

Arizona Health Care Cost Containment System Out Of State Quick Start Guide

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

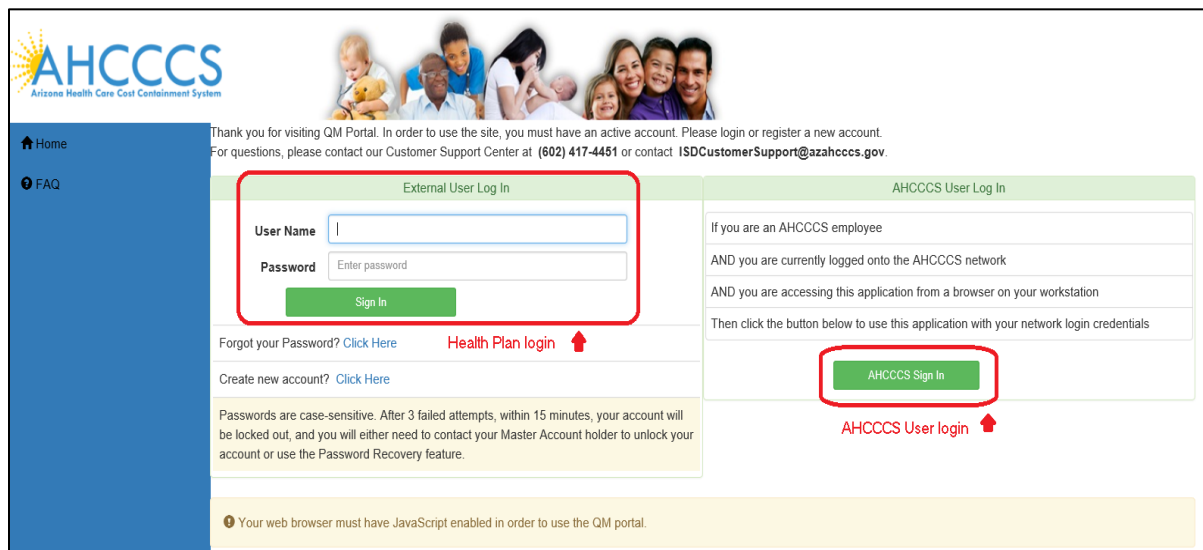
Users can navigate to <https://qmportal.azahcccs.gov/> to Sign In

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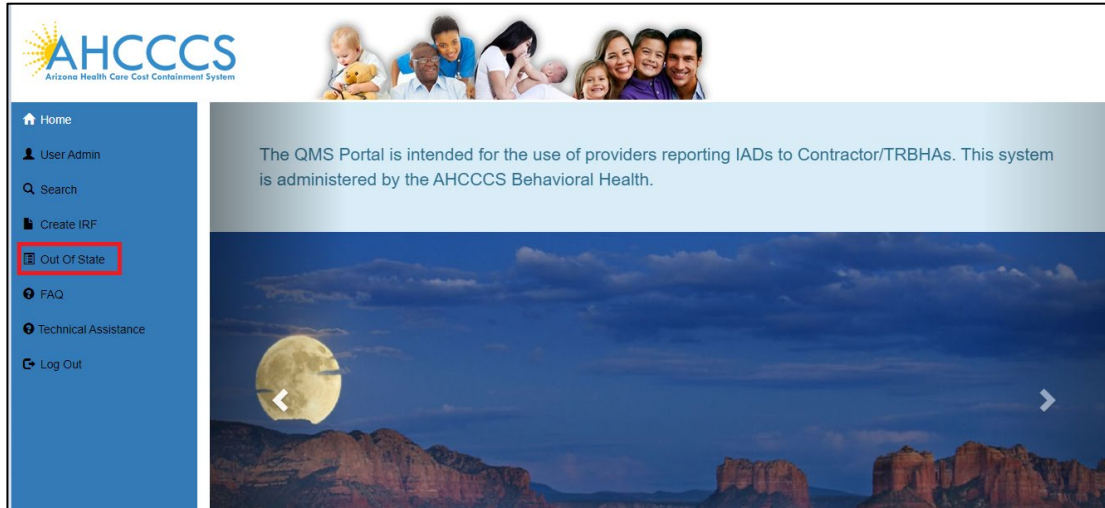
1. Verify Health Plan/TRBHA Account or AHCCCS Account

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 "OutOfState" role.

