339	O	AN	2	2			
837i-893						Procedure Modifier	S	SV202-6	1339	O	AN	2	2			
837i-894						Monetary Amount	R	SV203	782	O	R	1	18	Line Item Charge Amount	Billed_Amount	Num(7)
837i-895						Unit or Basis for Measurement Code	R	SV204	355	X	ID	2	2	Codes : DA, F2 or UN (Usually UN)		
837i-896						Quantity	R	SV205	380	X	R	1	15		Unit-of-Service	Num(7)
837i-897						Unit Rate	S	SV206	1371	O	R	1	10			
837i-898						Monetary Amount	S	SV207	782	O	R	1	18	Line Item Non-Covered Charge Amt	non-covered-chg	Num(10); 8:2
837i-899	Transaction Set Trailer	R	1			Number of Included Segments	R	SE01	96	M	N0	1	10			
837i-900						Transaction Set Control Number	R	SE02	329	M	AN	4	9			

Gray'ed elements are situational elements that are not used by BHS. However if elements are used, they must follow the HIPAA Implementation Guides.

INPUT FIELD NAME:
Corresponding Field name is the Input flat files

INPUT FIELD SIZE:
Corresponding Field size in the input flat files

INTRODUCTION

ADHS/DBHS is pleased to present detailed instructions for completion and submission of data for the HIPAA-compliant ASC X12N 837 Health Care Claims Transaction Format for UB-92 Institutional Claims/Encounters. This system will be used in conjunction with the Client Information System (CIS) for collection, analysis and reporting of client information.

The data that must be submitted to CIS represents a minimum data set necessary for ADHS/DBHS to conduct its oversight and regulatory functions. RBHAs and providers are free to collect any other data necessary for efficient and effective operation.

To the extent possible, RBHAs are encouraged to use electronic screens and other automated processes to minimize provider burden. Ultimately, integration of these data requirements into the RBHA and provider clinical improvement process is anticipated.

Encounter UB-92 Institutional Data Definitions

File layout: ueninpXX.dayyyymmdd.nn

All clients who receive service through the RBHA system must have current identifying data in the ADHS/DBHS Client Information System (CIS). UB-92 Institutional Claims/Encounters billing data is potentially time-sensitive and should reflect current identifying data and other client status items.

Unless otherwise noted, **all** items must be completed for Claims/Encounters data submissions.

FIELD NAME	DESCRIPTION
THE FOLLOWING DEFINITIONS REFER TO THE DATA RECORD HEADER LEVEL DATA:	
Record Type	Distinguishes header from data records. Valid value for a data record is a space.
ICN Number	Invoice control number, or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits will be defined by the RBHA. The structure of the ICN is Rxxxxxxxxxx. Valid values for "R": 1- 03 The EXCEL Group 2- 08 ValueOptions 3- 11 Gila River Indian Community 4- 14 Navajo Nation 5- 15 NARBHA 6- 23 PGBHA 7- 25 Pascua Yaqui 8- 26 CPSA GSA 5 9- 27 CPSA GSA 3 C- 02 Cenpatico GSA 2 D- 22 Cenpatico GSA 4
Line Number	Line number on the claim. UB-92 Header Data number must be 00. (This refers to the first data record of each claim, not to the file header record.)
RBHA ID	The Regional Behavioral Health Authority identification number, assigned by Behavioral Health Services. Two-byte field. Valid values: 02- Cenpatico GSA 2 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- Cenpatico GSA 4 23- PGBHA 25- Pascua Yaqui 26- CPSA GSA 5 27- CPSA GSA 3
Prior Auth Number	Prior authorization number.
Client ID	Unique 10-digit number generated randomly by the CIS system. Encounter and Demographic data cannot be submitted to CIS unless the client has a valid CIS-assigned Client ID.
Provider ID	Must be a valid AHCCCS Provider ID.
Filler	Reserved for future use.
Locator Code	If left blank, it will default to "01".
Adjustment Flag	Indicates if this record is being sent to void a previous encounter. Valid values: V- Void or Space- Default

FIELD NAME	DESCRIPTION
Service Type	Indicates type of payment for this procedure code. Valid values: 1- Fee for Service 2- Prepaid
Diagnosis Code	Diagnosis pertaining to this treatment. Must use a valid ICD-9 code.
Patient Status	Indicates the status of the patient. Required for inpatient encounters only. Not to be reported for outpatient encounters. Valid values: 01- Discharged to home or self-care 02- Transferred to another short-term general hospital 03- Transferred to a skilled-nursing facility 04- Transferred to an intermediate-care facility 05- Transferred to another type of institution 06- Transferred to home under care of organized home health service organization 07- Left against medical advice 20- Expired or did not recover 30- Still a patient **40- Expired at home (hospice only)** **41- Expired in hospital – SNF/ICF** **42- Expired, place unknown**
Attending Physician	Must be a valid AHCCCS PROVIDER ID.
Filler	Reserved for future use.
Attending Physician Locator Code	Locator code field for the attending physician. If left blank, it will default to "01".
Admission Type	Reason for client's admission. Valid values: 1- Emergency 2- Urgent 3- Elective
Admission Date	Date the client was admitted. Must be a valid date in YYYYMMDD format.
Bill Type	Describes the type of bill being submitted. Valid values are: **Medicare Part A:** 111- Admission through discharge 112- Interim bill (first) 113- Interim bill (continue) 114- Interim bill (final) 116- Adjustment of prior claim 118- Void/cancel of prior claim **Medicare Part B:** 121- Admit through discharge 122- Interim bill (first) 123- Interim bill (continue) 124- Interim bill (final) 126- Adjustment of prior claim 128- Void/cancel of prior claim **Outpatient bill:** 131- Admit through discharge 132- Hosp, OP, interim, first claim 133- Hosp, OP, interim, continue claim 134- Hosp, OP, interim, last claim 136- Adjustment of prior claim 138- Void/cancel of prior claim
Adjustment ICN	Indicates the ICN number for this encounter when it is an adjustment.
Encounter Form Type	Indicates the type of this encounter. Valid value: B- UB-92.
Admission Source	Indicates the source of admission. Valid values:

FIELD NAME	DESCRIPTION
	1- Physician referral 2- Clinic referral 3- Health plan referral 4- Transfer from hospital 5- Transfer from skilled nursing facility 6- Transfer from another health care facility 7- Emergency room 8- Courts or law enforcement 9- Information not available
Occurrence Code 1	Reason for client's inpatient stay. When a claim is bill type of 111 or 114, it is required for code 42 to be in the Occurrence Date field. Valid values: 01- Auto accident 02- Auto accident/no fault 03- Accident/tort 04- Accident/employment related 05- Other accident 06- Crime victim 11- Onset of symptoms/illness 21- UR/PRO notice received 24- Date insurance denied 25- Date benefits terminated by primary carrier 26- Date skilled nursing facility bed available 27- Date home health available 28- Date COR plan established 42- Date of discharge 46- Date rehab started
Occurrence Date 1	Date the occurrence transpired. Valid date in YYYYMMDD format.
Occurrence Code 2	See Occurrence Code 1 for valid values.
Occurrence Date 2	Date the occurrence transpired. Valid date in YYYYMMDD format.
Occurrence Code 3	See Occurrence Code 1 for valid values.
Occurrence Date 3	Date the occurrence transpired. Valid date in YYYYMMDD format.
Occurrence Code 4	See Occurrence Code 1 for valid values.
Occurrence Date 4	Date the occurrence transpired. Valid date in YYYYMMDD format.
Occurrence Code 5	See Occurrence Code 1 for valid values.
Occurrence Date 5	Date the occurrence transpired. Valid date in YYYYMMDD format.
Occurrence Code 6	See Occurrence Code 1 for valid values.
Occurrence Date 6	Date the occurrence transpired. Valid date in YYYYMMDD format.
Occurrence Code 7	See Occurrence Code 1 for valid values.
Occurrence Date 7	Date the occurrence transpired. Valid date in YYYYMMDD format.
Occurrence Code 8	See Occurrence Code 1 for valid values.
Occurrence Date 8	Date the occurrence transpired. Valid date in YYYYMMDD format.
Other Ins Cov Flag	Indicates that other insurers were billed first. Valid values are Y or N.
Oth Ins Pymt	Amount of payment received from other insurer(s). Do not include decimal.
Encounter Processed Dt	Date the encounter was processed. Valid date in YYYYMMDD format.
Service Start Date	First date the service was provided. Valid date in YYYYMMDD format.
Service End Date	Last date the service was provided. Valid date in YYYYMMDD format.
Admit Hour	Required for service dates on inpatient and outpatient encounters. Also for long-term care, if available.
Discharge Hour	Required for inpatient encounters. Valid values are 00-23 or spaces. Value is determined by the combination of Patient Status and Bill Type fields.

FIELD NAME	DESCRIPTION
Medicare Allow Amount	Amount Medicare would pay.
Medicare Deductible	Amount of Medicare deductible that recipient is required to pay.
Medicare Payment	Amount Medicare paid. Do no include decimal.
ICD9 Proc Code 1	ICD9 Procedure code.
ICD9 Proc Date 1	MMDD and a valid date.
ICD9 Proc Code 2	ICD9 Procedure code.
ICD9 Proc Date 2	MMDD and a valid date.
ICD9 Proc Code 3	ICD9 Procedure code.
ICD9 Proc Date 3	MMDD and a valid date.
ICD9 Proc Code 4	ICD9 Procedure code.
ICD9 Proc Date 4	MMDD and a valid date.
ICD9 Proc Code 5	ICD9 Procedure code.
ICD9 Proc Date 5	MMDD and a valid date.
Co-Insurance	Co-insurance amount.
Diagnosis Code 1	Diagnosis code.
Diagnosis Code 2	Diagnosis code.
Diagnosis Code 3	Diagnosis code.
Diagnosis Code 4	Diagnosis code.
Diagnosis Code 5	Diagnosis code.
Diagnosis Code 6	Diagnosis code.
Diagnosis Code 7	Diagnosis code.
Diagnosis Code 8	Diagnosis code.
Admit Diag Code	Admitting diagnosis code.
Trauma Diag Code	Trauma diagnosis code.
Group Biller ID	Indicates the group biller ID. Must be a valid AHCCCS Provider ID.
Filler	Reserved for future use.
Group Biller Locator Code	Locator code field. If left blank, it will default to "01".
Medicare Flag	Indicates the presence of values in the Medicare field. Valid values: Y or N.
Medical Record Number	Medical record number.
THE FOLLOWING DEFINITIONS REFER TO THE LINE ITEM DATA:	
Record Type	Distinguishes header from data records. Valid value for a data record is spaces.
ICN Nbr	Invoice control number, or claim number.
Line Nbr	Line number on the UB claim. Header record number must be 00. Detail record numbers must be numeric integers, 01-99.
Procedure Code	Code for service provided. Must use a valid CPT code. If a Procedure Code (five digit) is reported on the claim, enter the code in the Procedure Code field.
Unit of Service	Number of times the service was provided. Do not include decimal.
Billed Amount	Indicates the amount the provider billed for the service. This is an amount field, renamed from *Allowable-Amount.* Do not include decimal.
Net Paid	Amount paid on fee-for-service claim or prescription. This is an amount field. Do not include decimal.
Special Net Value	Value of the prepaid service type.
Dup Override Indicator	Indicates that a duplicate Procedure Code and Service Start Dt is reasonable for this service and a duplicate has been detected previously. Valid values: Y or blank.
Revenue Cd	Revenue code. After 6/1/2006, must send as a four-digit code
Non Covered Chg	Total non-covered charge.

FIELD NAME	DESCRIPTION
Filler	Reserved for future use.

History of changes made:

Date	Field	Change
3/3/2006	Provider ID	Removed text from the description stating: "Provider ID where service was provided. Includes facility ID valid BHS Provider ID for dates of service prior to 1/1/2002, except if BHS only provider."
	Attending Physician	Removed text from the description stating: "…for dates of service after 1/1/2002."
	Discharge Hour	Removed text from the description stating: "…with service date prior to 4/1/2001."
	Co-Insurance	Removed text from the description stating: "This field replaces the current logic, which is being calculated in H74603. Current calculation is: CO-INSURANCE = (MEDICARE-ALLOW-AMT – MEDICARE-DEDUCTIBLE MEDICARE PAYMENT)"
	Group Biller ID	Removed text from the description stating: "…for dates of service after 01/01/2002.
	Procedure Code	Removed text from the description stating: "…revenue code…or BHS Service Matrix code. Prior to 4/1/2001, enter the three digit Revenue Cd and leave the Revenue-Cd field blank. ADHS calculates the "001" Revenue Cd line. After 4/1/2001, enter the three-digit Revenue Cd into Revenue-Cd field. RBHAs must calculate the "001" Revenue-Cd line."
	Revenue Cd	Added text to the description stating: "After 6/1/2006, must send as a four-digit code."

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File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
1	1	Filler		Char	1	Value: “
2	2	Transaction-Type		Char	1	Indicates the record transaction type: A=Add, C=Change, O=Override
3	5	Filler		Char	3	Value: “,”
6	16	ICN-Nbr	*	Char	11	
17	19	Filler		Char	3	Value: “,”
20	22	Line-Nbr	*	Numeric	3	
23	25	Filler		Char	3	Value: “,”
26	30	Change-Seq-Nbr	*	Numeric	5	
31	33	Filler		Char	3	Value: “,”
34	39	Prior-Auth-Nbr		Char	6	
40	42	Filler		Char	3	Value: “,”
43	52	Client-ID		Char	10	
53	55	Filler		Char	3	Value: “,”
56	60	Procedure-Code		Char	5	
61	63	Filler		Char	3	Value: “,”
64	65	Contr-ID		Char	2	Applicable only for BHS PROVIDERS.
66	68	Filler		Char	3	Value: “,”
69	72	Sub-Contr-ID		Char	4	Applicable only for BHS PROVIDERS.
73	75	Filler		Char	3	Value: “,”
76	78	Facility-ID		Char	3	Applicable only for BHS PROVIDERS.
79	81	Filler		Char	3	Value: “,”
82	89	Start-Dt		Char	8	YYYYMMDD
90	92	Filler		Char	3	Value: “,”
93	100	End-Dt		Char	8	YYYYMMDD
101	103	Filler		Char	3	Value: “,”
104	104	Adjustment-Flag		Char	1	
105	107	Filler		Char	3	Value: “,”
108	108	Svc-Type		Char	1	

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File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
109	111	Filler		Char	3	Value: “,”
112	117	Diagnosis-Code		Char	6	
118	120	Filler		Char	3	Value: “,”
121	129	Unit-Of-Service		Numeric	9(6.1)	Decimal is included.
130	132	Filler		Char	3	Value: “,”
133	141	Billed-Amount		Numeric	9(5.2)	Allowable charge. Decimal is included.
142	144	Filler		Char	3	Value: “,”
145	146	Patient-Status		Char	2	
147	149	Filler		Char	3	Value: “,”
150	158	Attending-Physician		Char	9	
159	161	Filler		Char	3	Value: “,”
162	162	Admission-Type		Char	1	
163	165	Filler		Char	3	Value: “,”
166	173	Admission-Dt		Char	8	YYYYMMDD
174	176	Filler		Char	3	Value: “,”
177	179	Bill-Type		Char	3	
180	182	Filler		Char	3	Value: “,”
183	193	NDC-Code		Char	11	
194	196	Filler		Char	3	Value: “,”
197	197	Encounter-Pending		Char	1	
198	200	Filler		Char	3	Value: “,”
201	215	CRN-Nbr		Numeric	15	
216	218	Filler		Char	3	Value: “,”
219	226	EDS-Add-Dt		Char	8	YYYYMMDD
227	229	Filler		Char	3	Value: “,”
230	237	EDS-File-Dt		Char	8	YYYYMMDD
238	240	Filler		Char	3	Value: “,”
241	248	Change-Control-Date		Char	8	YYYYMMDD
249	251	Filler		Char	3	Value: “,”

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File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
252	259	AHCCCS-Send-Dt		Char	8	YYYYMMDD
260	262	Filler		Char	3	Value: “,”
263	271	Net-Paid		Numeric	9(5.2)	Decimal is included.
272	274	Filler		Char	3	Value: “,”
275	279	Dispense-Quantity		Numeric	5	
280	282	Filler		Char	3	Value: “,”
283	285	AHCCCS-Line-Nbr		Numeric	3	
286	288	Filler		Char	3	Value: “,”
289	299	Adjustment-ICN		Char	11	DBHS switches the order of the Adjustment-ICN and ICN from the upload when populating the download format. For the download, the value in the Adjustment-ICN is the value submitted as the ICN on the upload. The value in the ICN, for the download, is the value submitted as the Adjustment-ICN on the upload.
300	302	Filler		Char	3	Value: “,”
303	311	Special-Net-Value		Numeric	9(5.2)	Decimal is included.
312	314	Filler		Char	3	Value: “,”
315	315	Encounter-Form-Type		Char	1	
316	318	Filler		Char	3	Value: “,”
319	326	EDS-Update-Dt		Char	8	YYYYMMDD
327	329	Filler		Char	3	Value: “,”
330	337	CIS-Add-Date		Char	8	Occurrence-Date-1
338	340	Filler		Char	3	Value: “,”
341	348	Change-Control-Pgm		Char	8	
349	351	Filler		Char	3	Value: “,”
352	359	Change-Control-User-Id		Char	8	
360	362	Filler		Char	3	Value: “,”
363	363	Admission-Source		Char	1	

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File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
364	366	Filler		Char	3	Value: “,”
367	368	Occurrence-Code-1		Char	2	
369	371	Filler		Char	3	Value: “,”
372	379	Occurrence-Date-1		Char	8	YYYYMMDD
380	382	Filler		Char	3	Value: “,”
383	384	Occurrence-Code-2		Char	2	
385	387	Filler		Char	3	Value: “,”
388	395	Occurrence-Date-2		Char	8	YYYYMMDD
396	398	Filler		Char	3	Value: “,”
399	400	Occurrence-Code-3		Char	2	
401	403	Filler		Char	3	Value: “,”
404	411	Occurrence-Date-3		Char	8	YYYYMMDD
412	414	Filler		Char	3	Value: “,”
415	416	Occurrence-Code-4		Char	2	
417	419	Filler		Char	3	Value: “,”
420	427	Occurrence-Date-4		Char	8	YYYYMMDD
428	430	Filler		Char	3	Value: “,”
431	432	Occurrence-Code-5		Char	2	
433	435	Filler		Char	3	Value: “,”
436	443	Occurrence-Date-5		Char	8	YYYYMMDD
444	446	Filler		Char	3	Value: “,”
447	448	Occurrence-Code-6		Char	2	
449	451	Filler		Char	3	Value: “,”
452	459	Occurrence-Date-6		Char	8	YYYYMMDD
460	462	Filler		Char	3	Value: “,”
463	464	Occurrence-Code-7		Char	2	
465	467	Filler		Char	3	Value: “,”
468	475	Occurrence-Date-7		Char	8	YYYYMMDD
476	478	Filler		Char	3	Value: “,”

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File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
479	480	Occurrence-Code-8		Char	2	
481	483	Filler		Char	3	Value: “,”
484	491	Occurrence-Date-8		Char	8	YYYYMMDD
492	494	Filler		Char	3	Value: “,”
495	495	Other-Ins-Cov-Flag		Char	1	
496	498	Filler		Char	3	Value: “,”
499	508	Other-Ins-Payment		Numeric	10(6.2)	Decimal is included.
509	511	Filler		Char	3	Value: “,”
512	516	Prin-Proc-Code		Char	5	
517	519	Filler		Char	3	Value: “,”
520	527	Prin-Proc-Date		Date	8	
528	530	Filler		Char	3	Value: “,”
531	535	Other-Proc-Code		Char	5	
536	538	Filler		Char	3	Value: “,”
539	546	Other-Proc-Date		Date	8	
547	549	Filler		Char	3	Value: “,”
550	551	Med-Proc-Code-Modifier		Char	2	
552	554	Filler		Char	3	Value: “,”
555	562	Encounter-Process-Date		Char	8	YYYYMMDD
563	565	Filler		Char	3	Value: “,”
566	566	Dup-Override-Ind		Char	1	
567	569	Filler		Char	3	Value: “,”
570	571	Place-of-Service		Char	2	
572	574	Filler		Char	3	Value: “,”
575	577	Admit-Hour		Numeric	3	
578	580	Filler		Char	3	Value: “,”
581	583	Discharge-Hour		Numeric	3	
584	586	Filler		Char	3	Value: “,”

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File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
587	594	Rx-Order-Date		Char	8	YYYYMMDD
595	597	Filler		Char	3	Value: “,”
598	600	Number-This-Refill		Numeric	3	
601	603	Filler		Char	3	Value: “,”
604	606	Refills-Authorized		Numeric	3	
607	609	Filler		Char	3	Value: “,”
610	611	Encounter-Status		Char	2	
612	614	Filler		Char	3	Value: “,”
615	624	Medicare-Allow-Amount		Numeric	10(6.2)	Decimal is included.
625	627	Filler		Char	3	Value: “,”
628	637	Medicare-Deductible		Numeric	10(6.2)	Decimal is included.
638	640	Filler		Char	3	Value: “,”
641	650	Medicare-Payment		Numeric	10(6.2)	Decimal is included.
651	653	Filler		Char	3	Value: “,”
654	657	ICD9-Proc-Code-1		Char	4	
658	660	Filler		Char	3	Value: “,”
661	664	ICD9-Proc-Date-1		Char	4	MMDD
665	667	Filler		Char	3	Value: “,”
668	671	ICD9-Proc-Code-2		Char	4	
672	674	Filler		Char	3	Value: “,”
675	678	ICD9-Proc-Date-2		Char	4	MMDD
679	681	Filler		Char	3	Value: “,”
682	685	ICD9-Proc-Code-3		Char	4	
686	688	Filler		Char	3	Value: “,”
689	692	ICD9-Proc-Date-3		Char	4	MMDD
693	695	Filler		Char	3	Value: “,”
696	699	ICD9-Proc-Code-4		Char	4	
700	702	Filler		Char	3	Value: “,”
703	706	ICD9-Proc-Date-4		Char	4	MMDD

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File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
707	709	Filler		Char	3	Value: “,”
710	713	ICD9-Proc-Code-5		Char	4	
714	716	Filler		Char	3	Value: “,”
717	720	ICD9-Proc-Date-5		Char	4	MMDD
721	723	Filler		Char	3	Value: “,”
724	734	Co-Insurance		Numeric	11(7.2)	Decimal is included.
735	737	Filler		Char	3	Value: “,”
738	743	Diagnosis-Cd-1		Char	6	
744	746	Filler		Char	3	Value: “,”
747	752	Diagnosis-Cd-2		Char	6	
753	755	Filler		Char	3	Value: “,”
756	761	Diagnosis-Cd-3		Char	6	
762	764	Filler		Char	3	Value: “,”
765	770	Diagnosis-Cd-4		Char	6	
771	773	Filler		Char	3	Value: “,”
774	779	Diagnosis-Cd-5		Char	6	
780	782	Filler		Char	3	Value: “,”
783	788	Diagnosis-Cd-6		Char	6	
789	791	Filler		Char	3	Value: “,”
792	797	Diagnosis-Cd-7		Char	6	
798	800	Filler		Char	3	Value: “,”
801	806	Diagnosis-Cd-8		Char	6	
807	809	Filler		Char	3	Value: “,”
810	815	Admit-Diag-Cd		Char	6	
816	818	Filler		Char	3	Value: “,”
819	824	Trauma-Diag-Cd		Char	6	
825	827	Filler		Char	3	Value: “,”
828	831	Revenue-Cd		Char	4	
832	834	Filler		Char	3	Value: “,”

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ENCOUNTER FILE LAYOUT

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Changes effective for dates of service 07/01/2004 and greater and will be implemented 09/30/2004. New field added: Prescriber-DEA-Number is an alternative to fields Prescriber-ID and Prescriber-locator-CD.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
835	846	Non-Covered-Chg		Numeric	12(8.2)	Decimal is included.
847	849	Filler		Char	3	Value: “,”
850	855	ICD9-Code-2		Char	6	
856	858	Filler		Char	3	Value: “,”
859	864	ICD9-Code-3		Char	6	
865	867	Filler		Char	3	Value: “,”
868	873	ICD9-Code-4		Char	6	
874	876	Filler		Char	3	Value: “,”
877	882	AHCCCS-Provider-ID		Char	6	
883	885	Filler		Char	3	Value: “,”
886	886	Filler		Char	1	Reserved for future use.
887	889	Filler		Char	3	Value: “,”
890	891	Provider-Locator-Code		Char	2	
892	894	Filler		Char	3	Value: “,”
895	900	Group-Biller-ID		Char	6	
901	903	Filler		Char	3	Value: “,”
904	904	Filler		Char	1	Reserved for future use.
905	907	Filler		Char	3	Value: “,”
908	909	Group-Locator-Code		Char	2	
910	912	Filler		Char	3	Value: “,”
913	920	Prescription-Number		Numeric	8	
921	923	Filler		Char	3	Value: “,”
924	925	Med-Proc-Code-Modifier-2		Char	2	Second Med-Proc-Code-Modifier field.
926	928	Filler		Char	3	Value: “,”
929	929	Transportation-Type-Code		Char	1	
930	932	Filler		Char	3	Value: “,”
933	933	Transportation-Reason-Code		Char	1	
934	936	Filler		Char	3	Value: “,”
937	942	Prescriber-ID		Char	6	

NOTES

(1) File name: “**dencdXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) This file is comma-delimited with quotes (“ “) surrounding each field.
Character fields use null values.
(3) Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Null values are transmitted as spaces.
(4) Req’d field: * = denotes a mandatory field; ** = denotes a conditionally required field.
(5) Record length: Old = 1032 **New = 1050.**

ENCOUNTER FILE LAYOUT

Daily download from DBHS to each RBHA containing encounter records that were added, changed or deleted during the nightly batch processing.

Changes effective for dates of service 07/01/2004 and greater and will be implemented 09/30/2004. New field added: Prescriber-DEA-Number is an alternative to fields Prescriber-ID and Prescriber-locator-CD.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
943	945	Filler		Char	3	Value: “,”
946	946	Filler		Char	1	Reserved for future use
947	949	Filler		Char	3	Value: “,”
950	951	Prescriber-Locator-Cd		Char	2	
952	954	Filler		Char	3	Value: “,”
955	964	Ingredient-Cost-Submitted		Numeric	10 (6.2)	Decimal is included.
965	967	Filler		Char	3	Value: “,”
968	977	Dispensing-Fee-Submitted		Numeric	10 (6.2)	Decimal is included.
978	980	Filler		Char	3	Value: “,”
981	990	Co-Pay		Numeric	10 (6.2)	Decimal is included.
991	993	Filler		Char	3	Value: “,”
994	1023	Medical-Record-Number		Char	30	
1024	1026	Filler		Char	3	Value: “,”
1027	1030	Days-Supply		Numeric	4	
1031	1033	Filler		Char	3	Value: “,”
1034	1048	Prescriber-DEA-Number		Char	15	
1049	1049	Filler		Char	1	Value: “
1050	1050	Filler		Char	1	Space.

NOTES

(1) File name: “**dencdXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) This file is comma-delimited with quotes (“ “) surrounding each field.
Character fields use null values.
(3) Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Null values are transmitted as spaces.
(4) Req’d field: * = denotes a mandatory field; ** = denotes a conditionally required field.
(5) Record length: Old = 1032 **New = 1050.**

ENCOUNTER FILE LAYOUT

Daily download from DBHS to each RBHA containing encounter records that were added, changed or deleted during the nightly batch processing.

Changes effective for dates of service 07/01/2004 and greater and will be implemented 09/30/2004. New field added: Prescriber-DEA-Number is an alternative to fields Prescriber-ID and Prescriber-locator-CD.

History of changes implemented:

DATE	CHANGE
7/7/04	New fields added: Prescriber-Id, Prescriber-Locator-Cd, Ingredient-Cost-Submitted, Dispensing-Fee-Submitted, Co-Pay, Medical-Record-Number, Days-Supply.

NOTES

(1) File name: "**dencdXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) This file is comma-delimited with quotes (" ") surrounding each field.
Character fields use null values.
(3) Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Null values are transmitted as spaces.
(4) Req'd field: * = denotes a mandatory field; ** = denotes a conditionally required field.
(5) Record length: Old = 1032 **New = 1050.**

HCFA 1500 ENCOUNTER FILE LAYOUT

Daily file of RBHA HCFA 1500 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record – HCFA Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
1	1	Record-Type	*	Char	1	Left	Space	Distinguishes header from data records. Valid value for a data record is a space.
2	12	ICN-Number	*	Char	11	Left	Spaces	Invoice control number (ICN), or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits will be defined by the RBHA. The structure of the ICN is Rxxxxxxxxxx. Valid values for "R": 1- 03 The EXCEL Group 2- 08 ValueOptions 3- 11 Gila River Indian Community 4- 14 Navajo Nation 5- 15 NARBHA 6- 23 PGBHA 7- 25 Pascua Yaqui 8- 26 CPSA Region 5 9- 27 CPSA Region 3 C- 02 CBHA GSA 2 D- 22 CBHA GSA 4
13	14	Line-Number	*	Numeric	2	Right	Zeros	Line number on the claim. HCFA 1500 Header Data number must be 00. (This refers to the first data record of each claim, not to the file header record.)
15	16	RBHA-ID	*	Char	2	Right	Zeros	Contractor Identification Number. This is the RBHA responsible for payment. Valid values: 02- CBHA GSA 2 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community

NOTES

1. File name: "**uenmedXX.dayyyymmdd.nn**". (XX=RBHA ID.)
2. Data file returned to RBHAs after translation for audit purposes.
3. Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
4. Record length: 150.

HCFA 1500 ENCOUNTER FILE LAYOUT

Daily file of RBHA HCFA 1500 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record – HCFA Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
								14- Navajo Nation 15- NARBHA 22- CBHA GSA 4 23- PGBHA 25- Pascua Yaqui 26- CPSA-GSA 5 27- CPSA-GSA 3
17	22	Prior-Auth-Number	**	Char	6	Right	Zeros	Prior authorization number.
23	32	Client-ID	*	Char	10	Left	Spaces	Unique DBHS 10-digit identification number that identifies a client.
33	38	Provider-ID	*	Char	6	Left	Zeros	Indicates the Provider ID where the service was delivered. Valid AHCCCS Provider ID for DOS greater than 01/01/2002.
39	39	Filler	*	Char	1	Left	Space	
40	41	Locator-Code	*	Char	2	Left	Spaces	This is the Locator Code field. If left blank, it will default to "01".
42	42	Adjustment-Flag	*	Char	1	Left	Spaces	Indicates if this record is being sent to void a previous encounter.
43	47	Diagnosis-Code	*	Char	5	Left	Spaces	Diagnosis pertaining to this treatment. Must use a valid ICD-9 code.
48	58	Adjustment-ICN	**	Char	11	Left	Spaces	Indicates the ICN number for this encounter when it is an adjustment.
59	59	Encounter-Form-Type	*	Char	1	Left	Spaces	Indicates the type of this encounter. Valid values: A- Medical B- Inpatient

NOTES

1. File name: "**uenmedXX.dayyyymmdd.nn**". (XX=RBHA ID.)
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4. Record length: 150.

HCFA 1500 ENCOUNTER FILE LAYOUT

Daily file of RBHA HCFA 1500 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record – HCFA Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
60	60	Other-Ins-Cov-Flag	*	Char	1	Left	Spaces	Indicates that other insurer(s) were billed first. Valid values: Y or N.
69	70	Place-of-Service	*	Char	2	Left	Spaces	Default value is 00. Valid codes: 04- Homeless shelter 11- Office 12- Patient's residence 21- Inpatient hospital 22- Outpatient hospital 23- Emergency room – hospital 31- Skilled nursing facility 32- Nursing facility 33- Custodial care facility 41- Ambulance, land 42- Ambulance, air or water 50- Federally qualified health center 51- Level I behavioral health facility (JCAHO-accredited RTC) 52- Psychiatric facility partial hospitalization 53- Outpatient clinic 54- Intermediate care facility/mentally retarded 55- Residential detoxification facility 56- Alternative residential care facility 62- Comprehensive outpatient rehab 71- State or local public health clinic 72- Rural health clinic 81- Independent laboratory 99- Other
71	76	Group-Biller-ID		Char	6	Left	Spaces	Indicates the group biller ID. Valid AHCCCS Provider

NOTES

1. File name: "**uenmedXX.dayyyymmdd.nn**". (XX=RBHA ID.)
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4. Record length: 150.

HCFA 1500 ENCOUNTER FILE LAYOUT

Daily file of RBHA HCFA 1500 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record – HCFA Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
								ID required for DOS greater than 01/01/02.
77	77	Filler		Char	1	Left	Space	
78	79	Group-Biller		Char	2	Left	Spaces	Note: This is the locator code field. If left blank it will default to "01".
80	150	Record-Filler		Char	71	Left	Spaces	Reserved for future use.

NOTES

1. File name: "**uenmedXX.dayyyymmdd.nn**". (XX=RBHA ID.)
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3. Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
4. Record length: 150.

HCFA 1500 ENCOUNTER FILE LAYOUT

Daily file of RBHA HCFA 1500 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record – HCFA Line Item Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
1	1	Record-Type	*	Char	1	Left	Space	Distinguishes header from data records. Valid value is spaces for data record.
2	12	ICN-Number	*	Char	11	Left	Spaces	Invoice control number (ICN), or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits will be defined by the RBHA. The structure of the ICN is Rxxxxxxxxxx. Valid codes for "R" are: 1- 03 The EXCEL Group 2- 08 ValueOptions 3- 11 Gila River Indian Community 4- 14 Navajo Nation 5- 15 NARBHA 6- 23 PGBHA 7- 25 Pascua Yaqui 8- 26 CPSA Region 5 9- 27 CPSA Region 3 C- CBHA GSA 2 D- CBHA GSA 4
13	14	Line-Number	*	Numeric	2	Right	Zeros	Line number on the claim. Must be numeric integers, 01-99.
15	19	Procedure-code	*	Char	5	Left	Spaces	Code for service provided. Valid revenue code or CPT or BHS service matrix code.
20	27	Service-Start-Date	*	Numeric	8	None	Zeros	Indicates the first date the service was provided. YYYYMMDD and a valid date.
28	35	Service-End-Date	*	Numeric	8	None	Zeros	Indicates the last date the service was provided.

NOTES

1. File name: "**uenmedXX.dayyyymmdd.nn**". (XX=RBHA ID.)
2. Data file returned to RBHAs after translation for audit purposes.
3. Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
4. Record length: 150.

HCFA 1500 ENCOUNTER FILE LAYOUT

Daily file of RBHA HCFA 1500 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record – HCFA Line Item Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
								YYYYMMDD and a valid date.
36	36	Service-Type	*	Char	1	Left	Space	Indicates the type of payment for this procedure code. Valid values: 1- Fee for service 2- Prepaid
37	43	Unit-of-Service	*	Numeric	7	Right	Zeros	Indicates the number of times the service was provided.
44	50	Billed-Amount	*	Numeric	7(5+2)	Right	Zeros	Indicates the amount the provider billed for the service. This is an amount field, renamed from Allowable-Amount. Do not include decimal, it is implied.
51	57	Net-Paid	**	Numeric	7(5+2)	Right	Zeros	Amount paid on fee-for-service claim or prescription. This is an amount field. Do not include decimal, it is implied.
58	64	Special-Net-Value	**	Numeric	7(5+2)	Right	Zeros	Indicates the amount that the prepaid type of service encounter is valued at. Do not include decimal, it is implied.
65	72	Other-Ins-Payment	**	Numeric	8(6+2)	Right	Zeros	Amount of payment received from other insurer(s). Do not include decimal, it is implied.
73	74	Proc-Code-Modifier	**	Char	2	Left	Spaces	Indicates the modifier code, when applicable, for the procedure.
75	75	Dup-Override-Ind	**	Char	1	Left	Spaces	Indicates that a duplicate Procedure-Code and Service-Start-Date is reasonable for this service and a duplicate has been detected previously. Valid values: Y or blank.

NOTES

1. File name: "**uenmedXX.dayyyymmdd.nn**". (XX=RBHA ID.)
2. Data file returned to RBHAs after translation for audit purposes.
3. Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
4. Record length: 150.

HCFA 1500 ENCOUNTER FILE LAYOUT

Daily file of RBHA HCFA 1500 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record – HCFA Line Item Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
76	83	Medicare-Allow-Amount	**	Numeric	8(6+2)	Right	Zeros	Amount Medicare allows. Do not include decimal, it is implied.
84	91	Medicare-Deductible	**	Numeric	8(6+2)	Right	Zeros	Amount of Medicare deductible. Do not include decimal, it is implied.
92	99	Medicare-Payment	**	Numeric	8(6+2)	Right	Zeros	Amount of Medicare payment. Do not include decimal, it is included.
100	105	ICD9-Code-2	**	Char	6	Left	Spaces	Valid ICD9 code.
106	111	ICD9-Code-3	**	Char	6	Left	Spaces	Valid ICD9 code.
112	117	ICD9-Code-4	**	Char	6	Left	Spaces	Valid ICD9 code.
118	118	Medicare-Flag	*	Char	1	Left	Space	Indicates the presence of values in the Medicare field. Valid values: Y or N.
119	120	Proc-Code-Modifier-2	**	Char	2	Left	Spaces	Indicates the modifier code, when applicable, for the procedure.
121	121	Transportation-Type-Code	**	Char	1	Left	Space	Indicates the type of ambulance transport. Valid values: I – Initial R – Return T – Transfer X – Round trip
122	122	Transportation-Reason-Code	**	Char	1	Left	Space	Indicates reason for transport. Valid values: A- Nearest facility B- Benefit of preferred physician C- Nearness of family members D- Care of a specialist E- Transferred to rehab facility

NOTES

1. File name: "**uenmedXX.dayyyymmdd.nn**". (XX=RBHA ID.)
2. Data file returned to RBHAs after translation for audit purposes.
3. Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
4. Record length: 150.

HCFA 1500 ENCOUNTER FILE LAYOUT

Daily file of RBHA HCFA 1500 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING**.

File Data Record – HCFA Line Item Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
123	150	Record-Filler		Char	28	Left	Spaces	Reserved for future use.

Historical changes implemented:

DATE	CHANGE
02/7/2000	Three Medicare fields added and record length increased.
Draft 12/2000	Place-of-Service codes updated, Adjustment-Flag valid values updated, file size increased to 111, ICD9 Codes 2, 3 & 4 added.
01/17/2001	File size increase correction to 117.
02/13/2001	Default value of Medicare is spaces.
03/15/2001	Corrected filler size on both header and detail.
PLEASE NOTE: ALL NEW FIELDS/EDITS (SEE 12/2000-03/15/2001 NOTES) ARE EFFECTIVE FOR DOS 04/01/2001 AND GREATER.	
10/05/2001	Added Group-Biller-Id and Locator-Code. Group-Biller and Locator-Code will be initiated on 01/01/2002. Redefines for Provider- ID will be effective for DOS greater than 01/01/2002, EXCEPT for BHS ONLY Providers.
10/01/2003	Added Medicare-Flag and Proc-Code-Modifier-2 fields. Removed File Header layout.
03/24/2005	Added code 04-Homeless shelter to Place-of-Service valid values.
05/10/2005	Added new RBHA IDs 02 and 22 for CBHA. Added ICN letters C and D to identify CBHA.
9/26/05	The following changes were made to the valid values for Place of Service to match the Covered Services Guide ver. 5.6 Added: 15 – Mobile Unit; 20 – Urgent Care Facility Removed: 24 – Ambulatory surgical center; 25 – birthing center; military treatment facility; 34 – Hospice; 61 – Comprehensive inpatient rehab facility; 65 – End-stage renal disease treatment facility.

NOTES

1. File name: "**uenmedXX.dayyyymmdd.nn**". (XX=RBHA ID.)
2. Data file returned to RBHAs after translation for audit purposes.
3. Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
4. Record length: 150.

