

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Magellan Health Services of Arizona Edition

Section 8.1 **Encounter Validation Studies**

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8.1.1 Introduction

The Centers for Medicare and Medicaid Services (CMS) requires the Arizona Health Care Cost Containment System (AHCCCS) to conduct encounter validation studies as a condition for receiving Federal Medicaid funding. The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) requires the Regional Behavioral Health Authorities (RBHAs) to conduct encounter validation studies of their providers. For guidelines on the RBHA data validation process, see the [Office of Program Support Operations and Procedures Manual](#).

The purpose of encounter validation studies is to compare recorded utilization information from a clinical record or other source with submitted encounter data. The review “validates” or confirms that covered services are encountered timely, correctly and completely.

The purpose of this section is to:

- Inform behavioral health providers that encounter validation studies may be performed by AHCCCS, RBHAs and/or ADHS/DBHS staff; and
- Convey ADHS/DBHS’ expectation that behavioral health providers cooperate fully with any encounter validation review that AHCCCS, the RBHAs and/or ADHS/DBHS may conduct.

8.1.2 References

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

- [AHCCCS/ADHS Contract](#)
- [ADHS/RBHA Contracts](#)
- [Section 3.9, Assessment and Service Planning](#)
- [Section 3.13, Covered Behavioral Health Services](#)
- [Section 4.2, Behavioral Health Medical Record Standards](#)
- [Section 6.1, Submitting Tribal Fee-for-Service Claims to AHCCCS](#)
- [Section 6.2, Submitting Claims and Encounters to the RBHA](#)
- [ADHS/DBHS Covered Behavioral Health Services Guide](#)
- [Office of Program Support Operations and Procedures Manual](#)

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8.1.3 Scope

To whom does this apply?

All behavioral health providers under contract with a RBHA or a RBHA network that deliver covered behavioral health services to eligible persons.

8.1.4 Did you know...?

- The majority of correctness errors found are caused by invalid procedure or revenue codes and by not coding the diagnosis to the correct level of specificity. Coding from the ICD-9 is required on all encounter submissions.
- RBHAs are required to conduct encounter validation studies of their providers on a quarterly basis.
- If determined appropriate, ADHS/DBHS and the RBHAs can pass down sanctions for non-compliance with encounter submission requirements to behavioral health providers.

8.1.5 Objectives

To communicate an overview of data validation studies and the expectation for behavioral health providers to cooperate with all activities associated with AHCCCS' or ADHS/DBHS' data validation review.

8.1.6 Procedures

8.1.6-A. Criteria used in encounter validation studies

The criteria include timeliness, correctness and omission of encounters. These criteria are defined as follows:

- Timeliness-The time elapsed between the date of service and the date that the encounter is received; at AHCCCS;
- Correctness- A correct encounter contains a complete and accurate description of a covered behavioral health service provided to a person. Correctness errors frequently identified include, but are not limited to, invalid procedure or revenue codes and ICD-9 diagnoses not reported to the correct level of specificity; and
- Omission- Provider documentation shows a service was provided, however, an encounter was not submitted.

In addition, assessment compliance must be monitored by the RBHA in accordance with [Section 3.9, Assessment and Service Planning](#).

Magellan conducts data validation studies with all contracted PNOs and providers. The data validation studies help ensure that covered behavioral health services are appropriately documented and billed/encountered and that they support the identification of opportunities for improvement in billing practices.

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Magellan will establish a review schedule with PNOs and providers and provide advance notice of the data validation review. Reviews may be conducted on site or applicable documentation may be requested for submission to Magellan. Magellan will attempt to utilize documentation that has previously been submitted to the RBHA (e.g., claims/encounter data) before requesting that providers submit additional information to support the review.

The purpose of the data validation review is to confirm that covered services are encountered correctly and completely and on a timely basis. PNOs and providers should take special care to ensure that valid procedure and revenue codes are utilized and that the coding of diagnoses are to the correct level of specificity.

8.1.6-B. Behavioral health provider responsibilities

Behavioral health providers must deliver covered services in accordance with the [ADHS/DBHS Covered Behavioral Health Services Guide](#). Behavioral health providers must document adequate information in the clinical record and submit encounters in accordance with [Section 6.2, Submitting Claims and Encounters to the RBHA](#).

8.1.6-C. Encounter validation study findings

RBHAs are required to report the data validation findings to the provider.

8.1.6.-D AHCCCS Encounter Data Validation

AHCCCS performs yearly data validation studies. All AHCCCS contractors and subcontractors are contractually required to participate in this process. In addition, the data validation studies enable AHCCCS to monitor and improve the quality of encounter data. Information regarding AHCCCS Encounter Data Validation Study procedures can be found in the [Office of Program Support Operations and Procedures Manual](#).