Submit IRF Report as Health Plan - 1

Note: Test data/information is displayed in the screenshots listed in this document

To create a new IRF Report/Case, Health Plan and TRBHA contractors can navigate to https://qmportal.azahcccs.gov/ to Sign In

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1. Verify Health Plan/TRBHA Account or AHCCCS Account

The QM Portal can be accessed with an external account or an internal account.

External account – Contractor TRBHA or Health Plan account which are managed by Master Accounts and Sub Account users.

Internal account – AHCCCS account. An AHCCCS account can have different levels of access depending upon the Windows Active Directory group membership

For external accounts:
Sign In to create a case with a Health Plan/TRHBA account that has the "IRF Submitter" role.
Before continuing after login to create an IRF Report/Case, verify the account has a "IRF Submitter" role by:
1. Navigate to the "User Admin" link in the upper-left side navigation
On the User Admin page, verify the "IAD Submitter" role is checked in the User Authorization section. In this role, Health Plan/TRBHA accounts can **ONLY submit cases**.

For Health Plan/TRBHA accounts that need to **submit and also review cases**, the role assignment is different. The Health Plan/TRBHA accounts must be in at least the “IAD Reviewer” role and the other roles related to QOC are optional:

- IAD Reviewer
- Investigator
- Medical Director
- OHR
- 3rd Level QOC Review

*The “IAD Reviewer” role is associated with IAD and IRF cases so that role is required at a minimum. If an account needs to review cases, DO NOT add the “IAD Submitter” role.*

For **internal accounts**:

Please consult your manager to determine if you are a member of the IRF Submitter Windows Active Directory Group.
Now that the role has been verified, navigate to the "Create IRF" in the upper-left side navigation

For external accounts:

For internal accounts (no User Admin link):
*Please note: depending upon your membership to various groups, there might be less navigation links*
2. Member Information Step (required)

Once the page loads, the application will prompt for searching on a member. This is the main focal point of creating a report/case since all information is built upon selecting a member for the case.

The search criteria for a case must be in the following format:

- AHCCCS ID: A12345678 (letter followed by 8 numbers)
- DOB: 01/15/1982 (MM/DD/YYYY)

Or

- DOB: 01/15/1982 (MM/DD/YYYY)
- Last Name: Joe (uppercase or lowercase format)
- First Name: Smith (uppercase or lowercase format)
Note: if non-date values are entered into the DOB field and then move onto another field, the Date Picker will choose today’s date as the value.

Before:
After:

<table>
<thead>
<tr>
<th>Sun</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>31</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

DOB: 01/10/2019

To clear the field entirely, the “x” must be clicked and then other fields can be managed. This option is available in Internet Explorer.
Click on the Search button

Select the member from the search results.

Note: In some instances there can be multiple search results for a member.
In this case, PMMIS will return multiple records with different AHCCCS Ids. In this instance, an error message will be displayed: “Multiple AHCCCS Ids found. Please retry with an AHCCCS ID.”

In this case, PMMIS will return multiple records with different AHCCCS Ids. In this instance, an error message will be displayed: “Multiple AHCCCS Ids found.”

Note in the Top Header that there is no Case Number, Member, or Provider Information.
Once a member has been selected, the application will load the Member Information Page. The member information from the PMMIS query is returned and populated in the Member Information Panel as per the illustration below. The information displayed is:

- Name: Format: Last Name, First name
- DOB: Format: MM/DD/YYYY
- AHCCCS ID: Format: letter + 8 digits (e.g.: A12345678)
- AGE: calculated age based on DOB and today’s date

Note: The Top Header now displays the Case Number and the Member information
On this 1st page of the Wizard, the following information can be filled-out:

- Health Plans and T/RBHA
- Eligibility Status
- Category
- COT
- DDD
- CMDP
- Diagnosis Code

Note: In the IRF Wizard, there are red stars listed by information that is required to be filled-out. There is a validation page that will validate all data that has a red star to ensure all information is supplied before the IRF Case/Report is signed.
However, case information can be filled-out at any time and the Preparer can access the case/report at a future date to continue working on creating the case/report.

In order to save information at any time, the Preparer can click “Save” or click the “Previous” and “Next” buttons.

Previous – saves information and navigates to the previous step in the IRF Wizard
In the case of Member Information, navigating previously would display the member search and the case/report would start from the beginning (i.e. a new case would be setup)

Save – saves information on the current step of the IRF Wizard and remains on the current page

Next – saves information and navigates to the next step in the IRF Wizard

Diagnosis Codes can be entered by either the diagnosis code or the description. By using the “Search” button the results will be displayed and one selection can be chosen. If other codes need to be entered, the process can be repeated. Searching on a description allows flexibility for a diagnosis lookup if the code is not known.

The following illustrations display choice possibilities based on the diagnosis code entered.
Once a diagnosis code is selected, use the “Close” button so the choice is added to the list of codes for that member.