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
1	1	Record-Type		Char	1	Left	Space	Distinguishes header from data records. Valid value for a data record is a space.
2	12	ICN-Number	*	Char	11	Left	Spaces	Invoice control number (ICN), or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits will be defined by the RBHA. The structure of the ICN is Rxxxxxxxxxx. Valid values for "R": 1- 03 The EXCEL Group 2- 08 Value Options 3- 11 Gila River Indian Community 4- 14 Navajo Nation 5- 15 NARBHA 6- 23 PGBHA 7- 25 Pascua Yaqui 8- 26 CPSA GSA 5 9- 27 CPSA GSA 3 C- 02 CBHA GSA 2 D- 22 CBHA GSA 4
13	14	Line-Number	*	Numeric	2	Right	Zeros	Line number on the claim. UB 92 Header Data number must be 00. (This refers to the first data record of each claim, not to the file header record.)
15	16	RBHA-ID	*	Char	2	Right	Zeros	Contractor Identification Number. This is the RBHA responsible for payment. Valid values: 02- CBHA-GSA 2 03- The EXCEL Group 08- Value Options 11- Gila River Indian Community 14- Navajo Nation

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
								15- NARBHA 22- CBHA-GSA 4 23- PGBHA 25- Pascua Yaqui 26- CPSA-GSA 5 27- CPSA-GSA 3
17	22	Prior-Auth-Number	*	Char	6	Right	Zeros	Prior authorization number.
23	32	Client-ID	*	Char	10	Left	Spaces	Unique DBHS 10-digit identification number that identifies a client.
33	38	Provider-ID	*	Char	6	Left	Zeros	Indicates the Provider ID where the service was delivered. Valid AHCCCS Provider ID for DOS after 01/01/2002.
39	39	Filler	*	Char	1	Left	Space	
40	41	Locator-Code	*	Char	2	Left	Spaces	This is the Locator Code field. If left blank, it will default to "01".
42	42	Adjustment-Flag	**	Char	1	Left	Spaces	Indicates if this record is being sent to void a previous encounter. Valid values: V- Void or Space- Default.
43	43	Service-Type	*	Char	1	Left	Spaces	Indicates the type of payment for this procedure code. Valid values: 1- Fee for Service, 2- Prepaid
44	48	Diagnosis-Code	*	Char	5	Left	Spaces	Diagnosis pertaining to this treatment. Must use a valid DSM-IV code.
49	50	Patient-Status	*	Char	2	Left	Zeros	Indicates the status of the patient. Required for inpatient encounters only; not to be reported for outpatient encounters. Valid values: 01- Discharged to home of self care 02- Transferred to another short-term general hospital 03- Transferred to a skilled-nursing facility 04- Transferred to an intermediate-care facility 05- Transferred to another type of institution

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
								06- Discharged to home under care of organized home health service organization 07- Left against medical advice 20- Expired or did not recover 30- Still a patient
51	56	Attending-Physician	*	Char	6	Left	Zeros	Valid AHCCCS PROVIDER identifier for DOS Physician after 01/01/2002
57	57	Filler	*	Char	1	Left	Spaces	
58	59	Attending-Physician-Locator-Code	*	Char	2	Left	Spaces	This is the Locator Code field. If left blank it will default to "01".
60	60	Admission-Type	*	Char	1	Left	Space	Reason for the client's admission. Valid values: 1- Emergency 2- Urgent 3- Elective
61	68	Admission-Date	*	Numeric	8	None	Zeros	Indicates the date that the client was admitted. YYYYMMDD format.
69	71	Bill-Type	*	Char	3	Left	Zeros	Describes the type of bill being submitted. Valid values: Medicare Part A: 111- Admission through discharge 112- Interim bill (first) 113- Interim bill (continue) 114- Interim bill (final) 116- Adjustment of prior claim 118- Void/cancel of prior claim Medicare Part B: 121- Admit – Discharge 122- Interim bill (first) 123- Interim bill (continue)

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
								124- Interim bill (final) 126- Adjustment of prior claim 128- Void/cancel of prior claim Outpatient bill: 131- Admit – Discharge 132- Hospital outpatient interim (first claim) 133- Hospital outpatient interim (continue claim) 134- Hospital outpatient interim (last claim) 136- Adjustment 138- Void/cancel of prior claim
72	82	Adjustment-ICN	**	Char	11	Left	Spaces	Indicates the ICN number for this encounter when it is an adjustment.
83	83	Encounter-Form-Type	*	Char	1	Left	Spaces	Indicates the type of this encounter. Valid value: B- UB-92.
84	84	Admission-Source	*	Char	1	Left	Spaces	Indicates the source of admission. Valid values: 1- Physician referral 2- Clinic referral 3- Health plan referral 4- Transfer from hospital 5- Transfer from SNF 6- Transfer from another health care facility 7- Emergency room 8- Courts or law enforcement 9- Not available
85	86	Occurrence-Code-1	**	Char	2	Left	Spaces	Reason for client's inpatient stay. When a claim is a bill type of 111 or 114, it is required that code 42 be in the Occurrence-Code field and that the Occurrence-Date field contain the date of discharge.

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
								Valid values: 01- Auto accident 02- Auto accident/no fault 03- Accident/tort 04- Accident/employment related 05- Other accident 06- Crime victim 11- Onset of symptoms/illness 21- UR/PRO notice received 24- Date insurance denied 25- Date benefits terminated to primary carrier 26- Date SNF bed available 27- Date home health available 28- Date COR plan established 42- Date of discharge 46- Date rehab started
87	94	Occurrence-Date-1	**	Numeric	8	None	Zeros	Indicates the date that the occurrence transpired. YYYYMMDD format.
95	96	Occurrence-Code-2		Char	2	Left	Spaces	
97	104	Occurrence-Date-2		Numeric	8	None	Zeros	YYYYMMDD format.
105	106	Occurrence-Code-3		Char	2	Left	Spaces	
107	114	Occurrence-Date-3		Numeric	8	None	Zeros	YYYYMMDD format.
115	116	Occurrence-Code-4		Char	2	Left	Spaces	
117	124	Occurrence-Date-4		Numeric	8	None	Zeros	
125	126	Occurrence-Code-5		Char	2	Left	Spaces	
127	134	Occurrence-Date-5		Numeric	8	None	Zeros	YYYYMMDD format.

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
135	136	Occurrence-Code-6		Char	2	Left	Spaces	
137	144	Occurrence-Date-6		Numeric	8	None	Zeros	YYYYMMDD format.
145	146	Occurrence-Code-7		Char	2	Left	Spaces	
147	154	Occurrence-Date-7		Numeric	8	None	Zeros	YYYYMMDD format.
155	156	Occurrence-Code-8		Char	2	Left	Spaces	
157	164	Occurrence-Date-8		Numeric	8	None	Zeros	YYYYMMDD format.
165	165	Oth-Ins-Cov-Flag	*	Char	1	Left	Spaces	Indicates that other insurer(s) were billed first. Valid values: Y or N
166	173	Oth-Ins-Pymt	**	Numeric	8 (6+2)	Right	Spaces	Amount of payment received from other insurer(s).
174	181	Encounter-Processed-Dt	*	Numeric	8	None	Zeros	Indicates the date the encounter was processed. YYYYMMDD format.
182	189	Service-Start-Date	*	Numeric	8	None	Zeros	Indicates the first date the service was provided. YYYYMMDD format.
190	197	Service-End-Date	*	Numeric	8	None	Zeros	Indicates the last date the service was provided. YYYYMMDD format.
198	199	Admit-Hour	*	Char	2	Right	Zeros	Required for service dates of 10/01/1998 and after on inpatient and outpatient encounters, if available for LTC.
200	201	Discharge-Hour	*	Char	2	Right	Spaces	Required for inpatient encounters with service date before 04/01/2001. Valid values: 00 – 23.
202	209	Medicare-Allow-Amount	**	Numeric	8 (6+2)	Right	Spaces	Amount Medicare allows.
210	217	Medicare-Deductible	**	Numeric	8 (6+2)	Right	Spaces	Amount of Medicare deductible.
218	225	Medicare-Payment	**	Numeric	8 (6+2)	Right	Spaces	Amount of Medicare payment. Do not include decimal point.

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
226	229	ICD9-Proc-Code-1	**	Char	4	Left	Spaces	ICD9 Procedure Code.
230	233	ICD9-Proc-Date-1	**	Char	4	Left	Spaces	MMDD format.
234	237	ICD9-Proc-Code-2	**	Char	4	Left	Spaces	ICD9 Procedure Code.
238	241	ICD9-Proc-Date-2	**	Char	4	Left	Spaces	MMDD format.
242	245	ICD9-Proc-Code-3	**	Char	4	Left	Spaces	ICD9 Procedure Code.
246	249	ICD9-Proc-Date-3	**	Char	4	Left	Spaces	MMDD format.
250	253	ICD9-Proc-Code-4	**	Char	4	Left	Spaces	ICD9 Procedure Code.
254	257	ICD9-Proc-Date-4	**	Char	4	Left	Spaces	MMDD format.
258	261	ICD9-Proc-Code-5	**	Char	4	Left	Spaces	ICD9 Procedure Code.
262	265	ICD9-Proc-Date-5	**	Char	4	Left	Spaces	MMDD format.
266	274	Co-insurance	**	Numeric	9 (7+2)	Right	Zeros	This field replaces the current logic, which is being calculated in H74603. Current calculation is: CO-INSURANCE= (MEDICARE-ALLOW-AMT – MEDICARE-DEDUCTIBLE – MEDICARE-PAYMENT)
275	280	Diagnosis-cd-1	**	Char	6	Left	Spaces	Diagnosis Code.
281	286	Diagnosis-cd-2	**	Char	6	Left	Spaces	Diagnosis Code.
287	292	Diagnosis-cd-3	**	Char	6	Left	Spaces	Diagnosis Code.
293	298	Diagnosis-cd-4	**	Char	6	Left	Spaces	Diagnosis Code.
299	304	Diagnosis-cd-5	**	Char	6	Left	Spaces	Diagnosis Code.
305	310	Diagnosis-cd-6	**	Char	6	Left	Spaces	Diagnosis Code.
311	316	Diagnosis-cd-7	**	Char	6	Left	Spaces	Diagnosis Code.

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Header Level Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
317	322	Diagnosis-cd-8	**	Char	6	Left	Spaces	Diagnosis Code.
323	328	Admit-Diag-cd	**	Char	6	Left	Spaces	Admitting Diagnosis Code.
329	334	Trauma-Diag-cd	**	Char	6	Left	Spaces	Trauma Diagnosis Code
335	340	Group-Biller-ID		Char	6	Left	Spaces	Indicates the group biller ID. Valid AHCCCS PROVIDER identifier for DOS greater than 01/01/2002.
341	341	Filler		Char	1	Left	Spaces	
342	343	Group-Biller-Locator-Code		Char	2	Left	Spaces	This is the Locator Code field. If left blank it will default to "01".
344	344	Medicare-Flag		Char	1	Left	Space	Indicates the presence of values in the Medicare field. Valid values: Y or N.
345	374	Medical-Record-Number	*	Char	30	Left	Spaces	Medical Record Number
375	400	Filler		Char	26		Spaces	Reserved for future use.

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record – UB Line Item Data

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
1	1	Record-Type		Char	1	Left	Space	Distinguishes header from data records. Valid value is spaces for data record.
2	12	ICN-Nbr	*	Char	11	Left	Spaces	Invoice control number (ICN), or claim number.
13	14	Line-Nbr	*	Numeric	2	Right	Zeros	Line number on the claim. Must be numeric integers, 01-99.
15	19	Procedure-code	*	Char	5	Left	Spaces	Code for service provided. Valid revenue code or CPT or BHS service matrix code. Enter the three-digit revenue code into the Revenue-Cd field. If a procedure code (five digit) is reported on the claim, then enter the code in the Procedure-Code field. RBHAs must calculate the "001" Revenue-Cd line.
20	26	Unit-of-Service	*	Numeric	7 (6+1)	Right	Zeros	Indicates the number of times the service was provided. Do not include decimal.
27	33	Billed-Amount	*	Numeric	7 (5+2)	Right	Zeros	Indicates the amount the provider billed for the service. This is an amount field, renamed from Allowable-Amount. Do not include decimal.
34	40	Net-Paid	**	Numeric	7 (5+2)	Right	Zeros	Amount paid on fee-for-service claim or prescription. This is an amount field. Do not include decimal.
41	47	Special-Net-Value	**	Numeric	7 (5+2)	Right	Zeros	Indicates the amount that the prepaid type-of-service encounter is valued.
48	48	Dup-Override-Ind		Char	1	Left	None	Indicates that a duplicate Procedure-Code and Service Start-Dt is reasonable for this service and a duplicate has been detected previously. Valid values are Y or blank.
49	52	Revenue-Cd	*	Char	4	Left	Space	Revenue code.
53	62	Non-Covered-Chg	**	Numeric	10 (8+2)	Right	Zeros	Total non-covered charge.
63	400	Record Filler		Char	338	Left	Spaces	Reserved for future use.

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

UB-92 ENCOUNTER FILE LAYOUT

Daily file of RBHA UB-92 encounter data after HIPAA translation. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

Historical changes implemented:

DATE	CHANGE
Draft 12/2000	Adjustment Flag, Patient Status and Bill type valid values updated. Added the following fields: ICD9 Code 1-5; ICD9 Date 1-5; Co-insurance; Diagnosis Code 1-8; Admitting Diagnosis Code; and Trauma Diagnosis Code; and file size increased.
01/17/2001	Renamed ICD9-Code-1-5 to ICD9-Proc-Code-1-5 and ICD9-Date-1-5 to ICD9-Proc-Date-1-5.
02/06/2001	Added Value 126 (Adjustment of prior claim) as valid value for Bill-Type field.
02/07/2001	Changed Encounter-Form-Type valid values. AA@ no longer used; must be AB@.
02/13/2001	Added note to Line Item Data regarding: Last line must have 001 as Revenue Code. Note: Default on Medicare fields is now spaces.
03/15/2001	Corrected filler size on Header record and added additional note regarding last line Revenue Code.
PLEASE NOTE:	**ALL NEW FIELDS/EDITS FOR 12/2000-03/15/2001 NOTES ARE EFFECTIVE FOR DOS 04/01/2001 AND GREATER.**
05/22/2001	Added note to Procedure-Code Description/Comments.
05/25/2001	Added note to the Adjustment-Flag, Patient-Status, Line-Nbr (page7), Procedure-Code and Revenue-Cd descriptions.
10/05/2001	Added Group-Biller-Id and Locator-Code and increased Record-Filler size at end of file to make record total 350 bytes. Group-Biller and Locator Code will be initiated on 01/01/2002. Redefines for Provider-ID will be effective for DOS greater than 01/01/2002, EXCEPT for BHS ONLY Providers.
07/17/2002	Changed field Discharge-Hour from mandatory left-adjust zero-fill to optional right spaces.
02/07/2003	Medicare fields added and file size increased.
04/17/2003	Added new Bill-Type 132, 133 and 134.
10/01/2003	Added Medicare-Flag field.
07/01/2004	Changes effective for dates of service 07/01/2004 and greater, and implemented 07/07/2004, added new field: Medical-Record-Number.
03/09/2005	Added new RBHA IDs for CBHA-GSA 2 and CBHA-GSA 4, effective 7/1/05.

NOTES

(1) File name: "**ueninpXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data file returned to RBHAs after translation for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 400

Encounter Report Format

Daily download from DBHS to each RBHA containing a control report reflecting counts for each of the programs processing in the UB-92 and HCFA Encounter preprocessor cycle.

Example of Daily Encounter (UENCTR) Report

```
H74470A001~CONTROL REPORT           ~********************~
H74470A002~RUN DATE/TIME            ~06/03/2003**01:28:22~
H74470A003~PROGRAM NAME             ~H74470A             ~
H74470A004~PROGRAM DESCRIPTION      ~ENC SPLIT           ~
H74470A005~RBHA ID                  ~03                  ~
H74470A006~FILE NAME                ~PDMED               ~
H74470A007~*************************~********************~
H74470A008~FILE HEADER RECORDS READ ~0000001             ~
H74470A009~DATA RECORDS READ        ~0011338             ~
H74470A010~TOTAL RECORDS READ       ~0011339             ~
H74470A011~ADJ FILE HDR WRITTEN     ~0000000             ~
H74470A012~NON-ADJ FILE HDR WRITTEN ~0000001             ~
H74470A013~ADJ DATA RECS WRITTEN    ~0000000             ~
H74470A014~NON-ADJ DATA RECS WRITTEN~0011338             ~
H74470A015~RECORDS REJECTED         ~0000000             ~
H74470A016~ERROR MSG RECS WRITTEN   ~0000000             ~
H74410~000~**************************************************~
H74410~000~ *~
H74410~000~* PROCESSING NON-ADJUSTMENTS *~
H74410~000~ *~
H74410~000~**************************************************~
H74408A001~CONTROL REPORT           ~********************~
H74408A002~RUN DATE/TIME            ~06/03/2003**01:28:28~
H74408A003~PROGRAM NAME             ~H74408A             ~
H74408A004~PROGRAM DESCRIPTION      ~ENC FATAL EDITS     ~
H74408A005~RBHA ID                  ~03                  ~
H74408A006~FILE NAME                ~PDMED               ~
H74408A007~*************************~********************~
H74408A008~*    F A T A L    F I L E~    E R R O R S    *~
H74408A009~*          F I L E    R E~J E C T E D        *~
H74408A010~*************************~********************~
H74408A011~FILE HEADER RECORDS READ ~0000001             ~
H74408A012~DATA RECORDS READ        ~0011338             ~
H74408A013~TOTAL RECORDS READ       ~0011339             ~
H74408A014~ACCEPT FILE HDR WRITTEN  ~0000001             ~
H74408A015~ACCEPT DATA RECS WRITTEN ~0011288             ~
H74408A016~RECORDS REJECTED         ~0000050             ~
H74408A017~ERROR MSG RECS WRITTEN   ~0000014             ~
H74410A001~CONTROL REPORT           ~********************~
H74410A002~RUN DATE/TIME            ~06/03/2003**01:28:32~
H74410A003~PROGRAM NAME             ~H74410A             ~
H74410A004~PROGRAM DESCRIPTION      ~ENC FATAL EDITS     ~
H74410A005~RBHA ID                  ~03                  ~
H74410A006~FILE NAME                ~PDMED               ~
H74410A007~*************************~********************~
H74410A008~FILE HEADER RECORDS READ ~0000001             ~
H74410A009~DATA RECORDS READ        ~0011288             ~
H74410A010~TOTAL RECORDS READ       ~0011289             ~
H74410A011~ACCEPT FILE HDR WRITTEN  ~0000001             ~
H74410A012~ACCEPT DATA RECS WRITTEN ~0011190             ~
H74410A013~RECORDS REJECTED         ~0000098             ~
H74410A014~ERROR MSG RECS WRITTEN   ~0000049             ~
```

NOTES

(1) File name: **"uenctrXX.ctCCYYMMDD.nn"** (XX = RBHA ID).

Encounter Report Format

Daily download from DBHS to each RBHA containing a control report reflecting counts for each of the programs processing in the UB-92 and HCFA Encounter preprocessor cycle.

Example of Daily Encounter (UENCTR) Report

```
H74412A001~CONTROL REPORT           ~********************~
H74412A002~RUN DATE/TIME            ~06/03/2003**01:28:41~
H74412A003~PROGRAM NAME             ~H74412A             ~
H74412A004~PROGRAM DESCRIPTION      ~ENC NON-FATAL EDITS ~
H74412A005~RBHA ID                  ~03                  ~
H74412A006~FILE NAME                ~PDMED               ~
H74412A007~*************************~********************~
H74412A008~FILE HEADER RECORDS READ ~0000001             ~
H74412A009~DATA RECORDS READ        ~0011190             ~
H74412A010~TOTAL RECORDS READ       ~0011191             ~
H74412A011~ACCEPT FILE HDR WRITTEN  ~0000001             ~
H74412A012~ACCEPT DATA RECS WRITTEN ~0010969             ~
H74412A013~RECORDS IN ERROR         ~0000221             ~
H74412A014~ERROR MSG RECS WRITTEN   ~0000267             ~
H74413A001~CONTROL REPORT           ~********************~
H74413A002~RUN DATE/TIME            ~06/03/2003**01:52:53~
H74413A003~PROGRAM NAME             ~H74413A             ~
H74413A004~PROGRAM DESCRIPTION      ~ENC NEW HCFA  EDITS ~
H74413A005~RBHA ID                  ~03                  ~
H74413A006~FILE NAME                ~PDMED               ~
H74413A007~*************************~********************~
H74413A008~FILE HEADER RECORDS READ ~0000001             ~
H74413A009~DATA RECORDS READ        ~0011124             ~
H74413A010~TOTAL RECORDS READ       ~0011125             ~
H74413A011~ACCEPT FILE HDR WRITTEN  ~0000001             ~
H74413A012~ACCEPT DATA RECS WRITTEN ~0011087             ~
H74413A013~RECORDS IN ERROR         ~0000038             ~
H74413A014~ERROR MSG RECS WRITTEN   ~0000019             ~
H74414A001~CONTROL REPORT           ~********************~
H74414A002~RUN DATE:TIME            ~03-06-03**01:53:08  ~
H74414A003~PROGRAM NAME             ~H74414              ~
H74414A004~PROGRAM DESCRIPTION      ~DE-NORMALIZE        ~
H74414A005~********************     ~********************~
H74414A006~RHBA-ID                  ~03                  ~
H74414A007~FILE NAME                ~PDMED               ~
H74414A008~FILE HEADER RECORDS READ ~00000001            ~
H74414A009~DATA HEADER RECORDS READ ~00005543            ~
H74414A010~DETAIL DATA RECORDS READ ~00005543            ~
H74414A011~TOTAL RECORDS READ       ~00011087            ~
H74414A012~TOTAL FILE HDR WRITTEN   ~00000001            ~
H74414A013~TOTAL DATA RECS WRITTEN  ~00005543            ~
H74418A001~CONTROL REPORT           ~********************~
H74418A002~RUN DATE:TIME            ~03-06-03**01:53:13  ~
H74418A003~PROGRAM NAME             ~H74418              ~
H74418A004~PROGRAM DESCRIPTION      ~SEGREGATE SPECIALS  ~
H74418A005~********************     ~********************~
H74418A006~RHBA-ID                  ~03                  ~
H74418A007~FILE NAME                ~PDMED               ~
H74418A008~SPECIAL ICN'S READ       ~00000111            ~
H74418A009~ENC FILE HEADER READ     ~00000001            ~
H74418A010~ENC DATA RECS READ       ~00005543            ~
H74418A011~TOTAL RECORDS READ       ~00005544            ~
H74418A012~ENC FILE HDR WRITTEN     ~00000001            ~
```

NOTES

(1) File name: **"uenctrXX.ctCCYYMMDD.nn"** (XX = RBHA ID).

Encounter Report Format

Daily download from DBHS to each RBHA containing a control report reflecting counts for each of the programs processing in the UB-92 and HCFA Encounter preprocessor cycle.

Example of Daily Encounter (UENCTR) Report

```
H74418A013~ENC DATA RECS WRITTEN    ~00005542            ~
H74418A014~SPECIAL FILE HDR WRITTEN ~00000001            ~
H74418A015~SPECIAL DATA RECS WRITTEN~00000001            ~
H74418A016~TOTAL RECORDS WRITTEN    ~00005545            ~
H74420A001~CONTROL REPORT           ~********************~
H74420A002~RUN DATE:TIME            ~03-06-03**01:53:18  ~
H74420A003~PROGRAM NAME             ~H74420              ~
H74420A004~PROGRAM DESCRIPTION      ~AUDIT ENCOUNTERS    ~
H74420A005~********************     ~********************~
H74420A006~RHBA-ID                  ~03                  ~
H74420A007~FILE NAME                ~PDMED               ~
H74420A008~RECORDS READ             ~00005543            ~
H74420A009~RECORDS WRITTEN          ~00005543            ~
H74420A010~TOTAL ERRORS             ~00000162            ~
H74420A011~ICNS REJECTED            ~00000000            ~
H74420A012~LINES IN ERROR           ~00000157            ~
H74420A013~TOTAL FILE OVERRIDES     ~00000000            ~
H74420A014~TOTAL DB OVERRIDES       ~00000000            ~
H74422A001~CONTROL REPORT           ~********************~
H74422A002~RUN DATE:TIME            ~03-06-03**02:00:59  ~
H74422A003~PROGRAM NAME             ~H74422              ~
H74422A004~PROGRAM DESCRIPTION      ~SEPARATE ACCEPTABLE ~
H74422A005~********************     ~********************~
H74422A006~RHBA-ID                  ~03                  ~
H74422A007~FILE NAME                ~PDMED               ~
H74422A008~HEADERS READ             ~00000002            ~
H74422A009~ACCEPTABLE READ          ~00005365            ~
H74422A010~ERRORS READ              ~00000178            ~
H74422A011~TOTAL RECORDS READ       ~00005545            ~
H74422A012~TOTAL RECORDS WRITTEN    ~00000000            ~
H74422A013~ICN'S DROPPED            ~00000178            ~
H74422A014~ICN'S ACCEPTED           ~00005365            ~
H74422A015~FILE HEADER DROPPED      ~00000002            ~
H74422A016~DATA RECORDS DROPPED     ~00000178            ~
H74422A017~RECORDS ACCEPTED         ~00005365            ~
H74410~000~**********************************************~
H74410~000~ *~
H74410~000~* NO adjustments for uenmed to process *~
H74410~000~ *~
H74410~000~**********************************************~
```

NOTES

(1) File name: **"uenctrXX.ctCCYYMMDD.nn"** (XX = RBHA ID).

Daily Encounter Report Format – Daily Download from DBHS to each RBHA reflecting counts for each of the programs processed during the nightly encounter pre-processor cycle.

ARIZONA DEPARTMENT OF HEALTH SERVICES PAGE: 1
CLIENT INFORMATION SYSTEM RUN DATE: 12/28/05
DAILY ENCOUNTER REPORT SEQUENCE: 00

RBHA	FORM	TOTAL RECORDS	NORMAL RECORDS	VOID RECORDS	HEADER RECORDS	DETAIL RECORDS	RECORDS ACCEPTED	RECORDS REJECTED	PROCESS DATE	% ACCEPTED
08	HCFA	40000	19000	1000	20000	20000	19967	33	12/28/05	99.84
15	HCFA	762	381	0	381	381	352	29	12/28/05	92.39
23	HCFA	10458	5193	0	5193	5265	4813	452	12/28/05	91.42

DRUG ENCOUNTER FILE LAYOUT

Daily file of RBHA drug encounter data. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
1	1	Action-Code	**	Char	1	Left	Space	Indicates that this record is a replacement or void to a previous encounter. Valid values: Space, R (replacement) or V (void).
2	3	RBHA-ID	*	Char	2	Right	Zeros	Contractor identification number. This is the RBHA responsible for payment. Valid values: 02- CBHA-GSA 2 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Tribe 14- Navajo Nation 15- NARBHA 22- CBHA-GSA 22 23- PGBHA 25- Pascua Yaqui 26- CPSA-GSA 5 27- CPSA-GSA 3
4	13	Client-ID	*	Char	10	Left	Spaces	Unique DBHS 10-digit identification number that identifies a client.
14	19	NABP-ID	*	Char	6	Left	Spaces	A valid AHCCCS ID is required.
20	20	Filler	*	Char	1	Left	Space	
21	22	NABP-Locator-ID		Char	2	Left	Spaces	This is the locator code field. If left blank it will default to "01".
23	30	Service-Start-Date	*	Char	8	Left	None	Date prescription was filled. Service Date must be a valid date and fall in range of enrollment. YYYYMMDD format.
31	34	Dispense-Qty		Numeric	4	Right	Zeros	Number of doses dispensed.
35	39	NDC-Code-1	*	Char	5	Right	Zeros	Drug code group 1. Right justify with zero in high order position if necessary.
40	43	NDC-Code-2	*	Char	4	Right	Zeros	Drug code group 2. Right justify with zero in high order position if necessary.
44	45	NDC-Code-3	*	Char	2	Right	Zeros	Drug code group 3. Right justify with zero in high order position if necessary. Combination of group 1, 2, 3 must be a valid NDC code.
46	53	Prescription-Cost	*	Numeric	8	Right	Zeros	Amount paid on a prescription. Do not include decimal point, as this is an implied

NOTES

(1) File name: "**uendrgXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data returned to RBHA for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 300

DRUG ENCOUNTER FILE LAYOUT

Daily file of RBHA drug encounter data. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
					(6+2)			value.
54	61	Rx-Order-Date	*	Char	8	Left	None	Date the prescription was written. Must be a valid date, in YYYYMMDD format.
62	63	Number-This-Refill	*	Numeric	2	Right	Zeros	Default value is 00.
64	65	Refills-Authorized	*	Numeric	2	Right	Zeros	Default value is 00.
66	67	Modifier	**	Char	2	Left	Spaces	
68	73	Group-Biller-ID	**	Char	6	Left	Spaces	Indicates the Group Biller ID. Valid AHCCCS provider ID required for DOS greater than 01/01/2002.
74	74	Filler		Char	1	Left	Space	
75	76	Locator-Code	**	Char	2	Left	Spaces	This is the group biller locator code field. If left blank it will default to "01".
77	87	ICN-Nbr	*	Char	11	Left	Spaces	Invoice Control Number, or claim number.
88	94	Prescription-Nbr	*	Numeric	7	Right	Zeros	Indicates the prescription number.
95	105	Adjustment-ICN	**	Char	11	Left	Spaces	Indicates the original ICN number for this encounter when it is a replacement/void.
106	111	Prescriber-AHCCCS-ID	**	Char	06	Left	None	AHCCCS ID of the prescribing provider. (If not available, Prescriber-DEA-Nbr must be sent)
112	112	Filler		Char	1	Left	Space	
113	114	Prescriber-Locator-Cd	**	Char	02	Left	None	Locator Code of the prescriber.
115	122	Ingredient-Cost-Submitted	*	Numeric	8 (6+2)	Right	Zeros	Cost of the ingredient.
123	130	Dispensing-Fee-Submitted	*	Numeric	8 (6+2)	Right	Zeros	Cost of dispensing the ingredient.
131	138	Co-Pay	**	Numeric	8 (6+2)	Right	Zeros	Dollar amount paid for co-pay.
139	141	Days-Supply	*	Numeric	3	Right	Zeros	Number of days for the supply.
142	156	Prescriber-DEA-Nbr		Char	15	Left	Spaces	Prescriber's DEA Number (if AHCCCS-ID is not available)

NOTES

(1) File name: "**uendrgXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data returned to RBHA for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 300

DRUG ENCOUNTER FILE LAYOUT

Daily file of RBHA drug encounter data. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

File Data Record

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
157	164	Other-Ins-Ing-Cost-Paid	**	Numeric	8 (6+2)	Right	Zeros	Other Insurance ingredient cost paid
165	172	Other-Ins-Disp-Fee-Paid	**	Numeric	8 (6+2)	Right	Zeros	Other Insurance dispensing fee paid
173	180	Other-Ins-Co-Pay	**	Numeric	8 (6+2)	Right	Zeros	Other Insurance co-pay amount
181	188	Other-Ins-Deductible	**	Numeric	8 (6+2)	Right	Zeros	Other Insurance deductible amount
189	196	Other-Ins-Co-Insurance	**	Numeric	8 (6+2)	Right	Zeros	Other Insurance coinsurance amount
197	204	Other-Ins-Amt-Paid	**	Numeric	8 (6+2)	Right	Zeros	Other Insurance amount paid
205	212	Medicare-Ing-Cost-Paid	**	Numeric	8 (6+2)	Right	Zeros	Medicare ingredient cost paid
213	220	Medicare-Disp-Fee-Paid	**	Numeric	8 (6+2)	Right	Zeros	Medicare dispensing fee paid
221	228	Medicare-Co-Pay	**	Numeric	8 (6+2)	Right	Zeros	Medicare co-pay amount
229	236	Medicare-Deductible	**	Numeric	8 (6+2)	Right	Zeros	Medicare deductible amount
237	244	Medicare-Co-Insurance	**	Numeric	8 (6+2)	Right	Zeros	Medicare coinsurance amount
245	252	Medicare-Amt-Paid	**	Numeric	8 (6+2)	Right	Zeros	Medicare amount paid
253	300	Record-Filler			48	Left	Spaces	Reserved for future use.

NOTES

(1) File name: "**uendrgXX.dayyyymmdd.nn**. (XX=RBHA ID.)
(2) Data returned to RBHA for audit purposes.
(3) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized.
(4) Record length: 300

DRUG ENCOUNTER FILE LAYOUT

Daily file of RBHA drug encounter data. **USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.**

Historical Changes Implemented:

Date	Change
10/01/03	**New fields:** Action-Code, ICN-Nbr, Prescription-Nbr and Adjustment-ICN. **Fields removed:** Medicare.
07/07/04	**New fields for dates of service 7/1/2004 and greater:** Prescriber-Id, Prescriber-Locator-Cd, Ingredient-Cost-Submitted, Dispensing-Fee-Submitted, Co-Pay, Days-Supply. Record length changes from 150 to 200 characters.
09/30/04	**New field:** Prescriber-DEA-Nbr added and may be sent instead of Prescriber-AHCCCS-ID and Prescriber-Locator-Cd for dates of service 7/1/2004 and greater.
11/01/04	**New fields for dates of service 11/1/2004:** Other-Ins-Disp-Fee-Paid, Other-Ins-Ing-Cost-Paid, Other-Ins-Co-Pay, Other-Ins-Deductible, Other-Ins-Co-Insurance, Other-Ins-Amt-Paid, Medicare-Disp-Fee-Paid, Medicare-Ing-Cost-Paid, Medicare-Co-Pay, Medicare-Deductible, Medicare-Co-Insurance, Medicare-Amt-Paid. Record length changes from 200 to 300 characters.
03/09/05	New RBHA IDs added for CBHA-GSA 2 and CBHA-GSA 4, effective 07/01/05.

ENCOUNTER DRUG SUPPLEMENTAL FILE LAYOUT

Daily file sent by each RBHA containing fields required by AHCCCS that will not fit onto the NCPDP file layout.
USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.

File Data Record

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
1	1	Action-Code	**	Char	1	Left	Space	Indicates that this record is a normal record. Valid Value: Space (This field is being kept in place to support the adoption of the B3 NCPDP transaction if needed sometime in the future.)
2	3	RBHA-ID	*	Char	2	Right	Zeros	Contractor identification number. Valid values: 02- CBHA-GSA 2 03- The EXCEL Group 08- ValueOptions 15- NARBHA 22- CBHA-GSA 4 23- PGBHA 26- CPSA-GSA 5 27- CPSA-GSA 3
4	13	Client-ID	*	Char	10	Left	None	Unique DBHS 10-digit identification number that identifies a client.
14	23	ICN-Nbr	*	Char	10	Left	None	Invoice Control Number. The 10-digit number reported in the NCPDP record in field 104-A4 (processor control number)
24	31	Oth-Ins-Disp-Fee-Paid	**	Numeric	8	Right	Zeros	Other Insurance Dispensing Fee Paid (Zero if no other insurance)
32	39	Oth-Ins-Ing-Cost-Paid	**	Numeric	8	Right	Zeros	Other Insurance Ingredient Cost Paid (Zero if no other insurance)
40	47	Oth-Ins-CoPay	**	Numeric	8	Right	Zeros	Other Insurance Co-Pay Amt (Zero if no other insurance)
48	55	Oth-Ins-Deductible	**	Numeric	8	Right	Zeros	Other Insurance Deductible Amt (Zero if no other insurance)
56	63	Oth-Ins-	**	Numeric	8	Right	Zeros	Other Insurance Coinsurance Amt (Zero if no other insurance)

NOTES

(1) File name: "**uendsuRR.dayyyymmdd.nn**. (RR=RBHA ID.)
(2) Do not send a supplemental record for Voided drug encounters.
(3) Data returned to RBHA for audit purposes.

ENCOUNTER DRUG SUPPLEMENTAL FILE LAYOUT

Daily file sent by each RBHA containing fields required by AHCCCS that will not fit onto the NCPDP file layout.
USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.

File Data Record

Record Location From	To	Column Name	Req'd	Type	Size	Justify	Filler	Comment/Changes
		CoInsurance						
64	71	Medicare-Disp-Fee-Paid	**	Numeric	8	Right	Zeros	Medicare Dispensing Fee Paid (Zero if no Medicare)
72	79	Medicare-Ing-Cost-Paid	**	Numeric	8	Right	Zeros	Medicare Ingredient Cost Paid (Zero if no Medicare)
80	87	Medicare-CoPay	**	Numeric	8	Right	Zeros	Medicare Co-Pay Amt (Zero if no Medicare)
88	95	Medicare-Deductible	**	Numeric	8	Right	Zeros	Medicare Deductible Amt (Zero if no Medicare)
96	113	Medicare-CoInsurance	**	Numeric	8	Right	Zeros	Medicare Coinsurance Amt (Zero if Medicare)
114	200	Record-Filler		Char	86	Left	Spaces	Reserved for future use.

NOTES

(1) File name: "**uendsuRR.dayyyymmdd.nn**. (RR=RBHA ID.)
(2) Do not send a supplemental record for Voided drug encounters.
(3) Data returned to RBHA for audit purposes.

ENCOUNTER DRUG SUPPLEMENTAL FILE LAYOUT

Daily file sent by each RBHA containing fields required by AHCCCS that will not fit onto the NCPDP file layout.
USED INTERNALLY FOR CIS NIGHTLY BATCH PROCESSING.

Historical Changes Implemented:

DATE	CHANGE
07/21/04	Final File Layout – This file is not needed for voided encounters or for encounters with dates of service 10/31/04 or earlier.
03/09/05	Added new RBHA IDs for CBHA-GSA 2 and CBHA-GSA 4, effective 07/01/05.

NOTES

(1) File name: "**uendsuRR.dayyyymmdd.nn**. (RR=RBHA ID.)
(2) Do not send a supplemental record for Voided drug encounters.
(3) Data returned to RBHA for audit purposes.

Encounter Drug Report Format – Daily download from DBHS to each RBHA reflecting counts for each of the programs run during the nightly encounter drug preprocessor cycle

Example of Daily Encounter Drug (UENDRG) Report

```
H74470CC001~CONTROL REPORT           ~********************
H74470CC002~RUN DATE/TIME            ~05/15/2004**00:19:05
H74470CC003~PROGRAM NAME             ~H74470C
H74470CC004~PROGRAM DESCRIPTION      ~ENC SPLIT
H74470CC005~RBHA ID                  ~08
H74470CC006~FILE NAME                ~DRUG
H74470CC007~*************************~********************
H74470CC008~TOTAL RECORDS READ       ~0046601
H74470CC009~VOID RECS WRITTEN        ~0030654
H74470CC010~NORMAL RECS WRITTEN      ~0015947
H74470CC011~RECORDS REJECTED         ~0000000
H74470CC012~ERROR MSG RECS WRITTEN   ~0000000
H74470CC013~*************************~********************
H74470CC014~                         ~
H74470CC015~                         ~
H74470CC016~                         ~
H74410C~000~*********************************************~
H74410C~000~ *~
H74410C~000~* PROCESSING NORMAL DRUG RECORDS *~
H74410C~000~ *~
H74410C~000~*********************************************~
H74408C001~CONTROL REPORT           ~********************~
H74408C002~RUN DATE/TIME            ~05/15/2004**00:21:27~
H74408C003~PROGRAM NAME             ~H74408C             ~
H74408C004~PROGRAM DESCRIPTION      ~ENC FATAL EDITS     ~
H74408C005~RBHA ID                  ~08                  ~
H74408C006~FILE NAME                ~DRUG                ~
H74408C007~*************************~********************~
H74408C008~TOTAL RECORDS READ       ~0015947             ~
H74408C009~ACCEPT DATA RECS WRITTEN ~0015947             ~
H74408C010~RECORDS REJECTED         ~0000000             ~
H74408C011~ERROR MSG RECS WRITTEN   ~0000000             ~
H74408C012~*************************~********************~
H74410C001~CONTROL REPORT           ~********************~
H74410C002~RUN DATE/TIME            ~05/15/2004**00:21:29~
H74410C003~PROGRAM NAME             ~H74410C             ~
H74410C004~PROGRAM DESCRIPTION      ~ENC FATAL EDITS     ~
H74410C005~RBHA ID                  ~08                  ~
H74410C006~FILE NAME                ~DRUG                ~
H74410C007~*************************~********************~
H74410C008~TOTAL RECORDS READ       ~0015947             ~
H74410C009~ACCEPT DATA RECS WRITTEN ~0015947             ~
H74410C010~RECORDS REJECTED         ~0000000             ~
H74410C011~ERROR MSG RECS WRITTEN   ~0000000             ~
```

Notes: (1) File name: “uendrgXX.ctCCYYMMDD.nn” (XX = RBHA ID).

Encounter Drug Report Format – Daily download from DBHS to each RBHA reflecting counts for each of the programs run during the nightly encounter drug preprocessor cycle

Example of Daily Encounter Drug (UENDRG) Report

```
H74410C012~************************~********************~
H74412C001~CONTROL REPORT           ~********************~
H74412C002~RUN DATE/TIME            ~05/15/2004**00:23:00~
H74412C003~PROGRAM NAME             ~H74412C             ~
H74412C004~PROGRAM DESCRIPTION      ~ENC NON-FATAL EDITS ~
H74412C005~RBHA ID                  ~08                  ~
H74412C006~FILE NAME                ~DRUG                ~
H74412C007~************************~********************~
H74412C008~TOTAL RECORDS READ       ~0015938             ~
H74412C009~ACCEPT DATA RECS WRITTEN ~0015860             ~
H74412C010~RECORDS REJECTED         ~0000078             ~
H74412C011~ERROR MSG RECS WRITTEN   ~0000079             ~
H74412C012~************************~********************~
```

Notes: (1) File name: “uendrgXX.ctCCYYMMDD.nn” (XX = RBHA ID).

