The New (and Improved) Enrollment Process

Terri Speaks & Melissa Thomas

Arizona Department of Health Services
Division of Behavioral Health Services
Acronym Bingo

- ADHS/DBHS - Arizona Department of Health Services, Division of Behavioral Health Services
- PNO - Provider Network Organization
- T/RBHA - Tribal or Regional Behavioral Health Authority
- AHCCCS - The Arizona Health Care Cost Containment System
- CIS - Client Information System
- EOC - Episode of Care
Be Able to Answer

1) Why no enrollment or closure for TXIX individuals?
2) What is an episode of care?
3) Why is a demographic submission important?
What’s the point?

- Inform you about the current enrollment process and all its challenges
- Provide you information about how the new system will work effective 9/28/10
- Discuss Episodes of Care
- Open the crypt of (de-identified!) Client Information System (CIS) data and let you peek inside
- Get your feedback on the process, streamlining the demographics and what types of output you’d like to see from ADHS/DBHS
Who Does This Apply To?
You?

- Information Technology
- Quality Management
- Anyone gathering demographic information
- Individual receiving services

NOT JUST BUSINESS OFFICE STAFF!
What happens in the system today?

- Provider completes 834
- Sends it to PNO/Network/T/RBHA
  - Match? Errors?
- T/RBHA sends it to ADHS/DBHS
  - Match? Errors?
- ADHS/DBHS send it to AHCCCS
  - Match? Errors?
Provider sees an individual

To the PNO/Network (when applicable)

To ADHS/DBHS

To AHCCCS

To the T/RBHA
Seems like the perfect amount of bureaucracy, but…

- Errors in matching
- People could be denied services if not enrolled with T/RBHA, even though it is a benefit through AHCCCS
Revised Process

- AHCCCS will send ADHS/DBHS a daily file with all eligibles with the 834 info on it
- ADHS/DBHS will send file to T/RBHAs
- Providers will be able to use this information rather than having to re-gather it
- The provider will not have to continue to check and re-check eligibility
### Current System has 2 Enrollments

<table>
<thead>
<tr>
<th>Enrollment Type</th>
<th>Number</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) AHCCCS Enrollment</td>
<td>1,240,220</td>
<td>June</td>
</tr>
<tr>
<td>2) Behavioral Health Enrollment</td>
<td>162,848</td>
<td>June</td>
</tr>
</tbody>
</table>

### New System has 1 Enrollment and an EOC

<table>
<thead>
<tr>
<th>Enrollment Type</th>
<th>Number</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) AHCCCS Enrollment &amp; Behavioral Health Enrollment</td>
<td>~1.24 million</td>
<td></td>
</tr>
<tr>
<td></td>
<td>+ EOC</td>
<td>162,848</td>
</tr>
</tbody>
</table>
How will AHCCCS place people in the different T/RBHAs?

- Glad you asked...
  - AHCCCS boundaries are by zip codes
  - All clients are auto-assigned into a RBHA or to a tribal RBHA by these zip codes
  - Anyone that is already enrolled with a T/RBHA will remain
GSA 2 (Near Yuma/La Paz)

- 85325
- 85328
- 85334
- 85344
- 85346
- 85348
- 85357
- 85359
- 85333
- 85336
- 85347
- 85349
- 85350
- 85352
- 85356
- 85364
- 85365
- 85366
- 85367
- 85369
- 85371
What about the tribes?

- Again, glad you asked…
  - Native Americans have the choice to be served by their Tribal Regional Behavioral Health Authority (TRBHA) or their local Regional Behavioral Health Authority (RBHA)

- What does that look like?
<table>
<thead>
<tr>
<th>Gila River</th>
<th>White Mt Apache</th>
<th>Navajo</th>
<th>Pascua Yaqui</th>
</tr>
</thead>
<tbody>
<tr>
<td>85248</td>
<td>85935</td>
<td>86502</td>
<td>86544</td>
</tr>
<tr>
<td>85339</td>
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<td>85911</td>
<td>86047</td>
<td>86547</td>
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<tr>
<td>85128</td>
<td>85926</td>
<td>86503</td>
<td>86556</td>
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<tr>
<td>85132</td>
<td>85941</td>
<td>86504</td>
<td>86020</td>
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<td>85139</td>
<td>86505</td>
<td>86035</td>
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</tr>
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<td>85121</td>
<td></td>
<td>86506</td>
<td>86044</td>
</tr>
<tr>
<td>85147</td>
<td></td>
<td>86507</td>
<td>86045</td>
</tr>
<tr>
<td>85221</td>
<td></td>
<td>86508</td>
<td>86053</td>
</tr>
<tr>
<td>85247</td>
<td></td>
<td>86511</td>
<td>86031</td>
</tr>
<tr>
<td></td>
<td></td>
<td>86514</td>
<td>86033</td>
</tr>
<tr>
<td></td>
<td></td>
<td>86515</td>
<td>86054</td>
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<td></td>
<td></td>
<td>86520</td>
<td>86510</td>
</tr>
<tr>
<td></td>
<td></td>
<td>86535</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>86538</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>86540</td>
<td></td>
</tr>
</tbody>
</table>
HIPAA compliant transaction designed to transmit enrollment and disenrollment into the Medicaid program