Verify that the diagnosis code is displayed in the list.
Diagnoses codes can be removed by clicking on the “x” adjacent to the diagnoses description.
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Incident, Accident and Death Reporting

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### Internal Referral: Not Signed

**Case#:** IRF 2019-26  
**Member:** JOE SMITH  

**Contractor/TRBHA:** none assigned  
**Status:** Pending  
**Report:** 

#### Member Information

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMITH, JOE</td>
<td>01/15/1982</td>
<td>36</td>
</tr>
<tr>
<td>AHCCCS ID:</td>
<td>A12345678</td>
<td></td>
</tr>
</tbody>
</table>

#### Contractor/TRBHA

- **Info:** Member's Healthplans are highlighted with 'light blue' color inside this dropdown box. Please select one to confirm.
- **AHCCCS AMERICAN INDIAN HP**

#### Eligibility Status

- **Title 19**

#### Category

- **Serious Mental Illness (SMI)**

#### Diagnoses

**Info:** Please enter at least 3 character Code OR Description and then use Search. The suggestion list will display to choose from & your selection will be saved.

- **Code:** F11.150  
  **Description:** OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS  
  **Remove:** 

---

**← Previous**  
**Save**  
**Next →**
3. Provider Information Step (default value is set)

The Provider Step is now displayed. At this point, if the “Next” button is selected and the default Provider information filled-out. The default provider for an internal referral is the AHCCCS Office location.

For an IRF Case/Report to be generated, the 2 main sections of information are:
1. Member Information
2. Provider Information

Provider Information associated with a case is populated via the provider search or using the default provider location for the case/report.
To change the default provider, the provider search can be used. Click on the “Add Change Reporting Provider”. A modal pop-up window will be displayed and the selection to choose from is based on searching for Provider by Provider Name or AHCCCS ID if known. Only one selection is saved and can be made by clicking on one of the checkboxes and then clicking the “OK” button.

Clicking on “Cancel” will close the pop-up modal and not save any of the changes.

Once the search results are returned, a selection can be made by selecting an item from the results and then clicking “OK”.

The Provider Information is:

- **Provider Name & Address:**
  - WALGREENS #09742  
    2941 W. 24th STREET YUMA AZ 85364
- **Telephone #**: should be currently empty as this information isn’t provided in the PMMIS query
- **Email**: email address of the user signed-in.
- **AHCCCS ID**: 023537
- **Opened by**: username of the current logged-in user
# Arizona Health Care Cost Containment System

## QuickStart Guide

### Incident, Accident and Death Reporting

![Submit IRF Report as Health Plan](image)

<table>
<thead>
<tr>
<th>IAD Location Facility</th>
<th>Provider Name</th>
<th>AHCCCS ID</th>
<th>Active</th>
<th>ZIP code</th>
<th>Phone</th>
<th>Search</th>
<th>OK Cancel</th>
</tr>
</thead>
<tbody>
<tr>
<td>WALGREENS #09493</td>
<td>WALGREENS</td>
<td>2351 S TOWNSEND DR MONTROSE CO 81401</td>
<td>183956</td>
<td>970-252-1743</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WALGREENS #09742</td>
<td>WALGREENS</td>
<td>2491 W. 24TH STREET YUMA AZ 85364</td>
<td>023537</td>
<td>928-341-0509</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WALGREENS #09912</td>
<td>WALGREENS</td>
<td>1203 MAIN ST ALAMOSA CO 81101</td>
<td>159195</td>
<td>719-583-3155</td>
<td>Yes</td>
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<td></td>
</tr>
<tr>
<td>WALGREENS #10017</td>
<td>WALGREENS</td>
<td>#110 13540 N PLAZA DEL RIO BLVD PEORIA AZ 85381</td>
<td>932089</td>
<td>623-974-0436</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>WALGREENS #10018</td>
<td>WALGREENS</td>
<td>SUITE 101B 10503 W THUNDERBIRD BLVD SUN CITY AZ 85351</td>
<td>932097</td>
<td>623-972-7858</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
The Incident Location Agency or Facility section is optional but it can be filled-out similar to the Provider Information section.

In this case, the Provider Name or AHCCCS Id is used to search on a location. For this instance, the Provider Name is searched using “CVS” as the name.
From the list returned, one of the list items can be selected by checking on the checkbox and then clicking on “OK”. Note that the Agency information is populated in the “Incident Location Agency or Facility” panel section as illustrated below.
The Location Information is:
- Provider Name & Address:
  CVS PHARMACY 05038
  2010 S DOBSON RD
  CHANDLER AZ 85248
  035485
Once the Provider Information Step along with the dates have been filled-out, the Health Plan/TRBHA contractor can click on the “Next” button to navigate to the next step.

A few notes about the progression of the IRF Wizard. At this point, there are now 2 navigational sections that are visible:

- Top Header (has been visible since choosing a member, the Case Number and the Member information. Verify the Member Information and Provider Information is now visible)
- Side Navigation (now visible at the Basic Incident Information Step, note there is a star adjacent to the step that is currently active. Verify the “Basic Incident Information” Step has a star adjacent to it in the side navigation)
4. Basic Incident Information Step (optional)

This step gathers information about:
- Type of incident(s)
- Date and time of incident
- Submission status
- Date reported to Provider
- Incident Location.