ENCOUNTER ERROR FILE LAYOUT

Daily download from DBHS to each RBHA containing drug, HCFA, and UB-92 encounter errors that were identified through the CIS nightly batch processing.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Form-Type	Char	1	
2	2	Filler	Char	1	Value: ~
3	4	Error-Type	Char	2	
5	5	Filler	Char	1	Value: ~
6	16	ICN-Number	Char	11	
17	17	Filler	Char	1	Value: ~
18	19	Line-Number	Char	2	
20	20	Filler	Char	1	Value: ~
21	50	Error-Field-Number	Char	30	
51	51	Filler	Char	1	Value: ~
52	71	Errored-Data	Char	20	
72	72	Filler	Char	1	Value: ~
73	76	Message-ID	Char	4	
77	77	Filler	Char	1	Value: ~
78	157	Message-Text	Char	80	

NOTES

(1) File name for HCFA and UB-92 encounters: **uenctrXX.eryyyymmdd.nn;**
File name for Drug encounters: **uendrgXX.eryyyymmdd.nn** (XX = RBHA ID.)
(2) File is tilde-delimited (~) between each field.
(3) Defaults: Character fields will have spaces.
(4) Record length: 157

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
1	1	Filler		Char	1	Value: “
2	2	Transaction-Type		Char	1	Indicates the record transaction type: A=Add, C=Change, O=Override
3	5	Filler		Char	3	Value: “,”
6	16	ICN-Nbr	*	Char	11	
17	19	Filler		Char	3	Value: “,”
20	22	Line-Nbr	*	Numeric	3	
23	25	Filler		Char	3	Value: “,”
26	30	Change-Seq-Nbr	*	Numeric	5	
31	33	Filler		Char	3	Value: “,”
34	39	Prior-Auth-Nbr		Char	6	
40	42	Filler		Char	3	Value: “,”
43	52	Client-ID		Char	10	
53	55	Filler		Char	3	Value: “,”
56	60	Procedure-Code		Char	5	
61	63	Filler		Char	3	Value: “,”
64	65	Contr-ID		Char	2	Applicable only for BHS PROVIDERS.
66	68	Filler		Char	3	Value: “,”
69	72	Sub-Contr-ID		Char	4	Applicable only for BHS PROVIDERS.
73	75	Filler		Char	3	Value: “,”
76	78	Facility-ID		Char	3	Applicable only for BHS PROVIDERS.
79	81	Filler		Char	3	Value: “,”
82	89	Start-Dt		Char	8	YYYYMMDD
90	92	Filler		Char	3	Value: “,”
93	100	End-Dt		Char	8	YYYYMMDD
101	103	Filler		Char	3	Value: “,”
104	104	Adjustment-Flag		Char	1	
105	107	Filler		Char	3	Value: “,”
108	108	Svc-Type		Char	1	
109	111	Filler		Char	3	Value: “,”
112	117	Diagnosis-Code		Char	6	
118	120	Filler		Char	3	Value: “,”
121	129	Unit-Of-Service		Numeric	9(6.1)	Decimal is included.

NOTES

1. File name: **“h74242XX.outYYYYMMDD”** (XX=RBHA ID,) which is sent to the RBHA’s directory.
2. File is comma-delimited with quotes (“ “) surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050**.**

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
130	132	Filler		Char	3	Value: “,”
133	141	Billed-Amount		Numeric	9(5.2)	Allowable charge. Decimal is included.
142	144	Filler		Char	3	Value: “,”
145	146	Patient-Status		Char	2	
147	149	Filler		Char	3	Value: “,”
150	158	Attending-Physician		Char	9	
159	161	Filler		Char	3	Value: “,”
162	162	Admission-Type		Char	1	
163	165	Filler		Char	3	Value: “,”
166	173	Admission-Dt		Char	8	YYYYMMDD
174	176	Filler		Char	3	Value: “,”
177	179	Bill-Type		Char	3	
180	182	Filler		Char	3	Value: “,”
183	193	NDC-Code		Char	11	
194	196	Filler		Char	3	Value: “,”
197	197	Encounter-Pending		Char	1	
198	200	Filler		Char	3	Value: “,”
201	215	CRN-Nbr		Numeric	15	
216	218	Filler		Char	3	Value: “,”
219	226	EDS-Add-Dt		Char	8	YYYYMMDD
227	229	Filler		Char	3	Value: “,”
230	237	EDS-File-Dt		Char	8	YYYYMMDD
238	240	Filler		Char	3	Value: “,”
241	248	Change-Control-Date		Char	8	YYYYMMDD
249	251	Filler		Char	3	Value: “,”
252	259	AHCCCS-Send-Dt		Char	8	YYYYMMDD
260	262	Filler		Char	3	Value: “,”
263	271	Net-Paid		Numeric	9(5.2)	Decimal is included.
272	274	Filler		Char	3	Value: “,”
275	279	Dispense-Quantity		Numeric	5	
280	282	Filler		Char	3	Value: “,”
283	285	AHCCCS-Line-Nbr		Numeric	3	
286	288	Filler		Char	3	Value: “,”

NOTES

1. File name: **“h74242XX.outYYYYMMDD”** (XX=RBHA ID,) which is sent to the RBHA’s directory.
2. File is comma-delimited with quotes (“ “) surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050**.**

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
289	299	Adjustment-ICN		Char	11	DBHS switches the order of the Adjustment-ICN and ICN from the upload when populating the download format. For the download, the value in the Adjustment-ICN is the value submitted as the ICN on the upload. The value in the ICN, for the download, is the value submitted as the Adjustment-ICN on the upload.
300	302	Filler		Char	3	Value: “,”
303	311	Special-Net-Value		Numeric	9(5.2)	Decimal is included.
312	314	Filler		Char	3	Value: “,”
315	315	Encounter-Form-Type		Char	1	
316	318	Filler		Char	3	Value: “,”
319	326	EDS-Update-Dt		Char	8	YYYYMMDD
327	329	Filler		Char	3	Value: “,”
330	337	CIS-Add-Date		Char	8	Occurrence-Date-1
338	340	Filler		Char	3	Value: “,”
341	348	Change-Control-Pgm		Char	8	
349	351	Filler		Char	3	Value: “,”
352	359	Change-Control-User-Id		Char	8	
360	362	Filler		Char	3	Value: “,”
363	363	Admission-Source		Char	1	
364	366	Filler		Char	3	Value: “,”
367	368	Occurrence-Code-1		Char	2	
369	371	Filler		Char	3	Value: “,”
372	379	Occurrence-Date-1		Char	8	YYYYMMDD
380	382	Filler		Char	3	Value: “,”
383	384	Occurrence-Code-2		Char	2	
385	387	Filler		Char	3	Value: “,”
388	395	Occurrence-Date-2		Char	8	YYYYMMDD
396	398	Filler		Char	3	Value: “,”
399	400	Occurrence-Code-3		Char	2	
401	403	Filler		Char	3	Value: “,”

NOTES

1. File name: **“h74242XX.outYYYYMMDD”** (XX=RBHA ID,) which is sent to the RBHA’s directory.
2. File is comma-delimited with quotes (“ “) surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050**.**

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
404	411	Occurrence-Date-3		Char	8	YYYYMMDD
412	414	Filler		Char	3	Value: “,”
415	416	Occurrence-Code-4		Char	2	
417	419	Filler		Char	3	Value: “,”
420	427	Occurrence-Date-4		Char	8	YYYYMMDD
428	430	Filler		Char	3	Value: “,”
431	432	Occurrence-Code-5		Char	2	
433	435	Filler		Char	3	Value: “,”
436	443	Occurrence-Date-5		Char	8	YYYYMMDD
444	446	Filler		Char	3	Value: “,”
447	448	Occurrence-Code-6		Char	2	
449	451	Filler		Char	3	Value: “,”
452	459	Occurrence-Date-6		Char	8	YYYYMMDD
460	462	Filler		Char	3	Value: “,”
463	464	Occurrence-Code-7		Char	2	
465	467	Filler		Char	3	Value: “,”
468	475	Occurrence-Date-7		Char	8	YYYYMMDD
476	478	Filler		Char	3	Value: “,”
479	480	Occurrence-Code-8		Char	2	
481	483	Filler		Char	3	Value: “,”
484	491	Occurrence-Date-8		Char	8	YYYYMMDD
492	494	Filler		Char	3	Value: “,”
495	495	Other-Ins-Cov-Flag		Char	1	
496	498	Filler		Char	3	Value: “,”
499	508	Other-Ins-Payment		Numeric	10(6.2)	Decimal is included.
509	511	Filler		Char	3	Value: “,”
512	516	Prin-Proc-Code		Char	5	
517	519	Filler		Char	3	Value: “,”
520	527	Prin-Proc-Date		Date	8	
528	530	Filler		Char	3	Value: “,”
531	535	Other-Proc-Code		Char	5	
536	538	Filler		Char	3	Value: “,”
539	546	Other-Proc-Date		Date	8	

NOTES

1. File name: **“h74242XX.outYYYYMMDD”** (XX=RBHA ID,) which is sent to the RBHA’s directory.
2. File is comma-delimited with quotes (“ “) surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050**.**

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
547	549	Filler		Char	3	Value: “,”
550	551	Med-Proc-Code-Modifier		Char	2	
552	554	Filler		Char	3	Value: “,”
555	562	Encounter-Process-Date		Char	8	YYYYMMDD
563	565	Filler		Char	3	Value: “,”
566	566	Dup-Override-Ind		Char	1	
567	569	Filler		Char	3	Value: “,”
570	571	Place-of-Service		Char	2	
572	574	Filler		Char	3	Value: “,”
575	577	Admit-Hour		Numeric	3	
578	580	Filler		Char	3	Value: “,”
581	583	Discharge-Hour		Numeric	3	
584	586	Filler		Char	3	Value: “,”
587	594	Rx-Order-Date		Char	8	YYYYMMDD
595	597	Filler		Char	3	Value: “,”
598	600	Number-This-Refill		Numeric	3	
601	603	Filler		Char	3	Value: “,”
604	606	Refills-Authorized		Numeric	3	
607	609	Filler		Char	3	Value: “,”
610	611	Encounter-Status		Char	2	
612	614	Filler		Char	3	Value: “,”
615	624	Medicare-Allow-Amount		Numeric	10(6.2)	Decimal is included.
625	627	Filler		Char	3	Value: “,”
628	637	Medicare-Deductible		Numeric	10(6.2)	Decimal is included.
638	640	Filler		Char	3	Value: “,”
641	650	Medicare-Payment		Numeric	10(6.2)	Decimal is included.
651	653	Filler		Char	3	Value: “,”
654	657	ICD9-Proc-Code-1		Char	4	
658	660	Filler		Char	3	Value: “,”
661	664	ICD9-Proc-Date-1		Char	4	MMDD
665	667	Filler		Char	3	Value: “,”

NOTES

1. File name: **“h74242XX.outYYYYMMDD”** (XX=RBHA ID,) which is sent to the RBHA’s directory.
2. File is comma-delimited with quotes (“ “) surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050**.**

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
668	671	ICD9-Proc-Code-2		Char	4	
672	674	Filler		Char	3	Value: “,”
675	678	ICD9-Proc-Date-2		Char	4	MMDD
679	681	Filler		Char	3	Value: “,”
682	685	ICD9-Proc-Code-3		Char	4	
686	688	Filler		Char	3	Value: “,”
689	692	ICD9-Proc-Date-3		Char	4	MMDD
693	695	Filler		Char	3	Value: “,”
696	699	ICD9-Proc-Code-4		Char	4	
700	702	Filler		Char	3	Value: “,”
703	706	ICD9-Proc-Date-4		Char	4	MMDD
707	709	Filler		Char	3	Value: “,”
710	713	ICD9-Proc-Code-5		Char	4	
714	716	Filler		Char	3	Value: “,”
717	720	ICD9-Proc-Date-5		Char	4	MMDD
721	723	Filler		Char	3	Value: “,”
724	734	Co-Insurance		Numeric	11(7.2)	Decimal is included.
735	737	Filler		Char	3	Value: “,”
738	743	Diagnosis-Cd-1		Char	6	
744	746	Filler		Char	3	Value: “,”
747	752	Diagnosis-Cd-2		Char	6	
753	755	Filler		Char	3	Value: “,”
756	761	Diagnosis-Cd-3		Char	6	
762	764	Filler		Char	3	Value: “,”
765	770	Diagnosis-Cd-4		Char	6	
771	773	Filler		Char	3	Value: “,”
774	779	Diagnosis-Cd-5		Char	6	
780	782	Filler		Char	3	Value: “,”
783	788	Diagnosis-Cd-6		Char	6	
789	791	Filler		Char	3	Value: “,”
792	797	Diagnosis-Cd-7		Char	6	
798	800	Filler		Char	3	Value: “,”
801	806	Diagnosis-Cd-8		Char	6	

NOTES

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2. File is comma-delimited with quotes (“ “) surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050**.**

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
807	809	Filler		Char	3	Value: “,”
810	815	Admit-Diag-Cd		Char	6	
816	818	Filler		Char	3	Value: “,”
819	824	Trauma-Diag-Cd		Char	6	
825	827	Filler		Char	3	Value: “,”
828	831	Revenue-Cd		Char	4	
832	834	Filler		Char	3	Value: “,”
835	846	Non-Covered-Chg		Numeric	12(8.2)	Decimal is included.
847	849	Filler		Char	3	Value: “,”
850	855	ICD9-Code-2		Char	6	
856	858	Filler		Char	3	Value: “,”
859	864	ICD9-Code-3		Char	6	
865	867	Filler		Char	3	Value: “,”
868	873	ICD9-Code-4		Char	6	
874	876	Filler		Char	3	Value: “,”
877	882	AHCCCS-Provider-ID		Char	6	
883	885	Filler		Char	3	Value: “,”
886	886	Filler		Char	1	Reserved for future use.
887	889	Filler		Char	3	Value: “,”
890	891	Provider-Locator-Code		Char	2	
892	894	Filler		Char	3	Value: “,”
895	900	Group-Biller-ID		Char	6	
901	903	Filler		Char	3	Value: “,”
904	904	Filler		Char	1	Reserved for future use.
905	907	Filler		Char	3	Value: “,”
908	909	Group-Locator-Code		Char	2	
910	912	Filler		Char	3	Value: “,”
913	920	Prescription-Number		Numeric	7	
921	923	Filler		Char	3	Value: “,”
924	925	Med-Proc-Code-Modifier-2		Char	2	Second Med-Proc-Code-Modifier field.
926	928	Filler		Char	3	Value: “,”
929	929	Transportation-Type-Code		Char	1	
930	932	Filler		Char	3	Value: “,”

NOTES

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2. File is comma-delimited with quotes (“ “) surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050**.**

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
933	933	Transportation-Reason-Code		Char	1	
934	936	Filler		Char	3	Value: “,”
937	942	Prescriber-ID		Char	6	
943	945	Filler		Char	3	Value: “,”
946	946	Filler		Char	1	Reserved for future use
947	949	Filler		Char	3	Value: “,”
950	951	Prescriber-Locator-Cd		Char	2	
952	954	Filler		Char	3	Value: “,”
955	964	Ingredient-Cost-Submitted		Numeric	10 (6.2)	Decimal is included.
965	967	Filler		Char	3	Value: “,”
968	977	Dispensing-Fee-Submitted		Numeric	10 (6.2)	Decimal is included.
978	980	Filler		Char	3	Value: “,”
981	990	Co-Pay		Numeric	10 (6.2)	Decimal is included.
991	993	Filler		Char	3	Value: “,”
994	1023	Medical-Record-Number		Char	30	
1024	1026	Filler		Char	3	Value: “,”
1027	1030	Days-Supply		Numeric	4	
1031	1033	Filler		Char	3	Value: “,”
1034	1048	Prescriber-DEA-Number		Char	15	
1049	1049	Filler		Char	1	Value: “
1050	1050	Filler		Char	1	Space

NOTES

1. File name: **“h74242XX.outYYYYMMDD”** (XX=RBHA ID,) which is sent to the RBHA’s directory.
2. File is comma-delimited with quotes (“ “) surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050**.**

ENCOUNTER RESYNC FILE FORMAT

On-demand download file produced as a result of an encounter resync request by a RBHA from DBHS.

History of changes implemented:

DATE	CHANGE
7/7/04	New fields added: Prescriber-Id, Prescriber-Locator-Cd, Ingredient-Cost-Submitted, Dispensing-Fee-Submitted, Co-Pay, Medical-Record-Number, Days-Supply. Prescriber-DEA-Number is alternative to fields Prescriber-ID and Prescriber-locator-CD.

NOTES

1. File name: "**h74242XX.outYYYYMMDD"** (XX=RBHA ID,) which is sent to the RBHA's directory.
2. File is comma-delimited with quotes (" ") surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero-filled, and will have a single space or a minus (-) sign if the value is negative. Character fields use null values.
4. Record length: 1050.

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Header Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
1	1	1	Record-Type	Char	1	None	None	Distinguishes Header from Detail records. Valid value for a Header Record is "H".
2	2	3	RBHA-ID	Char	2	Left	None	Identifies RBHA submitting the file.
3	4	8	File-Name	Char	5	Left	None	Indicates the name of the file. Valid value: DEMOG = Demographic Data.
4	9	16	Submittal-Record-Count	Char	8	Right	None	Indicates the total record count for the file. Does not include Header record.
5	17	24	Submittal-Date	Char	8	None	None	Date the file was produced for submission.
6	25	30	Submittal-Time	Char	6	Right	None	Time the file was produced for submission. Format is HHMMSS, using a 24-hour clock.
7	31	330	Record-Filler	Char	300	Left	Spaces	Filler for the remainder of the fixed-length record.

NOTES

1) File name: **"udemogXX.daYYYYMMDD.nn"**, (XX=RBHA ID), use this file layout.
2) Place a CR-LF after the last byte of every record. All alpha characters must be capitalized. All dates are formatted YYYYMMDD.
3) Record length: 330.

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
1	1	1	Record-Type	Char	1	None	None	Distinguishes Header from Detail records. Valid value for a Detail Record is a space.
2	2	3	RBHA-ID	Char	2	Right	None	RBHA Identification Number. Valid values: 02- CBHA-GSA 2 (Effective 7/1/05) 03- EXCEL Group 08- ValueOptions 11- Gila River 14- Navajo Nation 15- NARBHA 22- CBHA-GSA 4 (Effective 7/1/05) 23- PGBHA 25- Pascua Yaqui 26- CPSA-GSA 5 27- CPSA-GSA 3
3	4	4	Reason-for-Submission	Char	1	None	None	Indicates transaction type: 1- Intake 2- Annual Update 3- Change 4- Disenrollment
4	5	14	Client-ID	Char	10	Left	None	Unique CIS identifier for the client.
5	15	22	Intake-Date	Char	8	None	None	Intake date. (Client-ID and Intake-Date are used to lookup client's CIS intake record)
6	23	47	Client-First-Name	Char	25	Left	None	Client's first name (for validation only.)
7	48	72	Filler	Char	25	Left	None	Previously Client-Middle-Name.
8	73	107	Client-Last-Name	Char	35	Left	None	Client's last name (for validation only.)
9	108	115	Date-of-Birth	Char	8	None	None	Client's date of birth (for validation only.)
10	116	123	Referral-Date	Char	8	None	None	Date an appointment was first requested for the client.
11	124	125	Referral-Source	Char	2	None	None	Source of client referral.

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
								Valid values: 01- Self/family/friend 03- Other behavioral health provider 19- Federal agencies 35- AHCCCS health plan and/or PCP 36- CPS 24-hour urgent response (child) 37- Community agency other than behavioral health provider (homeless shelter, church, employer) 38- ADES (other CPS, DDD, RSA) 39- ADE (Department of Education) 40- Criminal justice/correctional (includes AOC-probation, ADOC, ADJC, Jail) 41- Other (anything not captured above)
12	126	126	OMB-American Indian	Char	1	None	None	OMB race category. Is client American Indian or Alaska native? Valid value: Y or N
13	127	127	OMB-Asian	Char	1	None	None	OMB race category. Is client Asian? Valid value: Y or N
14	128	128	OMB-Black	Char	1	None	None	OMB race category. Is client Black or African American? Valid value: Y or N
15	129	129	OMB-Native Hawaiian	Char	1	None	None	OMB race category. Is client native Hawaiian or Pacific Islander? Valid value: Y or N
16	130	130	OMB-White	Char	1	None	None	OMB race category. Is client white? Valid value: Y or N
17	131	131	OMB-Hispanic-Latino	Char	1	None	None	OMB ethnicity category. Is client Hispanic or Latino? Valid value: Y or N
18	132	132	PC-Suicidal	Char	1	None	None	Presenting concern suicidal/DTS? Valid value: Y or N
19	133	133	PC-Assaultive	Char	1	None	None	Presenting concern assaultive/DTO? Valid value: Y or N

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
20	134	134	PC-Victim-ANV	Char	1	None	None	Presenting concern victim of abuse/neglect/violence? Valid value: Y or N
21	135	135	PC-Anxiety-Stress	Char	1	None	None	Presenting concern anxiety/stress? Valid value: Y or N
22	136	136	PC-Depressed	Char	1	None	None	Presenting concern depressed mood? Valid value: Y or N
23	137	137	PC-Psychotic	Char	1	None	None	Presenting concern psychotic (impaired reality, thought disorganization)? Valid value: Y or N
24	138	138	PC-Substance-Abuse	Char	1	None	None	Presenting concern substance abuse? Valid value: Y or N
25	139	139	PC-Unable-to-Care	Char	1	None	None	Presenting concern unable to care for self (dehydrated, malnourished, malodorous)? Valid value: Y or N
26	140	140	PC-Relational	Char	1	None	None	Presenting concern family relational problem? Valid value: Y or N
27	141	141	PC-Child-Behavior	Char	1	None	None	Presenting concern child behavioral problem? Valid value: Y or N
28	142	142	PC-Other	Char	1	None	None	Presenting concern other? Valid value: Y or N
29	143	150	Descr-Char-Eff-Date	Char	8	None	None	Effective date of descriptive characteristics addition or change. YYYYMMDD format.
30	151	152	Household-Size	Char	2	Right	None	Number in household, including client. Valid numbers 01-99.
31	153	158	Household-Income	Char	6	Right	None	Client's household gross monthly income.
32	159	159	Treatment-Participation	Char	1	None	None	Treatment participation reason under which a client enters the facility or service. Valid values: 1 – Voluntary 6 – Civil or MH Court order 7 – DUI Court order 8 – Criminal Court order

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
								V – Voluntary C – Involuntary – Criminal N – Involuntary – Civil (**1, 6, 7 and 8 not allowed for dates of service after 8/31/05.** **V, C and N effective for dates of service 7/1/05 and later)**
33	160	160	OA-ADC-Parole	Char	1	None	None	Other agency – ADC-Parole Valid values: Y or N
34	161	161	OA-ADJC-Parole	Char	1	None	None	Other agency – ADJC-Parole Valid values: Y or N
35	162	162	OA-ADHS-CRS	Char	1	None	None	Other agency – ADHS/CRS Valid values: Y or N
36	163	163	OA-AOC-Adult-Probation	Char	1	None	None	Other agency – AOC Adult Probation Valid values: Y or N
37	164	164	OA-AOC-Juvenile-Probation	Char	1	None	None	Other agency – AOC Juvenile Probation Valid values: Y or N
38	165	165	OA-DES-CPS	Char	1	None	None	Other agency – DES-CPS Valid values: Y or N
39	166	166	OA-DES-DDD	Char	1	None	None	Other agency – DES-DDD Valid values: Y or N
40	167	167	OA-DES-RSA	Char	1	None	None	Other agency – DES-RSA Valid values: Y or N
41	168	168	Filler	Char	1	None	None	Previously was OA–DES-Jobs
42	169	169	OA-School-Special-Ed	Char	1	None	None	Other agency – School-Special-Ed Valid values: Y or N
43	170	170	OA-Other	Char	1	None	None	Other agency – Other Valid values: Y or N
44	171	175	Filler	Char	5	None	None	Reserved for future use.

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
45	176	176	Formal-Schooling-Level	Char	1	None	None	Highest formal school level completed. Valid values: 1- Less than one year 2- Grades K to 11 (Not allowed for dates of service after 8/31/05) 3- High school graduate or GED 4- Vocational/technical school 5- Some college, no degree 6- AA/BA degree 7- Graduate or post-graduate 8- Unknown A – Grade K thru 3 B – Grade 4 thru 6 C – Grade 7 thru 8 D – Grade 9 thru 12 (A thru D effective for dates of service 7/1/05 and later)
46	177	177	SF-COOL	Char	1	None	None	Indicates source of special funding from COOL. Valid value: Y or N
47	178	178	Filler	Char	1	None	Space	Previously SF-HB2003. Removed 9/1/05.
48	179	183	Filler	Char	5	None	None	Reserved for future use.
49	184	184	SP-Pregnancy	Char	1	None	None	Indicates that the client is a pregnant or post-partum woman. Valid value: Y or N
50	185	185	SP-Woman-DC	Char	1	None	None	Indicates that the client is a woman with dependent child(ren). Valid value: Y or N

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
51a	186	186	SP-Priority-SMI	Char	1	None	None	Indicates that the client is a member of the Maricopa County Priority SMI Population. Valid Value: Y or N Valid for dates of service 9/1/05 and later. This field will only be read for Value Options. Client must have a Behavioral Health Category of 'S'.
51b	187	190	Filler	Char	4	None	None	Reserved for future use.
52	191	192	AXIS-III-1	Char	2	Left	None	Axis III medical condition. Valid values: 00- N/A 01- Infectious and parasitic diseases. 02- Neoplasms 03- Endocrine, nutritional, metabolic diseases, and immunity disorders. 04- Diseases of the blood and blood-forming organs. 05- Diseases of the nervous system and sensory organs. 06- Diseases of the circulatory system. 07- Diseases of the respiratory system. 08- Diseases of the digestive system. 09- Diseases of the genitourinary system. 10- Complications of pregnancy, childbirth, puerperium. 11- Diseases of the skin and subcutaneous tissues. 12- Diseases of the musculoskeletal system and connective tissues. 13- Congenital anomalies. 14- Conditions originating in the prenatal period.

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
								15- Symptoms, signs, and ill-defined conditions. 16- Injury or poisoning.
53	193	194	AXIS-III-2	Char	2	Left	None	Axis III medical condition. Valid values: Same as AXIS-III-1.
54	195	196	AXIS-III-3	Char	2	Left	None	Axis III medical condition. Valid values: Same as AXIS-III-1.
55	197	198	AXIS-III-4	Char	2	Left	None	Axis III medical condition. Valid values: Same as AXIS-III-1
56	199	200	AXIS-III-5	Char	2	Left	None	Axis III medical condition. Valid values: Same as AXIS-III-1.
57	201	208	Outcome-Measures-Eff-Date	Char	8	None	None	Effective date of outcome measures addition or change. YYYYMMDD format.
58	209	214	AXIS-I-1	Char	6	Left	None	ICD-9 Axis I primary medical condition. Denotes clinical syndromes. Valid ICD-9 code, six-byte format is XXXX.XX.
59	215	220	AXIS-I-2	Char	6	Left	None	ICD-9 Axis I secondary medical condition. Denotes clinical syndromes. Valid ICD-9 code, six-byte format is XXXX.XX. NONE = Not Collected/Applicable
60	221	226	AXIS-I-3	Char	6	Left	None	ICD-9 Axis I tertiary medical condition. Denotes clinical syndromes. Valid ICD-9 code, six-byte format is XXXX.XX. NONE = Not Collected/Applicable
61	227	232	AXIS-I-4	Char	6	Left	None	ICD-9 Axis I additional medical condition. Denotes clinical syndromes. Valid ICD-9 code, six-byte format is XXXX.XX. NONE = Not Collected/Applicable
62	233	238	AXIS-I-5	Char	6	Left	None	ICD-9 Axis I additional medical condition. Denotes clinical syndromes. Valid ICD-9 code,

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
								six-byte format is XXXX.XX. NONE = Not Collected/Applicable
63	239	244	AXIS-II-1	Char	6	Left	None	ICD-9 Axis II primary medical condition. Denotes developmental and personality disorders. Valid ICD-9 code, six-byte format is XXXX.XX. NONE = Not Collected/Applicable
64	245	250	AXIS-II-2	Char	6	Left	None	ICD-9 Axis II secondary medical condition. Denotes developmental and personality disorders. Valid ICD-9 code, six-byte format is XXXX.XX. NONE = Not Collected/Applicable
65	251	251	Behavior-Health-Category	Char	1	None	None	Behavioral health category. Valid values: C- Child Z- Child, with SED G- Adult, non-SMI, substance abuse, either alcohol or drug M- Adult, non-SMI, with general mental health need S- Adult, with SMI
66	252	253	Employment-Status	Char	2	None	None	Valid values: 01- Employed full time without support 02- Employed part time without support 03- Employed full time with support 03- Employed part time with support 08- Unemployed 14- Volunteer 17- Unpaid rehabilitation activities 18- Retired, homemaker or student 99- Unknown

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
67	254	254	Educational-Status	Char	1	None	None	Is the client in a school or vocational program? Valid value: Y or N
68	255	259	Filler	Char	5	None	Space	Reserved for future use.
69	260	261	Primary-Residence	Char	2	Left	None	Valid values: 01- Independent (roommate, by self, no support) 02- Hotel 03- Boarding home 04- Supervisory care, assisted living 05- Arizona State Hospital 06- Jail, prison, detention 07- Homeless, homeless shelter 08- Other 09- Foster home 12- Nursing home 16- Home with family 18- Crisis shelter 22- OBHL Level 1, 2 or 3 treatment setting 23- Transitional housing (level 4)
70	262	264	AXIS-V	Char	3	Left	None	Axis V Global Assessment Functioning. Three-digit CGAS/GAF score. Valid values: 001-100. See Demographic Definitions for detail.
71	265	266	Number-of-Arrests	Char	2	Left	None	For initial intake, number in past six months prior to intake. For updates or disenrollment, the number since last data update. Valid values: 00-99.
72	267	270	SA-Type-1	Char	4	Left	None	Current primary substance abuse type. Valid values: 0001 – None (no substance abuse in past 30 days)

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
								0201 – Alcohol (beverage alcohol) 0302 – Cocaine/crack (CNS stimulants) 0401 – Marijuana/hashish (marijuana) 0501 – Heroin/morphine (opiates/narcotics) 0706 – Other opiates, synthetics 0902 – Hallucinogens 1001 – Methamphetamine/Speed (CNS stimulants) 1201 – Other stimulants 1308 – Benzodiazepines (CNS depressants) 1605 – Other sedatives, tranquilizers (CNS depressants) 1703 – Inhalants 2002 – Other drugs
73	271	271	SA-Freq-1	Char	1	None	None	Primary substance abuse frequency. Valid values: 1- No use past month 2- One to three times in past month 3- One to two times per week 4- Three to six times per week 5- One or more times per day
74	272	272	SA-Route-1	Char	1	None	None	Primary substance abuse route of administration. Valid values: 1- Oral 2- Smoking 3- Inhalation 4- Injection 5- Other **Removed (8/31/2005)** 6- No Use (Only allowed if SA-Type-1 = 0001) Added 7/1/2005

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
75	273	274	SA-Age-First-Use-1	Char	2	Right	None	Age of first use of SA-Type-1. (0 value only allowed if SA-Type-1 = 0001)
76	275	278	SA-Type-2	Char	4	Left	None	Current secondary substance abuse type. Select a valid code from SA-Type-1, but must not be the same as used for SA-Type-1.
77	279	279	SA-Freq-2	Char	1	None	None	Secondary substance abuse frequency. Select a valid code from SA-Freq-1.
78	280	280	SA-Route-2	Char	1	None	None	Secondary substance abuse route of administration. Select a valid code from SA-Route-1.
79	281	282	SA-Age-First-Use-2	Char	2	Right	None	Age of first use of SA-Type-2. (0 value only allowed if SA-Type-2 = 0001)
80	283	286	Past-SA-Type	Char	4	Left	None	Past substance abuse. Select a valid code from SA-Type-1.
81	287	288	Reason-for-Disenrollment	Char	2	Left	None	Indicates the reason for disenrollment. Valid values: Spaces- Client not disenrolled 01- Treatment completed 02- Change in eligibility or entitlement information 03- Client declined further service 04- Lack of contact 05- (Not a valid code) 06- Incarceration 07- Death 08- Moved out of area 09- Inter-RBHA transfer 10- Crisis Event (added 7/1/05)
82	289	290	Reason-for-Disenrollment-Crisis-Event	Char	2	Left	None	Indicates the reason for crisis disenrollment. Valid values:

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
								Spaces- Not crisis disenrolled 01- Treatment completed 03- Client declined further service 04- Lack of contact
83	291	291	Avoid-Delinquency	Char	1	None	None	Is the child avoiding delinquency? Valid values: Y – Yes N – No X – Not applicable due to age **Applicable to children 5 to 18 years of age.**
84	292	292	Success-In-School	Char	1	None	None	Is the child having success in school? Valid values: Y – Yes N – No X – Not applicable due to age **Applicable to children 5 to 18 years of age.**
85	293	293	Stable-and-Productive-Adult	Char	1	None	None	Is the child on track to becoming a stable and productive adult? Valid values: Y – Yes N – No X – Not applicable due to age **Applicable to children 5 to 18 years of age.**
86	294	294	Lives-With-Family	Char	1	None	None	Does the child live with family? Valid values: Y – Yes N – No X – Not applicable due to age **Applicable to ALL children under 18 years of age.**

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
87	295	295	Increased-Stability	Char	1	None	None	Does the child show increased stability? Valid values: Y – Yes N – No X – Not applicable due to age **Applicable to children under 18 years of age.**
88	296	296	Decrease-in-Safety-Risks	Char	1	None	None	Is there a decrease in safety risks for the child? Valid values: Y – Yes N – No X – Not applicable due to age **Applicable to children under 18 years of age.**
89	297	297	Served-by-CFT	Char	1	None	None	Is the child part of a Child and Family Team? Valid values: Y – Yes N – No X – Not applicable due to age **Applicable to children under 18 years of age.**
90	298	312	Clinical-Liaison-Name	Char	15	Left	Spaces	First initial and last name of Client's Clinical Liaison
91	313	318	Clinical-Liaison-Billing-ID	Char	6	None	None	AHCCCS ID Clinical Liaison uses to bill.
92	**319**	**319**	**Acceptable-Emotional-Reg**	**Char**	**1**	**None**	**None**	**Has the child achieved the desired outcome in terms of acceptable emotional regulation? Valid values:** **Y – Yes** **N – No** **X – Not applicable due to age**

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
								Applicable to children under 5 years of age.
93	**320**	**320**	**Ready-to-Learn**	**Char**	**1**	**None**	**None**	**Has the child achieved the desired outcome in terms of becoming ready to learn? Valid values:** **Y – Yes** **N – No** **X – Not applicable due to age** **Applicable to children under 5 years of age.**
94	**321**	**321**	**Explore-and-Adapt**	**Char**	**1**	**None**	**None**	**Has the child achieved the desired outcome in terms of developmentally appropriate environmental exploration and adaptation? Valid values:** **Y – Yes** **N – No** **X – Not applicable due to age** **Applicable to children under 5 years of age.**
95	**322**	**322**	**Parent-Child-Interaction**	**Char**	**1**	**None**	**None**	**Has the child achieved the desired outcome in terms of appropriate level of parent-child interaction? Valid values:** **Y – Yes** **N – No** **X – Not applicable due to age** **Applicable to children under 5 years of age.**
96	**323**	**323**	**Family-Stress-Level**	**Char**	**1**	**None**	**None**	**Has the child achieved the desired outcome in terms of improving family stress level? Valid values:**

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

File Detail Record

Field No.	Record Location From	Record Location To	Column Name	Type	Size	Justify	Default	Description/Comments
								Y – Yes **N – No** **X – Not applicable due to age** **Applicable to children under 5 years of age.**
97	**324**	**330**	**Filler**	**Char**	**7**	**Left**	**Spaces**	**Reserved for future use.**

NOTES

1. When dates of service are mentioned, we are referring to the intake date on the demographic.
2. On the detail record, fields 2 through 9 must be populated on all records.
3. In **"Change"** mode (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).
    a. A value of spaces in a field means that you do not wish to change the current value.
    b. A zero in a numeric field will change the current value to zero. To keep the current value, you must send spaces in the change record.
    c. For fields where spaces are a valid value, sending a single asterisk (*) will cause the system to change the current value to spaces. However, currently there are no fields where spaces are a valid "change" value. This capability will still be present for future fields where a space may be a valid value.

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

HISTORICAL CHANGES:

DATE	DESCRIPTION OF CHANGE
1/12/04	The following changes were made to bring the Demographic file layout in line with the Demographic Clinical Training and Information sheet: 01. Redefined values for Referral-Source values 36, 37, 38, 39, 40, & 41. 02. Changed OMB-Hispanic-Latino description to read "OMB Ethnicity." 03. Changed OA-DES-JOBS to Filler at Field No. 41. 04. Removed value of "5-Other" as a valid value for SA-Route-1 and SA-Route-2. 05. Removed the value of "10-Other" as a valid value for Reason-for-Disenrollment. 06. Redefined Formal-Schooling-Level value 2 from 1-11 to K-11.
7/1/05	The following changes were made effective for dates of service 8/1/2005 and later: 01. Removed all defaults. 02. Field No. 5 - Reason-For-Submission. Removed value "2- Annual Update" and changed description for value 3 to "Change" from "Significant Change". 03. Field No. 7 - Changed Client-Middle-Name to Filler. 04. Field No. 11 – Added "and/or PCP" to description of Referral-Source value 35. Added "Jail" to description of Referral-Source value 40. 05. Field No. 32 – Treatment-Participation – Values 6, 7, and 8 will only be valid for dates of service 8/31/05 and earlier. Add values C, I and N for dates of service 7/1/2005 and later. 06. Field No. 45 – Formal-Schooling-Level – Value 2 will only be valid for dates of service 8/31/2005 and earlier. Add value A through D for dates of service 7/1/2005 and later. 07. Field No. 47 – Changed SF-HB2003 to Filler. 08. Add '6' (No use) as a valid entry for dates of service 7/1/2005 and after for Field 74 and 78 (SA-Route-1 and SA-Route-2). This value would only be valid if SA-Type-1 and/or SA-Type-2 have the value of '0001' (None). 09. Field No. 51. – Changed filler to Field No. 51b. Added Field No. 51a – SP-Priority-SMI. This new field will be used only by Value Options to identify the Maricopa County Priority SMI population. Data from other RBHAs in this field will be ignored. For Value Options, if the Behavioral Health Category is not 'S', a value of 'Y' in this field will cause the record to reject. 10. Field No. 81 – Reason-for-Disenrollment – Added value 10 Crisis Event. 11. Field No. 82 – Added new field for Reason-for-Disenrollment-Crisis-Event. Used when Field No. 81 is set to 10. Valid values are 01, 03 or 04 with same descriptions as Field No 81. 12. Added Field No. 83-88 for additional outcome measures. 13. Added Field No. 89 for additional outcome measures. 14. Added Field No. 90 and 91 for Clinical Liaison Information 15. Field No.92 – Filler reduced to 12 Characters.
11/28/05	01. Corrected description for Field No. 70 AXIS-V to read, "Three-digit CGAS/GAF score. Valid values 001 – 100."

DEMOGRAPHIC DATA FILE LAYOUT

(T)RBHA REPORTING REQUIREMENTS

HISTORICAL CHANGES:

DATE	DESCRIPTION OF CHANGE
Effective 2/1/06	**01. Changed the edits for diagnosis codes V71.09 and 799.9 in AXIS I-1 and AXIS II-1.** **02. Re-instated the Annual Update option for Reason-for-submission.** **03. Added the following new fields for additional outcome measures for children under age 5, dates of service 2/1/06: field Nos. 92 through 96.** **04. Filler Field No. 92 changed to Field No. 97 and reduced to seven characters.**

DEMOGRAPHIC DOWNLOAD FILE LAYOUT

Download file containing accepted transitions out of the demographic process from DBHS to each RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Char	1	Value: "
2	2	Transaction-Type	Char	1	Indicates the record transaction type: 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	Intake-Date	Char	8	YYYYMMDD
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	
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	PC-Suicidal	Char	1	
91	93	Filler	Char	3	Value: ",”
94	94	PC-Assaultive	Char	1	
95	97	Filler	Char	3	Value: ",”

NOTES

1. File name: "**ddmogXX.yyyymmdd.nn** (XX=RBHA ID.)
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.
4. Record length increased from **518 to 538.**

DEMOGRAPHIC DOWNLOAD FILE LAYOUT

Download file containing accepted transitions out of the demographic process from DBHS to each RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
98	98	PC-Victim-Anv	Char	1	
99	101	Filler	Char	3	Value: ",”
102	102	PC-Anxiety-Stress	Char	1	
103	105	Filler	Char	3	Value: ",”
106	106	PC-Depressed	Char	1	
107	109	Filler	Char	3	Value: ",”
110	110	PC-Psychotic	Char	1	
111	113	Filler	Char	3	Value: ",”
114	114	PC-Substance-Abuse	Char	1	
115	117	Filler	Char	3	Value: ",”
118	118	PC-Unable-To-Care	Char	1	
119	121	Filler	Char	3	Value: ",”
122	122	PC-Relational	Char	1	
123	125	Filler	Char	3	Value: ",”
126	126	PC-Child-Behavior	Char	1	
127	129	Filler	Char	3	Value: ",”
130	130	PC-Other	Char	1	
131	133	Filler	Char	3	Value: ",”
134	141	Descr-Char-Eff-Date	Char	8	YYYYMMDD
142	144	Filler	Char	3	Value: ",”
145	147	Household-Size	Numeric	3	
148	150	Filler	Char	3	Value: ",”
151	157	Household-Income	Numeric	7	
158	160	Filler	Char	3	Value: ",”
161	161	Trtmnt-Prtcptn-Code	Char	1	
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	OA-ADHS-CRS	Char	1	
174	176	Filler	Char	3	Value: ",”
177	177	OA-AOC-Adult-Probation	Char	1	
178	180	Filler	Char	3	Value: ",”

NOTES

1. File name: "**ddmogXX.yyyymmdd.nn** (XX=RBHA ID.)
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.
4. Record length increased from **518 to 538.**

DEMOGRAPHIC DOWNLOAD FILE LAYOUT

Download file containing accepted transitions out of the demographic process from DBHS to each RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
181	181	OA-AOC-Jvnl-Probation	Char	1	
182	184	Filler	Char	3	Value: ",”
185	185	OA-DES-CPS	Char	1	
186	188	Filler	Char	3	Value: ",”
189	189	OA-DES-DDD	Char	1	
190	192	Filler	Char	3	Value: ",”
193	193	OA-DES-RSA	Char	1	
194	196	Filler	Char	3	Value: ",”
197	197	OA-DES-Jobs	Char	1	
198	200	Filler	Char	3	Value: ",”
201	201	OA-School-Special-Ed	Char	1	
202	204	Filler	Char	3	Value: ",”
205	205	OA-Other	Char	1	
206	208	Filler	Char	3	Value: ",”
209	209	Formal-School-Level-Code	Char	1	
210	212	Filler	Char	3	Value: ",”
213	213	SF-Cool	Char	1	
214	216	Filler	Char	3	Value: ",”
217	217	Filler	Char	1	Previously was SF HB2003. Removed effective 7/1/05.
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	

NOTES

1. File name: "**ddmogXX.yyyymmdd.nn** (XX=RBHA ID.)
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.
4. Record length increased from **518 to 538.**

DEMOGRAPHIC DOWNLOAD FILE LAYOUT

Download file containing accepted transitions out of the demographic process from DBHS to each RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
251	253	Filler	Char	3	Value: ","
254	261	Outcome-Msrs-Eff-Date	Char	8	YYYYMMDD
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	Numeric	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	

NOTES

1. File name: "**ddmogXX.yyyymmdd.nn** (XX=RBHA ID.)
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.
4. Record length increased from **518 to 538.**

DEMOGRAPHIC DOWNLOAD FILE LAYOUT

Download file containing accepted transitions out of the demographic process from DBHS to each RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
371	373	Filler	Char	3	Value: ","
374	376	SA-Age-First-Use-1	Numeric	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	Numeric	3	
398	400	Filler	Char	3	Value: ","
401	404	Past-SA-Type-Code	Char	4	
405	407	Filler	Char	3	Value: ","
408	409	Disenroll-Reason-Code	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	Reason-for-Disenrollment-Crisis-Event	Char	2	
459	461	Filler	Char	3	Value: ","
462	462	Avoid-Delinquency	Char	1	
463	465	Filler	Char	3	Value: ","
466	466	Success-in-School	Char	1	
467	469	Filler	Char	3	Value: ","
470	470	Stable-and-Productive-Adult	Char	1	
471	473	Filler	Char	3	Value: ","
474	474	Lives-With-Family	Char	1	
475	477	Filler	Char	3	Value: ","

NOTES

1. File name: "**ddmogXX.yyyymmdd.nn** (XX=RBHA ID.)
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.
4. Record length increased from **518 to 538.**

DEMOGRAPHIC DOWNLOAD FILE LAYOUT

Download file containing accepted transitions out of the demographic process from DBHS to each RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
478	478	Increased-Stability	Char	1	
479	481	Filler	Char	3	Value: ",”
482	482	Decrease-in-Safety-Risks	Char	1	
483	485	Filler	Char	3	Value: ",”
486	486	Served-By-CFT	Char	1	
487	489	Filler	Char	3	Value: ",”
490	490	SP-Priority-SMI	Char	1	
491	493	Filler	Char	3	Value: ",”
494	508	Clinical-Liaison-Name	Char	15	
509	511	Filler	Char	3	Value: ",”
512	517	Clinical-Liaison-Billing-Id	Char	6	
518	520	Filler	Char	3	Value: ",”
521	**521**	**Acceptable-Emotional-Reg**	**Char**	**1**	**Effective 2/1/06**
522	524	Filler	Char	3	Value: ",”
525	**525**	**Ready-to-Learn**	**Char**	**1**	**Effective 2/1/06**
526	528	Filler	Char	3	Value: ",”
529	**529**	**Explore-and-Adapt**	**Char**	**1**	**Effective 2/1/06**
530	532	Filler	Char	3	Value: ",”
533	**533**	**Parent-Child-Interaction**	**Char**	**1**	**Effective 2/1/06**
534	536	Filler	Char	3	Value: ",”
537	**537**	**Family-Stress-Level**	**Char**	**1**	**Effective 2/1/06**
538	538	Filler	Char	1	Value: ”

NOTES

1. File name: "**ddmogXX.yyyymmdd.nn** (XX=RBHA ID.)
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.
4. Record length increased from **518 to 538.**

DEMOGRAPHIC DOWNLOAD FILE LAYOUT

Download file containing accepted transitions out of the demographic process from DBHS to each RBHA.