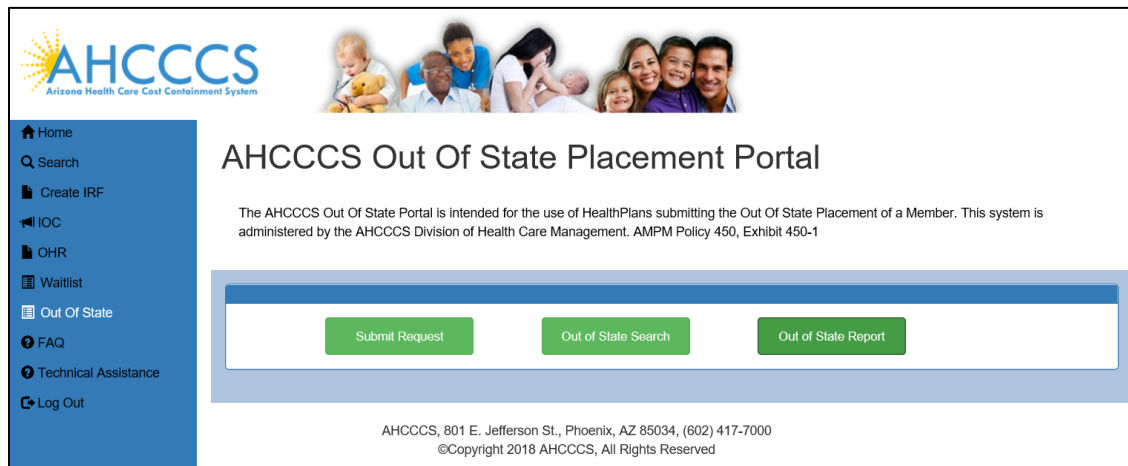


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2. After successfully logging in to the QM Portal, click on the **Out Of State** menu item in the left hand navigation menu to access the web application.



3. The Out of State Placement web application will be displayed



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4. For an Initial Referral, click the **Submit Request** button

The screenshot shows the AHCCCS Out Of State Placement Portal. On the left is a blue navigation menu with links: Home, Search, Create IRF, IOC, OHR, Waitlist, Out Of State, FAQ, Technical Assistance, and Log Out. The main content area features the AHCCCS logo and a family photo. Below the header is the title 'AHCCCS Out Of State Placement Portal' and a descriptive paragraph. A horizontal bar contains three green buttons: 'Submit Request' (highlighted with a red box), 'Out of State Search', and 'Out of State Report'. At the bottom, contact information and copyright notice are provided.

5. The Member Search page will be displayed.

The screenshot shows the 'Search for Member' page. The navigation menu is identical to the previous page. The main content area features the title 'AHCCCS Out Of State Placement Portal' and the same descriptive paragraph. Below this is a search form with the following fields: 'AHCCCS or Alternate ID:' (text input), 'DOB:' (calendar icon and text input), 'Last Name:' (text input), and 'First Name:' (text input). A tip below the fields reads: 'Tip: Please enter AHCCCSID and 'DOB' , or First Name, Last Name, and 'DOB' of the member you are searching for.' A 'Search' button is located at the bottom of the form. Contact information and copyright notice are at the bottom of the page.

6. Member searches can be performed by entering either a combination of:

An AHCCCS ID and Date of Birth, or First name, Last name and Date of Birth.

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After entering the search criteria, click the Search button.

If the member has no other current records, only the Initial Referral button will be displayed.

Click the Initial Referral button to begin a new request.