Includes fields like:

- AHCCCS ID, T/RBHA ID, Client Name, Address, DOB, Gender, Marital Status, and Language
834 TXIX Flow

At ADHS/DBHS

Partial Match Report

Does Client Exist?

Yes

Create New Client

No

Is Client TXIX in CIS?

Yes

Add, Terminate, Change

No

Change Client in system to TXIX

T/RBHA
834 NTXIX Flow

At ADHS/DBHS

Partial Match Report

Does Client Exist?

Yes → Process

No → Create New Client

maybe

Reject 834
dup

T/RBHA → ADHS/DBHS

T/RBHA
How can we tell who we’re serving?

- Clean up efforts
  - Starting now to ensure everyone in CIS is actively being served
  - Everyone active in CIS on 9/28/10 will automatically have an EOC started for them.
Episode of Care

- Now we have these people ALL enrolled in the behavioral health system, what happens next?
Episode of Care

What’s that?

- An episode of care is that period between the beginning of treatment and the ending of services for the individual.
- Within an episode of care, a client may transfer to a different service, facility, program or location.

Beginning and end marked with a demographic file submission

Over time, an individual may have multiple EOCs
Episode of Care

Business Data Flow – Demographics (Episode of Care)

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

Transaction Type:
1   Activate
2,3 Update
4   Inactivate
Why is an EOC important?

- Will allow the ADHS/DBHS CIS system to be better reflective of who is actively receiving services

- Enrollment/Penetration report will be based on EOC

- QM measures will only include those with an EOC
What’s in the demographic?

- Referral Source
- Race
- Ethnicity
- Assessment Date
- Treatment Participation
- Formal Schooling Level
- SP Pregnancy
- SP Woman DC
- SP Priority SMI
- AXIS I, II, III, V
- Behavioral Health Category
- Employment Status

- Educational Status
- Primary Residence
- Number of Arrests
- SA Type, Freq, Route and Age at First Use
- CASII
- Social Support of Recovery
- Gender Identity
- Sexual Orientation
That’s a lot of…stuff

- Avoid-Delinquency
- Success-In-School
- Stable-and-Productive-Adult
- Lives-With-Family
- Increased-Stability
- Decrease-in-Safety-Risks
- Acceptable Emotional Regulation
- Ready to Learn
- Explore and Adapt
- Parent Child Interaction
- Improve Family Stress
- PC-Self Harm
- 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
- Household-Size
- Household-Income
- OA-ADHS-CRS
- OA-DES-CPS
- OA-DES-DDD
- OA-Other
- Past-SA-Type
- Served-by-CFT
- SP-COOL (OLD)
- Clinical Liaison Name (OLD)
- Clinical Liaison Billing ID (OLD)
Removal of Demographic Fields

“If a DUG question takes 1 minute for the T/RBHA to assess, record, and transmit; then by removing these 34 fields we have saved the T/RBHAs 54.5 full time employee hours.”

Daniel Crough
If you don’t have good data, you can’t make good decisions
What kind of output can we get?
Behavioral Health Category

- CHILD: 6.1%
- GMH: 25.5%
- SA: 51.8%
- SMI: 16.6%
Gender Distribution per GSA

<table>
<thead>
<tr>
<th>Area</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARBHA Cenpatico 2</td>
<td>54.5%</td>
<td>45.5%</td>
</tr>
<tr>
<td>CPSA 3 Cenpatico 4</td>
<td>59.0%</td>
<td>41.0%</td>
</tr>
<tr>
<td>CPSA 5 Magellan</td>
<td>58.2%</td>
<td>41.8%</td>
</tr>
<tr>
<td>Gila River</td>
<td>57.5%</td>
<td>42.5%</td>
</tr>
<tr>
<td>Navajo Nation</td>
<td>58.3%</td>
<td>41.7%</td>
</tr>
<tr>
<td>Pascua Yaqui</td>
<td>71.0%</td>
<td>29.0%</td>
</tr>
<tr>
<td>White Mountain</td>
<td>62.0%</td>
<td>38.0%</td>
</tr>
<tr>
<td>Percentage of Population</td>
<td>58.5%</td>
<td>41.5%</td>
</tr>
</tbody>
</table>
Employment/Education