Historical changes implemented

DATE	COMMENT
3/24/05	1. Added new fields: Reason-for-Disenrollment-Crisis-Event, Avoid-Delinquency, Success-in-School, Stable-and-Productive-Adult, Lives-With-Family, Increased-Stability, Decrease-in-Safety-Risks, effective 7/1/05. 2. SF HB2003 changed to Filler. 3. Record length increased to 483.
6/24/05	1. Added new field: Served-By-CFT, effective 7/1/05. 2. Record length increased to 487.
7/19/05	1. Added new fields: Sp-Priority-Smi, Clinical-Liaison-Name, Clinical-Liaison-Billing-Id, effective 9/1/05. 2. Record length increased to 518.
Effective 2/1/06	1. Added new fields for children under age 5: Acceptable-Emotional-Reg, Ready-to-Learn, Explore-and-Adapt, Parent-Child-Interaction, Family-Stress-Level. 2. Record length increased from 518 to 538.

NOTES

1. File name: "**ddmogXX.yyyymmdd.nn** (XX=RBHA ID.)
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Defaults: Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is signed negative.
4. Record length increased from **518 to 538.**

DEMOGRAPHIC RESYNC FILE LAYOUT

On-demand download file produced as a result of a demographic resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Char	1	Value: "
2	2	Transaction-Type	Char	1	Indicates the record transaction type: 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	Intake-Date	Char	8	YYYYMMDD
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	
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	PC-Suicidal	Char	1	
91	93	Filler	Char	3	Value: ",”
94	94	PC-Assaultive	Char	1	
95	97	Filler	Char	3	Value: ",”
98	98	PC-Victim-Anv	Char	1	

NOTES

1. File name: **"h74248XX.outYYYYMMDD,"**(XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. 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.
3. Record length increased from **518 to 538**.

DEMOGRAPHIC RESYNC FILE LAYOUT

On-demand download file produced as a result of a demographic resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
99	101	Filler	Char	3	Value: ","
102	102	PC-Anxiety-Stress	Char	1	
103	105	Filler	Char	3	Value: ","
106	106	PC-Depressed	Char	1	
107	109	Filler	Char	3	Value: ","
110	110	PC-Psychotic	Char	1	
111	113	Filler	Char	3	Value: ","
114	114	PC-Substance-Abuse	Char	1	
115	117	Filler	Char	3	Value: ","
118	118	PC-Unable-To-Care	Char	1	
119	121	Filler	Char	3	Value: ","
122	122	PC-Relational	Char	1	
123	125	Filler	Char	3	Value: ","
126	126	PC-Child-Behavior	Char	1	
127	129	Filler	Char	3	Value: ","
130	130	PC-Other	Char	1	
131	133	Filler	Char	3	Value: ","
134	141	Descr-Char-Eff-Date	Char	8	YYYYMMDD
142	144	Filler	Char	3	Value: ","
145	147	Household-Size	Numeric	3	
148	150	Filler	Char	3	Value: ","
151	157	Household-Income	Numeric	7	
158	160	Filler	Char	3	Value: ","
161	161	Trtmnt-Prtcptn-Code	Char	1	
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	OA-ADHS-CRS	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	

NOTES

1. File name: **"h74248XX.outYYYYMMDD,"**(XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. 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.
3. Record length increased from **518 to 538**.

DEMOGRAPHIC RESYNC FILE LAYOUT

On-demand download file produced as a result of a demographic resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
182	184	Filler	Char	3	Value: ","
185	185	OA-DES-CPS	Char	1	
186	188	Filler	Char	3	Value: ","
189	189	OA-DES-DDD	Char	1	
190	192	Filler	Char	3	Value: ","
193	193	OA-DES-RSA	Char	1	
194	196	Filler	Char	3	Value: ","
197	197	OA-DES-Jobs	Char	1	
198	200	Filler	Char	3	Value: ","
201	201	OA-School-Special-Ed	Char	1	
202	204	Filler	Char	3	Value: ","
205	205	OA-Other	Char	1	
206	208	Filler	Char	3	Value: ","
209	209	Formal-School-Level-Code	Char	1	
210	212	Filler	Char	3	Value: ","
213	213	SF-Cool	Char	1	
214	216	Filler	Char	3	Value: ","
217	217	Filler	Char	1	Previously was SF HB2003. Removed effective 7/1/05.
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	Outcome-Msrs-Eff-Date	Char	8	YYYYMMDD

NOTES

1. File name: **"h74248XX.outYYYYMMDD,"**(XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. 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.
3. Record length increased from **518 to 538**.

DEMOGRAPHIC RESYNC FILE LAYOUT

On-demand download file produced as a result of a demographic resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
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	Numeric	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	Numeric	3	

NOTES

1. File name: **"h74248XX.outYYYYMMDD,"**(XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. 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.
3. Record length increased from **518 to 538**.

DEMOGRAPHIC RESYNC FILE LAYOUT

On-demand download file produced as a result of a demographic resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
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	Numeric	3	
398	400	Filler	Char	3	Value: ","
401	404	Past-SA-Type-Code	Char	4	
405	407	Filler	Char	3	Value: ","
408	409	Disenroll-Reason-Code	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	Reason-for-Disenrollment-Crisis-Event	Char	2	
459	461	Filler	Char	3	Value: ","
462	462	Avoid-Delinquency	Char	1	
463	465	Filler	Char	3	Value: ","
466	466	Success-in-School	Char	1	
467	469	Filler	Char	3	Value: ","
470	470	Stable-and-Productive-Adult	Char	1	
471	473	Filler	Char	3	Value: ","
474	474	Lives-With-Family	Char	1	
475	477	Filler	Char	3	Value: ","
478	478	Increased-Stability	Char	1	
479	481	Filler	Char	3	Value: ","
482	482	Decrease-in-Safety-Risks	Char	1	

NOTES

1. File name: **"h74248XX.outYYYYMMDD,"**(XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. 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.
3. Record length increased from **518 to 538**.

DEMOGRAPHIC RESYNC FILE LAYOUT

On-demand download file produced as a result of a demographic resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
483	485	Filler	Char	3	Value: ",”
486	486	Served-By-CFT	Char	1	
487	489	Filler	Char	3	Value: ",”
490	490	SP-Priority-SMI	Char	1	
491	493	Filler	Char	3	Value: ",”
494	508	Clinical-Liaison-Name	Char	15	
509	511	Filler	Char	3	Value: ",”
512	517	Clinical-Liaison-Billing-Id	Char	6	
518	520	Filler	Char	3	Value: ",”
521	**521**	**Acceptable-Emotional-Reg**	**Char**	**1**	**Effective 2/1/06**
522	524	Filler	Char	3	Value: ",”
525	**525**	**Ready-to-Learn**	**Char**	**1**	**Effective 2/1/06**
526	528	Filler	Char	3	Value: ",”
529	**529**	**Explore-and-Adapt**	**Char**	**1**	**Effective 2/1/06**
530	532	Filler	Char	3	Value: ",”
533	**533**	**Parent-Child-Interaction**	**Char**	**1**	**Effective 2/1/06**
534	536	Filler	Char	3	Value: ",”
537	**537**	**Family-Stress-Level**	**Char**	**1**	**Effective 2/1/06**
538	538	Filler	Char	1	Value: ”

NOTES

1. File name: **"h74248XX.outYYYYMMDD,"**(XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. 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.
3. Record length increased from **518 to 538**.

DEMOGRAPHIC RESYNC FILE LAYOUT

On-demand download file produced as a result of a demographic resync request by a RBHA from DBHS.

Historical changes implemented

DATE	COMMENT
3/24/05	1. Added new fields: Reason-for-Disenrollment-Crisis-Event, Avoid-Delinquency, Success-in-School, Stable-and-Productive-Adult, Lives-With-Family, Increased-Stability, Decrease-in-Safety-Risks, effective 7/1/05. 2. SF HB2003 changed to Filler. 3. Record length increased to 483.
6/24/05	1. Added new field: Served-By-CFT, effective 7/1/05. 2. Record length increased to 487.
7/19/05	1. Added new fields: Sp-Priority-Smi, Clinical-Liaison-Name, Clinical-Liaison-Billing-Id, effective 9/1/05. 2. Record length increased to 518.
Effective 2/1/06	1. Added new fields for children under age 5: Acceptable-Emotional-Reg, Ready-to-Learn, Explore-and-Adapt, Parent-Child-Interaction, Family-Stress-Level. 2. Record length increased from 518 to 538.

NOTES

1. File name: **"h74248XX.outYYYYMMDD,"**(XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. 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.
3. Record length increased from **518 to 538**.

DEMOGRAPHIC DOWNLOAD ERROR FILE LAYOUT

Download from DBHS to each RBHA containing errors identified by DBHS during the demographic process.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	2	Encounter-Contractor-ID	Char	2	
3	3	Filler	Char	1	Value: ~
4	5	Error-Type	Char	2	Possible values are F1 or F2 (fatal errors) or NF (non-fatal error.)
6	7	Contractor-ID	Char	2	
8	8	Filler	Char	1	Value: ~
9	18	Client-ID	Char	10	
19	19	Filler	Char	1	Value: ~
20	27	Intake-Date	Char	8	
28	28	Filler	Char	1	Value: ~
29	29	Reason-for-Submission	Char	1	
30	30	Filler	Char	1	Value: ~
31	60	Error-Field-Name	Char	30	
61	61	Filler	Char	1	Value: ~
62	81	Error-Field-Data-Contents	Char	20	Value: ~
82	82	Filler	Char	1	Value: ~
83	86	Error-Message-ID	Char	4	Possible values: FXXX or NXXX, where XXX = specific error description code.
87	87	Filler	Char	1	Value: ~
88	167	Message-Text	Char	80	

NOTES

(1) File name: "**udemogXX.eryyyymmdd.nn** (XX=RBHA ID.)
(2) This file is tilde-delimited (~) between each field. It does not use commas around each field. Character fields will have spaces.
(3) Record length: 167

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Msg Nbr	Field Name	Error Type	Error Message	Data Resides
F01	File-Name	F1	File-Name on File header is missing	H
F02	File-Name	F1	File-Name on File header is invalid	H
F04	RBHA-ID	F1	RBHA ID on file header is missing	H
F05	RBHA-ID	F1	RBHA ID on file header is invalid	H
F06	Record-Type	F1	Invalid Record Type	H
F07	Record-Type	F1	Multiple File Header records exist for the same file	H
F08	Record-Type	F1	No file Header record was found on file	H
F15	RBHA-ID	F2	RBHA-ID on data record does not match RBHA-ID on File Header record	H
F38	Submit-Date	F1	Submit Date missing	H
F39	Submit-Date	F1	Submit Date invalid	H
F40	Submit-Record-Count	F1	Submit record count missing	H
F41	Submit-Record-Count	F1	Submit record count invalid	H
F42	Submit-Time	F1	Submit time missing	H
F43	Submit-Time	F1	Submit time invalid	H
F35	RBHA-ID	F1	RBHA Not Approved for Client Demographics file	H
F44	Intake-Date	F2	Intake date missing	D
F45	Intake-Date	F2	Intake date invalid	D
F46	First-Name	F2	Client First Name missing	D
F47	Last-Name	F2	Client Last Name missing	D
F48	Date-of-Birth	F2	Date of Birth missing	D
F49	Date-of-Birth	F2	Date of Birth invalid	D
F50	Reason-for-Submission	F2	Reason for Submission missing	D
F51	Reason-for-Submission	F2	Reason for Submission invalid	D
F52	RBHA-ID Client-ID Intake-Date	F2	Client Intake record not found	D
F53	Client-ID	F2	Client ID missing	D
F54	Reason-for-Submission	F2	No Intake Demographic found	D
F55	Reason-for-Submission	F2	> 45 days after Intake and Intake Demographic already on file.	D
F56	RBHA-ID	F2	RBHA ID missing on detail record	D
F57	RBHA-ID	F2	RBHA ID invalid on detail record	D
F58	RBHA-ID Client-ID Intake-Date	F2	Only one record for each unique RBHA ID, Client ID, Intake Date will be accepted per day	D
F87	Descriptive-Characteristics-Effective-Date	F2	Descriptive Characteristics Effective Date is invalid	D
F88	Outcome-Measures-Effective-Date	F2	Outcome Measures Effective Date is invalid	D
F89	Descriptive-Characteristics-Effective-Date	F2	Descriptive Characteristics Effective Date out of Intake Dates range	D
F90	Outcome-Measures-Effective-Date	F2	Outcome Measures Effective Date out of Intake Dates range	D

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Msg Nbr	Field Name	Error Type	Error Message	Data Resides
F91	Reason-for-Submission	F2	Disenrollment demographic submitted, but intake not closed.	D
F93	Date-of-Birth	F2	Date of Birth does not match Client Intake record	D
F94	RBHA-ID Client-ID Intake-Date	F2	Intake and Initial Demographic may not be submitted on the same day	D
F99	Client-F-Name	F2	First Name does not match client intake record.	D
F100	Client-L-Name	F2	Last Name does not match client intake record	D
F101	All input demographic fields. One or more fields is spaces	F2	Cannot change incomplete intake demographic at this time	D
F102	All input demographic fields. One or more fields is spaces.	F2	Init demog must be complete when sent 45 days after intake.	D
F103	**Fields required for Disenrollment:** AXIS-I-1 AXIS-I-2 AXIS-I-3 AXIS-I-4 AXIS-I-5 AXIS-II-1 AXIS-II-2 Behavior-Health-Category Employment-Status Educational-Status Prim-Residence AXIS-V Number-of-Arrests SA-Type-1 SA-Freq-1 SA-Type-2 SA-Freq-2 **Reason-For-Disenrollment** **Reason-For-Disenrollment-Crisis-Event (if a crisis event)** Avoid-Delinquency Success-In-School Stable-Productive Lives-With-Family Increased-Stability Decrease-in-Safety-Risks Served-By-CFT Outcome-Measures-Eff-Date Acceptable-Emotional-Reg Ready-to-Learn Explore-and-Adapt Parent-Child-Interaction Family-Stress-Level	F2	**Field(s) required for Reason-for-submission code missing**	D

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Msg Nbr	Field Name	Error Type	Error Message	Data Resides
	Fields required for Annual Update: Descr-Char-Eff-Date Household-Size Household-Income Treatment-Participation OA-ADC-Parole OA-ADJC-Parole OA-ADHS-CRS OA-AOC-Adult-Probation OA-AOC-Juvenile-Probation OA-DES-CPS OA-DES-DDD OA-DES-RSA OA-School-Special-Ed OA-Other SF-Cool SP-Pregnancy SP-Woman-DC AXIS-III-1 AXIS-III-2 AXIS-III-3 AXIS-III-4 AXIS-III-5 Outcome-Msrs-Eff-Date AXIS-I-1 AXIS-I-2 AXIS-I-3 AXIS-I-4 AXIS-I-5 AXIS-II-1 AXIS-II-2 Behavioral-Health-Category Employment-Status Educational-Status Primary-Residence AXIS-V Number-of-Arrests SA-Type-1 SA-Freq-1 SA-Type-2 SA-Freq-2 **DOS 9/1/2005 and later also require these fields:** Avoid-Delinquency Success-in-School Stable-and-Productive-Adult Lives-with-Family Increased-Stability Decreased-Safety-Risk Served-by-CFT Clinical-Liaison-Name			

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Msg Nbr	Field Name	Error Type	Error Message	Data Resides
	Clinical-Liaison-ID SP-Priority-SMI (ValueOptions only) **DOS 2/1/06 and later also require these fields:** Acceptable-Emotional-Reg Ready-to-Learn Explore-and-Adapt Parent-Child-Interaction Family-Stress-Level			
N125	Reason-for-Submission	NF	Invalid Submission Reason	D
N126	RBHA-ID Client-ID Intake-Date Reason-for-Submission	NF	Initial Intake transaction not found	D
N127	RBHA-ID Client-ID Intake-Date Reason-for-Submission	NF	Initial Intake transaction already exist	D
N129	Referral-Date Descriptive-Characteristics-Effective-Date Outcome-Measures-Effective-Date	NF	Date is not valid	D
N131	Reason-for-Submission	NF	Field Required for Submit Reason	D
N132	OMB-American-Indian OMB-Asian OMB-Black OMB-Native Hawaiian OMB-White OMB-Hispanic-Latino PC-Suicidal PC-Assaultive PC-Victim-ANV PC-Anxiety-Stress PC-Depressed PC-Psychotic PC-Substance-Abuse PC-Unable-to-Care PC-Relational PC-Child-Behavior PC-Other OA-ADC-Parole OA-ADJC-Parole OA-ADHS-CRS OA-AOC-Adult-Probation OA-AOC-Juvenile-Probation OA-DES-CPS OA-DES-DDD OA-DES-RSA OA-School-Special-Ed OA-Other	NF	Field is invalid. Valid values are Y, N, * (for Submission Reason 3 or 4)	D

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Msg Nbr	Field Name	Error Type	Error Message	Data Resides
	SF-COOL SP-Pregnancy SP-Woman-DC Educational-Status			
N133	Referral-Source Treatment-Participation Formal-Schooling-Level Behavior-Health-Category AXIS-I-1 AXIS-I-2 AXIS-I-3 AXIS-I-4 AXIS-I-5 AXIS-II-1 AXIS-II-2 AXIX-III-1 AXIS-III-2 AXIS-III-3 AXIS-III-4 AXIS-III-5 Employment-Status Primary-Residence SA-Type-1 SA-Freq-1 SA-Route-1 Reason-for-Disenrollment	NF	Invalid Field Value	D
N134	OMB-American-Indian OMB-Asian OMB-Black OMB-Native Hawaiian OMB-White	NF	At Least One Field Must be Y	D
N135	OMB-American-Indian OMB-Asian OMB-Black OMB-Native Hawaiian OMB-White OMB-Hispanic-Latino PC-Suicidal PC-Assaultive PC-Victim-ANV PC-Anxiety-Stress PC-Depressed PC-Psychotic PC-Substance-Abuse PC-Unable-to-Care PC-Relational PC-Child-Behavior PC-Other OA-ADC-Parole OA-ADJC-Parole OA-ADHS-CRS OA-AOC-Adult-Probation OA-AOC-Juvenile-Probation	NF	Field is invalid. Valid values are Y or N (for Submission Reason 1 or 2)	D

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Msg Nbr	Field Name	Error Type	Error Message	Data Resides
	OA-DES-CPS OA-DES-DDD OA-DES-RSA OA-School-Special-Ed OA-Other SF-COOL SP-Pregnancy SP-Woman-DC Educational-Status			
N136	Outcome-Measures-Effective-Date AXIS-I-1 AXIS-I-2 AXIS-I-3 AXIS-I-4 AXIS-I-5 AXIS-II-1 AXIS-II-2 Behavior-Health-Category Employment-Status Educational-Status Primary-Residence AXIS-V Number-of-Arrests SA-Type-1 SA-Freq-1 SA-Route-1 SA-Type-2 SA-Freq-2 SA-Route-2 Avoid-Delinquency Success-In-School Stable-and-Productive-Adult Lives-With-Family Increased-Stability Decrease-in-Safety-Risks **Served-by-CFT** Acceptable-Emotional-Reg Ready-to-Learn Explore-and-Adapt Parent-Child-Interaction Family-Stress-Level	NF	Outcome Measure changed but no Effective Date found	D
N137	Household-Size	NF	Field Invalid. Valid Range is 01 thru 99	D
N138	Household-Income	NF	Field Invalid. Valid Range is 000000 thru 999999	D
N139	AXIS-V	NF	Field Invalid. Valid Range is 001 thru 100	D
N189	Number-of-Arrest	NF	Field Invalid. Valid Range is 00 thru 99	D
N190	Date-of-Birth Referral-Date Outcome-Measures-Effective-	NF	Date is greater than Today's Date	D

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Msg Nbr	Field Name	Error Type	Error Message	Data Resides
	Date Descriptive-Characteristics-Effective-Date			
N193	AXIS-I-1 AXIS-I-2 AXIS-I-3 AXIS-I-4 AXIS-I-5 AXIS-II-1 AXIS-II-2 Behavior-Health-Category	NF	Diagnosis does not support Behavioral Health Category	D
N194	Inactive	NF	Diagnosis Codes V71.09, 799.9 are invalid for AXIS I	D
N236	Reason-For-Disenrollment-Crisis-Event	NF	Reason for disenrollment must be ‘10’ to use this field.	D
N237	Referral-Date Referral-Source OMB-American-Indian OMB-Asian OMB-Black OMB-Native-Hawaiian OMB-White OMB-Hispanic-Latino PC-Suicidal PC-Assaultive PC-Victim-ANV PC-Anxiety-Stress PC-Depressed PC-Psychotic PC-Unable-to-Care PC-Relational PC-Child-Behavior PC-Other Descr-Char-Eff-Date Household-Size Household-Income Treatment-Participation OA-ADC-Parole OA-ADJC-Parole OA-ADHS-CRS OA-AOC-Adult-Probation OA-AOC-Juvenile-Probation OA-DES-CRS OA-DES-DDD OA-DES-RSA OA-School-Special-Ed OA-Other Formal-School-Level SF-Cool SP-Pregnancy SP-Woman-DC AXIS-III-1 AXIS-III-2	NF	Descriptive Characteristic Changed but no Effective Date Found.	D

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Msg Nbr	Field Name	Error Type	Error Message	Data Resides
	AXIS-III-3 AXIS-III-4 AXIS-III-5 **Clinical-Liaison-Name** **Clinical-Liaison-Billiing-ID**			
N238	Avoid-Delinquency Success-in-School Stable-and-Productive-Adult Lives-With-Family Increased-Stability Decreased-Safety-Risk Served-By-CFT Acceptable-Emotional-Reg Ready-to-Learn Explore-and-Adapt Parent-Child-Interaction Family-Stress-Level	NF	Outcome Measure value invalid for client's age	D
N239	SP-Priority-SMI	NF	Priority SMI can only be 'Y' for ValueOptions' SMI clients	D

Note: Error messages that appear to be duplicates of other error messages are due to different error messages that come from multiple programs in the Client Demographic editing process.

History:

Date	Change
10/07/2004	Added error message F94.
10/29/2004	Added error message N193.
11/10/2004	Corrected designations from "H" to "D" (F44 thru F57) in "Data Resides" column.
11/10/2004	Specified exact field names instead of "Header Record", "Detail Record", "Demographic Record", etc. in "Field Name" column.
11/10/2004	Removed OA-DES-Jobs field from error message N135.
11/23/2004	Removed error messages N124, N128 and N130.
11/23/2004	Added error messages F15 and N132.
11/23/2004	Added AXIS I and AXIS II fields to error message N133.
9/1/05	Added edits F99, F100, F101, F102, F103, N236, N237, N238 and N239. Changed message text on F51, F54, F55, F91 and N136.
9/06/05	Changed edit N194 to Inactive
1/06	Updated fields affected by error message F103, N136 and N238.
2/28/06	1. **F103** was updated as follows: ▪ Required disenrollment fields to include Reason-For-Disenrollment and Reason-For-Disenrollment-Crisis-Event (if a crisis event.) ▪ Added required fields for Annual Update, DOS 9/1/05 and later and DOS 2/1/06 and later. 2. **N136** was updated to include Served-by-CFT. 3. **N237** was updated to include Clinical-Liaison-Name and Clinical-Liaison-Billing-ID.

DBHS CLIENT DEMOGRAPHIC PRE-PROCESSOR EDITS

Edits that have been removed – for historical reference only

Field Name	Error Type	Error Message	Msg Nbr	Data Resides
Record-Type	NF	Header Record is not the first record on file	N124	D
Referral-Date Descriptive-Characteristics-Effective-Date Outcome-Measures-Effective-Date	NF	Date is not Numeric	N128	D
Referral-Date Descriptive-Characteristics-Effective-Date Outcome-Measures-Effective-Date	NF	Date is greater than Today	N130	D

DEMOGRAPHIC DATA SET DEFINITIONS

Introduction

ADHS/DBHS is pleased to present detailed instructions and definitions for completion and submission of data for the demographic data (udemogXX.daYYYYMMDD.nn) file layout. This system will be used in conjunction with the Client Information System (CIS) for collection, analysis and reporting of client information.

The demographic data that must be submitted to CIS represents a minimum data set necessary for ADHS/DBHS to conduct its oversight and regulatory functions. RBHAs and providers are free to collect any other data necessary for efficient and effective operation.

To the extent possible, RBHAs are encouraged to use electronic screens and other automated processes to minimize provider burden. Ultimately, integration of these data requirements into the RBHA and provider clinical improvement process is anticipated.

All clients who receive service through the RBHA system must have current demographic data in the ADHS/DBHS Client Information System. Demographic information is time-sensitive and is intended to reflect changes in demographic, financial, clinical, programmatic, and other client status items.

All clients who remain enrolled for more than thirty days must have demographic data submitted within 45 days of enrollment. Unless otherwise noted, **all** items must be completed for demographic data submissions. Demographic data is to be submitted at enrollment, when data information changes, then annually thereafter. At disenrollment, identified elements must be submitted. Following is a brief description of each field.

DEMOGRAPHIC DATA DEFINITIONS

*Items in **Bold** print have been modified or added.

FIELD NAME	DESCRIPTION
File Header Record:	
Record Type	Distinguishes between header and data records. Valid value for data records is a space.
RBHA ID	The Regional Behavioral Health Authority identification number. Two characters in length and assigned by Behavior Health Services. Valid values are: 02- CBHA GSA 2 (Effective 7/1/05) 03- The EXCEL Group 08- ValueOptions 11- Gila River Indian Community 14- Navajo Nation 15- NARBHA 22- CBHA GSA 4 (Effective 7/1/05) 23- PGBHA 25- Pascua Yaqui 26- CPSA Region 5 27- CPSA Region 3
File Name	Indicates the name of the file. Valid value: DEMOG- Demographic Data
Submittal Record Count	Total record count for the file, not including Header record.
Submittal Date	Date the file was produced for submission.
Submittal Time	Time the file was produced for submission. Format is HHMMSS, using a 24-hour clock.
Filler	Filler for the remainder of the fixed-length file header record.
File Detail Record:	
Reason for Submission	Identifies the transaction type to guide the CIS demographic update process. Valid values are: 1- Intake **2- Annual update - reinstated** 3- Change 4- Disenrollment
Client ID	Unique client identifier generated by the CIS system. Demographic data cannot be submitted to CIS unless the client has a valid CIS-assigned client ID.
Intake Date	YYYYMMDD format. Initial face-to-face contact with the client.
Client First Name	Must not be left blank. Initials may not be used for the first name. Client name is included in the demographic data to record time-sensitive name changes. This field is used for validation against the Intake entry.
Filler	Previously Client Middle Name, not used for dates of service 6/30/05 and after.
Client Last Name	Must not be left blank. Initials may not be used for the last name. Client name is included in the demographic data to record time-sensitive name changes. This field is used for validation against the Intake entry.
Date of Birth	May not be later than the current date or the intake date. YYYYMMDD format.
Referral Date	Date when the (T)RBHA or provider received a referral for service through oral, written, faxed or electronic request by the client or made on behalf of the client. YYYYMMDD format.

FIELD NAME	DESCRIPTION
Referral Source	A two-character code to identify the principal source of referral for a client. Report only one. Valid values are: 01- Self/family/friend 03- Other behavior health provider 19- Federal agencies (VA, HIS, federal prison, etc.) 35- AHCCCS health plan and/or PCP 36- CPS 24-hour urgent response (child) 37- Community agency other than behavioral health provider (homeless shelter, church, employer) 38- ADES (Other CPS, DDD, RSA) 39- ADE – Department of Education 40- Criminal justice/correctional (includes AAOC probation, ADOC, ADJC, Jail) 41- Other (anything not captured above)
OMB American Indian	Refers to persons having origins in any of the original peoples of North and South America (including Central America,) and who maintain tribal affiliation or community attachment. Valid value: Y = Yes, N = No
OMB Asian	Refers to persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam. Valid value: Y = Yes, N = No
OMB Black	Refers to persons having origins in any of the black racial groups of Africa. Terms such as Haitian or Negro can be used in addition to Black or African American. Valid value: Y = Yes, N = No
OMB Native Hawaiian	Refers to persons having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands. Valid value: Y = Yes, N = No
OMB White	Refers to persons having origins in any of the original peoples of Europe, the Middle East, or North Africa. Valid value: Y = Yes, N = No
OMB Hispanic-Latino	Refers to persons of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. Valid value: Y = Yes, N = No
PC Suicidal	Describes the client's presenting concern on initial intake as being suicidal. Valid value: Y = Yes, N = No
PC Assaultive	Describes the client's presenting concern on initial intake as being assaultive. Valid value: Y = Yes, N = No
PC Victim ANV	Describes the client's presenting concern on initial intake as being a victim of abuse, neglect or violence. Valid value: Y = Yes, N = No
PC Anxiety Stress	Describes the client's presenting concern on initial intake as having anxiety or stress. Valid value: Y = Yes, N = No
PC Depressed	Describes the client's presenting concern on initial intake as being depressed. Valid value: Y = Yes, N = No
PC Psychotic	Describes the client's presenting concern on initial intake as being psychotic (impaired reality, thought disorganization.) Valid value: Y = Yes, N = No
PC Substance Abuse	Describes the client's presenting concern on initial intake as being a substance abuse issue. Valid value: Y = Yes, N = No
PC Unable to Care	Describes the client's presenting concern on initial intake as being unable to care for self. Valid value: Y = Yes, N = No
PC Relational	Describes the client's presenting concern on initial intake as being a family relational issue. Valid value: Y = Yes, N = No
PC Child Behavior	Describes the client's presenting concern on initial intake as being a child behavioral issue. Valid value: Y = Yes, N = No
PC Other	Describes the client's presenting concern on initial intake as being other than captured above. Valid value: Y = Yes, N = No

FIELD NAME	DESCRIPTION
Descriptive Character Effective Date	Refers to the effective date of any addition or change in the descriptive characteristic data fields. YYYYMMDD format
Household Size	Two-character field representing number of people, including the client, who live at the client's address.
Household Income	Six-character field, which represents gross monthly family household income. For unrelated adults living together in a group living situation, code the individual client's income only.
Treatment Participation	Reason a client receives treatment. Valid values for dates of service 7/1/05 and later are: V- Voluntary C- Involuntary-Criminal N- Involuntary-Civil The following values are valid only for dates of service prior to 6/30/05: 1- Voluntary. Use if client (or parent/guardian, if applicable) is applying for or receiving services voluntarily. 6- Civil/Mental Health Court order. Use if client is applying for or receiving services as a result of Title 36 proceedings for court-ordered evaluation (COE) or treatment (COT.) 7- DUI Court order. Use if client is applying for or receiving services as a result of court-mandated DUI education or treatment. 8- Other Criminal Court order. Use if client is applying for or receiving services as a result of criminal court-mandated treatment other than DUI.
OA ADC Parole	Indicates whether the Arizona Department of Corrections has a current and ongoing role with the client. Valid value: Y = Yes, N = No
OA ADJC Parole	Indicates whether the Arizona Department of Juvenile Corrections has a current and ongoing role with the client. Valid value: Y = Yes, N = No
OA ADHS CRS	Indicates whether the Children's Rehabilitative Services division has a current and ongoing role with the client. Valid value: Y = Yes, N = No
OA AOC Adult Probation	Indicates whether the Adult Probation office has a current and ongoing role with the client. Valid value: Y = Yes, N = No
OA AOC Juvenile Probation	Indicates whether the Juvenile Probation office has a current and ongoing role with the client. Valid value: Y = Yes, N = No
OA DES CPS	Indicates whether Child Protective Services has a current and ongoing role with the client. Valid value: Y = Yes, N = No
OA DES DDD	Indicates whether the Arizona Department of Juvenile Corrections has a current and ongoing role with the client. Valid value: Y = Yes, N = No
OA DES RSA	Indicates whether the Rehabilitative Services Administration has a current and ongoing role with the client. Valid value: Y = Yes, N = No
Filler	Reserved.
OA School Special Ed	Indicates whether the client has a current and ongoing role with special education. Valid value: Y = Yes, N = No
OA Other	Indicates whether any other outside agency has a current and ongoing role with the client. Valid value: Y = Yes, N = No

FIELD NAME	DESCRIPTION
Filler	Reserved.
Formal Schooling Level	This field is a single character representing the highest level of formal education completed. Valid values are: 1- Less than one year 2- Grades K through 11 – Not allowed for dates of service after 7/31/05. See new values below. 3- High school graduate or GED 4- Vocational/technical school 5- Some college, no degree 6- AA/BA degree 7- Graduate or post-graduate 8- Unknown The following new values are valid for dates of service 6/30/05 and later: A- Grade K through 3 B- Grade 4 through 6 C- Grade 7 through 8 D- Grade 9 through 12
SF Cool	This field is a single character designating the client's involvement in the COOL program. Valid values: Y = Yes, N = No
Filler	SF HB2003 removed effective 7/1/05
Filler	Reserved.
SP Pregnancy	This field indicates whether the client is a pregnant or post-partum woman. Valid values: Y = Yes, N = No
SP Woman DC	This field indicates whether the client is a woman with dependent children. Valid values: Y = Yes, N = No
SP-Priority-SMI	Indicates that the client is a member of the Maricopa County Priority SMI Population. Valid Value: Y or N Valid for dates of service 9/1/05 and later. This field will only be read for Value Options. Client must have a Behavioral Health Category of 'S'.
Filler	Reserved.
AXIS III-1	This is a two-character field to identify a client's general medical condition. Valid values are: 00- Not Applicable 01- Infectious and parasitic diseases 02- Neoplasm 03- Endocrine, nutritional, metabolic diseases, and immunity disorders 04- Diseases of the blood and blood-forming organs 05- Diseases of the nervous system and sensory organs 06- Diseases of the circulatory system 07- Diseases of the respiratory system 08- Diseases of the digestive system 09- Diseases of the genitourinary system 10- Complications of pregnancy, childbirth, puerperium 11- Diseases of the skin and subcutaneous tissues 12- Diseases of the musculoskeletal system and connective tissues 13- Congenital anomalies 14- Conditions originating in the prenatal period 15- Symptoms, signs and ill-defined conditions 16- Injury or poisoning

FIELD NAME	DESCRIPTION
AXIS III-2	This is a two-character field to identify an additional medical condition. Valid values are the same as Axis III-1.
AXIS III-3	This is a two-character field to identify an additional medical condition. Valid values are the same as Axis III-1.
AXIS III-4	This is a two-character field to identify an additional medical condition. Valid values are the same as Axis III-1.
AXIS III-5	This is a two-character field to identify an additional medical condition. Valid values are the same as Axis III-1.
Outcome Measures Effective Date	YYYYMMDD format. The effective date of outcome measures addition or change (Axis I-n.)
AXIS I-1	Refers to all disorders or conditions in the DSM IV Classification that may be a focus of clinical attention except for the personality disorders and mental retardation, which are reported on AXIS II. If an individual has more than one AXIS I disorder, all should be reported (up to five.) Valid values are: ICD 9 CM Codes.
AXIS I-2	Additional clinical syndromes. None = not collected/applicable.
AXIS I-3	Additional clinical syndromes. None = not collected/applicable.
AXIS I-4	Additional clinical syndromes. None = not collected/applicable.
AXIS I-5	Additional clinical syndromes. None = not collected/applicable.
AXIS II-1	Refers to personality disorders and mental retardation diagnoses. Report up to two. Valid values are: ICD 9 CM Codes. None = not collected/applicable.
AXIS II-2	Additional personality disorders and mental retardation diagnosis. None = not collected/applicable.
Behavior Health Category	This is a one-character field representing the client category designation. Valid values are: C- Child Z- Child, with SED S- Adult, with SMI M- Adult, non-SMI, with general mental health need G- Adult, non-SMI, with substance abuse, either alcohol or drug
Employment Status	This is a two-character field designating the employment status of the client. Valid values are: 01- Employed full time without support 02- Employed part time without support 03- Employed full time with support 04- Employed part time with support 08- Unemployed 14- Volunteer 17- Unpaid rehabilitation activities 18- Retired, homemaker or student 99- Unknown
Educational Status	This is a one-character field designating the client's educational status, in school or a vocational program. Valid values are: Y = Yes or N = No
Filler	Reserved
Primary Residence	This is a two-character field designating the residence status of the client. Valid values are: 01- Independent (roommate, by self, no support) 02- Hotel 03- Boarding home 04- Supervisory care/assisted living

FIELD NAME	DESCRIPTION	
	05- Arizona State Hospital 06- Jail/prison/detention 07- Homeless/homeless shelter 08- Other 09- Foster home 12- Nursing home 16- Home with family 19- Crisis shelter 22- OBHL Level 1, 2 or 3 treatment setting 23- Transitional housing	
Axis V	Global Assessment Functioning for children and adults. This field contains the three-digit CGAS/GAF score. Below is the scoring model for children and adults.	
SCALE	**CHILDREN'S GLOBAL ASSESSMENT SCALE 16 YEARS OLD AND YOUNGER**	**GLOBAL ASSESSMENT OF FUNCTIONING 17 YEARS OLD AND ABOVE**
100-91	Superior functioning	Superior functioning
90-81	Good functioning in all areas	No or minimal symptoms
80-71	No more than slight impairment in functioning	Slight impairment if symptoms are present
70-61	Some difficulty in a single area, but generally functioning pretty well	Mild Symptoms
60-51	Variable functioning with sporadic difficulties or symptoms in several but not all areas	Moderate symptoms
50-41	Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area	Impaired reality testing/major symptoms in several areas
40-31	Major impairment in functioning in several areas and unable to function in one of these areas	Some impaired reality testing/major impairment in several areas
30-21	Unable to function in almost all areas	Delusional/hallucinations/inability to function in almost all areas
20-11	Needs considerable supervision	Danger to self/others/gross impairment in functioning/hygiene
10-1	N/A	Persistent danger/serious impairments
10-0	Needs constant supervision	N/A
0	N/A	Inadequate information
Number of Arrests	For initial intake, this field will represent the number of arrests in the six months prior to intake. For updates or disenrollment, the field will represent the number of arrests since the last demographic update. This is a two-character field. Valid values are 00 – 99.	
The following fields refer to the primary and secondary psychoactive substances used during the past thirty days prior to assessment. If the client is seeking behavioral health services relative to one or more substances abused, list the substances in order of severity of abuse.		