The screenshot displays the AHCCCS Out Of State Placement Portal. At the top left is the AHCCCS logo. Below it is a navigation menu with links for Home, User Admin, OHR, Out Of State, FAQ, Technical Assistance, and Log Out. The main header reads "AHCCCS Out Of State Placement Portal". Below the header is a search form titled "Search for Member" with fields for AHCCCS or Alternate ID, DOB, Last Name, and First Name. A "Search" button is located below the form. Below the search form is a "Search Results" section. A blue button labeled "Initial Referral" is highlighted with a red box. Below the button, member information is displayed: Full Name, AHCCCSID, DOB, Gender (M), and Age (28).

7. The Initial Referral page is displayed and contains multiple sections
8. The Psychiatric and Medical Diagnosis section is configured to autocomplete when the user begins typing a medical code into the six available boxes.

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Figure 1 - Member Information and Psychiatric and Medical Diagnoses

The screenshot shows a web application interface for 'Member Information'. On the left is a blue sidebar with navigation links: Home, User Admin, Search, Create IRF, OHR, Out Of State, FAQ, Technical Assistance, and Log Out. The main content area is titled 'Member Information' and contains a 'Request Type' dropdown set to 'Initial Referral'. Below this are fields for 'First Name', 'Middle Name', 'Last Name', 'AHCCCS ID', 'Gender', 'D.O.B.', 'Eligibility Status' (set to 'Title 19'), and 'DDD' (set to 'No'). There are also dropdowns for 'CMDP' and 'CRS', both set to 'Yes'. A section titled 'Psychiatric and Medical Diagnoses' includes an info note: 'Please enter at least 3 character Code.' It features six numbered input fields for 'Current Diagnoses': 1) 'F32.9 - MAJOR DEPRESSIVE', 2) 'F10.10 - ALCOHOL ABUSE, U', 3) 'F12.2 - CANNABIS DEPENDEI', 4) 'F43.10 - POST-TRAUMATIC S', 5) an empty field, and 6) an empty field. At the bottom of this section is a text input field for 'Member currently located:' with the value 'Member is currently at Desert Vista Behavioral Health Hospital' and a clear 'X' button.

9. The next section is the Contractor / TRBHA section, complete this section

The screenshot shows a web application interface titled 'Contractor or TRBHA'. It contains four input fields: 'Contractor or TRBHA Name:' with a dropdown menu showing '-- Please Select --'; 'Contractor or TRBHA Contact Name:' with a text input field; 'Contractor or TRBHA Contact Phone:' with a text input field; and 'Contractor/Entity Responsible for Physical Health:' with a dropdown menu showing '-- Please Select --'.

10. The Attempted Placement section allows the user to record four facilities

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Member Information

Contactor or TRBHA

Attempted Placement

Placement 1

Name: Youth Development Institute

City/State: Phoenix State: AZ

Level of Care: Behavioral Health Inpatient Facility (BHF)

Reason for Barrier:

Placement 2

Name: Mingus Mountain

City: Prescott Valley City/State: AZ

Level of Care: Behavioral Health Inpatient Facility (BHF)

Reason for Barrier:

11. The Out of State Placement is used to capture the facility located outside of Arizona

Member Information

Contactor or TRBHA

Attempted Placement

Out-of-State Placement Information

For initial requests, what is the name of the proposed Out of State Placement?

Havenwood Academy

Placement Address

246 E Fiddler Canyon Rd Cedar City Utah 84721

AHCCCS Provider Registration Number

504253

Level of Care

12. The Clinical Information section is illustrated in the next four screenshots

Out-of-State Placement Information

Clinical Information

Presenting issues that require placement out of state?

Member has long history of self-harm , aggression , and running away. Member has made significant progress in therapeutic group home level of care BHRF setting. Within last month member was triggered in which caused her to run away twice within weeks. When member was located by law enforcement member was having SI and was in process of self harming. Member was transported for medical attention- a drug screen was completed, member proved positive for cannabis. Although member has made significant progress she has been denied by all AZ facilities due to member having exhausted resources due to her long history of self harm , aggression and running away also due to member having been previously placed in most of AZ facilities .

How will the proposed placement meet the member's needs (i.e. behavioral, physical, and educational)?