The Type of Incident section will initially display: “There are no data records to display.” Once one more types of incidents are selected from the choice list, the items will be displayed in the list below.

As with other lists to manage, the “x” can be clicked to remove any items from the list.
The “Submission Status” lists the current status of the IRF case/report. At this stage, the status is in “Draft” mode.

Once the Basic Information Step along with the dates have been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
5. Description of the Incident Step (optional)

Providers can describe the incident in detail. This information can be provided in paragraph format since the input is multi-line as in the illustration below.

Once the Description of the Incident Step description has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
6. Member Condition Step (optional)

Providers can enter member information before and after the incident. This information can be provided in paragraph format since the input is multi-line as in the illustration below.

Once the Member Condition Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
7. Medical Services Step (optional)

Providers can provide detailed information about the medical services received. This information can be provided in paragraph format since the input is multi-line as in the illustration below.

Once the Member Services Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
## Description of Any Medical Services Received

- Medical Services - sample info
8. Witnesses Step (optional)

This step is optional for submitting an IRF case/report.

Providers can optionally add witnesses related to the incident. The information about the witness can include the employee/organization, email address, telephone, relationship to the member affected and any additional comments. If a witness is entered, the minimum required fields are the following:

- Last Name
- First Name
- Relationship

If these fields are not filled-out, an alert in the upper-right corner will be displayed.
As with other lists in the IRF case/report, the witness list can be managed by clicking on the “x” to remove a witness associated with the case/report.

Once the Witnesses Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
9. Provider Actions Step (optional)

Providers are required to provide actions that were taken and recommended actions as well. This information can be provided in paragraph format since the input is multi-line as in the illustration below.

Once the Provide Actions Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.

10. Notifications Step (optional)

This step is optional for the submitting an IRF Case.
Providers can optionally select individuals and organizations that were notified of the incident. If there isn’t an exact match on the type of organization, “Others” can be selected and a description can be provided.

On this step notifications can be sent to another provider or government agency by simply typing in the email address in the “Email a Copy of this IRF to Another Provider or Government Agency” panel. Click on the Send Notification button and verify a notification has been sent to the email address provided.

The email notification will contain the following:
Subject: IRF Notification
Body: Case: 123456
  Case Status: Draft
  Date of Incident: 02/01/2017
  Case Submitted by: Joe Smith

Once the Notifications Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
11. **Attachments Step (optional)**

This step is optional for the submitting an IRF Case.

Providers can optionally add one or more attachments to the case that would have pertinent information that could be easily accessed via the document(s).

To add an attachment:

1. Select a file by clicking on the “Browse” button
2. Use the Choose File to Upload Windows Prompt and select a document
3. Click “Open”
4. Verify the path has been filled out in the “Select a File” section
5. Add a description in the textbox labeled “Description”
6. Click “Upload Attachment”

As with other lists in the IRF case/report, the attachments list can be managed by clicking on the “x” to remove a document associated with the case/report. Also the description section is a hyperlink so the link can be clicked and the document will open.
Select “Open” from the Internet Explorer browser prompt and verify the document is opened and has the original contents of the uploaded document.

Note: If the file size exceeds 12MB, a Javascript alert prompt/message will prevent this file from being uploaded.

Once the Attachments Step is completed with uploaded document(s), the Preparer can click on the “Next” button to navigate to the next step.
12. Electronically Sign Report Step (optional)

Note: In navigating to the next step, the Report Signatures page was skipped. Initially there are no signatures yet for a case that hasn’t been signed. The application moves to the electronically sign step or e-signature step.

Note 2: Notice that there is no Previous, Save and Next buttons here on this step.

The credentials used to initially sign-in to the Qm Portal and needed here for the password. Once the password is entered, the “E-Sign Report” button can be clicked.
Once the case/report in “Draft” status has been signed as an “IRF Submitter”, a successful validation message will be displayed noting that the case can now be further reviewed by other contractor TRBHA/Health Plan user and/or AHCCCS Quality Management Team staff. Note the status has now changed to: “Unreviewed”.

The case will be read-only or un-editable once signed for all sections except for the review section that is visible to an “IRF Reviewer”.

E-Signature

Please Enter Your Password then Click E-Sign Report

**********

E-Sign Report
13. Report Generation
If this navigation link is clicked the IRF Report will be generated.
## INCIDENT, ACCIDENT OR DEATH REPORT

<table>
<thead>
<tr>
<th>MEMBER</th>
<th>PROVIDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
<td>JOE SMITH</td>
</tr>
<tr>
<td>DOB</td>
<td>05/25/1999</td>
</tr>
<tr>
<td>SEX</td>
<td>M</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AHCCCS ID</th>
<th>CIS ID</th>
<th>GSA</th>
<th>TBI/BA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A00158036</td>
<td></td>
<td>South GSA</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE AND TIME TRACKING</th>
<th>REPORT IDENTIFIER</th>
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<tbody>
<tr>
<td>Date of Incident</td>
<td>01/09/2019</td>
</tr>
<tr>
<td>Report Created</td>
<td>01/10/2019</td>
</tr>
<tr>
<td>Submitted TRPBA</td>
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IRF-2019-26

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