FIELD NAME	DESCRIPTION
SA Type 1	This field refers to the current primary psychoactive substance used thirty days prior to client's intake in the behavioral health system. For persons who present for treatment after leaving a controlled environment (jail or prison), use should reflect the 30 days prior to incarceration. Valid values are: 0001 – None (No substance abuse in past 30 days) 0201 – Alcohol (Beverage alcohol) 0302 – Cocaine/Crack (CNS Stimulants) 0401 – Marijuana/Hashish (Marijuana) 0501 – Heroin/Morphine (0piates/Narcotics) 0706 – Other Opiates/Synthetics 0902 – Hallucinogens 1001 – Methamphetamine/Speed (CNS Stimulants) 1201 – Other Stimulants 1308 – Benzodiazepines (CNS Depressants) 1605 – Other Sedatives/Tranquilizers (CNS Depressants) 1703 – Inhalants 2002 – Other Drugs
SA Freq 1	This field is one character designating the frequency of use of an abused substance. Valid values are: 1- No use past month 2- One to three times in past month 3- One to two times per week 4- Three to six times per week 5- One or more times per day
SA Route 1	This field is a single character designating the route of administration of an abused substance. 1- Oral 2- Smoking 3- Inhalation 4- Injection 6- No use (Allowed only if SA-Type-1 is 0001)
SA Age First Use 1	This is a two-character field representing an age range of 00-99 years. 0 value allowed only if SA-Type-1 is 0001.
If any one of the following four fields is completed for Secondary substance, all fields for that substance must be completed with valid codes:	
SA Type 2	See description for SA Type 1.
SA Freq 2	See description for SA Freq 1.
SA Route 2	See description for SA Route 1.
SA Age First Use 2	See description for SA Age First Use 1. 0 value allowed only if SA-Type-2 is 0001.
Past SA Type	Past Substance abuse type. Use a valid code from SA Type 1 table.
Reason for Disenrollment	This is a two-character field designating the client disenrollment status. If client is not being disenrolled, use spaces. Valid values are: 01- Treatment completed 02- Change in eligibility, entitlement information 03- Client declined further service 04- Lack of contact 06- Incarceration 07- Death 08- Moved out of area 09- Inter-T/RBHA transfer 10- Crisis event

FIELD NAME	DESCRIPTION
Reason for Disenrollment Crisis Event	Indicates the reason for crisis disenrollment. Valid values: Spaces- Not crisis disenrolled 01- Treatment completed 03- Client declined further service 04- Lack of contact
Avoid Delinquency	Applicable to children 5 to 18 years of age. Is the child successfully avoiding delinquency, as determined by the Child and Family Team or Clinical Liaison? Valid value: Y- Yes N- No X- Not applicable due to age
Success In School	Applicable to children 5 to 18 years of age. Is the child achieving success in school, as determined by the Child and Family Team or Clinical Liaison? Valid value: Y- Yes N- No X- Not applicable due to age
Stable and Productive Adult	Applicable to children 5 to 18 years of age. Is the child making progress toward becoming a stable and productive adult, as determined by the Child and Family Team or Clinical Liaison? Valid value: Y- Yes N- No X- Not applicable due to age
Lives With Family	Applicable to children under 18 years of age. Is the child living with his/her family? Valid value: Y- Yes N- No X- Not applicable due to age
Increased Stability	Applicable to children under 18 years of age. Has the child experienced an increase in stability in terms of housing/treatment settings? Valid value: Y- Yes N- No X- Not applicable due to age
Decrease in Safety Risks	Applicable to children under 18 years of age. Has the child experienced a decrease in safety risks in terms of his/her behavior or the behavior of others? Valid value: Y- Yes N- No X- Not applicable due to age
Served by CFT	Applicable to children under 18 years of age. Is the child served by a Child and Family Team? Valid value: Y- Yes N- No X- Not applicable due to age
Clinical Liaison Name	First initial and last name of the client's clinical liaison.
Clinical Liaison Billing ID	AHCCCS ID used by clinical liaison for billing purposes.
Acceptable Emotional Reg	Applicable to children under 5 years of age. Has the child achieved the desired outcome in terms of acceptable emotional regulation? Valid values: Y- Yes N- No X- Not applicable due to age

FIELD NAME	DESCRIPTION
Ready to Learn	Applicable to children under 5 years of age. Has the child achieved the desired outcome in terms of becoming ready to learn? Valid values: Y- Yes N- No X- Not applicable due to age
Explore and Adapt	Applicable to children under 5 years of age. Has the child achieved the desired outcome in terms of developmentally appropriate environmental exploration and adaptation? Valid values: Y- Yes N- No X- Not applicable due to age
Parent Child Interaction	Applicable to children under 5 years of age. Has the child achieved the desired outcome in terms of appropriate level of parent-child interaction? Valid values: Y- Yes N- No X- Not applicable due to age
Family Stress Level	Applicable to children under 5 years of age. Has the child achieved the desired outcome in terms of improving family stress level? Valid values: Y- Yes N- No X- Not applicable due to age
Filler	Reserved for future use.

History of changes:

Date	Description
Effective 2/1/06	1. Added five new fields for additional outcome measures for children under age 5, dates of service 2/1/06 and later: Acceptable Emotional Reg, Ready to Learn, Explore and Adapt, Parent Child Interaction, Family Stress Level. 2. Reason for Submission: Reinstate valid value 2 Annual Update. 3. Changed age description to read, "Applicable to children 5 to 18 years of age," for the following fields: Avoid Delinquency, Success in School, Stable and Productive Adult.

DAILY DEMOGRAPHIC REPORT FORMAT

Daily download from DBHS to each RBHA reflecting a summary of the demographic processing.

Example of Daily Demographic (H74-DEMOG-RPT) Report

ARIZONA DEPARTMENT OF HEALTH SERVICES
CLIENT INFORMATION SYSTEM PAGE: 1
DAILY DEMOGRAPHICS REPORT RUN DATE: 11/19/03

RBHA: 08

TOTAL RECORDS	HEADER RECORDS	DETAIL RECORDS	RECORDS ACCEPTED	RECORDS REJECTED	PROCESS DATE	% ACCEPTED
3192	1	3191	1815	1376	11/19/03	56.86

NOTES

1) File name: **"H74-DEMOG-RPTXX.YYYYMMDD.nn"** (XX = RBHA ID).

DEMOGRAPHIC ERROR REPORT FORMAT

Daily download from DBHS to each RBHA reflecting counts for demographic records accepted and rejected during the nightly processing cycle.

Example of Daily Demographic Error (UDEMOG) Report

```
H74510 001~CONTROL REPORT           ~********************~
H74510 002~RUN DATE/TIME            ~11/18/2003**21:02:50~
H74510 003~PROGRAM NAME             ~H74510              ~
H74510 004~PROGRAM DESCRIPTION      ~DMG FATAL ERRORS    ~
H74510 005~RBHA ID                  ~08                  ~
H74510 006~FILE NAME                ~1ZM07               ~
H74510 007~*************************~********************~
H74510 008~FILE HEADER RECORDS READ ~0000001             ~
H74510 009~DATA RECORDS READ        ~0003339             ~
H74510 010~TOTAL RECORDS READ       ~0003340             ~
H74510 011~ACCEPT FILE HDR WRITTEN  ~0000001             ~
H74510 012~ACCEPT DATA RECS WRITTEN ~0003292             ~
H74510 013~RECORDS REJECTED         ~0000047             ~
H74510 014~ERROR MSG RECS WRITTEN   ~0000047             ~
```

NOTES

1) File name: "**UDEMOGXX.ctCCYYMMDD.nn**" (XX = RBHA ID).

DRIIP Monitoring – Open (or Closed) Clients With No Demographic Activity in Last 12 months

Monthly cumulative report file of all open clients (or closed in the reporting month) with no demographic activity in the last 12 months or more from the report date.

Example of Report

```
REPORT ID: H74DMOGRPT1A                ARIZONA DEPARTMENT OF HEALTH SERVICES, BHS                PAGE:    1
PROGRAM #: H74DMOGRPT1A                  OPEN CLIENTS (OR CLOSED IN PRIOR MONTH)                 RUN DATE: 08/25/05
                                     WITH NO DEMOGRAPHIC ACTIVITY IN THE LAST 12 MONTHS
                                                  ** AS OF 06/30/05 **

T/RBHA: 15 - Northern Arizona Regional Behavioral Health Auth.
```

CLIENT ID	LAST NAME	FIRST NAME	INTAKE DATE	CLOSURE EVENT DATE	INTAKE ADD DATE	INTAKE CHANGE DATE	DEMOG ADD DATE	DEMOG CHANGE DATE
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	07/21/2004		07/22/2004	07/22/2004	07/22/2004	07/22/2004
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	01/15/2003		01/23/2003	07/31/2003	08/01/2003	08/01/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	01/31/2003		06/13/2003	01/18/2005	08/01/2003	08/01/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	12/13/1999	06/13/2005	01/11/2000	04/04/2005	08/01/2003	08/01/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	07/24/2001		08/06/2001	02/04/2005	08/01/2003	08/01/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	03/09/2000		04/14/2000	01/26/2005	09/05/2003	09/05/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	01/18/2000		01/20/2000	11/15/2004	07/23/2004	07/23/2004
.		.		.	.	.	.	.
.		.		.	.	.	.	.
.		.		.	.	.	.	.
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	01/30/2000		02/07/2000	08/13/2001	11/19/2003	11/19/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	06/16/1999		02/07/2000	06/24/2003	08/01/2003	08/01/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	02/06/2003		02/26/2003	02/26/2003	06/28/2004	06/28/2004
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	02/02/2000		02/09/2000	08/19/2004	01/13/2004	01/13/2004
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	02/07/2000		02/11/2000	08/13/2002	09/11/2003	09/11/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	09/13/2000	06/25/2005	03/26/2001	06/18/2003	07/20/2004	07/20/2004
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	05/19/2003		05/29/2003	02/03/2005	04/19/2004	04/19/2004
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	04/29/2003		05/06/2003	05/08/2003	07/28/2004	07/28/2004
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	02/03/2000		02/22/2000	12/11/2002	09/09/2003	09/10/2003
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	10/25/1999		02/22/2000	05/02/2003	06/30/2004	06/30/2004
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	02/18/2000		02/28/2000	05/08/2003	12/08/2003	12/08/2003
.		.		.	.	.	.	.
.		.		.	.	.	.	.

```
TOTAL CLIENTS REPORTED:   223
```

NOTES

1. File and report name: “h74dmogrpt1ann.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

DRIIP Monitoring – Open (or Closed) Clients With No Demographic Activity in Last 12 months

Report Fields

1. Last day of reporting month (For report run on 07/01/05, value = 06/30/05)
2. RBHA ID and long name being reported
3. Intake Client ID
4. Intake Client Last Name
5. Intake Client First Name
6. Intake Date
7. Intake Closure Event Date
8. Intake Add Date
9. Intake Change Date
10. Demographic Add Date
11. Demographic Change Date
12. Total Number of Records Reported for RBHA

NOTES

1. File and report name: “h74dmogrpt1ann.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

DRIIP Monitoring – Open (or Closed) Clients Under 18 With No Demographic Activity in Last 6 months

Monthly cumulative report of all open clients (or closed in the reporting month) under 18 with no demographic activity in the last 6 months or more from the report date.

Example of Report

```
REPORT ID: H74DMOGRPT1B                    ARIZONA DEPARTMENT OF HEALTH SERVICES, BHS                    PAGE:    1
PROGRAM #: H74DMOGRPT1B                OPEN CLIENTS UNDER 18 (OR CLOSED IN THE PRIOR MONTH)              RUN DATE: 08/25/05
                                       WITH NO DEMOGRAPHIC ACTIVITY WITHIN THE LAST 6 MONTHS
                                                   ** AS OF 06/30/05 **

T/RBHA: 11   Gila River Indian Community
```

CLIENT ID	LAST NAME	FIRST NAME	INTAKE DATE	DOB	CLOSURE EVENT DATE	INTAKE ADD DATE	INTAKE CHANGE DATE	DEMOG ADD DATE	DEMOG CHANGE DATE	JASON A D	K S S	L P F	I S	D S	S C
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	11/15/2004	08/26/1994		11/16/2004	11/16/2004	11/17/2004	11/17/2004	Y	N	N	Y	Y	N Y
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	04/20/2000	10/07/1993		09/07/2000	03/11/2003	09/15/2004	09/15/2004	N	Y	Y	Y	Y	Y N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	07/19/2000	10/28/1987		10/18/2000	04/01/2005	09/28/2004	09/28/2004	Y	N	N	N	N	N N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	08/21/2000	09/03/1990	06/03/2005	01/25/2001	04/05/2005	11/10/2004	11/10/2004	N	Y	Y	Y	N	N Y
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	11/06/2003	06/10/1992		11/13/2003	11/13/2003	02/03/2004	02/03/2004	N	N	N	N	N	N N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	09/10/2004	10/28/1989		09/10/2004	04/12/2005	09/14/2004	09/14/2004	Y	Y	Y	Y	Y	Y Y
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	03/12/2001	01/24/1996		04/17/2001	03/12/2003	09/15/2004	09/15/2004	N	N	N	N	N	N Y
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	04/24/2001	08/20/1988		05/03/2001	04/12/2005	02/03/2004	02/03/2004	Y	Y	Y	Y	N	N Y
.	.	.	.	.		.	.	.							
.	.	.	.	.		.	.	.							
.	.	.	.	.		.	.	.							
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	07/26/2002	04/01/1992		02/07/2003	07/01/2003	09/15/2004	09/15/2004	N	N	N	N	N	N N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	09/05/2001	09/12/1990		09/19/2001	04/12/2005	09/15/2004	09/15/2004	Y	Y	Y	Y	Y	Y N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	09/25/2003	04/04/1999		10/01/2003	10/01/2003	10/03/2003	10/03/2003	N	N	N	Y	N	Y N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	03/20/2003	08/24/1988		04/23/2003	04/01/2005	09/15/2004	09/15/2004	N	N	N	Y	Y	Y N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	07/28/2004	12/17/1990		09/29/2004	09/29/2004	09/30/2004	09/30/2004	N	N	N	N	N	N N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	06/13/2003	01/31/1988		07/29/2003	04/11/2005	09/15/2004	09/15/2004	Y	Y	Y	Y	Y	N N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	11/26/2001	02/24/1988		12/07/2001	04/01/2005	08/23/2004	08/23/2004	N	Y	Y	Y	Y	N N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	01/28/2005	11/27/1991		02/02/2005	02/07/2005	02/07/2005	02/07/2005	N	N	N	N	N	Y Y
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	02/08/2002	12/26/1994		02/15/2002	07/28/2003	09/15/2004	09/15/2004	Y	Y	Y	Y	Y	Y N
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	07/25/2003	10/31/1990		07/28/2003	07/29/2003	09/15/2004	09/15/2004	N	N	N	N	Y	Y Y
XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	04/04/2002	06/20/1990		04/11/2002	04/01/2005	09/15/2004	09/15/2004	N	N	Y	N	Y	N Y
.	.	.	.	.		.	.	.							
.	.	.	.	.		.	.	.							
.	.	.	.	.		.	.	.							

TOTAL CLIENTS REPORTED: 279

NOTES

1. File and report name: "h74dmogrpt1bnn.outYYYYMMDD", where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA's report file is placed in the RBHA-specific directory.

DRIIP Monitoring – Open (or Closed) Clients Under 18 With No Demographic Activity in Last 6 months

Report Fields

1. Last day of reporting month (For report run on 07/01/05, value = 06/30/05)
2. RBHA ID and long name being reported
3. Intake Client ID
4. Intake Client Last Name
5. Intake Client First Name
6. Intake Date
7. Intake Client Date of Birth
8. Intake Closure Event Date
9. Intake Add Date
10. Intake Change Date
11. Demographic Add Date
12. Demographic Change Date
13. Jason K Fields
    AD = Avoid Delinquency
    SS = Success in School
    SP = Stable and Productive
    LF = Lives with Family
    IS = Increased Stability
    DS = Decreased Safety Risks
    SC = Served by CFT
14. Total Number of Records Reported for RBHA

NOTES

1. File and report name: “h74dmogrpt1bnn.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

DRIIP Monitoring – Demographic Behavior Health Category Code changes

Monthly report of all clients who had a demographic Behavioral Health Category change during the reporting month. Exclude clients whose age at time of change is >= 18 and Previous Behavioral Health Category = ‘C’ or ‘Z’ and New Behavioral Health Category = ‘S’, ‘M’, or ‘G’. Exclude clients whose age at time of change is < 18 and Previous Behavioral Health Category = ‘S’, ‘M’, or ‘G’ and New Behavioral Health Category = ‘C’ or ‘Z’.

Example of Behavior Health Category Change report

```
REPORT ID: H74DMOGRPT2                    ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM                    PAGE:      1
PROGRAM #: H74DMOGRPT2                     BEHAVIORAL HEALTH CATEGORY CHANGE REPORT                      RUN: 07/13/05
                                                   MONTH ENDED 06/30/2005                                        08:35
T/RBHA: 27 - Community Partnership for Southern Arizona GSA 3
```

CLIENT ID	INTAKE DT	PREV CAT	NEW CAT	INTAKE ADD DT	INTAKE CHG DT	DEMOG ADD DT	DEMOG CHG DT	CLIENT AGE
XXXXXXXXXX	06/01/2005	G	S	06/01/2005	06/01/2005	06/08/2005	06/08/2005	20
XXXXXXXXXX	06/03/2005	M	G	06/06/2005	06/06/2005	06/13/2005	06/13/2005	31
XXXXXXXXXX	03/23/2005	M	S	03/24/2005	03/24/2005	06/16/2005	06/16/2005	44
XXXXXXXXXX	06/02/2005	M	S	06/02/2005	06/02/2005	06/13/2005	06/13/2005	50
XXXXXXXXXX	05/27/2005	S	M	05/31/2005	05/31/2005	06/08/2005	06/08/2005	24

```
REPORT ID: H74DMOGRPT2                    ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM                    PAGE:      2
PROGRAM #: H74DMOGRPT2                     BEHAVIORAL HEALTH CATEGORY CHANGE REPORT                      RUN: 07/13/05
                                                   MONTH ENDED 06/30/2005                                        08:35
T/RBHA: 27 - Community Partnership for Southern Arizona GSA 3

TOTAL BH CAT CODE CHANGES:          5     TOTAL BYPASSED (CORRECTED):          1
```

NOTES

1. File and report name: “h74dmogrpt2nn.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

DRIIP Monitoring – Demographic Behavior Health Category Code changes

Report Fields

1. Last day of reporting month (For report run on 07/01/05, value = 06/30/2005)
2. Demog RBHA ID
3. Demog Client ID
4. Demog Intake Date
5. Previous Behavioral Health Category
6. New Behavioral Health Category
7. Intake CIS Add Date
8. Intake CIS Change Date
9. Demog CIS Add Date of most current demographic record for the matching Intake (based on Change Date then Add Date hierarchy)
10. Demog CIS Change Date of most current demographic record for the matching Intake (based on Change Date then Add Date hierarchy)
11. Client's age at time of change (based on demographic CIS Change Date).

NOTES

1. File and report name: “h74dmogrpt2nn.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

DRIIP Monitoring – Disenrollments (Closures) during reporting month

Monthly report of all Disenrollments (closures) that occurred in the reporting month.

Example of Disenrollment (Closures) report

```
REPORT ID: H74DMOGRPT3                ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM                          PAGE:     14
PROGRAM #: H74DMOGRPT3                     DISENROLLMENTS (CLOSURES) REPORT                                RUN: 07/15/05
                                                MONTH ENDED 06/30/2005                                            11:58
T/RBHA: 26 - Community Partnership for Southern Arizona GSA 5

  CLIENT ID       LAST NAME            FIRST NAME      INTAKE DT        CLOSURE        DISENR      DRSN       INTK TO
  ----------      ---------------      ----------      ----------       EVENT DT       REASN       CRIS       CLSR DAYS
  XXXXXXXXXX      XXXXXX               XXXXXXXXX       09/17/2003       ----------     ------      ----       ---------
  XXXXXXXXXX      XXXXX                XXXXXXXXXX      04/11/2005       06/15/2005      04                       637
  XXXXXXXXXX      XXXXXXX              XXXXXXXXX       02/09/2004       06/02/2005      01                        52
  XXXXXXXXXX      XXXXX                XXXXXX          01/26/2005       06/15/2005      04                       492
  XXXXXXXXXX      XXXXXXXX             XXXXXX          02/11/2005       06/10/2005      04                       135
  XXXXXXXXXX      XXXXXXX              XXXXX           06/06/2005       06/02/2005      04                       111
  XXXXXXXXXX      XXXXX                XXXXXX          04/04/2004       06/09/2005      01                         3
  XXXXXXXXXX      XXXXX                XXXXX           07/06/2004       06/16/2005      03                       438
  XXXXXXXXXX      XXXXXXX              XXXXXXXX        09/12/2002       06/17/2005      **                       346
  XXXXXXXXXX      XXXXXXXXX            XXXXXXX         12/23/2004       06/15/2005      04                     1,007
                                                                         06/08/2005      01                       167

  ** - disenroll reason code NOT FOUND


REPORT ID: H74DMOGRPT3                ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM                          PAGE:     15
PROGRAM #: H74DMOGRPT3                     DISENROLLMENTS (CLOSURES) REPORT                                RUN: 07/15/05
                                                MONTH ENDED 06/30/2005                                            11:58
T/RBHA: 26 - Community Partnership for Southern Arizona GSA 5


TOTAL DISENROLLMENTS (CLOSURES):       738
```

NOTES

1. File and report name: “h74dmogrpt3nn.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

DRIIP Monitoring – Disenrollments (Closures) during reporting month

Report Fields

1. Last day of reporting month (For report run on 07/01/05, value = 06/30/2005)
2. Intake RBHA ID
3. Intake Client ID
4. Intake Client Last Name
5. Intake Client First Name
6. Intake Date
7. Closure Event Date
8. Demog Reason-for-Disenrollment
9. Demog Reason-for-Disenrollment-Crisis-Event
10. Number of days between Intake Date and Closure Event Date
11. Legend at bottom of each page for NOT FOUND condition for Disenroll Reason code

NOTES

1. File and report name: “h74dmogrpt3nn.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

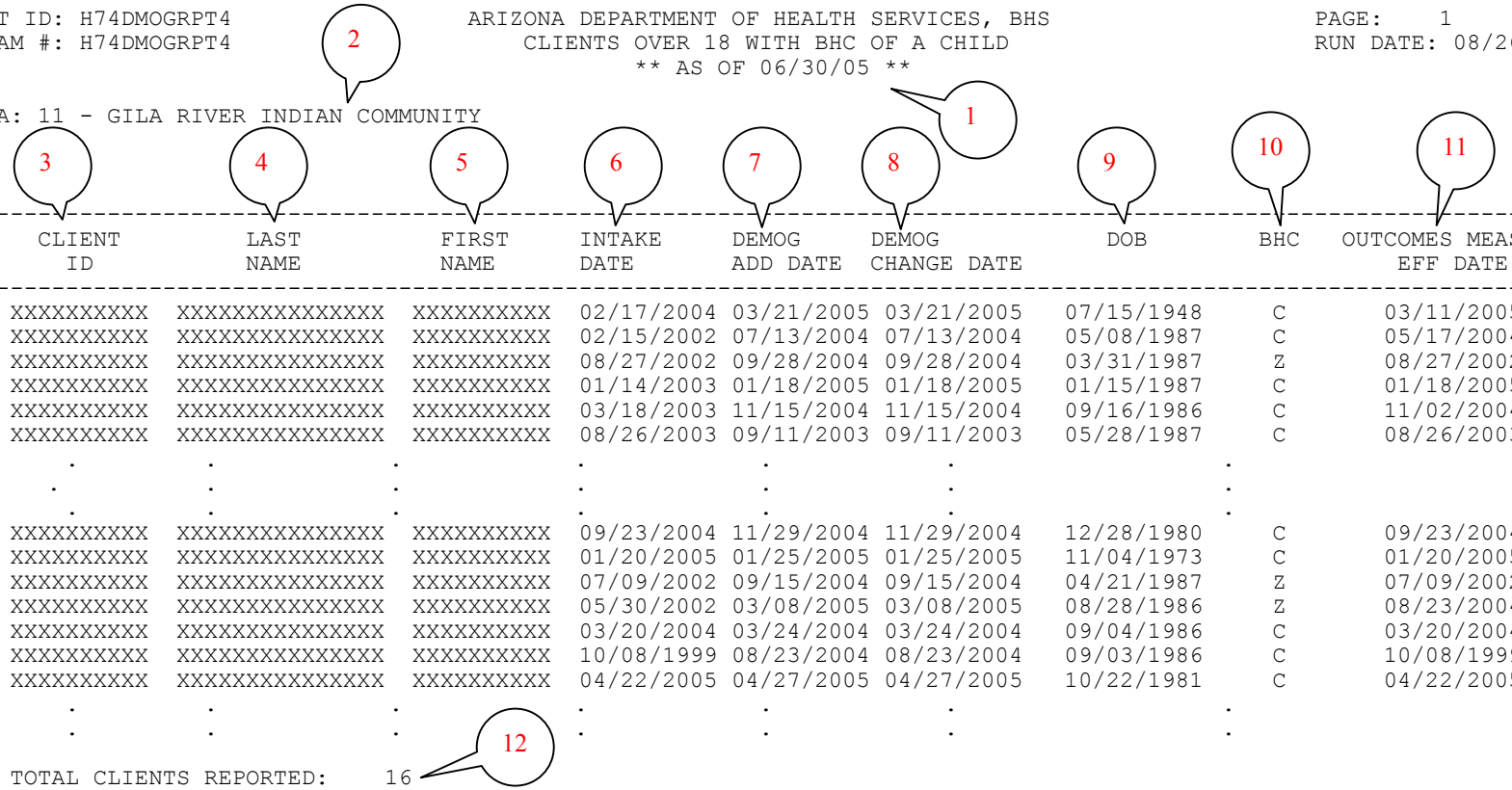
DRIIP Monitoring – Clients Over 18 With a BHC of a Child

Monthly cumulative report of all Clients Over 18 with a Behavioral Health Category of a Child (value C or Z) from the report date.

Example of Report

```
REPORT ID: H74DMOGRPT4                ARIZONA DEPARTMENT OF HEALTH SERVICES, BHS                PAGE:    1
PROGRAM #: H74DMOGRPT4                    CLIENTS OVER 18 WITH BHC OF A CHILD                   RUN DATE: 08/26/05
                                                  ** AS OF 06/30/05 **

T/RBHA: 11 - GILA RIVER INDIAN COMMUNITY
```



CLIENT ID	LAST NAME	FIRST NAME	INTAKE DATE	DEMOG ADD DATE	DEMOG CHANGE DATE	DOB	BHC	OUTCOMES MEASURES EFF DATE
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	02/17/2004	03/21/2005	03/21/2005	07/15/1948	C	03/11/2005
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	02/15/2002	07/13/2004	07/13/2004	05/08/1987	C	05/17/2004
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	08/27/2002	09/28/2004	09/28/2004	03/31/1987	Z	08/27/2002
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	01/14/2003	01/18/2005	01/18/2005	01/15/1987	C	01/18/2005
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	03/18/2003	11/15/2004	11/15/2004	09/16/1986	C	11/02/2004
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	08/26/2003	09/11/2003	09/11/2003	05/28/1987	C	08/26/2003
.	.	.	.	.	.	.		
.	.	.	.	.	.	.		
.	.	.	.	.	.	.		
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	09/23/2004	11/29/2004	11/29/2004	12/28/1980	C	09/23/2004
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	01/20/2005	01/25/2005	01/25/2005	11/04/1973	C	01/20/2005
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	07/09/2002	09/15/2004	09/15/2004	04/21/1987	Z	07/09/2002
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	05/30/2002	03/08/2005	03/08/2005	08/28/1986	Z	08/23/2004
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	03/20/2004	03/24/2004	03/24/2004	09/04/1986	C	03/20/2004
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	10/08/1999	08/23/2004	08/23/2004	09/03/1986	C	10/08/1999
XXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXXXXX	04/22/2005	04/27/2005	04/27/2005	10/22/1981	C	04/22/2005
.	.	.	.	.	.	.		
.	.	.	.	.	.	.		

TOTAL CLIENTS REPORTED: 16

NOTES

1. File and report name: “h74dmogrpt4nn.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

DRIIP Monitoring – Clients Over 18 With a BHC of a Child

Report Fields

1. Last day of reporting month (For report run on 07/01/05, value = 06/30/05)
2. RBHA ID and long name being reported
3. Intake Client ID
4. Intake Client Last Name
5. Intake Client First Name
6. Intake Date
7. Demographic Add Date
8. Demographic Change Date
9. Intake Date of Birth
10. Demographic Behavior Health Category (value ‘C’ or ‘Z’ only)
11. Demographic Outcomes Measures Effective Date
12. Total number of records reported for RBHA

NOTES

1. File and report name: “h74dmogrpt4nn.outYYYYMMDD”, where nn = RBHA ID and YYYYMMDD is the run date.
2. Each RBHA’s report file is placed in the RBHA-specific directory.

h74dmogrpt7xx.outyyyymmdd
Report Format

Monthly download file containing intake records greater than forty-five days old with no corresponding "initial" demographic record.

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
1	1	Filler			Char	1	Value: "
2	3	RBHA-ID			Char	2	Identification number assigned to each RBHA
4	6	Filler			Char	3	Value: ","
7	16	Client-ID			Char	10	Client ID number assigned by CIS system
17	19	Filler			Char	3	Value: ","
20	29	Intake-date			Char	10	MM/DD/YYYY
30	32	Filler			Char	3	Value: ","
33	42	RBHA-Client-ID			Char	10	RBHA assigned client id
43	45	Filler			Char	3	Value: ","
46	49	Nbr-of-days			Num	4	Number of days between intake date and system run date.
50	50	Filler			Char	1	"

h74dmogrpt8xx.outyyyymmdd
Report Format

Monthly download file containing intake records that have a closure date, but no closure demographic record exists.

Record Location From	To	Column Name	Req'd	Record Key	Type	Size	Comment/Changes
1	1	Filler			Char	1	Value: “
2	3	RBHA-ID			Char	2	Identification number assigned to each RBHA
4	6	Filler			Char	3	Value: “,”
7	16	Client-ID			Char	10	Client ID number assigned by CIS system
17	19	Filler			Char	3	Value: “,”
20	29	Intake-date			Char	10	MM/DD/YYYY
30	32	Filler			Char	3	Value: “,”
33	42	RBHA-Client-ID			Char	10	RBHA assigned client id
43	45	Filler			Char	3	Value: “,”
46	55	Closure-date			Char	10	MM/DD/YYYY
56	58	Filler			Char	3	“,”
59	62	Nbr-of-Days			Num	4	Number of days between closure date and system run date.
63	63	Filler			Char	1	“

AT-RISK FILE LAYOUT

Monthly download from AHCCCS via DBHS containing At-Risk data of AHCCCS eligible members included in the monthly capitation calculation.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	6	HP-ID	Char	6	Health plan ID number
7	7	Ctrt-Type	Char	1	Contract type
8	9	County-Service-Area	Char	2	County code
10	18	AHCCCS-ID	Char	9	AHCCCS ID number
19	52	Name	Char	34	Client’s name
53	55	Eligibility-Key-Code	Char	3	
56	64	Zip-Code	Char	9	
65	65	Sex	Char	1	Gender
66	73	Date-of-Birth	Char	8	YYYYMMDD format
74	81	Payment-Date	Char	8	YYYYMMDD format
82	82	Act-Type	Char	1	Native American? Y or N
83	91	Case-ID-No	Char	9	Case ID number
92	97	Acute-Health-Plan-ID	Char	6	Acute medical health plan ID
98	99	Tribe-Code	Char	2	Race
100	100	Mental-Health-Category	Char	1	BHS category
101	104	Acute-Enrollment-Rate-Code	Char	4	Acute medical rate code
105	105	Language-Code	Char	1	Language
106	120	Filler	Char	15	

NOTES

(1) File name: “capfleYYYYMMDD.zip”

(2) File is placed in RBHA_Common directory containing a file named “h74capfile.txt”

DOWNLOAD REPORT FORMAT

Daily download from DBHS to each RBHA containing counts of records added for the selected RBHA during the CIS nightly batch processing.

Example of Daily Download (DDWNLD) Report

```
ARIZONA DEPARTMENT OF HEALTH SERVICES, CLIENT INFORMATION SYSTEM
REPORT ID: H74290                                DAILY RBHA DOWNLOAD
ACTIVITY REPORT                               RUN DATE: 04/14/04
REPORT LEVEL: SUMMARIZED                    RECORD COUNTS FOR RBHA XX
RUN TIME: 21:53:45


PROGRAM                                            RECORDS
----------------------------------------    --------------
H74210 - EDS INTAKE                                    120
H74215 - CLOSURE                                        52
H74225 - PROVIDER                                        0
H74230 - ASSESSMENT A                                    0
H74235 - ASSESSMENT B                                    0
H74240 - ENCOUNTER                                       7
H74245 - AHCCCS ELIGIBILITY                             59
H74260 - CLIENT DEMOGRAPHICS                            74
```

NOTES

1) File name: "**DDWNLD.ctYYYYMMDD.nn**" (XX = RBHA ID).

Statewide Roster Reports Format (Daily and Weekly) – Daily download from DBHS containing RBHA enrollment and AHCCCS eligibility files that were created or updated during the nightly batch processing

Example of Statewide Roster Reports (both daily and weekly are in identical format)

```
H74445~001~CONTROL REPORT           ~********************~
H74445~002~RUN DATE/TIME            ~06/19/2003**00:18:33~
H74445~003~PROGRAM NAME             ~H74445              ~
H74445~004~PROGRAM DESCRIPTION      ~ENROLLMENT ROSTER   ~
H74445~005~*************************~********************~
H74445~006~SUMMARY:                 ~********************~
H74445~007~TOTAL ROSTER RECS WRITTEN~0003277             ~
H74445~008~*************************~********************~
H74445~009~DETAIL:                  ~********************~
H74445~010~CLIENT IDENT RECS WRITTEN~0001537             ~
H74445~011~RBHA ENROLL RECS WRITTEN ~0001221             ~
H74445~012~AHCCCS ELIG RECS WRITTEN ~0000519             ~
```

Note: (1) File names: “drostinc.ctCCYYMMDD.nn” (daily report) and “h74445f.ctCCYYMMDD” (weekly report). Both are placed in the RBHA_Common directory.

AHCCCS ELIGIBILITY FILE LAYOUT

Daily download from DBHS to each RBHA containing AHCCCS eligibility records that were added, changed or deleted during the CIS nightly batch processing.

File Data Record

Record Location From	Record Location To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Char	1	Value: “
2	2	Transaction-Type	Char	1	Indicates the record transaction type: A = Add, C = Change, D = Delete
3	5	Filler	Char	3	Value: “,”
6	14	AHCCCS-ID*	Char	9	
15	17	Filler	Char	3	Value: “,”
18	19	RBHA-ID	Char	2	
20	22	Filler	Char	3	Value: “,”
23	32	Client-ID	Char	10	
33	35	Filler	Char	3	Value: “,”
36	43	Start-Date*	Char	8	YYYYMMDD
44	46	Filler	Char	3	Value: “,”
47	54	End-Date	Char	8	YYYYMMDD
55	57	Filler	Char	3	Value: “,”
58	58	MHS-Cat	Char	1	
59	61	Filler	Char	3	Value: “,”
62	65	Capitation-Code	Char	4	
66	68	Filler	Char	3	Value: “,”
69	69	Contract-Type	Char	1	
70	72	Filler	Char	3	Value: “,”
73	80	Change-Control-Date	Char	8	YYYYMMDD
81	83	Filler	Char	3	Value: “,”
84	113	Change-Control-User-ID	Char	30	
114	116	Filler	Char	3	Value: “,”
117	124	Cis-Add-Date	Char	8	
125	127	Filler	Char	3	Value: “,”
128	135	Change-Control-Pgm	Char	8	
136	**138**	**Filler**	**Char**	**3**	**Value: “,”**
139	**141**	**Eligibility-Group**	**Char**	**3**	
142	**142**	Filler	Char	1	Value: ”

NOTES

1. File name: “**dahcdXX.daYYYYMMDD.nn”** (XX=RBHA ID).
2. 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 negative signed.
3. * denotes record key.
4. Record length: 142.

AHCCCS ELIGIBILITY RESYNC FILE LAYOUT

On-demand download file produced as a result of an AHCCCS eligibility resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Char	1	Value: “
2	2	Transaction-Type	Char	1	Indicates the record transaction type: A = Add, C = Change, D = Delete
3	5	Filler	Char	3	Value: “,”
6	14	AHCCCS-ID*	Char	9	
15	17	Filler	Char	3	Value: “,”
18	19	RBHA-ID	Char	2	
20	22	Filler	Char	3	Value: “,”
23	32	Client-ID	Char	10	
33	35	Filler	Char	3	Value: “,”
36	43	Start-Date*	Char	8	YYYYMMDD
44	46	Filler	Char	3	Value: “,”
47	54	End-Date	Char	8	YYYYMMDD
55	57	Filler	Char	3	Value: “,”
58	58	MHS-Cat	Char	1	
59	61	Filler	Char	3	Value: “,”
62	65	Capitation-Code	Char	4	
66	68	Filler	Char	3	Value: “,”
69	69	Contract-Type	Char	1	
70	72	Filler	Char	3	Value: “,”
73	80	Change-Control-Date	Char	8	YYYYMMDD
81	83	Filler	Char	3	Value: “,”
84	113	Change-Control-User-ID	Char	30	
114	116	Filler	Char	3	Value: “,”
117	124	Cis-Add-Date	Char	8	
125	127	Filler	Char	3	Value: “,”
128	135	Change-Control-Pgm	Char	8	
136	**138**	**Filler**	**Char**	**3**	**Value: “,”**
139	**141**	**Eligibility-Group**	**Char**	**3**	
142	142	Filler	Char	1	Value: ”

NOTES

1. File name: **“h74247XX.outYYYYMMDD”** (XX=RBHA ID), which is placed in the requesting RBHA’s directory.
2. File is comma-delimited with quotes (“”) surrounding each field. Character fields use null values.
3. Record length: 142.

DAILY RESPONSE FILE LAYOUT

Daily response file returned from AHCCCS via DBHS. This file does not not reflect any CIS updates. It is for informational use only.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	9	AHCCCS-ID	Char	9	DBHS data
10	29	Last-Name	Char	20	DBHS data
30	39	First-Name	Char	10	DBHS data
40	47	Date-Of-Birth	Char	8	DBHS data. YYYYMMDD format.
48	48	Sex-Code	Char	1	DBHS data
49	58	BHMIS-ID	Char	10	DBHS data
59	67	SSN	Char	9	DBHS data
68	68	MHS-Category	Char	1	DBHS data
69	70	Site	Char	2	DBHS data
71	71	Action-Code	Char	1	DBHS data
72	76	Case-Mgr-ID	Char	5	DBHS data
77	84	Begin-Date	Char	8	DBHS data. YYYYMMDD format.
85	92	End-Date	Char	8	DBHS data. YYYYMMDD format.
93	100	Intake-Date	Char	8	DBHS data. YYYYMMDD format.
101	102	Chg-Rsn	Char	2	DBHS data
103	103	Matched-Ind	Char	1	Matched Indicator Code. Valid values: M- matched N- not matched P- partial match X- record added
104	105	Msg-Code-1	Char	2	See table below
106	107	Msg-Code-2	Char	2	See table below
108	109	Msg-Code-3	Char	2	See table below
110	111	Msg-Code-4	Char	2	See table below
112	113	Msg-Code-5	Char	2	See table below
114	115	Msg-Code-6	Char	2	See table below
116	124	Correct-AHCCCS-ID	Char	9	Will be populated if DBHS AHCCCS-ID is not correct, including linked records.
125	125	Medicare-Part-A	Char	1	Y or N
126	126	Medicare-Part-B	Char	1	Y or N
127	127	Elig-Flag	Char	1	Y or N
128	130	Elg-Grp-1	Char	3	T19, T21, HIF or DDD

NOTES

1) File name: **"u640rsp.YYYYMMDD"** (XX=RBHA ID), which is placed in the RBHA's directory.
2) Default: Character fields use spaces.
3) Record length: 248.

DAILY RESPONSE FILE LAYOUT

Daily response file returned from AHCCCS via DBHS. This file does not not reflect any CIS updates. It is for informational use only.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
131	133	Elg-Grp-2	Char	3	T19, T21, HIF or DDD
134	136	Elg-Grp-3	Char	3	T19, T21, HIF or DDD
137	139	Elg-Grp-4	Char	3	T19, T21, HIF or DDD
140	142	Elg-Grp-5	Char	3	T19, T21, HIF or DDD
143	145	Elg-Grp-6	Char	3	T19, T21, HIF or DDD
146	153	Elg-Beg-Date-1	Char	8	YYYYMMDD
154	161	Elg-Beg-Date-2	Char	8	YYYYMMDD
162	169	Elg-Beg-Date-3	Char	8	YYYYMMDD
170	178	Elg-Beg-Date-4	Char	8	YYYYMMDD
179	186	Elg-Beg-Date-5	Char	8	YYYYMMDD
187	194	Elg-Beg-Date-6	Char	8	YYYYMMDD
195	202	Elg-End-Date-1	Char	8	YYYYMMDD
203	210	Elg-End-Date-2	Char	8	YYYYMMDD
211	218	Elg-End-Date-3	Char	8	YYYYMMDD
219	226	Elg-End-Date-4	Char	8	YYYYMMDD
227	234	Elg-End-Date-5	Char	8	YYYYMMDD
235	242	Elg-End-Date-6	Char	8	YYYYMMDD
243	248	Curr-HP-ID	Char	8	Currently enrolled Health Plan ID

NOTES

1) File name: **"u640rsp.YYYYMMDD"** (XX=RBHA ID), which is placed in the RBHA's directory.
2) Default: Character fields use spaces.
3) Record length: 248.