Havenwood Academy will meet member's needs as their program promotes change within teen girls suffering from attachment related issues. Havenwood Academy employs a number of therapeutic methods designed specifically to treat attachment issues and trauma. Therapeutic methods include Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Equine Therapy as well as using art, music and recreation in a therapeutic context where appropriate. This facility's treatment will be beneficial for member to succeed.

What are the treatment goals and objectives?

The goals for this member are for member to learn and demonstrate ways to relieve stress without self harming or harming others , to learn how to cope and process through her aggression .

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- Home
- Search
- Create IRF
- IOC
- OHR
- Waitlist
- Out Of State
- FAQ
- Technical Assistance
- Log Out

What are the discharge criteria? What progress has been made toward discharge?

Once member completes treatment, she will be stepped down to a lower level of care until is reunified with her family through DCS protocol. Upon discharge to a lower level of care member will have received skills training, case management, medication management, individual therapy, group therapy, family therapy, and family support. When member has efficiently learned to manage her aggression, self harming ,impulsive behaviors, also when member has learned coping skills to deal with her PTSD ,depression , anxiety ,amphetamine , cannabis , alcohol disorders and is able to self manage.

Note any barriers preventing discharge and/or a return to in-state services. What are the strategies to overcome these barriers?

To discharge back to Arizona, the barriers would be for member to return to an BHIF/BHRF facility which would reconsider member. It's important that member continue to manage the behaviors in a therapeutic environment effectively before returning to a lower level of care.

What is being done to address the network gap(s) resulting in the need to place the member out-of- state and when is the network expecting to be sufficient to meet the specific needs of this member?

Member has exhausted BHIF facilities within Arizona . Arizona can not accommodate members aggressive, SI, and runaway behaviors in a more secure setting such as a BHIF]

What is the plan and associated time line (including the date of tentative discharge) to return the member to in-state care and services? What aspects of the treatment plan are preparing the member for a less restrictive, community-based environment in-state? Please include a list of in-state placements (contracted and non-contracted) that have been contacted to coordinate in-state placements/services.

Once returned to Arizona, what support services will be put in place to secure continued in-state progress?

- Home
- Search
- Create IRF
- IOC
- OHR
- Waitlist
- Out Of State
- FAQ
- Technical Assistance
- Log Out

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Member's anticipated length of stay is to be determined by progress made. Progress will be monitored through placement, and CFT's.

Once returned to Arizona, what support services will be put in place to secure continued in-state progress?

Member will receive services such as individual skills training to continue to reinforce those coping skills he will learn in Havenwood Academy. Member will receive individual therapy services in order to help member combat those post traumatic stress symptoms, aggression, anxiety, self-harming behaviors. Member will continue individual therapy in order to effectively learn how to function as an individual.

Has contact with family been severed?

How are family/natural supports being provided to family/natural supports?

DCS provides supervised family visits /telephone calls

- Home
- Search
- Create IRF
- IOC
- OHR
- Waitlist
- Out Of State
- FAQ
- Technical Assistance
- Log Out

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Has contact with family been severed?

How are family/natural supports being provided to family/natural supports?

DCS provides supervised family visits /telephone calls

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13. The Reviewer section needs to be completed by the logged-in in user of the health plan. After user Clicks on E-Sign button “Request submitted successfully” message is displayed.

The screenshot shows a web interface with a blue sidebar on the left and a main content area. The main area has a blue header with a menu icon and the text "Reviewer Information(Contractor/TRBHA)". Below the header are several horizontal blue bars with white text: "Member Information", "Contactor or TRBHA", "Attempted Placement", "Out-of-State Placement Information", and "Clinical Information". The "Reviewer Information(Contractor/TRBHA)" section is highlighted with a white background and a blue border. It contains four input fields: "Title of the person who completed the form." with the value "Senior Manager, Arizona Complete Health", "Name of the person who completed the form." with the value "Elizabeth Barry", "Please type your password to confirm e-signature." (empty), and "Date" with the value "06/28/2019". An orange "E-Sign" button is located at the bottom right of this section.