Outcome - Employment / Educational Participation per GSA

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Intake</th>
<th>Update / Disenrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Mountain</td>
<td>52.5%</td>
<td>52.5%</td>
</tr>
<tr>
<td>Pascua Yaqui</td>
<td>36.4%</td>
<td>41.3%</td>
</tr>
<tr>
<td>Navajo Nation</td>
<td>19.1%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Gila River</td>
<td>32.6%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Magellan</td>
<td>31.2%</td>
<td>33.2%</td>
</tr>
<tr>
<td>CPSA 5</td>
<td>31.4%</td>
<td>36.3%</td>
</tr>
<tr>
<td>Cenpatico 4</td>
<td>30.5%</td>
<td>33.4%</td>
</tr>
<tr>
<td>CPSA 3</td>
<td>32.7%</td>
<td>42.0%</td>
</tr>
<tr>
<td>Cenpatico 2</td>
<td>31.0%</td>
<td></td>
</tr>
<tr>
<td>NARBHA</td>
<td>32.6%</td>
<td></td>
</tr>
</tbody>
</table>

Percentage of Population Employed or in School
Stable Housing

Outcome - Stable Housing per GSA

<table>
<thead>
<tr>
<th>Area</th>
<th>Intake</th>
<th>Update / Disenrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Mountain</td>
<td>98.7%</td>
<td>98.7%</td>
</tr>
<tr>
<td>Pascua Yaqui</td>
<td>99.1%</td>
<td>99.1%</td>
</tr>
<tr>
<td>Gila River</td>
<td>98.0%</td>
<td>98.0%</td>
</tr>
<tr>
<td>Magellan</td>
<td>94.7%</td>
<td>93.6%</td>
</tr>
<tr>
<td>CPSA 5</td>
<td>86.6%</td>
<td>90.1%</td>
</tr>
<tr>
<td>Cenpatico 4</td>
<td>98.0%</td>
<td>98.3%</td>
</tr>
<tr>
<td>CPSA 3</td>
<td>96.5%</td>
<td>98.1%</td>
</tr>
<tr>
<td>Cenpatico 2</td>
<td>95.9%</td>
<td>95.4%</td>
</tr>
<tr>
<td>NARBHA</td>
<td>94.9%</td>
<td>94.2%</td>
</tr>
</tbody>
</table>

Percentage of Population in Stable Housing

- Intake
- Update / Disenrollment
Criminal Activity

Outcome - Criminal Activity per GSA

- White Mountain: 41.0% (Update/Disenrollment) / 42.2% (Intake)
- Pascua Yaqui: 37.7% (Update/Disenrollment) / 43.4% (Intake)
- Navajo Nation: 33.2% (Update/Disenrollment) / 33.6% (Intake)
- Gila River: 34.9% (Update/Disenrollment) / 34.6% (Intake)
- Magellan: 4.7% (Update/Disenrollment) / 6.9% (Intake)
- CPSA 5: 25.9% (Update/Disenrollment) / 25.0% (Intake)
- Cenpatico 4: 7.6% (Update/Disenrollment) / 11.0% (Intake)
- CPSA 3: 7.4% (Update/Disenrollment) / 12.4% (Intake)
- Cenpatico 2: 8.9% (Update/Disenrollment) / 15.5% (Intake)
- NARBHA: 24.3% (Update/Disenrollment) / 28.3% (Intake)

Percentage of Population Reporting a Recent Arrest

Legend: □ Intake, □ Update/Disenrollment
Substances Used By Age

Primary Substance by Age Group

Percent of Consumers

Age Group

6-12  13-17  18-21  22-25  26-30  31-35  36-40  41-45  46-50  51-55  56-60  61-65  66+

Alcohol  Crack / Cocaine  Marijuana  Heroin  Methamphetamine  Other Substances
Abstinence from Alcohol