DAILY RESPONSE FILE ERROR CODES AND DESCRIPTIONS

CODE	DESCRIPTION
01	DOB is greater than today.
02	Begin date is greater than today.
03	Begin date is before DOB.
04	End date is before begin date.
05	Change reason required when end date present.
06	Invalid change reason.
07	Invalid gender, must be F or M.
08	Invalid action code, must be A (add), T (term) or I (inactivate).
09	Term action must have end date.
10	Add action must have begin date.
11	Inactivation must have begin date.
12	Invalid date.
13	No end date with Change reason present.
14	Invalid SSN.
15	More than one elg segment covered by BHS dates.
16	FYI record already existed.
17	FYI record replaced with updated data.
18	Partial FYI record already existed/partial record created.
19	FYI record created.
20	New FYI record created from Termination.
21	FYI record ended.
22	No FYI record found.
23	BHS segment inactivated.
24	More than one elg segment covered by BHS dates in each segment.
25	AHCCCS created record added to file.
26	AHCCCS created record added to file for demo change.
27	Required data element is blank.
28	Incorrect category for age.
29	Overlap/duplicate dates submitted.
30	FYI moved to new primary ID.
31	FYI added from secondary.

DAILY RESPONSE PARTIAL MATCH FILE LAYOUT

Daily download from AHCCCS via DBHS containing records that could not be matched, but key demographic data is similar.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	6	System	Char	6	ADHS or AHCCCS
7	15	AHCCCS-ID	Char	9	PMMIS AHCCCS-ID
16	35	Last-Name	Char	20	ADHS or AHCCCS last name (depending on System)
36	45	First-Name	Char	10	ADHS or AHCCCS first name (depending on System)
46	46	Middle-Initial	Char	1	ADHS or AHCCCS middle initial (depending on System)
47	54	Date-Of-Birth	Char	8	ADHS or AHCCCS date of birth (depending on System.) YYYYMMDD
55	55	Sex	Char	1	ADHS or AHCCCS sex (depending on System)
56	65	BHMIS-ID	Char	10	ADHS or AHCCCS BHMIS-ID (depending on System)
66	67	Site	Char	2	ADHS site, as sent on match file.
68	76	SSN	Char	9	ADHS or AHCCCS SSN (depending on System)

NOTES

1) File name: **"u640par.YYYYMMDD"** (XX=RBHA ID), which is placed in the RBHA's directory.
2) Default: Character fields use spaces.
3) Record length: 76.

DAILY RESPONSE DEMOGRAPHIC DISCREPANCY FILE LAYOUT

Daily download from AHCCCS via DBHS containing ADHS and AHCCCS demographic data of ADHS members that could be matched, but some key demographic data does not match.

File Data Record

Record Location From	Record Location To	Column Name	Type	Size	Comment/Changes
1	9	ADHS-AHCCCS-ID	Char	9	
10	29	ADHS-Last-Name	Char	20	
30	39	ADHS-First-Name	Char	10	
40	40	ADHS-Middle	Char	1	
41	48	ADHS-Date-Of-Birth	Char	8	YYYYMMDD
49	49	ADHS-Sex-Code	Char	1	
50	59	ADHS-BHMIS-ID	Char	10	
60	68	ADHS-SSN	Char	9	
69	70	ADHS-Site	Char	2	
71	76	PMI-System	Char	6	
77	85	PMI-AHCCCS-ID	Char	9	
86	105	PMI-Last-Name	Char	20	
106	115	PMI-First-Name	Char	10	
116	116	PMI-Middle	Char	1	
117	124	PMI-Date-Of-Birth	Char	8	YYYYMMDD
125	125	PMI-Sex-Code	Char	1	
126	135	PMI-BHMIS-ID	Char	10	
136	144	PMI-SSN	Char	9	

NOTES

1) File name: **"u640dds.YYYYMMDD"** (XX=RBHA ID), which is placed in the RBHA's directory.
2) Default: Character fields use spaces.
3) Record length: 144.

DAILY ADDRESS CHANGE FILE LAYOUT

Daily download from AHCCCS via DBHS containing AHCCCS demographic data reflecting updates to member address data.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	9	AHCCCS-ID	Char	9	
10	29	Last-Name	Char	20	
30	39	First-Name	Char	10	
40	40	Sex-Code	Char	1	
41	48	Date-Of-Birth	Char	8	YYYYMMDD
49	58	BHMIS-ID	Char	10	
59	60	Site	Char	2	RBHA ID
61	61	Address-Type	Char	1	M or R (Mailing or residential)
62	86	M-Street-Address-1	Char	25	
87	111	M-Street-Address-2	Char	25	
112	131	M-City	Char	20	
132	133	M-State	Char	2	
134	142	M-Zip-Code	Char	9	
143	167	R-Street-Address-1	Char	25	
168	192	R-Street-Address-2	Char	25	
193	212	R-City	Char	20	
213	214	R-State	Char	2	
215	223	R-Zip-Code	Char	9	

NOTES

1) File name: **"u640adr.YYYYMMDD"** (XX=RBHA ID), which is placed in each RBHA's directory.
2) Defaults: Character fields use spaces.
3) Record length: 223.

DAILY HEALTH PLAN CHANGE FILE LAYOUT

Daily download from AHCCCS via DBHS containing AHCCCS demographic data reflecting updates to member health plan data.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	9	AHCCCS-ID	Char	9	
10	29	Last-Name	Char	20	
30	39	First-Name	Char	10	
40	40	Sex-Code	Char	1	
41	48	Date-Of-Birth	Char	8	YYYYMMDD
49	58	BHMIS-ID	Char	10	BHS Client ID
59	60	Site	Char	2	
61	66	HP-ID	Char	6	
67	74	Enrollment-Beg-Date	Char	8	YYYYMMDD

NOTES

1) File name: **"u640hpc.YYYYMMDD"** (XX=RBHA ID), which is placed in each RBHA's directory.
2) Default: Character fields use spaces.
3) Record length: 74.

END OF THE MONTH ELIGIBILITY CLOSURES FILE LAYOUT

Monthly file from AHCCCS and processed by DBHS containing AHCCCS eligibility closures.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	9	AHCCCS-ID	Char	9	DBHS data
10	29	Last-Name	Char	20	DBHS data
30	39	First-Name	Char	10	DBHS data
40	47	Date-Of-Birth	Char	8	DBHS data. YYYYMMDD format.
48	48	Sex-Code	Char	1	DBHS data
49	58	BHMIS-ID	Char	10	DBHS data
59	67	SSN	Char	9	DBHS data
68	68	MHS-Category	Char	1	DBHS data
69	70	Site	Char	2	DBHS data
71	71	Action-Code	Char	1	DBHS data
72	76	Case-Mgr-ID	Char	5	DBHS data
77	84	Begin-Date	Char	8	DBHS data. YYYYMMDD format.
85	92	End-Date	Char	8	DBHS data. YYYYMMDD format.
93	100	Intake-Date	Char	8	DBHS data. YYYYMMDD format.
101	102	Chg-Rsn	Char	2	DBHS data
103	103	Matched-Ind	Char	1	Matched Indicator Code. Valid values: M- matched N- not matched P- partial match X- record added
104	105	Msg-Code-1	Char	2	See table below
106	107	Msg-Code-2	Char	2	See table below
108	109	Msg-Code-3	Char	2	See table below
110	111	Msg-Code-4	Char	2	See table below
112	113	Msg-Code-5	Char	2	See table below
114	115	Msg-Code-6	Char	2	See table below
116	124	Correct-AHCCCS-ID	Char	9	Will be populated if DBHS AHCCCS-ID is not correct, including linked records.
125	125	Medicare-Part-A	Char	1	Y or N
126	126	Medicare-Part-B	Char	1	Y or N
127	127	Elig-Flag	Char	1	Y or N
128	130	Elg-Grp-1	Char	3	T19, T21, HIF or DDD
131	133	Elg-Grp-2	Char	3	T19, T21, HIF or DDD

NOTES

1) File name: **"u640eom.yyyymmdd.xx"** (xx = BHS run sequence), which is placed in each RBHA's directory.
2) Default: Character fields use spaces.
3) Record length: 248.

END OF THE MONTH ELIGIBILITY CLOSURES FILE LAYOUT

Monthly file from AHCCCS and processed by DBHS containing AHCCCS eligibility closures.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
134	136	Elg-Grp-3	Char	3	T19, T21, HIF or DDD
137	139	Elg-Grp-4	Char	3	T19, T21, HIF or DDD
140	142	Elg-Grp-5	Char	3	T19, T21, HIF or DDD
143	145	Elg-Grp-6	Char	3	T19, T21, HIF or DDD
146	153	Elg-Beg-Date-1	Char	8	YYYYMMDD
154	161	Elg-Beg-Date-2	Char	8	YYYYMMDD
162	169	Elg-Beg-Date-3	Char	8	YYYYMMDD
170	178	Elg-Beg-Date-4	Char	8	YYYYMMDD
179	186	Elg-Beg-Date-5	Char	8	YYYYMMDD
187	194	Elg-Beg-Date-6	Char	8	YYYYMMDD
195	202	Elg-End-Date-1	Char	8	YYYYMMDD
203	210	Elg-End-Date-2	Char	8	YYYYMMDD
211	218	Elg-End-Date-3	Char	8	YYYYMMDD
219	226	Elg-End-Date-4	Char	8	YYYYMMDD
227	234	Elg-End-Date-5	Char	8	YYYYMMDD
235	242	Elg-End-Date-6	Char	8	YYYYMMDD
243	248	Curr-HP-ID	Char	8	Currently enrolled Health Plan ID

NOTES

1) File name: **"u640eom.yyyymmdd.xx"** (xx = BHS run sequence), which is placed in each RBHA's directory.
2) Default: Character fields use spaces.
3) Record length: 248.

STATEWIDE ROSTER FILE LAYOUTS

Incremental and/or full statewide roster file produced daily from the CIS system from RBHA and AHCCCS eligibility input that have been created or updated during the nightly batch processing.

File Data Record (Client Eligibility)

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Record-Type	Char	1	Value will always be 1.
2	2	Filler	Char	1	Value : ~
3	12	Client-ID	Char	10	
13	13	Filler	Char	1	Value : ~
14	21	Change-Control-Date	Char	8	YYYYMMDD
22	22	Filler	Char	1	Value : ~
23	31	AHCCCS-ID	Char	9	
32	32	Filler	Char	1	Value : ~
33	42	SSNO	Char	10	
43	43	Filler	Char	1	Value : ~
44	53	First-Name	Char	10	
54	54	Filler	Char	1	Value : ~
55	69	Last-Name	Char	15	
70	70	Filler	Char	1	Value : ~
71	78	Date-of-Birth	Char	8	YYYYMMDD
79	79	Filler	Char	1	Value : ~
80	80	Sex	Char	1	
81	81	Filler	Char	1	Value : ~
82	82	SMI-Flag	Char	1	
83	83	Filler	Char	1	Value : ~
84	84	SED-Flag	Char	1	
85	85	Filler	Char	1	Value : ~
86	95	Primary-Client-ID	Char	10	
96	96	Filler	Char	1	Value : ~
97	100	Filler	Char	4	

NOTES

(1) File names: "**drostful.dayyyymmdd.nn** and **drostinc.dayyyymmdd.nn** (XX=RBHA ID.)
(2) Defaults: Character fields will have spaces. Files are tilde-delimited (~) between each field.
(3) Record lengths: 100

STATEWIDE ROSTER FILE LAYOUTS

Incremental and/or full statewide roster file produced daily from the CIS system from RBHA and AHCCCS eligibility input that have been created or updated during the nightly batch processing.

File Data Record (Client Eligibility)

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Record-Type	Char	1	Value will always be 2.
2	11	Client-ID	Char	10	
12	19	Change-Control-Date	Char	8	YYYYMMDD
20	27	Intake-Date	Char	8	YYYYMMDD
28	35	Closure-Date	Char	8	YYYYMMDD
36	37	RBHA-ID	Char	2	
38	100	Filler	Char	63	

NOTES

(1) File names: "**drostful.dayyyymmdd.nn** and **drostinc.dayyyymmdd.nn** (XX=RBHA ID.)
(2) Defaults: Character fields will have spaces. Files are tilde-delimited (~) between each field.
(3) Record lengths: 100

STATEWIDE ROSTER FILE LAYOUTS

Incremental and/or full statewide roster file produced daily from the CIS system from RBHA and AHCCCS eligibility input that have been created or updated during the nightly batch processing.

File Data Record (Client Eligibility)

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Record-Type	Char	1	Value will always be 3.
2	11	Client-ID	Char	10	
12	19	Change-Control-Date	Char	8	YYYYMMDD
20	27	Start-Date	Char	8	YYYYMMDD
28	35	End-Date	Char	8	YYYYMMDD
36	36	Medicare-A	Char	1	
37	37	Medicare-B	Char	1	
38	38	TPL-Indicator	Char	1	
39	**41**	**Eligibility-Group**	**Char**	**3**	
42	100	Filler	Char	**59**	

NOTES

(1) File names: "**drostful.dayyyymmdd.nn** and **drostinc.dayyyymmdd.nn** (XX=RBHA ID.)
(2) Defaults: Character fields will have spaces. Files are tilde-delimited (~) between each field.
(3) Record lengths: 100

LTC LONG-TERM CARE CLIENT INFO EXTRACT FILE LAYOUT

Daily download from AHCCCS via DBHS containing long-term care client information data, which did not have a mental health segment.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	9	AHCCCS-ID	Char	9	
10	29	Last-Name	Char	20	
30	39	First-Name	Char	10	
40	40	Middle-Initial	Char	1	
41	48	Date-Of-Birth	Char	8	YYYYMMDD
49	50	Site-ID	Char	2	
51	58	Enrollment-Begin-Date	Char	8	YYYYMMDD
59	66	Enrollment-End-Date	Char	8	YYYYMMDD. If none, “99999999” is filled.
67	72	Health-Plan-ID	Char	6	

NOTES

1) File name: **“u640ltc.YYYYMMDD”** (XX=RBHA ID), which is placed in each RBHA’s directory.
2) Record length: 72.

MEDICARE HMO MATCHING ELIGIBILITY FILE LAYOUT

Monthly download from AHCCCS via DBHS containing Medicare HMO matching eligibility information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	6	Health-Plan-ID	Char	6	
7	10	Type	Char	4	
11	19	AHCCCS-ID	Char	9	
20	25	Process-Date	Char	6	YYYYMM. File is produced once per month.
26	30	HMO-ID-No	Char	5	
31	71	HMO-Name	Char	40	
72	78	Filler	Char	8	

NOTES

1) File name: **"fyifle.YYYYMMDD",** which is placed in the RBHA_Common directory.
2) Record length: 78.

PRIMARY CLIENT RESYNC FILE LAYOUT

On-demand download file produced as a result of a Primary Client resync request to DBHS by a RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Varchar	1	“
2	11	Client_Id	Varchar	10	
12	14	Filler	Varchar	3	“,”
15	24	Primary_Client_Id	Varchar	10	
25	25	Filler	Varchar	1	“

NOTES

1. File name: “**h74251.outYYYYMMDD**, which is placed in the RBHA_COMMON directory.
2. File is comma-delimited with quotes (“”) surrounding each field.
3. Record length: 25.

AHCCCS SSN CROSSWALK RESYNC FILE LAYOUT

On-demand download file produced as a result of a AHCCCA SSN Crosswalk resync request to DBHS by a RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Varchar2	1	“
2	11	Old AHCCCS Id	Varchar2	10	
12	14	Filler	Varchar2	3	“,”
15	24	New AHCCCS Id	Varchar2	10	
25	27	Filler	Varchar2	3	“,”
28	47	Last Name	Varchar2	20	
48	50	Filler	Varchar2	3	“,”
51	60	First Name	Varchar2	10	
61	63	Filler	Varchar2	3	“,”
64	64	Sex	Varchar2	1	
65	67	Filler	Varchar2	3	“,”
68	75	Date Of Birth	Varchar2	8	Format ‘YYYYMMDD’
76	78	Filler	Varchar2	3	“,”
79	88	Client Id	Varchar2	10	
89	91	Filler	Varchar2	3	“,”
92	93	Contract Id	Varchar2	2	
94	96	Filler	Varchar2	3	“,”
97	104	CIS Add Date	Varchar2	8	Format ‘YYYYMMDD’
105	107	Filler	Varchar2	3	“,”
108	115	Change Control Date	Varchar2	8	Format ‘YYYYMMDD’
116	118	Filler	Varchar2	3	“,”
119	126	Change Control Program	Varchar2	8	
127	129	Filler	Varchar2	3	“,”
130	159	Change Control User Id	Varchar2	30	
160	160	Filler	Varchar2	1	“

NOTES

1. File name: “**h74252.outYYYYMMDD**, which is placed in the RBHA_COMMON directory.
2. File is comma-delimited with quotes (“”) surrounding each field.
3. Record length: 160.

Appendix D
Provider File
ISD Specifications
Includes:
Exhibits D1, D2, and D3
D1= Provider Profile Record
D2= Provider File Record
D3= Service Type Values & License Cert. Indict. Values

Provider File Specifications

AHCCCSA produces two provider files on a monthly basis. These files are available for download from the AHCCCS FTP server. The first file is the Provider Profile (\ftp\shareinfo\provider\profile.zip) which includes all provider types, service codes, and categories of service. The second file is the Provider Record (\ftp\shareinfo\provider\provider.zip), which contains all AHCCCS registered providers, including active, terminated, and suspended providers. For each provider, the following information is included:

- Demographic data
- Provider status
- Categories of service
- Service rates
- Licenses/certifications
- Specialties
- Medicare coverage
- Restrictions
- Service/billing addresses

The record layouts for these files are provided in the accompanying tables.

Exhibit D1

Provider Profile Record Layout

\ftp\shareinfo\provider\profile.zip

JOB Name: $AC2P540
Frequency: Monthly
No. of Record Types: 3
Record Length: 80

Monthly Provider Profile Layout

80 Column Format

Header (T0)

Data Name	Picture	Actual Positions From	To	Remarks
Date Created	X(5)	01	05	YYDDD
Filler	X(73)	06	78	
Record Type	X(2)	79	80	Value "T0"

80 Column Format

Line (P1)

Data Name	Picture	Actual Positions From	To	Remarks
Provider Type	X(2)	01	02	
Category of Service	X(2)	03	04	
Mand/Opt	X(1)	05	05	M Mandatory O Optional
Service From	X(11)	06	16	
Service To	X(11)	17	27	
Service Type	X(1)	28	28	B Bill Type H HCPCS P Pharmacy Item R Revenue Code S ICD9 Proc. Code T Therapeutic Class D Diagnosis Code X Unspecified
Begin Date	**X(08)**	**29**	**36**	**YEARMMDD**
End Date	**X(08)**	**37**	**44**	**YEARMMDD**
Place of Service	**X(02)**	**45**	**46**	
Procedure Modifier	**X(02)**	**47**	**48**	
Filler	**X(30)**	**49**	**78**	
Record Type	X(2)	79	80	

80 Column Format

Trailer (T9)

Data Name	Picture	Actual Positions From	To	Remarks
Date Created	X(5)	01	05	YYDDD
Filler	X(73)	06	78	
Record Type	X(2)	79	80	Value "T9"

Exhibit D2

Monthly Provider File Record Layout

\ftp\shareinfo\provider\provider.zip

JOB Name: $AC2P540
Frequency: Monthly
No. of Record Types: 14
Record Length: 80

Monthly Provider File Record Layout

80 Column Format

Header (T0) **One Per File**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Filler	X(12)	01	12	
Date Created	X(05)	13	17	YYDDD
Filler	X(61)	18	78	
Record Type	X(02)	79	80	"T0"

80 Column Format

Demographic (P1) **One Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Provider Name	X(25)	07	31	
Provider Type	X(02)	32	33	See Appendix B
IHS Indicator	X(01)	34	34	Y or N
Filler	X(44)	35	78	
Record Type	X(02)	79	80	"P1"

80 Column Format

Provider Enrollment Status(P2) **One to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks	Sort Sequence
Provider ID	X(06)	01	06		1
Provider Status Type	X(01)	07	07	A = Active P = Pended T = Terminated S = Suspended D = Denied	
Provider Status	X(02)	08	09		
Begin Date	X(08)	10	17	YEARMMDD	2
End Date	X(08)	18	25	YEARMMDD	
Replacement Provider ID	X(06)	26	31		
Filler	X(47)	32	78		
Record Type	X(02)	79	80	"P2"	

Monthly Provider File Record Layout

80 Column Format

Category of Service (P3) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Category of Service	X(02)	07	08	See Appendix A
Begin Date	X(08)	09	16	YEARMMDD
End Date	X(08)	17	24	YEARMMDD
Filler	X(54)	25	78	
Record Type	X(02)	79	80	"P3"

80 Column Format

Payment Rate (P4) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Service Type	X(01)	07	07	See Exhibit D2
Service From	X(11)	08	18	
Service To	X(11)	19	29	
County	X(02)	30	31	See Appendix A
CRN Date	X(08)	32	39	YEARMMDD
Begin Date	X(08)	40	47	YEARMMDD
End Date	X(08)	48	55	YEARMMDD
Rate Schedule	X(03)	56	58	
Payment Type Values	X(01)	59	59	A = Amount; Payment format is 9(7)V99 or P = Percent; Payment format is 9V9999
Amount	9(07)v(04)	60	70	
Place of Service	X(02)	71	72	
Procedure Modifier	X(02)	73	74	
Filler	**X(04)**	**75**	78	
Record Type	X(02)	79	80	"P4"

80 Column Format

License (P5) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Agency	X(03)	07	09	
License ID	**X(15)**	**10**	**24**	
License Cert Ind	X(02)	**25**	26	See Exhibit D2
Begin Date	X(08)	27	**34**	YEARMMDD
End Date	**X(08)**	**35**	**42**	YEARMMDD
Filler	**X(36)**	**43**	78	
Record Type	X(02)	79	80	"P5"

Monthly Provider File Record Layout

80 Column Format

Specialty (P6) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Specialty	X(03)	07	09	
Begin Date	X(08)	10	17	YEARMMDD
End Date	X(08)	18	25	YEARMMDD
Filler	X(53)	26	78	
Record Type	X(02)	79	80	"P6"

80 Column Format

Medicare (P7) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Medicare Coverage	X(01)	07	07	A or B
Medicare ID	X(10)	08	17	
Carrier ID	X(05)	18	22	
Intermediary Code	X(05)	23	27	
Begin Date	X(08)	28	35	YEARMMDD
End Date	X(08)	36	43	YEARMMDD
Filler	X(35)	44	78	
Record Type	X(02)	79	80	"P7"

80 Column Format

Restriction (P8) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Service Type	X(01)	07	07	See Exhibit D2
Service From	X(11)	08	18	
Service To	X(11)	19	29	
Begin Date	X(08)	30	37	YEARMMDD
End Date	X(08)	38	45	YEARMMDD
Restriction Type	X(02)	46	47	
Agency ID	X(03)	48	50	
Filler	X(28)	51	78	
Record Type	X(02)	79	80	"P8"

Monthly Provider File Record Layout

Monthly Provider File Record Layout

80 Column Format

Group Affiliation (P9) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Group ID	X(06)	07	12	
Affiliation Begin Date	X(08)	13	20	YEARMMDD
Affiliation End Date	X(08)	21	28	YEARMMDD 99999999 if no end date
Filler	X(50)	29	78	
Record Type	X(02)	79	80	"P9"

80 Column Format

Address (R1) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Address Type	X(01)	07	07	C = Correspondence Address P = Pay to Address S = Service Address
Locator Code	X(02)	08	09	
Str - 1	X(25)	10	34	
Str - 2	X(25)	35	59	
Beg Date	**X(08)**	**60**	**67**	**YEARMMDD**
End Date	X(08)	**68**	**75**	YEARMMDD
Addr1 Filler	**X(03)**	**76**	**78**	
Record Type	X(02)	79	80	"R1"

Monthly Provider File Record Layout

80 Column Format

Address (R2) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks	Sort Sequence
Provider ID	X(06)	01	06		1
Addr-Typ-2	X(01)	07	07	C = Correspondence Address P = Pay to Address S = Service Address	2
Loc-Code-2	X(02)	08	09		
Pay-Loc-Code	X(02)	10	11		
City	X(25)	12	36		
County	X(02)	37	38	See Appendix A	
State	X(02)	39	40		
Zip	X(09)	41	49		
Country	X(02)	50	51	01 = USA 02 = Mexico 03 = Canada 99 = Other	
Business Phone	X(10)	52	61		
Emergency Phone	X(10)	62	71		
Addr2 Filler	X(07)	72	78		
Record Type	X(02)	79	80	"R2"	

80 Column Format

Address (R3) **Zero to Many Per Provider**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Provider ID	X(06)	01	06	
Addr-Typ-3	X(01)	07	07	C = Correspondence Address P = Pay to Address S = Service Address
Loc-Code-3	X(02)	08	09	
Tax ID	X(20)	10	29	
Attn	X(25)	30	54	
Addr3-Filler	X(24)	55	78	
Record Type	X(02)	79	80	"R3"

Monthly Provider File Record Layout

80 Column Format

Trailer (T9) **One Per File**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Filler	X(12)	01	12	
Date Created	X(05)	13	17	YYDDD
Total Records	9(10)	18	27	
Total Providers	9(06)	28	33	
Filler	X(45)	34	78	
Record Type	X(02)	79	80	"T9"

Exhibit D3

Service Type Values & License Certification Indicator Values

Service Type Values

Service-Type Values:		
B	=	Bill Type
P	=	Pharmacy Items
R	=	Revenue Code
H	=	HCPCS Procedure
D	=	Diagnosis Code
S	=	ICD 9 Procedure
T	=	Therapeutic Class

License Certification Indicator Values

License Certification Indicator Values		
L	=	License
C	=	Certification
C1	=	CLIA Registration
C2	=	CLIA Regular Certification
C3	=	CLIA Certification Accreditation
C4	=	CLIA Waiver
C5	=	CLIA Microscopy

PROVIDER FILE LAYOUT

Daily download from DBHS to each RBHA containing all Assessment A records that were added, changed or deleted through the CIS nightly batch processing for the selected RBHA.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
1	1	Filler		Char	1	Value: “
2	2	Transaction-Type		Char	1	Indicates the record transaction type: A=Add, C=Change
3	5	Filler		Char	3	Value: “,”
6	7	RBHA-ID	*	Char	2	RBHA-ID is the Key when not equal to spaces.
8	10	Filler		Char	3	Value: “,”
11	14	Sub-Contr-ID	*	Char	4	When RBHA-ID is blank, Sub-Contr-ID + Facility-ID are the composite key.
15	17	Filler		Char	3	Value: “,”
18	20	Facility-ID	*	Char	3	
21	23	Filler		Char	3	Value: “,”
24	31	Start-Date		Char	8	YYYYMMDD
32	34	Filler		Char	3	Value: “,”
35	42	End-Date		Char	8	YYYYMMDD
43	45	Filler		Char	3	Value: “,”
46	70	Provider-Nm-First		Char	25	
71	73	Filler		Char	3	Value: “,”
74	98	Provider-Nm-Last		Char	25	
99	101	Filler		Char	3	Value: “,”
102	132	Provider-Payee-Name		Char	31	
133	135	Filler		Char	3	Value: “,”
136	160	Address-1		Char	25	
161	163	Filler		Char	3	Value: “,”
164	188	Address-2		Char	25	
189	191	Filler		Char	3	Value: “,”
192	206	City		Char	15	
207	209	Filler		Char	3	Value: “,”
210	211	State		Char	2	
212	214	Filler		Char	3	Value: “,”

NOTES

1) File name: “**dprvdXX.dayyyymmdd.nn**. (XX=RBHA ID), which is placed in each RBHA’s directory.
2) Defaults: Comma-delimited with quotes (“”) surrounding each field. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3) Record length: 590.

PROVIDER FILE LAYOUT

Daily download from DBHS to each RBHA containing all Assessment A records that were added, changed or deleted through the CIS nightly batch processing for the selected RBHA.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
215	220	Zip-5		Numeric	6	
221	223	Filler		Char	3	Value: “,”
224	228	Zip-4		Numeric	5	
229	231	Filler		Char	3	Value: “,”
232	234	County		Numeric	3	
235	237	Filler		Char	3	Value: “,”
238	248	Phone-Nbr		Numeric	11	
249	251	Filler		Char	3	Value: “,”
252	260	Group-ID		Char	9	
261	263	Filler		Char	3	Value: “,”
264	273	Soc-Sec-No		Numeric	10	
274	276	Filler		Char	3	Value: “,”
277	288	Tax-ID		Char	12	
289	291	Filler		Char	3	Value: “,”
292	294	Fiscal-Year-Month-End		Numeric	3	
295	297	Filler		Char	3	Value: “,”
298	300	Fiscal-Year-Day-End		Numeric	3	
301	303	Filler		Char	3	Value: “,”
304	305	Provider-Type		Char	2	
306	308	Filler		Char	3	Value: “,”
309	311	Group-Code		Numeric	3	
312	314	Filler		Char	3	Value: “,”
315	324	License		Char	10	
325	327	Filler		Char	3	Value: “,”
328	328	EPSDT		Char	1	
329	331	Filler		Char	3	Value: “,”
332	337	Number-Of-Beds		Numeric	6	
338	340	Filler		Char	3	Value: “,”
341	350	Provider-Short-Nm		Char	10	
351	353	Filler		Char	3	Value: “,”
354	358	Census-Place		Numeric	5	

NOTES

1) File name: “**dprvdXX.dayyyymmdd.nn**. (XX=RBHA ID), which is placed in each RBHA’s directory.
2) Defaults: Comma-delimited with quotes (“”) surrounding each field. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3) Record length: 590.

PROVIDER FILE LAYOUT

Daily download from DBHS to each RBHA containing all Assessment A records that were added, changed or deleted through the CIS nightly batch processing for the selected RBHA.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
359	361	Filler		Char	3	Value: “,”
362	369	Census-Tract		Numeric	8(4.2)	Decimal is inlcuded
370	372	Filler		Char	3	Value: “,”
373	382	DNHS-Code		Numeric	10	
383	385	Filler		Char	3	Value: “,”
386	400	CDS-ID		Char	15	
401	403	Filler		Char	3	Value: “,”
404	418	NDATUS-ID		Char	15	
419	421	Filler		Char	3	Value: “,”
422	429	NDATUS-Start-Date		Char	8	YYYYMMDD
430	432	Filler		Char	3	Value: “,”
433	440	NDATUS-Obsolete-Date		Char	8	YYYYMMDD
441	443	Filler		Char	3	Value: “,”
444	452	AHCCCS-ID		Char	9	
453	455	Filler		Char	3	Value: “,”
456	457	AHCCCS-Type		Char	2	
458	460	Filler		Char	3	Value: “,”
461	468	EDS-Update-ID		Char	8	
469	471	Filler		Char	3	Value: “,”
472	479	EDS-Update-Date		Char	8	YYYYMMDD
480	482	Filler		Char	3	Value: “,”
483	490	EDS-File-Date		Char	8	YYYYMMDD
491	493	Filler		Char	3	Value: “,”
494	501	Change-Control-Date		Char	8	YYYYMMDD
502	504	Filler		Char	3	Value: “,”
505	534	Change-Control-User-ID		Char	30	
535	537	Filler		Char	3	Value: “,”
538	545	CDS-Start-Date		Char	8	YYYYMMDD
546	548	Filler		Char	3	Value: “,”
549	556	CDS-Obsolete-Date		Char	8	YYYYMMDD

NOTES

1) File name: “**dprvdXX.dayyyymmdd.nn**. (XX=RBHA ID), which is placed in each RBHA’s directory.
2) Defaults: Comma-delimited with quotes (“”) surrounding each field. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3) Record length: 590.

PROVIDER FILE LAYOUT

Daily download from DBHS to each RBHA containing all Assessment A records that were added, changed or deleted through the CIS nightly batch processing for the selected RBHA.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
557	559	Filler		Char	3	Value: “,”
560	567	EDS-Add-Date		Char	8	YYYYMMDD
568	570	Filler		Char	3	Value: “,”
571	578	CIS-Add-Date		Char	8	YYYYMMDD
579	581	Filler		Char	3	Value: “,”
582	589	Change-Control-Pgm		Char	8	
590	590	Filler		Char	1	Value: “

NOTES

1) File name: “**dprvdXX.dayyyymmdd.nn**. (XX=RBHA ID), which is placed in each RBHA’s directory.
2) Defaults: Comma-delimited with quotes (“”) surrounding each field. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3) Record length: 590.

MONTHLY PROVIDER FILE LAYOUT

Monthly download from AHCCCS via DBHS containing AHCCCS provider registered information.

File name(s): **provider.zip**
Directory: **RBHA_Common**
Record Length: **80**

Header

Position From	Position To	Column Name	Type	Size	Comment/Changes
1	12	Filler	Char	12	Spaces
13	17	Date-Created	Char	5	YYDDD (5-digit) Julian date
18	78	Filler	Char	61	Spaces
80	80	Record-Type	Char	2	Value: TO (T and zero)

Demographic

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	31	Provider-Name	Char	25	
32	33	Provider-Type	Char	2	
34	34	IHS-Indicator	Char	1	Y or N
35	**35**	**NPI-Indicator**	**Char**	**1**	**Y or N**
35	78	Filler	Char	44	Spaces
79	80	Record-Type	Char	2	Value: P1

Enrollment Status

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	7	Provider-Status-Type	Char	1	
8	9	Provider-Status	Char	2	
10	17	Begin-Date	Char	8	YYYYMMDD
18	25	End-Date	Char	8	If none, “99999999” or YYYYMMDD
26	31	Replacement-Provider-ID	Char	6	
32	78	Filler	Char	47	Spaces
79	80	Record-Type	Char	2	Value: P2

MONTHLY PROVIDER FILE LAYOUT

Monthly download from AHCCCS via DBHS containing AHCCCS provider registered information.

File name(s): **provider.zip**
Directory: **RBHA_Common**
Record Length: **80**

Category of Service

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	8	Category-of-Service	Char	2	
9	16	Begin-Date	Char	8	YYYYMMDD
17	24	End-Date	Char	8	If none, “99999999” or YYYYMMDD
25	78	Filler	Char	54	Spaces
79	80	Record-Type	Char	2	Value: P3

Payment Rate

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	7	Service-Type	Char	1	
8	18	Service-From	Char	11	
19	29	Service-To	Char	11	
30	31	County	Char	2	
32	39	CRM-Date	Char	8	YYYYMMDD
40	47	Begin-Date	Char	8	YYYYMMDD
48	55	End-Date	Char	8	In none, “99999999” or YYYYMMDD
56	58	Rate-Schedule	Char	3	
59	59	Payment-Type-Values	Char	1	
60	70.4	Payment-Amount	Numeric	11.4	Implied decimal. Format: 9(7)V9999
71	72	Place-of-Service	Char	2	Spaces
73	74	Procedure-Modifier	Char	2	Spaces
75	78	Filler	Char	4	Spaces
79	80	Record-Type	Char	2	Value: P4

MONTHLY PROVIDER FILE LAYOUT

Monthly download from AHCCCS via DBHS containing AHCCCS provider registered information.

File name(s): **provider.zip**
Directory: **RBHA_Common**
Record Length: **80**

License

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	9	Agency	Char	3	
10	24	License-ID	Char	15	
25	26	License-Certification-Ind	Char	2	
27	34	Begin-Date	Char	8	YYYYMMDD
35	42	End-Date	Char	8	If none, “99999999” or YYYYMMDD
43	78	Filler	Char	36	Spaces
79	80	Record-Type	Char	2	Value: P5

Specialty

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	9	Specialty	Char	3	
10	17	Begin-Date	Char	8	YYYYMMDD
18	25	End-Date	Char	8	If none, “99999999” or YYYYMMDD
26	78	Filler	Char	53	Spaces
79	80	Record-Type	Char	2	Value: P6

Medicare

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	7	Medicare-Coverage	Char	1	
8	17	Medicare-ID	Char	10	
18	22	Carrier-ID	Char	5	
23	27	Intermediary-Code	Char	5	
28	35	Begin-Date	Char	8	YYYYMMDD
36	43	End-Date	Char	8	If none, “99999999” or YYYYMMDD
44	78	Filler	Char	35	Spaces
79	80	Record-Type	Char	2	Value: P7

MONTHLY PROVIDER FILE LAYOUT

Monthly download from AHCCCS via DBHS containing AHCCCS provider registered information.

File name(s): **provider.zip**
Directory: **RBHA_Common**
Record Length: **80**

Restriction

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	7	Service-Type	Char	1	
8	18	Service-From	Char	11	
19	29	Service-To	Char	11	
30	37	Begin-Date	Char	8	YYYYMMDD
38	45	End-Date	Char	8	If none, “99999999” or YYYYMMDD
46	47	Restriction-Type	Char	2	
48	50	Agency	Char	3	
51	78	Filler	Char	28	Spaces
79	80	Record-Type	Char	2	Value: P8

Group Affiliation

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	12	Group-ID	Char	6	
13	20	Affiliation-Begin-Date	Char	8	YYYYMMDD
21	28	Affiliation-End-Date	Char	8	If none, “99999999” or YYYYMMDD
29	78	Filler	Char	50	Spaces
79	80	Record-Type	Char	2	Value: P9

Street Address

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	7	Address-Type	Char	1	
8	9	Locator-Code	Char	2	
10	34	Street-Address-1	Char	25	
35	59	Street-Address-2	Char	25	
60	67	Begin-Date	Char	8	YYYYMMDD
68	75	End-Date	Char	8	If none, “99999999” or YYYYMMDD
76	78	Filler	Char	3	Spaces
79	80	Record-Type	Char	2	Value: R1

MONTHLY PROVIDER FILE LAYOUT

Monthly download from AHCCCS via DBHS containing AHCCCS provider registered information.

File name(s): **provider.zip**
Directory: **RBHA_Common**
Record Length: **80**

Location Address

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	7	Address-Type	Char	1	
8	9	Locator-Code	Char	2	
10	11	Pay-Location-Code	Char	2	
12	36	City	Char	25	
37	38	County	Char	2	
39	40	State	Char	2	
41	49	Zip	Char	9	
50	51	Country	Char	2	
52	61	Business-Phone	Char	10	
62	71	Emergency-Phone	Char	10	
72	78	Filler	Char	7	Spaces
79	80	Record-Type	Char	2	Value: R2

Tax ID

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	7	Address-Type	Char	1	
8	9	Locator-Code	Char	2	
10	29	Tax-ID-Number	Char	20	
30	54	Attention-Line	Char	25	
55	78	Filler	Char	24	Spaces
79	80	Record-Type	Char	2	Value: R3

Alternate ID

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	6	Provider-ID	Char	6	
7	21	Provider-Alt-ID	Char	15	
22	23	Alt-ID-Type	Char	2	NP = NPI
24	31	Begin-Date	Char	8	YYYYMMDD
32	39	End-Date	Char	8	YYYYMMDD or 99999999
40	78	Filler	Char	39	
79	80	Record-Type	Char	2	Value: R4

MONTHLY PROVIDER FILE LAYOUT

Monthly download from AHCCCS via DBHS containing AHCCCS provider registered information.

File name(s): **provider.zip**
Directory: **RBHA_Common**
Record Length: **80**

Trailer

Position From	Position To	Column Name	Type	Size	Comments/Changes
1	12	Filler	Char	12	Spaces
13	17	Date-Created	Char	5	YYDDD
18	27	Total-Records	Numeric	10	
28	33	Total-Providers	Numeric	6	
34	78	Filler	Char	45	Spaces
79	80	Record-Type	Char	2	Value: T9

History

Date	Change
5/12/06	Added NPI-Indicator to Demographic record
5/12/06	Added Alternate ID record layout (R4)

BHS PROVIDER PROFILE FILE LAYOUT

File Name: BHSPROFILE.zip

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

Effective 1/1/05, BHS no longer uses the Profile.zip file as received from AHCCCS. BHS uses, and recommends that ALL use, this file layout, which ties back to the B2 Matrix. Column references are reflected on the B2 Matrix.

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	8	Date-Created	Char	8	YYYYMMDD
9	78	Filler	Char	70	Spaces
79	80	Record-Type	Char	2	Values: Header - T0 (T and zero) Trailer - T9

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
1	2	Provider-Type	Char	2	Columns K thru AQ
3	4	Category-of-Service	Char	2	Column C
5	5	Mand/Opt	Char	1	Value: “M”
6	16	Service-From	Char	11	Column A
17	27	Service-To	Char	11	Column A
28	28	Service-Type	Char	1	H HCPCS Code R Revenue Code
29	36	Begin-Date	Char	8	Column H
37	44	End-Date	Char	8	Column I
45	46	Place-of-Service	Char	2	Column E
47	48	Modifier	Char	2	Column D
49	49	Telemed Flag	Char	1	Column J
50	78	Filler	Char	29	Spaces
79	80	Record-Type	Char	2	Value: P1

PROVIDER PROFILE FILE LAYOUT

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.
Effective 1/1/05, BHS no longer uses this file layout. Refer to BHSProfile.zip.