The screenshot shows the same "Reviewer Information(Contractor/TRBHA)" section. The input fields now contain: "Title of the person who completed the form." with the value "Manager", "Name of the person who completed the form." with the value "Amy", "Please type your password to confirm e-signature." (empty), and "Date" with the value "01/24/2020". The orange "E-Sign" button is still present. At the bottom left of the section, a green message reads "Request submitted successfully."

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30 Day Update

To add a 30 day update, a member must be currently enrolled in an Out of State placement.

1. Follow the Steps 1 through 6 from Initial Referral to search for the member.
2. Click on **30 Day Update** button to create a 30 day update.

The screenshot shows the AHCCCS Out Of State Placement Portal. The header includes the AHCCCS logo and a family photo. The main heading is "AHCCCS Out Of State Placement Portal". Below this is a search form with fields for "AHCCCS or Alternate ID", "DOB", "Last Name", and "First Name". A "Search" button is located below the form. Below the search form is a "Search Results" section. A red box highlights a "30 Day Update" button. To the right of this button is a "Discharge" button. Below the buttons, member information is displayed: "Full Name: [redacted]", "AHCCCSID: [redacted]", "DOB: [redacted]", "Gender: F", "Age: 61".

3. All of sections used in the Initial Referral are used for the 30 Day update with the exception of the Attempted Placement section.

The screenshot shows the "Member Information" form. At the top, "Request Type" is set to "30 Day Update". The form contains the following fields: "First Name: [redacted]", "Middle Name: R", "Last Name: [redacted]", "AHCCCS ID: [redacted]", "Gender: F", "D.O.B.: [redacted]", "Eligibility Status: Title 19", "DDD: No". Below these are "CMDP:" and "CRS:" dropdown menus, both set to "Yes". A section titled "Psychiatric and Medical Diagnoses" contains an "Info!" note: "Please enter at least 3 character Code." Below this are six numbered input fields (1) through (6) for "Current Diagnoses". At the bottom, there is a "Member currently located:" input field.

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4. Most fields are editable in 30 day update, except for the health plan information.

The screenshot shows a web application interface with a blue sidebar on the left containing navigation links: Home, User Admin, OHR, Out Of State, FAQ, Technical Assistance, and Log Out. The main content area has a blue header with a hamburger menu icon and the text 'Member Information'. Below this is another blue header with a hamburger menu icon and the text 'Contractor or TRBHA'. The form contains several fields: 'Contractor or TRBHA Name:' with a dropdown menu showing 'DCS/CMDP'; 'Contractor or TRBHA Contact Name:' with a text input field containing 'TEST'; 'Contractor or TRBHA Contact Phone:' with a text input field containing '480-222-2223'; and 'Contractor/Entity Responsible for Physical Health:' with a dropdown menu showing 'AHCCCS AMERICAN IN'. The first and last dropdown menus are highlighted with red boxes. Below the form are five blue headers with hamburger menu icons and the following text: 'Out-of-State Placement Information', 'Clinical Information', 'Reviewer Information(Contractor/TRBHA)', and 'Reviewer Information(AHCCCS)'.

5. The Reviewer section needs to be completed by the logged-in user of the health plan. After user clicks on E-Sign button “Request submitted successfully” message is displayed.

The screenshot shows the 'Reviewer Information(Contractor/TRBHA)' form. The sidebar is visible on the left. The main content area has a blue header with a hamburger menu icon and the text 'Reviewer Information(Contractor/TRBHA)'. The form contains four fields: 'Title of the person who completed the form.' with a text input field containing 'Senior Manager, Arizona Complete Health'; 'Name of the person who completed the form.' with a text input field containing 'Elizabeth Barry'; 'Please type your password to confirm e-signature.' with a text input field; and 'Date' with a text input field containing '06/28/2019'. An orange 'E-Sign' button is located at the bottom right of the form.

The screenshot shows the 'Reviewer Information(Contractor/TRBHA)' form after a successful submission. The sidebar is visible on the left. The main content area has a blue header with a hamburger menu icon and the text 'Reviewer Information(Contractor/TRBHA)'. The form contains four fields: 'Title of the person who completed the form.' with a text input field containing 'Manager'; 'Name of the person who completed the form.' with a text input field containing 'Amy'; 'Please type your password to confirm e-signature.' with a text input field; and 'Date' with a text input field containing '01/24/2020'. An orange 'E-Sign' button is located at the bottom right of the form. A green message 'Request submitted successfully.' is displayed at the bottom left of the form.