Abstaining From Substance Use - Alcohol

<table>
<thead>
<tr>
<th>Location</th>
<th>Intake</th>
<th>Update / Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARBHA</td>
<td>29.3%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Cenpatico 2</td>
<td>44.8%</td>
<td>47.6%</td>
</tr>
<tr>
<td>CPSA 3</td>
<td>25.6%</td>
<td></td>
</tr>
<tr>
<td>Cenpatico 4</td>
<td>26.1%</td>
<td></td>
</tr>
<tr>
<td>CPSA 5</td>
<td>26.8%</td>
<td></td>
</tr>
<tr>
<td>Magellan</td>
<td>26.4%</td>
<td></td>
</tr>
<tr>
<td>Gila River</td>
<td>21.9%</td>
<td></td>
</tr>
<tr>
<td>Navajo Nation</td>
<td>4.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Pascua Yaqui</td>
<td>19.6%</td>
<td></td>
</tr>
<tr>
<td>White Mountain</td>
<td>11.4%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

Percentage of Alcohol Users Abstaining
Abstinence from All Other Drugs

Abstaining From Substance Use - All Drug Types

<table>
<thead>
<tr>
<th>Organization</th>
<th>Intake</th>
<th>Update / Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARBHA</td>
<td>41.6%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Cenpatico 2</td>
<td>46.5%</td>
<td>49.0%</td>
</tr>
<tr>
<td>CPSA 3</td>
<td>32.8%</td>
<td>59.2%</td>
</tr>
<tr>
<td>Cenpatico 4</td>
<td>31.4%</td>
<td>31.6%</td>
</tr>
<tr>
<td>CPSA 5</td>
<td>46.4%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Magellan</td>
<td>4.5%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Gila River</td>
<td>16.2%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Navajo Nation</td>
<td>6.3%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Pascua Yaqui</td>
<td>28.6%</td>
<td>31.3%</td>
</tr>
<tr>
<td>White Mountain</td>
<td>54.2%</td>
<td>54.2%</td>
</tr>
</tbody>
</table>
Change in Abstinence

Change in Substance Abstinence - Intake to Update
(Alcohol Users)

Percentage Change in Abstinence

- NARBHA
- Cenpatico 2
- CPSA 3
- Cenpatico 4
- CPSA 5
- Magellan
- Gila River
- Navajo Nation
- Pascua Yaqui
- White Mountain

Change in Substance Abstinence:
- NARBHA: 2.8%
- Cenpatico 2: 2.9%
- CPSA 3: 0.5%
- Cenpatico 4: -4.9%
- CPSA 5: 8.3%
- Magellan: -0.3%
- Gila River: 6.9%
- Navajo Nation: 0.2%
- Pascua Yaqui: 2.0%
- White Mountain: 0.6%
Abstinence - Other Drug

Change in Substance Abstinence - Intake to Update
(Other Drug Users)

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage Change in Abstinence</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARBHA</td>
<td>4.9%</td>
</tr>
<tr>
<td>Cenpatico 2</td>
<td>10.3%</td>
</tr>
<tr>
<td>CPSA 3</td>
<td>5.6%</td>
</tr>
<tr>
<td>Cenpatico 4</td>
<td>14.8%</td>
</tr>
<tr>
<td>CPSA 5</td>
<td>7.8%</td>
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<tr>
<td>Magellan</td>
<td>3.0%</td>
</tr>
<tr>
<td>Gila River</td>
<td>3.1%</td>
</tr>
<tr>
<td>Navajo Nation</td>
<td>2.7%</td>
</tr>
<tr>
<td>Pascua Yaqui</td>
<td>0.8%</td>
</tr>
<tr>
<td>White Mountain</td>
<td>-3.0%</td>
</tr>
</tbody>
</table>
Post-test

1) Why there is no enrollment or closure for TXIX individuals

2) What is an episode of care?

3) Why is a demographic submission important?
DBHS Demographic Survey

- **Consumer Demographic Data**
  - How is it collected?
  - By whom?
  - Tools used?
  - Barriers to collection?

- **What Should be Changed?**
  - Eliminate Fields?
  - Add more useful fields?
  - Frequency of collection?

- Take our survey at
  [http://www.surveymonkey.com/s/N73L2SV](http://www.surveymonkey.com/s/N73L2SV)
Info

- Check out our website at www.azdhs.gov
- Contact us/me at: Melissa.Thomas@azdhs.gov or 602-364-4651
  - OPS@azdhs.gov