File Header Record (Trailer Record shares same format)

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	5	Date-Created	Char	5	YYDDD
6	78	Filler	Char	73	Spaces
79	80	Record-Type	Char	2	Values: Header - T0 (T and zero) Trailer - T9

NOTES

1) File name: **"Profile.zip"**, which is placed in the RBHA_Common directory.
2) Record length: 80.

PROVIDER PROFILE FILE LAYOUT

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
1	2	Provider-Type	Char	2	
3	4	Category-of-Service	Char	2	
5	5	Mandatory-Optional	Char	1	
6	16	Service-From	Char	11	
17	27	Service-To	Char	11	
28	28	Service-Type	Char	1	
29	36	Effective-Begin-Date	Char	8	YYYYMMDD
37	44	Effective-End-Date	Char	8	If none, “99999999” or YYYYMMDD
45	46	Place-of-Service	Char	2	
47	48	Procedure-Modifier	Char	2	
49	78	Filler	Char	30	
79	80	Record-Type	Char	2	Value: P1

NOTES

1) File name: **“Profile.zip”**, which is placed in the RBHA_Common directory.
2) Record length: 80.

PROVIDER RESYNC FILE LAYOUT

On-demand download file produced as a result of a Provider resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
1	1	Filler		Char	1	Value: “
2	2	Transaction-Type		Char	1	Indicates the record transaction type: A=Add, C=Change
3	5	Filler		Char	3	Value: “,”
6	7	RBHA-ID	*	Char	2	RBHA-ID is the Key when not equal to spaces.
8	10	Filler		Char	3	Value: “,”
11	14	Sub-Contr-ID	*	Char	4	When RBHA-ID is blank, Sub-Contr-ID + Facility-ID are the composite key.
15	17	Filler		Char	3	Value: “,”
18	20	Facility-ID	*	Char	3	
21	23	Filler		Char	3	Value: “,”
24	31	Start-Date		Char	8	YYYYMMDD
32	34	Filler		Char	3	Value: “,”
35	42	End-Date		Char	8	YYYYMMDD
43	45	Filler		Char	3	Value: “,”
46	70	Provider-Nm-First		Char	25	
71	73	Filler		Char	3	Value: “,”
74	98	Provider-Nm-Last		Char	25	
99	101	Filler		Char	3	Value: “,”
102	132	Provider-Payee-Name		Char	31	
133	135	Filler		Char	3	Value: “,”
136	160	Address-1		Char	25	
161	163	Filler		Char	3	Value: “,”
164	188	Address-2		Char	25	
189	191	Filler		Char	3	Value: “,”
192	206	City		Char	15	
207	209	Filler		Char	3	Value: “,”
210	211	State		Char	2	
212	214	Filler		Char	3	Value: “,”
215	220	Zip-5		Numeric	6	
221	223	Filler		Char	3	Value: “,”
224	228	Zip-4		Numeric	5	
229	231	Filler		Char	3	Value: “,”

NOTES

1. File name: “**H74227XXout.YYYYMMDD** (XX=RBHA ID), which is placed in the requesting RBHA’s directory.
2. Defaults: Comma-delimited with quotes (“”) surrounding each field. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Record length: 590.

PROVIDER RESYNC FILE LAYOUT

On-demand download file produced as a result of a Provider resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
232	234	County		Numeric	3	
235	237	Filler		Char	3	Value: “,”
238	248	Phone-Nbr		Numeric	11	
249	251	Filler		Char	3	Value: “,”
252	260	Group-ID		Char	9	
261	263	Filler		Char	3	Value: “,”
264	273	Soc-Sec-No		Numeric	10	
274	276	Filler		Char	3	Value: “,”
277	288	Tax-ID		Char	12	
289	291	Filler		Char	3	Value: “,”
292	294	Fiscal-Year-Month-End		Numeric	3	
295	297	Filler		Char	3	Value: “,”
298	300	Fiscal-Year-Day-End		Numeric	3	
301	303	Filler		Char	3	Value: “,”
304	305	Provider-Type		Char	2	
306	308	Filler		Char	3	Value: “,”
309	311	Group-Code		Numeric	3	
312	314	Filler		Char	3	Value: “,”
315	324	License		Char	10	
325	327	Filler		Char	3	Value: “,”
328	328	EPSDT		Char	1	
329	331	Filler		Char	3	Value: “,”
332	337	Number-Of-Beds		Numeric	6	
338	340	Filler		Char	3	Value: “,”
341	350	Provider-Short-Nm		Char	10	
351	353	Filler		Char	3	Value: “,”
354	358	Census-Place		Numeric	5	
359	361	Filler		Char	3	Value: “,”
362	369	Census-Tract		Numeric	8(4.2)	Decimal is inlcuded
370	372	Filler		Char	3	Value: “,”
373	382	DNHS-Code		Numeric	10	
383	385	Filler		Char	3	Value: “,”
386	400	CDS-ID		Char	15	
401	403	Filler		Char	3	Value: “,”
404	418	NDATUS-ID		Char	15	

NOTES

1. File name: “**H74227XXout.YYYYMMDD** (XX=RBHA ID), which is placed in the requesting RBHA’s directory.
2. Defaults: Comma-delimited with quotes (“”) surrounding each field. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Record length: 590.

PROVIDER RESYNC FILE LAYOUT

On-demand download file produced as a result of a Provider resync request by a RBHA from DBHS.

File Data Record

Record Location From	To	Column Name	Record Key	Type	Size	Comment/Changes
419	421	Filler		Char	3	Value: “,”
422	429	NDATUS-Start-Date		Char	8	YYYYMMDD
430	432	Filler		Char	3	Value: “,”
433	440	NDATUS-Obsolete-Date		Char	8	YYYYMMDD
441	443	Filler		Char	3	Value: “,”
444	452	AHCCCS-ID		Char	9	
453	455	Filler		Char	3	Value: “,”
456	457	AHCCCS-Type		Char	2	
458	460	Filler		Char	3	Value: “,”
461	468	EDS-Update-ID		Char	8	
469	471	Filler		Char	3	Value: “,”
472	479	EDS-Update-Date		Char	8	YYYYMMDD
480	482	Filler		Char	3	Value: “,”
483	490	EDS-File-Date		Char	8	YYYYMMDD
491	493	Filler		Char	3	Value: “,”
494	501	Change-Control-Date		Char	8	YYYYMMDD
502	504	Filler		Char	3	Value: “,”
505	534	Change-Control-User-ID		Char	30	
535	537	Filler		Char	3	Value: “,”
538	545	CDS-Start-Date		Char	8	YYYYMMDD
546	548	Filler		Char	3	Value: “,”
549	556	CDS-Obsolete-Date		Char	8	YYYYMMDD
557	559	Filler		Char	3	Value: “,”
560	567	EDS-Add-Date		Char	8	YYYYMMDD
568	570	Filler		Char	3	Value: “,”
571	578	CIS-Add-Date		Char	8	YYYYMMDD
579	581	Filler		Char	3	Value: “,”
582	589	Change-Control-Pgm		Char	8	
590	590	Filler		Char	1	Value: “

NOTES

1. File name: “**H74227XXout.YYYYMMDD** (XX=RBHA ID), which is placed in the requesting RBHA’s directory.
2. Defaults: Comma-delimited with quotes (“”) surrounding each field. Numeric fields are zero filled, and will have a single leading space or a minus (-) sign if the value is negative. Character fields use null values.
3. Record length: 590.

RBHA WITHHOLD FILE LAYOUT

Monthly download from DBHS to each RBHA containing encounter processing for withhold records.

Effective 11/01/2004, the following data elements are being added to the end of the data file: AHCCCS-ID, Provider-ID, CRN, Year-Month, Reported-Eligibility-Group, Place-Of-Service, Medical-Procedure-Code-Modifier, Medical-Procedure-Code-Modifier2.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Char	1	Value: “
2	12	ICN-Number	Char	11	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.
13	15	Filler	Char	3	Value: “,”
16	17	Line-Number	Numeric	2	Encounter line item. Valid values: 01-99.
18	20	Filler	Char	3	Value: “,”
21	22	Contractor-ID	Char	2	Contractor identification number of the RBHA that submitted the encounter.
23	25	Filler	Char	3	Value: “,”
26	35	Client-ID	Char	10	Unique CIS 10-digit number that identifies the client reported on the encounter.
36	38	Filler	Char	3	Value: “,”
39	46	Start-Date	Date	8	YYYYMMDD. Indicates the first date the service was provided.
47	49	Filler	Char	3	Value: “,”
50	57	End-Date	Date	8	YYYYMMDD. Indicates the last date the service was provided.
58	60	Filler	Char	3	Value: “,”
61	68	CIS-Add-Date	Date	8	YYYYMMDD. Date the encounter was added to the CIS database.
69	71	Filler	Char	3	Value: “,”
72	79	Eligibility-Control-Date	Char	8	Obsolete.
80	82	Filler	Char	3	Value: “,”
83	87	Procedure-Code	Char	5	Procedure code denoting the service reported on a HCFA 1500 or Drug Encounter line item. For Drug Encounters the Procedure Code value is always D1000.
88	90	Filler	Char	3	Value: “,”
91	94	Revenue-Code	Char	4	Revenue code denoting the service provided and reported on a UB 92 Encounter line item.
95	97	Filler	Char	3	Value: “,”
98	108	NDC-Code	Char	11	National Drug Code identifying the drug dispensed and reported on a Drug Encounter line item.

NOTES

(1) File name: “**h74capwh.XX.FFFF.YYYYMM.zip**. (XX=RBHA ID, FFFF = Fiscal year in YYYY format, and YYYYMM is current calendar year and month.)
(2) File is comma-delimited with quotes (“”) surrounding each field. Character fields use null values.
(3) Record length: Previous – 195; Curent – 266.

RBHA WITHHOLD FILE LAYOUT

Monthly download from DBHS to each RBHA containing encounter processing for withhold records.

Effective 11/01/2004, the following data elements are being added to the end of the data file: AHCCCS-ID, Provider-ID, CRN, Year-Month, Reported-Eligibility-Group, Place-Of-Service, Medical-Procedure-Code-Modifier, Medical-Procedure-Code-Modifier2.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
109	111	Filler	Char	3	Value: “,”
112	112	Contract-Type	Char	1	Obsolete.
113	115	Filler	Char	3	Value: “,”
116	118	Eligibility-Group	Char	3	This field has replaced the Contract-Type field in determining client eligibility. Valid values: T19 – Title XIX eligible clients. T21 – Title XXI eligible clients (includes HIFA eligible clients previous to 9/24/03.) DD – DDD eligible clients. HI – HIFA eligible clients (includes HIFA eligible clients 9/24/03 and after.) NON – Non-Title XIX and XXI clients. (The code for CMDP is not known at this time.)
119	121	Filler	Char	3	Value: “,”
122	122	Title-19-Services	Char	1	Y – T19 Service N – State Only Service
123	125	Filler	Char	3	Value: “,”
126	126	DDD	Char	1	Obsolete.
127	129	Filler	Char	3	Value: “,”
130	130	Program-Indicator	Char	1	Mental health category code. Valid values: 1- C = Child 2- S = SMI 3- G= GMH/Other Note: This field is not currently being set for records with an Eligibility Group field value of “Non”
131	133	Filler	Char	3	Value: “,”
134	134	Encounter-Form-Type	Char	1	Encounter form type. Valid values: 1- A = HCFA 1500 2- B = UB 92 3- C = Drug
135	137	Filler	Char	3	Value: “,”
138	148	Units	Numeric	11(8,1)	099999999.9 format. Number of service units reported on Encounter line item.
149	151	Filler	Char	3	Value: “,”
152	162	Net-Paid	Numeric	11(7,2)	09999999.99 format. Net amount of dollars

NOTES

(1) File name: “**h74capwh.XX.FFFF.YYYYMM.zip**. (XX=RBHA ID, FFFF = Fiscal year in YYYY format, and YYYYMM is current calendar year and month.)
(2) File is comma-delimited with quotes (“”) surrounding each field. Character fields use null values.
(3) Record length: Previous – 195; Curent – 266.

RBHA WITHHOLD FILE LAYOUT

Monthly download from DBHS to each RBHA containing encounter processing for withhold records.

Effective 11/01/2004, the following data elements are being added to the end of the data file: AHCCCS-ID, Provider-ID, CRN, Year-Month, Reported-Eligibility-Group, Place-Of-Service, Medical-Procedure-Code-Modifier, Medical-Procedure-Code-Modifier2.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
					paid. Amount paid on fee-for-service claim or prescription. This field is always zero for drug encounters.
274	165	Filler	Char	3	Value: “,”
166	176	Special-Net-Value	Numeric	11(7,2)	09999999.99 format. Indicates the amount that the prepaid type of service encounter is valued.
177	179	Filler	Char	3	Value: “,”
180	190	Total	Numeric	11(7,2)	09999999.99 format. Calculation of NET PAID + SPECIAL NET VALUE.
191	193	Filler	Char	3	Value: “,”
194	194	Nth-Line	Char	1	Obsolete.
195	197	Filler	Char	3	Value: “,”
198	206	AHCCCS-ID	Char	9	AHCCCS client identifier.
207	209	Filler	Char	3	Value: “,”
210	218	Provider-ID	Char	9	AHCCCS provider identifier.
219	221	Filler	Char	3	Value: “,”
222	235	CRN	Char	14	AHCCCS encounter control reference number.
236	238	Filler	Char	3	Value: “,”
239	244	Year-Month	Char	6	YYYYMM format. Fiscal year and month based on encounter start date.
245	247	Filler	Char	3	Value: “,”
248	250	Reported-Eligibility-Group	Char	3	Eligibility Group code based type of service on encounter.
251	253	Filler	Char	3	Value: “,”
254	255	Place-Of-Service	Char	2	Place Of Service code
256	258	Filler	Char	3	Value: “,”
259	260	Medical-Procedure-Code-Modifier	Char	2	Primary procedure code modifier.
261	263	Filler	Char	3	Value: “,”
264	265	Medical-Procedure-Code-Modifier2	Char	2	Secondary procedure code modifier.
266	266	Filler	Char	1	Value: “

NOTES

(1) File name: “**h74capwh.XX.FFFF.YYYYMM.zip**. (XX=RBHA ID, FFFF = Fiscal year in YYYY format, and YYYYMM is current calendar year and month.)
(2) File is comma-delimited with quotes (“”) surrounding each field. Character fields use null values.
(3) Record length: Previous – 195; Curent – 266.

RBHA Encounter Withhold Data File Specifications

Overview
The RBHA Withhold Data file contains Encounter information extracted and derived from the CIS Encounter database by date of service for a specified fiscal year, month and RBHA.

The RBHA Withhold Data Count file contains a count of the number of Encounter records that the RBHA Withhold Data file contains.

These files are to be delivered to the RBHAs each month and each delivery of the files contains an accumulation of all data for the specified fiscal year.

Changes To The RBHA Withhold Data File

1. **11/01/2004: The following fields have been added to the end of the file:**
    a. AHCCCS ID
    b. PROVIDER ID
    c. CRN
    d. YEARMONTH
    e. REPORTED ELIGIBILITY GROUP
    f. PLACE OF SERVICE
    g. PROCEDURE CODE MODIFIER 1
    h. PROCEDURE CODE MODIFIER 2
2. **7/1/2004: The CIS is now accepting UB 92 Encounters with multiple "accommodation" revenue code line items.**
    a. Before this modification, CIS accepted only one "accommodation" revenue code line item per UB and all "ancillary" revenue code line item dollar amounts were "rolled" into the one "accommodation" revenue code line item.
    b. With this implementation, there may be multiple line items per UB, each being a different "accommodation" revenue code. "Ancillary" revenue code line item dollar amounts are "rolled" into the preceding "accommodation" revenue code line item as received.
    c. Counting UB 92 Encounters: Multiple records may now exist for one distinct UB Encounter based on the fact that there may be multiple "accommodation" revenue code line items. Therefore, UB instances are to be counted by counting the distinct instances of an ICN value. The different line items for an UB (ICN) are distinguished by the Line Number value.

File Names

1. RBHA Withhold Data file: "h74capwh.RR.FFFF.YYYYMM.zip" - compressed data file (use PKZIP to decompress). When decompressed this file contains a file named "h74capwh.RR.FFFF.YYYYMM.txt".
2. RBHA Withhold Data Count file: "h74capwh.RR.FFFF.YYYYMM.cnt" - contains record counts of related data file.

    Where RR=RBHA ID, FFFF=Fiscal Year and YYYYMM=Fiscal Year and Month

The rest of this document pertains to the RBHA Withhold Data file ("h74capwh.RR.FFFF.YYYYMM.txt").

RBHA Encounter Withhold Data File Specifications

Sort Order

1. CONTRACTOR (RBHA ID)
2. PROGRAM INDICATOR
3. PROCEDURE CODE
4. REVENUE CODE
5. NDC CODE
6. ICN NBR
7. LINE NBR

Selecting Records

To identify Clients and Populations based on ELIGIBILITY GROUP:

1. T19 Eligible Clients: ELIGIBILITY GROUP = “T19”
2. T21 Eligible Clients: ELIGIBILITY GROUP = “T21”
3. DD Eligible Clients: ELIGIBILITY GROUP = “DD”
4. HIFA Eligible Clients: ELIGIBILITY GROUP = “HI”
5. Non-T19/T21 Eligible Clients: ELIGIBILITY GROUP = “NON” or “TITLE 19 SERVICES” = “N”
6. Child Populations: PROGRAM INDICATOR = “C”
7. SMI Populations: PROGRAM INDICATOR = “S”
8. GMH Populations: PROGRAM INDICATOR = “G”

Counting Encounters and Summing Amounts (NET PAID, SPECIAL NET VALUE, TOTAL)
HCFA/DRUG: Each record is to be counted as an individual Encounter.
UB: Multiple records may now exist for one distinct UB Encounter based on the fact that there may be multiple “accommodation” revenue code line items. Therefore, UB instances are to be counted by counting the distinct instances of an ICN value. The different line items for an UB (ICN) are distinguished by the Line Number value.

Appendix E

Reference File
ISD Specifications
Includes:
Exhibit E1, E2, E3, E4, E5 and E6

Reference File Specifications

AHCCCSA produces reference files on a monthly basis. These files are available to Contractors via download from the AHCCCS FTP server.

These files contain all active HCPCS procedure codes, and include such information as, the procedure description, fee-for-service fee schedule amount, age and sex restrictions, frequency restrictions, allowed modifiers and coverage indicators, etc. The record layouts for these files are provided in the accompanying tables (Exhibit E1 and E2).

Reference Table Specifications

AHCCCSA produces the following reference tables, which are available via download from the AHCCCS FTP server. Record layouts for these tables are provided in the accompanying tables (Exhibit E3, E4 and E5).

- ECFLD.TXT

  Provides internal field information for each form type.

- ECERRFLD.TXT

  Provides error to internal field relationship information by error code.

- ECERR.TXT

  Lists all current encounter error codes and descriptions.

AHCCCS Coverage Codes

The AHCCCS Coverage Code describes the coverage parameters determined by AHCCCSA for each procedure code (Exhibit E6).

Exhibit E1

Reference File Record Layout Refer01.zip

\\ntftp\d$\ftp\shareinfo\reference\refer01.zip

JOB Name: $AC5R500
Frequency: Monthly
No. of Record Types: 8
Record Length: 80

Reference File 01 Layout

80 Column Format

Header (T0) **One Per File**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Filler	X(12)	01	12	
Date Created	X(05)	13	17	YYDDD
Filler	X(61)	18	78	
Record Type	X(02)	79	80	"T0"

80 Column Format

Demographic (H1) **One Per Procedure**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Procedure Code	X(05)	01	05	
Description	X(65)	06	70	
Minimum Age Limitations	X(03)	71	73	
Minimum Age Type	X(01)	74	74	Y=Year or M=Month
Maximum Age Limitations	X(03)	75	77	
Maximum Age Type	X(01)	78	78	Y=Year or M=Month
Record Type	X(02)	79	80	"H1"

80 Column Format

Max Allowed Charge (H2) **One to Many Per Procedure**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Procedure Code	X(05)	01	05	
County	X(02)	06	07	See Appendix A
Begin Date	X(08)	08	15	YEARMMDD
End Date	X(08)	16	23	YEARMMDD
MAC	9(9)V99	24	34	
CRN Date	X(08)	35	42	YEARMMDD
PLC-SER	**X(02)**	**43**	**44**	
Filler	**X(34)**	**45**	**78**	
Record Type	X(02)	79	80	"H2"

Reference File 01 Layout

80 Column Format

AHCCCS Coverage (H3) **One to Many Per Procedure**

Data Name	Picture	Actual Positions From	To	Remarks
Procedure Code	X(05)	01	05	
Coverage Code	X(02)	06	07	See Exhibit E2
Replacement Proc Code	X(05)	08	12	
Begin Date	X(08)	13	20	YEARMMDD
End Date	X(08)	21	28	YEARMMDD
Filler	X(50)	29	78	
Record Type	X(02)	79	80	"H3"

80 Column Format

AHCCCS Medical Category of Service (H4) **One to Many per Category of Service**

Data Name	Picture	Actual Positions From	To	Remarks
Category of Service	X(02)	01	02	
Category of Type	X(01)	03	03	
Category of Service From	X(11)	04	14	
Category of Service To	X(11)	15	25	
Beg Date	X(08)	26	33	YEARMMDD
End Date	X(08)	34	41	YEARMMDD
Filler	X(37)	42	78	
Record Type	X(02)	79	80	"H4"

80 Column Format

AHCCCS Revenue Codes to Bill Types (H5) **One to Many per Revenue Code Range**

Data Name	Picture	Actual Positions From	To	Remarks
Revenue Code From	X(03)	01	03	
Revenue Code To	X(03)	04	06	
Bill Type From	X(03)	07	09	
Bill Type To	X(03)	10	12	
Error Code	X(04)	13	16	
Revenue 3rd Digit Indicator	X(01)	17	17	
Coverage Indicator	X(01)	18	18	
Units Indicator	X(01)	19	19	
PA Code	X(01)	20	20	
Medical Review Indicator	X(01)	21	21	
MAM Price Indicator	X(01)	22	22	
Proc Indicator	X(01)	23	23	
Beg Date	X(08)	24	31	YEARMMDD
End Date	X(08)	32	39	YEARMMDD
Filler	X(39)	40	78	
Record Type	X(02)	79	80	"H5"

80 Column Format

AHCCCS Revenue Codes to Procedure Code (H6) One to Many per Revenue Code Range

Data Name	Picture	Actual Positions From	To	Remarks
Revenue Code From	X(03)	01	03	
Revenue Code To	X(03)	04	06	
Procedure Code From	X(05)	07	11	
Procedure Code To	X(05)	12	16	
Beg Date	X(08)	17	24	YEARMMDD
End Date	X(08)	25	32	YEARMMDD
Filler	X(46)	33	78	
Record Type	X(02)	79	80	"H6"

80 Column Format

Trailer (T9) **One Per File**

Data Name	Picture	Actual Positions From	To	Remarks
Filler	X(12)	01	12	
Date Created	X(05)	13	17	YYDDD
Total Records	9(10)	18	27	
Total Procedures	9(06)	28	33	
Filler	X(45)	34	78	
Record Type	X(02)	79	80	"T9"

Exhibit E2

Reference File Record Layout Refer02.zip

\\ntftp\d$\ftp\shareinfo\reference\refer02.zip

Reference File 02 Layout

80 Column Format

Header (M1) **One Per File**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Filler	X(12)	01	12	
Date Created	X(05)	13	17	YYDDD
Filler	X(61)	18	78	
Record Type	X(02)	79	80	"M1"

80 Column Format

Procedure (M2) **One Per Procedure**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Procedure Code	X(05)	01	05	
Description	X(14)	06	19	
Start Date	X(08)	20	27	
End Date	X(08)	28	35	
Maximum Units	X(03)	36	38	
Frequency Value	X(03)	39	41	
Frequency Code	X(01)	42	42	
Anesthesia Maximum	X(04)	43	46	Anesthesia Unit Maximum
Anesthesia Value	N(3.1)	47	50	Anesthesia Base Units
Maximum Allowable Charge (MAC)	N(9.2)	51	61	
Follow Up Period	X(03)	62	64	
Sex	X(01)	65	65	
Minimum Age	N(03)	66	68	
Minimum Age Qualifier	X(01)	69	69	Y=Years, M=Months, D=Days
Maximum Age	N(03)	70	72	
Maximum Age Qualifier	X(01)	73	73	Y=Years, M=Months, D=Days
Medicare Coverage Indicator	X(01)	74	74	Y=Covered by Medicare
PLC-SER	**X(02)**	**75**	**76**	
Filler	**X(02)**	**77**	**78**	
Record Type	X(02)	79	80	"M2"

Reference File 02 Layout

80 Column Format

Modifier (M3) **One to Many Per Procedure**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Procedure Code	X(05)	01	05	
Procedure Modifier	X(02)	06	07	
Payment Type	X(01)	08	08	A=Amount, P=Percentage
Amount	N(7.4)	09	19	Amount or percentage allowed of MAC
Begin DOS	X(08)	20	27	
End DOS	X(08)	28	35	
Claim Receipt	X(08)	36	43	
PLC-SER	**X(02)**	**44**	**45**	
Filler	**X(33)**	**46**	78	
Record Type	X(02)	79	80	"M3"

80 Column Format

Trailer (M4) **One Per File**

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Filler	X(12)	01	12	
Date Created	X(05)	13	17	YYDDD
Total Records	9(10)	18	27	
Total Procedures	9(06)	28	33	
Filler	X(45)	34	78	
Record Type	X(02)	79	80	"M4"

Exhibit E3

ECFLD.TXT

\\ntftp\d$\ftp\shareinfo\enc\ecfld.txt

ECFLD.TXT Record Layout

Record length is 80 bytes

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Form Type	X(01)	01	01	
Internal Field Number	X(03)	02	04	
Internal Field Name	X(15)	05	19	
Internal Table Name	X(15)	20	34	
Internal Field Length	9(03)	35	37	
Form Field Name	X(15)	38	52	
Date Record Added	X(08)	53	60	
Last Modified Date	X(08)	61	68	
Last Modified Time	X(08)	69	76	
Last Modified User	X(03)	77	79	
Field Type	X(01)	80	80	

Exhibit E4

ECERRFLD.TXT

\\ntftp\d$\ftp\shareinfo\enc\ecerrfld.txt

ECERRFLD.TXT Record Layout

Record length is 53 bytes

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Error Code	X(04)	01	04	
Internal Field Number	X(03)	05	07	
Begin Date	X(08)	08	15	
End Date	X(08)	16	23	
Encounter CCL Indicator	X(01)	24	24	
Claim CCL Indicator	X(01)	25	25	
Form Type	X(01)	26	26	
Date Record Added	X(08)	27	34	
Last Modified Date	X(08)	35	42	
Last Modified Time	X(08)	43	50	
Last Modified User	X(03)	51	53	

Exhibit E5

ECERR.TXT

\\ntftp\d$\ftp\shareinfo\enc\ecerr.txt

ECERR.TXT Record Layout

Record length is 74 bytes

Data Name	Picture	Actual Positions From	Actual Positions To	Remarks
Error Number	X(04)	1	4	
Error Description	X(70)	5	74	

Exhibit E6

AHCCCS
Coverage Codes

AHCCCS Coverage Codes		
01	Covered by AHCCCS/Available	Accepted for both FFS claims and encounters
02	Not Covered by AHCCCS/Available	Not accepted for FFS claims, but accepted for encounters
03	Covered by AHCCCS/Not Available	Accepted for FFS claims, but not for encounters
04	Not Covered by AHCCCS/Not Available	Not accepted for either FFS claims or encounters
08	Replaced by Another Procedure Code	

ENCOUNTER ERROR CORRECTION FIELDS FILE LAYOUT

File name(s): ecfld.txt and ecfld.txt.YYYYMMDD
Directory: RBHA_Common
Record Length: 80
Description: Monthly download from AHCCCS via DBHS containing AHCCCS pend form types, internal fields and table names.

Record Location From	To	Column Name	Type	Size	Comment / Changes
1	1	Form-Type	Char	1	“A”, “B”, “C” or “D”
2	4	Internal-Field-Number	Char	3	
5	19	Internal-Field-Name	Char	15	
20	34	Internal-Table-Name	Char	15	
35	37	Internal-Field-Length	Numeric	3	
38	52	Form-Field-Name	Char	15	
53	60	Date-Record-Added	Char	8	YYYYMMDD
61	68	Last-Modified-Date	Char	8	YYYYMMDD
69	74	Last-Modified-Time	Char	6	HHMMSS
75	76	Filler	Char	2	Spaces
77	79	Last-Modified-User	Char	3	
80	80	Field-Type	Char	1	

ENCOUNTER ERROR FIELDS FILE LAYOUT

File name(s): ecerrfld.txt and ecerrfld.txt.YYYYMMDD
Directory: RBHA_Common
Record Length: 53
Description: Monthly download from AHCCCS via DBHS containing AHCCCS pend error codes and associated internal field numbers

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	4	Error-Code	Char	4	
5	7	Internal-Field-Number	Char	3	
8	15	Begin-Date	Char	8	YYYYMMDD
16	23	End-Date	Char	8	YYYYMMDD. If none, “99999999”.
24	24	Encounter-CCL-Indicator	Char	1	Y or N
25	25	Claim-CCL-Indicator	Char	1	Y or N
26	26	Form-Type	Char	1	“A”, “B”, “C”, or “D”
27	34	Date-Record-Added	Char	8	YYYYMMDD
35	42	Last-Modified-Date	Char	8	YYYYMMDD
43	48	Last-Modified-Time	Char	6	HHMMSS
49	50	Filler	Char	2	Spaces
51	53	Last-Modified-User	Char	3	

ENCOUNTER ERROR CODES FILE LAYOUT

File name(s): ecerr.txt and ecerr.txt.YYYYMMDD
Directory: RBHA_Common
Record Length: 74
Description: Monthly download from AHCCCS via DBHS containing AHCCCS pend error codes and descriptions

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Error-Number	Char	4	
2	74	Error-Description	Char	73	

BHS REFERENCE 01 FILE LAYOUT

File Name: BHSREFER01.zip

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

Effective 1/1/05, BHS no longer uses the REFER01.zip file as received from AHCCCS. BHS uses, and recommends that ALL use, this file layout, which ties back to the B2 Matrix. Column references are reflected on the B2 Matrix.

File Header Record (Trailer Record follows the same format.)

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	8	Date-Created	Char	8	YYYYMMDD
9	78	Filler	Char	70	Value: Spaces
79	80	Record-Type	Char	2	Values: Header - T0 (T and zero) Trailer - T9

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
Demographic Record: One per procedure					
1	5	Procedure-Code	Char	5	Column A
6	70	Description	Char	65	Column B
71	73	Minimum-Age-Limitations	Char	3	Column F
74	74	Minimum-Age-Type	Char	1	Value: Y
75	77	Maximum-Age-Limitations	Char	3	Column F
78	78	Maximum-Age-Type	Char	1	Value: Y
79	80	Record-Type	Char	2	Value: H1
Max Allowed Charge Record: One to Many Per Procedure					
1	5	Procedure-Code	Char	5	Column A
6	7	County	Char	2	Value: Spaces (all counties)
8	15	Begin-Date	Char	8	Column H
16	23	End-Date	Char	8	Column I
24	34	MAC	Numeric	11	Column AR. Implied decimal. Format is 9(9)V99
35	42	CRN-Date	Char	8	Value: Spaces
43	44	PLC-SER	Char	2	Column E
45	78	Filler	Char	34	Value: Spaces
79	80	Record-Type	Char	2	Value: H2

BHS REFERENCE 01 FILE LAYOUT

File Name: BHSREFER01.zip

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

Effective 1/1/05, BHS no longer uses the REFER01.zip file as received from AHCCCS. BHS uses, and recommends that ALL use, this file layout, which ties back to the B2 Matrix. Column references are reflected on the B2 Matrix.

Record Location From	To	Column Name	Type	Size	Comments/Changes
AHCCCS Revenue Codes to Bill Types Record: One to Many per Revenue Code Range					
1	3	Revenue-Code-From	Char	3	Column A
4	6	Revenue-Code-To	Char	3	Column A
7	9	Bill-Type-From	Char	3	Column E
10	12	Bill-Type-To	Char	3	Column E
13	16	Error-Code	Char	4	Value: Spaces
17	17	Revenue-3rd-Digit-Indicator	Char	1	Value: Spaces
18	18	Coverage-Indicator	Char	1	Value: Spaces
19	19	Units-Indicator	Char	1	Value: Spaces
20	20	PA-Code	Char	1	Value: Spaces
21	21	Medical-Review-Indicator	Char	1	Value: Spaces
22	22	MAM-Price-Indicator	Char	1	Value: Spaces
23	23	Procedure-Indicator	Char	1	Value: Spaces
24	31	Begin-Date	Char	8	Column H
32	39	End-Date	Char	8	Column I
40	78	Filler	Char	39	Value: Spaces
79	80	Record-Type	Char	2	Value: H5

REFERENCE 01 FILE LAYOUT

EFFECTIVE 1/1/05, BHS NO LONGER USES THIS FILE AS RECEIVED FROM AHCCCS. BHS USES, AND RECOMMENDS ALL TO USE, THE BHSREFER01.ZIP FILE LAYOUT. THE BHSREFER01.ZIP FILE LAYOUT TIES BACK TO THE B2 MATRIX.

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

File Header Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	12	Filler	Char	12	Spaces
13	17	Date-Created	Char	5	YYDDD
18	78	Filler	Char	61	Spaces
79	80	Record-Type	Char	2	Value: T0 (T and zero)

NOTES

1) File name: **"REFER01.zip"**, which is placed in the RBHA_Common directory.
2) Record length: 80.

REFERENCE 01 FILE LAYOUT

EFFECTIVE 1/1/05, BHS NO LONGER USES THIS FILE AS RECEIVED FROM AHCCCS. BHS USES, AND RECOMMENDS ALL TO USE, THE BHSREFER01.ZIP FILE LAYOUT. THE BHSREFER01.ZIP FILE LAYOUT TIES BACK TO THE B2 MATRIX.

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
Demographic Record:					
1	5	Procedure-Code	Char	5	
6	70	Description	Char	65	
71	73	Minimum-Age-Limitations	Char	3	
74	74	Minimum-Age-Type	Char	1	
75	77	Maximum-Age-Limitations	Char	3	
78	78	Maximum-Age-Type	Char	1	
79	80	Record-Type	Char	2	Value: H1
Max Allowed Charge Record:					
1	5	Procedure-Code	Char	5	
6	7	County	Char	2	
8	15	Begin-Date	Char	8	YYYYMMDD
16	23	End-Date	Char	8	If none “99999999,” or YYYYMMDD
24	34	MAC	Numeric	11.2	Implied decimal. Format is 9(9)V99
35	42	CRM-Date	Char	8	YYYYMMDD
43	44	PLC-SER	Char	2	
45	78	Filler	Char	34	Spaces
79	80	Record-Type	Char	2	Value: H2
AHCCCS Coverage Record:					
1	5	Procedure-Code	Char	5	
6	7	Coverage-Code	Char	2	
8	12	Replacement-Procedure-Code	Char	5	
13	20	Begin-Date	Char	8	YYYYMMDD
21	28	End-Date	Char	8	If none “99999999,” or YYYYMMDD
29	78	Filler	Char	50	Spaces
79	80	Record-Type	Char	2	Value: H3
AHCCCS Medical Category of Service Record:					

NOTES

1) File name: **“REFER01.zip”**, which is placed in the RBHA_Common directory.
2) Record length: 80.

REFERENCE 01 FILE LAYOUT

EFFECTIVE 1/1/05, BHS NO LONGER USES THIS FILE AS RECEIVED FROM AHCCCS. BHS USES, AND RECOMMENDS ALL TO USE, THE BHSREFER01.ZIP FILE LAYOUT. THE BHSREFER01.ZIP FILE LAYOUT TIES BACK TO THE B2 MATRIX.

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
1	2	Category-of-Service	Char	2	
3	3	Category-Type	Char	1	
4	14	Service-From	Char	11	
15	25	Service-To	Char	11	
26	33	Begin-Date	Char	8	YYYYMMDD
34	41	End-Date	Char	8	If none “99999999,” or YYYYMMDD
42	78	Filler	Char	37	Spaces
79	80	Record-Type	Char	2	Value: H4
Reference Code to Bill Types Record:					
1	3	Revenue-Code-From	Char	3	
4	6	Revenue-Code-To	Char	3	
7	9	Bill-Type-From	Char	3	
10	12	Bill-Type-To	Char	3	
13	16	Error-Code	Char	4	
17	17	Revenue-3rd-Digit-Ind	Char	1	N or Y
18	18	Coverage-Ind	Char	1	N or Y
19	19	Unit-Ind	Char	1	N or Y
20	20	PA-Code	Char	1	
21	21	Medicare-Review-Ind	Char	1	N or Y
22	22	Manual-Procedure-Ind	Char	1	N or Y
23	23	Procedure-Indicator	Char	1	R, O or N
24	31	Service-Begin-Date	Char	8	YYYYMMDD
32	39	Service-End-Date	Char	8	If open-ended, “99999999,” or YYYYMMDD
40	78	Filler	Char	39	Spaces
79	80	Record-Type	Char	2	Value: H5
Revenue Code to Procedure Code Record:					
1	3	Revenue-Code-From	Char	3	
4	6	Revenue-Code-To	Char	3	
7	11	Procedure-From	Char	5	

NOTES

1) File name: **“REFER01.zip”**, which is placed in the RBHA_Common directory.
2) Record length: 80.

REFERENCE 01 FILE LAYOUT

EFFECTIVE 1/1/05, BHS NO LONGER USES THIS FILE AS RECEIVED FROM AHCCCS. BHS USES, AND RECOMMENDS ALL TO USE, THE BHSREFER01.ZIP FILE LAYOUT. THE BHSREFER01.ZIP FILE LAYOUT TIES BACK TO THE B2 MATRIX.

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
12	16	Procedure-To	Char	5	
17	24	Service-Begin-Date	Char	8	YYYYMMDD
25	32	Service-End-Date	Char	8	If open-ended, “99999999,” or YYYYMMDD
33	78	Filler	Char	46	Spaces
79	80	Record-Type	Char	2	Value: H6

File Trailer Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	12	Filler	Char	12	Spaces
13	17	Date-Created	Char	5	YYDDD
18	27	Total-Records	Numeric	10	
28	33	Total-Procedures	Numeric	6	
34	78	Filler	Char	45	Spaces
79	80	Record-Type	Char	2	Value: T9

NOTES

1) File name: **“REFER01.zip”**, which is placed in the RBHA_Common directory.
2) Record length: 80.

BHS REFERENCE 02 FILE LAYOUT

File Name: BHSREFER02.zip

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

Effective 1/1/05, BHS no longer uses the REFER02.zip file as received from AHCCCS. BHS uses, and recommends that ALL use, this file layout, which ties back to the B2 Matrix. Column references are reflected on the B2 Matrix.

File Header Record (Trailer Record follows the same format.)

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	8	Date-Created	Char	8	YYYYMMDD
9	78	Filler	Char	70	Value: Spaces
79	80	Record-Type	Char	2	Values: Header – M1 Trailer – M4

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
Procedure: One per procedure					
1	5	Procedure-Code	Char	5	Column A
6	19	Description	Char	65	Column B
20	27	Start-Date	Char	8	Column H
28	35	End-Date	Char	8	Column I
36	38	Maximum-Units	Char	3	Column AT
39	41	Frequency-Value	Char	3	Value: Spaces
42	42	Frequency-Code	Char	1	Value: Spaces
43	46	Anesthesia-Maximum	Char	4	Value: Spaces
47	50	Anesthesia-Value	Numeric	3.1	Value: Spaces
51	61	Maximum-Allowable-Charge	Numeric	9.2	Column AR
62	64	Follow-Up-Period	Char	3	Value: Spaces
65	65	Sex	Char	1	Column G
66	68	Minimum-Age	Numeric	3	Column F
69	69	Minimum-Age-Qualifier	Char	1	Value: Y
70	72	Maximum-Age	Numeric	3	Column F
73	73	Maximum-Age-Qualifier	Char	1	Value: Y
74	74	Medicare-Coverage-Indicator	Char	1	Value: Spaces

BHS REFERENCE 02 FILE LAYOUT

File Name: BHSREFER02.zip

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

Effective 1/1/05, BHS no longer uses the REFER02.zip file as received from AHCCCS. BHS uses, and recommends that ALL use, this file layout, which ties back to the B2 Matrix. Column references are reflected on the B2 Matrix.

Record Location From	To	Column Name	Type	Size	Comments/Changes
75	**76**	**PLC-SER**	**Char**	**2**	**Column E**
77	**77**	**NR-Client-OK**	**Char**	**1**	**Column J**
78	**78**	Filler	Char	**1**	**Value: Spaces**
79	80	Record-Type	Char	2	Value: M2
Modifier: One to Many Per Procedure					
1	5	Procedure-Code	Char	5	Column A
6	7	Procedure-Modifier	Char	2	Column D
8	8	Payment-Type	Char	1	Value: A
9	19	Amount	Numeric	7.4	Column AR
20	27	Begin-DOS	Char	8	Column H
28	35	End-DOS	Char	8	Column I
36	43	Claim-Receipt	Char	8	Value: Spaces
44	**45**	**PLC-SER**	**Char**	**2**	**Column E**
46	78	Filler	Char	**33**	**Value: Spaces**
79	80	Record-Type	Char	2	Value: M3

REFERENCE 02 FILE LAYOUT

EFFECTIVE 1/1/05, BHS NO LONGER USES THIS FILE AS RECEIVED FROM AHCCCS. BHS USES, AND RECOMMENDS ALL TO USE, THE BHSREFER02.ZIP FILE LAYOUT. THE BHSREFER02.ZIP FILE LAYOUT TIES BACK TO THE B2 MATRIX.

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

File Header Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	12	Filler	Char	12	Spaces
13	20	Date-Created	Char	8	YYYYMMDD
21	78	Filler	Char	58	Spaces
79	80	Record-Type	Char	2	Value: M1

NOTES

1) File name: **"REFER02.zip"**, which is placed in the RBHA_Common directory.
2) Record length: 80.

REFERENCE 02 FILE LAYOUT

EFFECTIVE 1/1/05, BHS NO LONGER USES THIS FILE AS RECEIVED FROM AHCCCS. BHS USES, AND RECOMMENDS ALL TO USE, THE BHSREFER02.ZIP FILE LAYOUT. THE BHSREFER02.ZIP FILE LAYOUT TIES BACK TO THE B2 MATRIX.

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
Procedure Record:					
1	5	Procedure-Code	Char	5	
6	19	Description	Char	14	
20	27	Begin-Date	Char	8	YYYYMMDD
28	35	End-Date	Char	8	In none “99999999” or YYYYMMDD
36	38	Maximum-Units	Char	3	
39	41	Frequency-Value	Char	3	
42	42	Frequency-Code	Char	1	
43	46	Anesthesia-Maximum	Char	4	
47	50	Anesthesia-Value	Numeric	4.1	Implied decimal. Format is 999V9.
51	61	Max-Allowable-Charge	Numeric	11.2	Implied decimal. Format is 999V9.
62	64	Follow-Up-Period	Char	3	
65	65	Gender	Char	1	
66	68	Minimum-Age	Char	3	
69	69	Minimum-Age-Qualifier	Char	1	
70	72	Maximum-Age	Char	3	
73	73	Maximum-Age-Qualifier	Char	1	
74	74	Medicare-Coverage-Ind	Char	1	
75	76	PLC-SER	Char	2	
77	78	Filler	Char	2	Spaces
79	80	Record-Type	Char	2	Value: M2
Modifier Record:					
1	5	Procedure-Code	Char	5	
6	7	Procedure-Modifier	Char	2	
8	8	Payment-Type	Char	1	
9	19	Amount	Numeric	11.4	Implied decimal. Format is 9(7)V9999
20	27	Service-Begin-Date	Char	8	YYYYMMDD

NOTES

1) File name: **“REFER02.zip”**, which is placed in the RBHA_Common directory.
2) Record length: 80.

REFERENCE 02 FILE LAYOUT

EFFECTIVE 1/1/05, BHS NO LONGER USES THIS FILE AS RECEIVED FROM AHCCCS. BHS USES, AND RECOMMENDS ALL TO USE, THE BHSREFER02.ZIP FILE LAYOUT. THE BHSREFER02.ZIP FILE LAYOUT TIES BACK TO THE B2 MATRIX.

Monthly download from AHCCCS via DBHS containing AHCCCS procedure code information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
28	35	Service-End-Date	Char	8	In none “99999999” or YYYYMMDD
36	43	Claim-Receipt	Char	8	
44	45	PLC-SER	Char	2	
46	78	Filler	Char	33	Spaces
79	80	Record-Type	Char	2	Value: M3
40	78	Filler	Char	39	Spaces
79	80	Record-Type	Char	2	Value: H5

File Trailer Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	12	Filler	Char	12	Spaces
13	20	Date-Created	Char	8	YYYYMMDD
21	30	Total-Records	Numeric	10	
31	40	Total-Procedures	Numeric	10	
41	78	Filler	Char	38	Spaces
79	80	Record-Type	Char	2	Value: M4

NOTES

1) File name: **“REFER02.zip”**, which is placed in the RBHA_Common directory.
2) Record length: 80.

ADHS/DBHS Allowable Procedure Code Matrix - Sample page of B2 Matrix

Updated 10/1/04

	Code	Description	COS	Valid Modifier	Valid Places of Service /Bill Type	Min./Max. Age for Procedure	Gender	Effective Begin Date	End Date	Telemedicine/Non-registered ID	02 Level I Hospital	03 Pharmacy	04 Laboratory	06 Emergency Transportation	08 Physician	11 Psychologist	18 Physician Assistant	19 Nurse Practitioner	28 Non-emergency Transportation	31 DO-Physician Osteopath	39 Habilitation Provider**	71 Level 1 Psych. Hospital	72 TRBHA/RBHA	74 Level II B/H Residence (non IMD)	77 Outpatient Clinic	78 Level I residential treatment center Secure (non IMD)	85 Licensed Clinical Social Worker	86 Licensed Marriage/Family therapist	87 Licensed Professional Counselor	97 Air Transportation	A2 Level III B/H residential (non IMD)	A3 Community Service Agency	A4 Licensed Independent Substance Abuse Counselor (LISAC)	A5 Therapeutic Foster Care Home	A6 Rural Substance Abuse Transitional Center	B1 Level I Residential Treatment Center-Secure (IMD)	B2 Level I Residential Treatment Center-Non-Secure (non-IMD)	B3 Level I Residential Treatment Center-Non-Secure (IMD)	B5 Level I Subacute Facility (non-IMD)	B6 Level I Subacute Facility (IMD)	B7 Level I Crisis Services	S2 Other	S3 Tribal Traditional Service Practitioner	Non Facility Rate	Facility Rate	DBHS Units	Max Units
											Provider Type																																					These are the AHCCCS/ ADHS/DBHS fee-for-service rates. The RBHA may negotiate a payment higher, lower or equal to the fee-for-service rate			
8	114	Psychiatric room and board, private	10		111, 112, 113, 114	000/999		10/01/82			X											X																										$592.00	1	
9																																					X	X									$250.00	1	
10																										X										X											$275.00	1	
11																																								X						$294.50	1	
12																																							X						$232.00	1	
13	116	Detox, private	10		111, 112, 113, 114	000/999		10/01/82			X											X																										$278.00	1	
14																																								X					$278.00	1	
15																																							X						$226.00	1	
16																										X										X											$275.00	1	
17																																					X	X									$250.00	1	
18	124	Psychiatric room and board, semi private two beds	10		111, 112, 113, 114	000/999		10/01/82			X											X																										$592.00	1	
19																																					X	X									$250.00	1	
20																										X										X											$275.00	1	
21																																								X					$294.50	1	
22																																							X						$232.00	1	
23	126	Detox, semi private	10		111, 112, 113, 114	000/999		10/01/82			X											X																										$278.00	1	
24																																								X					$278.00	1	
25																																							X						$226.00	1	
26																										X										X											$275.00	1	
27																																					X	X									$250.00	1	
28	134	Psychiatric room and board, semi private three bed and four beds	10		111, 112, 113, 114	000/999		10/01/82			X											X																										$592.00	1	
29																																					X	X									$250.00	1	
30																										X										X											$275.00	1	
31																																								X					$294.50	1	
32																																							X						$232.00	1	
33	136	Detox, 3&4 bed	10		111, 112, 113, 114	000/999		10/01/82			X											X																										$278.00	1	
34																																								X					$278.00	1	
35																																							X						$226.00	1	
36																										X										X											$275.00	1	
37																																					X	X									$250.00	1	
38	154	Room/board Ward Psychiatric	10		111, 112, 113, 114	000/999		10/01/82			X											X																										$592.00	1	
39																																					X	X									$250.00	1	
40																										X										X											$275.00	1	
41																																								X					$294.50	1	
42																																							X						$232.00	1	
43	156	Detox, ward	10		111, 112, 113, 114	000/999		10/01/82			X											X																										$278.00	1	
44																																								X					$278.00	1	
45																																							X						$226.00	1	
46																										X										X											$275.00	1	
47																																					X	X									$250.00	1	
48	183	Home pass	18		111, 112, 113, 114	000/999		10/01/82																													X	X									$117.50	1	
49																										X										X											$123.50	1	
50	189	Bedhold	10		111, 112, 113, 114	000/999		12/01/82																													X	X									$117.50	1	

M = Procedure may only be billed by these provider types if Medicare has paid the claim

Telemedicine/Non-registered ID Column: T= Telemedicine available, N= Non-registered ID OK, B=both Telemedicine and Non-registered ID available

THIRD-PARTY LIABILITY CLIENT INFORMATION FILE LAYOUT

Daily download from AHCCCS via DBHS containing client TPL information.

File Header Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	6	Filler	Char	6	Value: "TPLHDR"
7	14	Date-Created	Char	8	YYYYMMDD
15	314	Filler	Char	300	Spaces
315	320	Health-Plan-ID	Char	6	
321	**330**	**Filler**	**Char**	**10**	**Spaces**

NOTES

1. File name: **"h74tpl.YYMMDD"**, which is placed in the RBHA_Common directory.
2. Record length: 330.

THIRD-PARTY LIABILITY CLIENT INFORMATION FILE LAYOUT

Daily download from AHCCCS via DBHS containing client TPL information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
1	2	Sequence-Number	Char	2	This is an AHCCCS internal field and does not apply to the T/RBHAs. Pertains to multiple records for the same AHCCCS-ID, not to file as a whole.
3	8	Process-Date	Char	6	YYMMDD
9	17	AHCCCS-ID	Char	9	
18	37	Last-Name	Char	20	
38	47	First-Name	Char	10	
48	48	Gender	Char	1	M or F
49	56	Date-of-Birth	Char	8	YYYYMMDD
57	76	Policy-ID-Number	Char	20	
77	77	Insurance-Coverage-Type	Char	1	Valid values: **G** – Group **H** – Hospitalization **I** – Individual **M** – Medigap **O** – Other **Z** – Medicare
78	85	Start-Date	Char	8	YYYYMMDD
86	93	End-Date	Char	8	If none "99999999" or "99991231." YYYYMMDD.
94	123	Carrier-Name	Char	30	
124	133	Carrier-Phone-No	Char	10	
134	156	Carrier-Address-Line-1	Char	23	
157	179	Carrier-Address-Line-2	Char	23	
180	197	Carrier-City	Char	18	
198	199	Carrier-State	Char	2	
200	208	Carrier-Zip-Code	Char	9	
209	228	Policy-Holder-Last-Name	Char	20	
229	238	Policy-Holder-First-Name	Char	10	
239	239	Policy-Holder-First-Init	Char	1	**Note: Sometimes the three Policy-Holder name fields from AHCCCS can actually be formatted as if they were a single 31-byte name field.**

NOTES

1. File name: **"h74tpl.YYMMDD"**, which is placed in the RBHA_Common directory.
2. Record length: 330.

THIRD-PARTY LIABILITY CLIENT INFORMATION FILE LAYOUT

Daily download from AHCCCS via DBHS containing client TPL information.

File Data Record

Record Location From	To	Column Name	Type	Size	Comments/Changes
240	240	Relationship	Char	1	Valid values: **A** – Absent parent **C** – Child **G** – Guarantor **L** – Legal guardian **O** – Other **P** – Parent **S** – Self
241	270	Policy-Holder-Employer	Char	30	
271	290	Policy-Holder-Group-ID	Char	20	
291	298	Add-Date	Char	8	YYYYMMDD
299	306	Change-Control-Date	Char	8	YYYYMMDD
307	314	Verify-Date	Char	8	YYYYMMDD
315	320	Health-Plan-ID	Char	6	
321	**325**	**Filler**	**Char**	**5**	**(Future expansion)**
326	**330**	**Master-Carrier-ID**	**Char**	**5**	

NOTES

1. File name: **"h74tpl.YYMMDD"**, which is placed in the RBHA_Common directory.
2. Record length: 330.

THIRD-PARTY LIABILITY CLIENT INFORMATION FILE LAYOUT

Daily download from AHCCCS via DBHS containing client TPL information.

File Trailer Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	6	Filler	Char	6	Value: "TPLFTR"
7	14	Date-Created	Char	8	YYYYMMDD
15	20	Record-Count	Numeric	6	
21	314	Filler	Char	294	Spaces
315	320	Health-Plan-ID	Char	6	
321	**330**	**Filler**	**Char**	**10**	**Spaces**

NOTES

1. File name: **"h74tpl.YYMMDD"**, which is placed in the RBHA_Common directory.
2. Record length: 330.

THIRD-PARTY LIABILITY CLIENT INFORMATION FILE LAYOUT

HISTORY

Date	Description
9/13/05	Added new field: Master-Carrier-ID. File size increased to 330.

NOTES

1. File name: **"h74tpl.YYMMDD"**, which is placed in the RBHA_Common directory.
2. Record length: 330.

AHCCCS TPL RESYNC FILE LAYOUT

On-demand download file produced as a result of an AHCCCS TPL resync request to DBHS by a RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	1	Filler	Char	1	Value: "
2	10	AHCCCS-ID	Char	9	
11	12	Filler	Char	3	Value: ",”
14	14	Seq-Nbr	Char	2	This is an AHCCCS internal field, and does not apply to the T/RBHAs.
16	17	Filler	Char	3	Value: ",”
18	25	Process-Date	Char	8	YYYYMMDD
26	28	Filler	Char	3	Value: ",”
29	48	Last-Name	Char	20	
49	51	Filler	Char	3	Value: ",”
52	61	First-Name	Char	10	
62	64	Filler	Char	3	Value: ",”
65	65	Sex	Char	1	
66	68	Filler	Char	3	Value: ",”
69	76	DOB	Char	8	YYYYMMDD
77	79	Filler	Char	3	Value: ",”
80	99	Policy-Nbr	Char	20	
100	102	Filler	Char	3	Value: ",”
103	103	Coverage-Type	Char	1	
104	106	Filler	Char	3	Value: ",”
107	114	Start-Date	Char	8	YYYYMMDD
115	117	Filler	Char	3	Value: ",”
118	125	End-Date	Char	8	YYYYMMDD
126	128	Filler	Char	3	Value: ",”
129	158	Carrier-Name	Char	30	
159	161	Filler	Char	3	Value: ",”
162	171	Carrier-Phone	Char	10	
172	174	Filler	Char	3	Value: ",”
175	197	Carrier-Address-1	Char	23	
198	200	Filler	Char	3	Value: ",”
201	223	Carrier-Address-2	Char	23	
224	226	Filler	Char	3	Value: ",”
227	244	Carrier-City	Char	18	

NOTES

1. File name: "**h74249XX.outYYYYMMDD”** (XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Record length: 413.

AHCCCS TPL RESYNC FILE LAYOUT

On-demand download file produced as a result of an AHCCCS TPL resync request to DBHS by a RBHA.

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
245	247	Filler	Char	3	Value: ","
248	250	Carrier-State	Char	2	
251	253	Filler	Char	3	Value: ","
254	262	Carrier-Zip	Char	9	
263	265	Filler	Char	3	Value: ","
266	285	Insured-Last-Name	Char	20	
286	288	Filler	Char	3	Value: ","
289	298	Insured-First-Name	Char	10	
299	301	Filler	Char	3	Value: ","
302	302	Insured-Initial	Char	1	
303	305	Filler	Char	3	Value: ","
306	306	Relationship	Char	1	
307	309	Filler	Char	3	Value: ","
310	339	Insured-Employer	Char	30	
340	342	Filler	Char	3	Value: ","
343	362	Insured-Group-Nbr	Char	20	
363	365	Filler	Char	3	Value: ","
367	373	Creation-Date	Char	8	YYYYMMDD
374	376	Filler	Char	3	Value: ","
377	384	Change-Control-Date	Char	8	YYYYMMDD
385	387	Filler	Char	3	Value: ","
388	395	Verify-Date	Char	8	YYYYMMDD
396	398	Filler	Char	3	Value: ","
399	404	Health-Plan	Char	6	
405	407	Filler	Char	3	Value: ","
408	412	**Master-Carrier-ID**	**Char**	**5**	
413	413	Filler	Char	1	Value: "

NOTES

1. File name: "**h74249XX.outYYYYMMDD"** (XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Record length: 413.

AHCCCS TPL RESYNC FILE LAYOUT

HISTORY

Date	Description
9/13/05	Added Master-Carrier-ID

NOTES

1. File name: "**h74249XX.outYYYYMMDD"** (XX=RBHA ID), which is placed in the requesting RBHA's directory.
2. File is comma-delimited with quotes ("") surrounding each field. Character fields use null values.
3. Record length: 413.

AHCCCS MEDICARE PART D FOR QMB, SLMB AND QI-1

File name: h74partd1.txt

Monthly download from AHCCCS via DBHS containing Medicare Part D information for the QMB, SLMB and QI-1 population only. For all other populations, see Third-Party Liability h74tpl.YYMMDD file.

File is placed in RBHA_Common directory containing a file named “h74partd1.zip”

File Data Record

Record Location From	To	Column Name	Type	Size	Comment/Changes
1	9	AHCCCS-ID	Char	9	Client’s AHCCCS ID
10	29	LAST-NAME	Char	20	Client’s Last Name
30	39	FIRST-NAME	Char	10	Client’s First Name
40	40	MIDDLE-INITIAL	Char	1	Client’s Middle Initial
41	48	DATE-OF-BIRTH	Char	8	Client’s Date of Birth (YYYYMMDD)
49	49	GENDER	Char	1	Client’s Gender
50	59	CIS-ID	Char	10	CIS ID
60	68	SSN	Char	9	Social Security Number
69	69	MHS-CATEGORY	Char	1	Mental Health Category
70	71	CONTR-ID	Char	2	RBHA ID
72	72	ACTION-CODE	Char	1	Action Code
73	77	CASE-MGR-ID	Char	5	Case Manager ID
78	85	BEGIN-DATE	Char	8	Eligibility Begin Date
86	93	END-DATE	Char	8	Eligibility End Date
94	101	INTAKE-DATE	Char	8	Intake Date
102	103	CHG-RSN	Char	2	DBHS data
104	115	MDC-CLM-ID	Char	12	Medicare Claim ID
116	116	PART-D-FLG	Char	1	Part D Flag (Y/N)
117	117	TYPE	Char	1	Q=QI1 S=SLMB B=QMB
118	125	PART-D-BEG-DATE	Char	8	Part D Begin Date (MMDDYYYY)
126	133	MED-BEG-DATE	Char	8	Medicare Begin Date (MMDDYYYY)
134	139	PART-D-HP-ID	Char	6	HP ID of Part D Plan
140	170	PART-D-PLAN-NAME	Char	31	Name of Part D Plan
171	201	PART-D-MCO-NAME	Char	31	MCO that manages the Part D Plan

ADCLINK15.sample

ARIZONA DEPARTMENT OF HEALTH SERVICES
BEHAVIORAL HEALTH SERVICES DIVISION
PAST/CURRENT CLIENTS CONFINED BY THE ARIZONA DEPARTMENT OF CORRECTIONS
RBHA : NORTHERN ARIZONA REGIONAL BEHAV. HLTH. AUTH.
Week from Monday 06-JUN-2005 thru Sunday 12-JUN-2005

The Department of Corrections provided us with a list of recently incarcerated people. This report is a list of all clients who are (or have been) enrolled at your RBHA and matched by name, gender, date of birth and Social Security Number (if provided).

<---------- from AZ Department of Corrections ---------->					<---------- from CIS ---------->				
Process Date	Social Security Number	Name (Last, First, Middle)	Gender	Date of Birth	CIS Client ID	AHCCCS ID	Enrolled?	SMI Flag	Closure Date
06-JUN-05	xxxxxxxxx	Doe, John J.	M	22-NOV-58	xxxxxxxxxx	Axxxxxxxx	N	N	12-JUL-04

CIS STANDARD TESTING & PRODUCTION CRITERIA

1. The (T)RBHA will test all transactions when a new (T)RBHA contract has been awarded to a new Behavioral Health Association **OR** when an existing (T)RBHA has been awarded a new contract. All transactions include but are not limited to: 834 (Intake & Closures), Demographic (Initial, Update, Annual & Disenrollment), 837P (Professional Encounter), 837I (Institutional Encounter) and NCPDP (Drug Encounter).

2. The (T)RBHA must test individual transactions when large CIS changes have been implemented as exampled by "Covered Services and HIPAA" **OR** as requested by BHS.

3. Each testing transaction must be an original transaction. An original transaction is defined as having not been included on a previous test or production file.

4. The test file must represent an average day's worth of data with a minimum of 25 transactions. **ITS will establish a baseline for each (T)RBHA's area by evaluating previous CIS data.**

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. The (T)RBHA must pass each system testing transaction with a 90% accuracy rate.

7. **Once a (T)RBHA has passed testing with a 90% accuracy rate and has been permitted access to production, BHS at their discretion may require the (T)RBHA to return to the test environment to correct deficiencies if the (T)RBHA fails to consistently maintain the 90% accuracy rate. During this time, production files will not be processed until the (T)RBHA demonstrates that the deficiencies have been corrected and tested to BHS satisfaction.**

8. If (T)RBHA staff experience technical difficulties within their system, they must first seek assistance from their internal ITS staff. If the (T)RBHA's internal ITS staff cannot resolve the issue, the internal ITS staff should then contact the ADHS Help Desk.

DBHS DATA DICTIONARY

The Division of Behavioral Health Services maintains a data dictionary of all tables, indexes, and other information describing its internal systems and database. A brief description of critical tables is provided below. This information may assist understanding of the scope of processing and types of data maintained by DBHS. A detailed data dictionary is available upon request.

- AHCCCS_CAPITATION_ROSTER: A detail listing of all clients who were included in the capitation process for the indicated month.
- AHCCCS_ELIGIBILITY: Contains data used to determine if a client is eligible under AHCCCS to receive specific services within the dates specified.
- AHCCCS_ENCOUNTER_PEND: Details of claims or encounters not accepted for payment by AHCCCS. These rejections may not be final, since errors may be corrected and then accepted later.
- AHCCCS_ENCOUNTER_PEND_DTL: Additional detail relating to the pended encounter.
- AHCCCS_ENCOUNTER_PEND_ERR: Lists the error codes given by AHCCCS for not accepting a claim or encounter.
- AHCCCS_ERROR_TEXT: For error codes listed on the above table, this table provides the text description of the error.
- AHCCCS_PLAN_REF: For each health plan ID number, provides the name of the health plan.
- AHCCCS_PROVIDER_COS: Contains information related to each category of service each health care provider is allowed to perform and the time frames authorized.
- AHCCCS_PROVIDER_ENROLL: Information about each health care provider's enrollment under AHCCCS.
- AHCCCS_PROV_PROFILE: Information about what services a provider may perform.
- AHCCCS_TPL: Information about third parties who are responsible for providing payment coverage of a client's claims.
- CAPITATION_DAILY_RATE: Contains the authorized capitation rates for a RBHA for services under a particular program in a particular period. For each transaction received, the table is used to compute the distribution of the funds into the appropriate categories by RBHA.
- CAPITATION_ESTIMATE: Contains information about the serviced client populations that are used in the capitation estimating process.
- CLOSURE: Provides details about the termination of service for a client.
- CONTRACTOR: Provides name, address, and type and dates of service information for each RBHA.

- DIAGNOSIS_CD: Lists specifics of what is allowed for each claim arising from specific diagnoses.
- EDS_INTAKE: This table lists demographic, insurance, category, and other information about new clients. It contains the demographics and personal information regarding to the clients being enrolled.
- EDS_INTAKE_DELETE: Table of deleted intakes, primarily for historical reasons.
- EDS_LEVEL_3_RATES: Table of maximum capitation rates allowed for given procedures.
- ELIG_ENROLL_TRAN: Transaction file of client enrollment dates.
- ENCOUNTER: For each claim, or encounter, of a service provided, this table provides the specifics about what was done, when, by what provider, what program authorized it, outcome, and other data. This table contains the information about the claims activity, coming either from HCFAs, UBs or Drugs. This is the main table in the Database, as well as the largest.
- ENCOUNTER_PEND: Contains details of claims or encounters not accepted for payment by DBHS. These rejections may not be final, since errors may be corrected and then accepted later.
- ENCOUNTER_PEND_DTL: Additional detail relating to the pended encounter.
- ENCOUNTER_PEND_ERR: Contains reason(s) why DBHS denied a claim or encounter.
- H74PROV_ADDRESSES1: Locator table of provider street addresses.
- H74PROV_ADDRESSES2: Locator table of provider city, state, zip and phone data.
- H74PROV_CATEGORIES: Table of authorized categories of service by provider.
- H74PROV_DEMOGRAPHICS: Table of provider names and types.
- H74PROV_ENROLLMENTS: Information about provider enrollments, with current status and beginning and ending dates.
- H74PROV_PROFILES: Summary information about providers, by type, category of service, and timeframes.
- H74_CLIENT_DEMOG: Complete demographic information about each client, including data about mental health and substance abuse problems.
- H74_CLIENT_DUMMY_ID: Contains identification and dates of service about clients who are treated under special categories, such as for mandated anonymity.
- H74_CLIENT_YEARLY_TOTALS: Summary of amounts allowed per process per client.
- H74_ESTR: Detail records supporting the Encounter Submission Tracking Report.
- H74_ESTR_GROUP: Name and order of Encounter Submission Tracking Report groups.
- H74_INVALID_REV_PROC_CODES: This is the billing limitations table, which contains combinations of procedure and revenue codes that are not valid for specified providers and time frames.

- H74_PROCEDURE_COS: Authorized procedures and categories of service for specific timeframes.
- H74_PROCEDURE_COVERAGE: Procedures allowed under each coverage code and timeframe.
- H74_PROCEDURE_MAC: Maximum allowable charge data per procedure.
- H74_PROCEDURE_MODIFIER: Modifies what program is responsible for paying for particular procedures.
- H74_PROCEDURE_POS: Procedures authorized at particular places of service.
- H74_REVENUE_COS: Authorized revenue codes and categories of service for specific timeframes.
- H74_REVENUE_PROCEDURE: Procedures allowed with each revenue code and timeframe.
- H74_SERVICE_NOTES: Details eligibility of clients for particular services.
- PROCEDURE_CODE: Details regarding each authorized procedure, such as acceptable ages of recipients, frequency of use, etc.
- PROVIDER: Identifying, address, licensing, and background data for each provider authorized by DBHS.
- PROVIDER_TYPE: Contains text descriptions of each provider type code.
- PROV_PROFILE: Profiles of providers by category of service.
- REVENUE_CODE: Descriptions of revenue codes, such as ages of recipients, dates services must be provided within, etc.
- STATE_CAPITATION_ROSTER: Detailed information used in capitation computations for all clients included in the state capitation.

APPENDIX A: TABLE OF CHANGES

Version	Date	Changes
1.33	04/2006	1. Following text added to **CIS Testing Criteria: "**Once a (T)RBHA has passed testing with a 90% accuracy rate and has been permitted access to production, BHS at their discretion may require the (T)RBHA to return to the test environment to correct deficiencies if the (T)RBHA fails to consistently maintain the 90% accuracy rate. During this time, production files will not be processed until the (T)RBHA demonstrates that the deficiencies have been corrected and tested to BHS satisfaction." 2. New file layout added for AHCCCS Medicare Part D file, file name **h74partd1.txt.** 3. Edit message N241 added to **Encounter Pre-Processor Edits.** 4. Added new field **NPI Indicator** to the **Monthly Provider File Layout** received from AHCCCS.
1.32	02/2006	1. **Demographic Data Definitions** updated as follows: ▪ Added five new fields for additional outcome measures for children under age 5, dates of service 2/1/06 and later: Acceptable Emotional Reg, Ready to Learn, Explore and Adapt, Parent Child Interaction, Family Stress Level. ▪ Reason for Submission: Reinstate valid value 2 Annual Update. ▪ Changed age description to read, "Applicable to children 5 to 18 years of age," for the following fields: Avoid Delinquency, Success in School, Stable and Productive Adult. 2. **Demographic Pre-Processor Edits** updated as follows**:** ▪ **F103** was updated as follows: o Required disenrollment fields to include Reason-For-Disenrollment and Reason-For-Disenrollment-Crisis-Event (if a crisis event.) o Added required fields for Annual Update, DOS 9/1/05 and later and DOS 2/1/06 and later. ▪ **N136** to include Served-by-CFT. ▪ **N237** to include Clinical-Liaison-Name and Clinical-Liaison-Billing-ID. **3. Encounter Pre-Processor Edits** updated as follows**:** ▪ Added **N240** – Procedure code/Modifier combination must be limited to one per month. 4. **UDEMOG** file layout historical changes updated to include: ▪ "Changed the edits for diagnosis codes V71.09 and 799.9 in AXIS I-1 and AXIS II-1." ▪ "Re-instated the Annual Update option for Reason-for-Submission." 5. **UB Data Definitions** updated as follows:

Field	Change
Provider ID	Removed text from the description stating: "Provider ID where service was provided. Includes facility ID valid BHS Provider ID for dates of service prior to 1/1/2002, except if BHS only provider."
Attending Physician	Removed text from the description stating: "...for dates of service after 1/1/2002."
Discharge Hour	Removed text from the description stating: "...with service date prior to 4/1/2001."
Co-Insurance	Removed text from the description stating: "This field replaces the current logic, which is being calculated in H74603. Current calculation is: CO-INSURANCE = (MEDICARE-ALLOW-AMT – MEDICARE-DEDUCTIBLE MEDICARE PAYMENT)"
Group Biller ID	Removed text from the description stating: "...for dates of service after 01/01/2002.
Procedure Code	Removed text from the description stating: "...revenue code...or BHS Service Matrix code. Prior to 4/1/2001, enter the three digit Revenue Cd and leave the Revenue-Cd field blank. ADHS calculates the "001" Revenue Cd line. After 4/1/2001, enter the three-digit Revenue Cd into Revenue-Cd field. RBHAs must calculate the "001" Revenue-Cd line."
Revenue Cd	Added text to the description stating: "After 6/1/2006, must send as a four-digit code."

APPENDIX A: TABLE OF CHANGES

Version	Date	Changes
		▪ Explore and Adapt ▪ Parent Child Interaction ▪ Family Stress Level 2. The **Demographic Pre-Processor Edits** document was updated as follows: ▪ F103 – added new outcome measures fields ▪ N136 – added 30 additional fields ▪ N238 – added new outcome measures fields 3. Closure file layout **UCLSRE** and **Closure Data Definitions** were updated to reflect changes in the valid values for Reason-of-Movement. 4. **Data Definitions** documents for **HCFA and UB encounters** were changed as follows: ▪ The description for **Diagnosis Code now** reads: "Must use a valid ICD-9 code."
1.30	9/30/05	1. In the HCFA 1500 Encounter file layout (uenmedxx.dayyyymmdd.nn) and the Encounter HCFA Data Definitions, the following changes were made to the valid values for Place of Service to match the Covered Services Guide ver. 5.6: ▪ Added: 15 – Mobile Unit; 20 – Urgent Care Facility ▪ Removed: 24 – Ambulatory surgical center; 25 – birthing center; military treatment facility; 34 – Hospice; 61 – Comprehensive inpatient rehab facility; 65 – End-stage renal disease treatment facility. 2. In the DBHS Closure Pre-Processor Edits, the following edits were inactivated, as DBHS no longer edits header information: ▪ F01 through F13, F24, N01and N02 3. The TPL Client Information file layout (h74tpl.yymmdd) and the AHCCCS TPL Resync file layout (h74249xx.outyyyymmdd) were changed to reflect the new field for Master Carrier ID.
1.29	8/30/05	1. Encounter Pre-Processor Edits document was updated to inactivate edit N199. 2. Sample pages of the new Demographic DRIIP Monitoring reports were added: ▪ Open Clients With No Demographic Activity in Last 12 months ▪ Open Clients With No Demographic Activity in Last 6 months ▪ Behavioral Health Category Change report ▪ Disenrollments (Closures) report ▪ Clients Over 18 With a BHC of Child report 3. Demographic Pre-Processor Edits document was updated as follows: ▪ Added new edits F99, F100, F101, F102, F103, N236, N237, N238 and N239. ▪ Changed message text for F51, F54, F55, F91 and N136. ▪ Inactivated N194.
1.28	7/05	1. Added new fields Reason-for-Disenrollment-Crisis-Event, Avoid-Delinquency, Success-in-School, Stable-and-Productive-Adult, Lives-With-Family, Increased-Stability, Decrease-in-Safety-Risks, Sp-Priority-SMI, Clinical-Liaison-Name and Clinical-Liaison-Billing-ID to the following file layouts: ▪ Demographic Resync – file name h74248xx.outYYYYMMDD ▪ Demographic Daily Download – file name ddmogxx.YYYYMMDD.nn ▪ Demographic Data File Layout T/RBHA Reporting Requirements – file name udemogXX.daYYYYMMDD.nn 2. Updated Demographic Data Definitions to reflect new fields added to the demographic file layouts. 3. Updated HCFA UB Drug Encounter Pre-Processor Edits Reference to reflect change in message to N222 to read, "Invalid prescribing provider AHCCCS ID." Edit number N223 inactivated. 4. Corrected definition of AHCCCS Eligibility in the DBHS Data Dictionary. 5. Added definition of "Sequence Number" to the following file layouts:

TABLE OF CHANGES

Version	Date	Changes
		▪ Third-Party Liability Client Information - file name h74tpl.yymmdd ▪ AHCCCS TPL Resync – file name h74249XX.outyyyymmdd 6. Added new field Eligibility Group to the following file layouts: ▪ Statewide Roster – file names drostful.dayyyymmdd.nn and drostinc.dayyyymmdd.nn ▪ AHCCCS Eligibility – file name dahcdxx.dayyyymmdd.nn ▪ AHCCCS Eligibility Resync – file name h74247xx.outyyyymmdd 7. Added new error message N97 "Cannot Change AHCCCS ID to anything but Spaces," to the DBHS Intake Pre-Processor Edits.
1.27	6/05	1. Added u640eom AHCCCS End of the Month Eligibility Closures file layout. 2. Added Primary Client Resync file layout. 3. Added AHCCCS SSN Crosswalk Resync file layout. 4. Added ADCLINK Sample Report. 5. Added new field **Served-By-CFT, effective 7/1/05,** to ddmog Demographic Download file layout and h74248XX.outYYYYMMDD Demographic Resync file layout. 6. Added new paragraph to CIS Standard Testing Criteria: "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 the ADHS Help Desk." 7. Updated file names of all resync file layouts to reflect current file names.
1.26	6/05	1. Updated the following file layouts to add new RBHA IDs for Cenpatico: UCLSRE, UENDRG, UENDSU, UENINP, UENMED. UINTKE, UDEMOG 2. Updated Intake, Closure, Demographic, NCPDP, HCFA, and UB Data Definitions with new RBHA IDs and current valid values. 3. Removed obsolete fields from file layout DINTD and H74212 Intake resync. 4. Removed obsolete edits from Intake, Closure and Encounter Pre-Processor Edits documents.
1.25	3/05	1. Added error messages N233 & N234 to the Encounter Pre-Processor Edits. 2. Reformatted: Closure, NCPDP, HCFA and UB Data Defintions. 3. Added new fields to file layouts UDEMOG, DDEMOG and Demographic Resync. 4. Added valid value 04 to Place-Of-Service field on UENMED file layout. 5. Reformatted and updated Closure and Intake Pre-Processor Edit documents.
1.24	2/25/05	1. Added Primary-Language field to Intake Resync file H74212 to match Intake File Layout. 2. Updated CIS Encounter Pre-Processor Edits to reflect change of text in error message N182.
1.23	1/31/05	1. Added new file layouts BHSPROFILE.zip, BHSREFER01.zip & BHSREFER02.zip, which are recommended to replace Profile.zip, Refer01.zip & Refer02.zip, to bring in line with B2 Matrix. 2. Included sample page of B2 Matrix.
1.23	1/19/05	1. Added error codes 93, 94, 95 & 96 to Intake Pre-Processor Edits.
1.23	1/7/05	1. Added error codes 29, 30 & 31 to Daily Response File Error Message Code table.
1.23	1/5/05	1. Added error codes 217 & 218 to Encounter Pre-Processor Edit document.
1.23	12/22/04	1. H74249 TPL Resync - new file layout added.

APPENDIX A:

TABLE OF CHANGES

Version	Date	Changes
1.22	12/13/04	1. Demographic Pre-Processor Edits reflects new error codes. 2. CIS HCFA, UB, Drug Encounter Pre-Processor Edits reflects new error codes. 3. DROSTFUL-DROSTINC reflects new fields. 4. New formatting for the following file layouts: UINTED Error, UINTKE Error, DINTD, FTPXXR12 M, FTPXXR17 M, UENCTR, UCLSRE Error, DDMOG Demographic Download, UDEMOG Demographic Error.
1.21	10/12/04	1. Updated h74capwh file layout to reflect new fields added. 2. Updated Encounter Withhold Overview. 3. Removed KidsCare file layout. No longer in use. 4. Updated Demographic Pre-Processor Edits to reflect new error code F94.
1.20	9/04	1. Updated RBHA Withhold File Layout and Overview to reflect new fields added, which will be implemented 10/1/04. 2. Updated CIS HCFA 1500, UB92 and Drug Encounter Pre-Processor Edits Reference document to reflect new edits added, N222 through N228. 3. Updated Demographic Data File Layout to reflect change in Household-Income field from Annual Income to Monthly Income. 4. Updated Demographic Data Set Definitions to correspond with file layout UDEMOG. 5. Included UENDRG file layout to reflect new fields added for DOS 11/1/04. 6. Replaced UINTKE Intake file layout in table format. 7. Removed Intake Error Correction document, as these error codes are incorporated in the DBHS Intake Pre-Processor Edits document. 8. Updated UENDRG file layout for DOS 7/1/04 to reflect new field added (Prescriber-DEA-Nbr.) 9. Removed Recipient Counts Report file layout (RM90M639.) No longer in use. 10. Replaced Intake Error Codes to reflect new error messages. 11. Updated NCPDP Mapping document to most recent version (2.1c.) 12. Removed ADHS Data Dictionary – Definitions of Selected Tables Owned by DBHS. 13. Updated DENCD and FTPxxR42 (Resync) file layouts to reflect new field added (Prescriber-DEA-Nbr.) 14. Changed 834 Data Definitions to reflect change in Client Race/Ethnicity field. (No longer collected.) Also updated accompanying file layouts. 15. Updated Intake Pre-Processor Edits to bring current. 16. Updated HCFA, UB92, Drug Encounter Pre-Processor Edits Reference document to reflect changes to Error Messages N222, N223, N230 & N231.
1.19	8/2/04	1. Replaced Encounter Withhold File Layout to reflect corrected record length and field descriptions. 2. Included RBHA Encounter Withhold Overview. 3. Updated Encounter Status Codes and Descriptions. 4. Removed DPRVD Provider File Format (no longer in use.) 5. Removed Service Authorization Resync File Format (no longer in use.) 6. DAXXIX KidsCare File obsolete effective 7/1/04. 7. HIPAA (NCPDP) RBHA Encounter Drug Flow Chart updated to reflect new supplemental file. 8. Updated the HCFA 1500 Encounter File Layout. 9. Added UENDSU Encounter Drug Supplemental File Layout. 10. Updated the following flowcharts to reflect the hintkexx.yyyymmdd.hhmm.warning file: Intake, Closure, Encounter HCFA, & Encounter UB.

APPENDIX A:

TABLE OF CHANGES

Version	Date	Changes
1.18	06/29/04	1. Replaced NCPDP Envelope, Billing & Reversal Mapping documents with newest version (2.1.) 2. Replaced 837I Mapping document with newest version (2.0.) 3. Updated DENCD Encounter Download file layout to reflect new fields added for dates of service 07/01/04 and greater, which will be implemented 07/07/04. 4. Updated UENDRG Encounter Drug file layout to reflect new fields added for dates of service 07/01/04 and greater, which will be implemented 07/07/04. 5. Updated UENINP Encounter UB-92 file layout to reflect new fields added for dates of service 07/01/04 and greater, which will be implemented 07/07/04. 6. Updated FTPXXR42 Encounter Resync file layout to reflect new fields added for dates of service 07/01/04 and greater, which will be implemented 07/07/04. 7. Updated Drug, HCFA, and UB Error Codes document to reflect new error codes.
1.17	05/21/04	1. Added UENDRG Encounter Drug Report sample page. 2. Added Encounter Status Codes and Descriptions page.
1.16	05/19/04	Updated Processing Flow documents and Flowcharts
1.15	05/11/04	Updated file layout headings and changed fonts.
1.14	05/11/04	Updated error message in Preprocessor Edit Reference page.
1.13	03/29/04	Added Intake Error Correction and CIS Testing Criteria pages.
1.12	01/26/04	Removed Mercer file layout (which does not go to the RBHASs) and replaced Encounter Edits with new version.
1.11	01/08/04	New versions of H74CAPMO, H74CAPWH, and UDEMOG file layouts.
1.10	12/31/03	Modified the Demographic and Encounter Edits document.
1.09	12/30/03	Combined UENCTR and UENDRG error file layouts into one document (using the UENCTR layout.)
1.08	12/22/03	Modified UDEMOG file layout document.
1.07	12/03/03	File layout cleanup – various files received explanatory comments.
1.06	11/07/03	Changed name of enrollment roster files to Statewide Roster.
1.05	10/24/03	Modified the HCFA/UB-92 error code listing.
1.04	10/16/03	1. Modified DENCD Encounter file layout to add two new fields. 2. Added new Intake error code N77. 3. Modified the Long-Term Care file to reflect changed location of site field and new file name. 4. Replaced AHCCCS Provider file specification document with new version, and modified the Profile and Provider files. 5. Added new monthly capitation (Mercer) files.
1.03	09/22/03	Removed old versions of Provider and Profile files that will not be used after 10/01/03, and reformatted to reduce PDF file size.
1.02	09/09/03	Inserted corrected pages for 834 Intake Add & Change Mappings and for NCPDP (Encounter Drug) Mappings
1.01	09/04/03	Added Demographic Resync File Layout
1.00	08/07/03	New – Draft

Nothing Follows