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Discharge

1. To Discharge a member currently enrolled in an Out of State program, follow the Steps 1 through 6 from Initial Referral to search for the member. Discharge button is displayed only when the member has Initial Referral and/or 30 day update.

The screenshot shows the AHCCCS Out Of State Placement Portal. The page title is "AHCCCS Out Of State Placement Portal". Below the title, there is a search bar with fields for "AHCCCS or Alternate ID:", "DOB:", "Last Name:", and "First Name:". A "Search" button is located below the search bar. Below the search bar, there is a "Search Results" section. The search results show a member with a "30 Day Update" status and a "Discharge" button highlighted with a red box. The search results also display the member's "Full Name:", "AHCCCSID:", "DOB:", "Gender:", and "Age:".

2. Click on Discharge button to open Discharge form.

The screenshot shows the AHCCCS Out Of State Placement Portal discharge form. The page title is "AHCCCS Out Of State Placement Portal". Below the title, there is a search bar with fields for "AHCCCS or Alternate ID:", "DOB:", "Last Name:", and "First Name:". A "Search" button is located below the search bar. Below the search bar, there is a "Search Results" section. The search results show a member with a "30 Day Update" status and a "Discharge" button highlighted with a red box. The search results also display the member's "Full Name:", "AHCCCSID:", "DOB:", "Gender:", and "Age:". Below the search results, there is a "Discharge Information" section. The "Discharge Information" section includes fields for "Discharge Outcome:", "Member Discharged:", "What was the Date of Admission?", and "What was the Discharge Date?".

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3. Fill in all discharge related information into the appropriate fields, discharge information is Mandatory.
4. To complete the discharge form, fill in the reviewers credentials and click the E-Sign button. After user clicks on E-Sign button “Member Discharge Record submitted successfully” message is displayed.

APP-037F

The screenshot shows two stacked forms. The top form, titled "Discharge Information", contains the following fields: "Discharge Outcome:" with a dropdown menu set to "Partially Successful Disc"; "Member Discharged:" with a dropdown menu set to "Home with supports"; "What was the Date of Admission?" with a date picker set to "01/03/2020"; and "What was the Discharge Date?" with a date picker set to "01/23/2020". The bottom form, titled "Reviewer Information(Contractor/TRBHA)", contains: "Title of the person who completed the form." with a text input field containing "test discharge"; "Name of the person who completed the form." with a text input field containing "test"; "Please type your password to confirm e-signature." with a password input field containing "....."; and "Date" with a date input field set to "01/23/2020". A yellow "E-Sign" button is located at the bottom right of the second form. A blue sidebar on the left contains navigation links: Home, User Admin, Search, Create IRF, OHR, Waitlist, Out Of State, FAQ, Technical Assistance, and Log Out.

This screenshot is identical to the one above, but with a green success message at the bottom of the "Reviewer Information" form: "Member Discharge Record Submitted Successfully." The "E-Sign" button remains visible.

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HealthPlan/TRBHA Search

The Out of State web application will provide a search tool to allow users to search for records. Health plans can only search for records of members belonging to their health plan

1. Login as Health Plan user and Click on Sign in button

2. Click on Out Of State Search button

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3. Search Results are displayed for the Login TRBHA. Contractor/TRBHA drop down indicates Login TRBHA ID and Name and it's locked.

AHCCCS
Arizona Health Care Cost Containment System

Out Of State Placement Search

Please Enter Search Criteria

Member Facility	<input type="text" value="Facility"/>	Member ID	<input type="text" value="Member ID"/>	Contractor/TRBHA	<input type="text" value="010306 - MERCY CARE PL."/>
Eligibility Status	<input type="text" value="Select All"/>	Submitted From	<input type="text" value="Submitted(From)"/>	Submitted To	<input type="text" value="Submitted(To)"/>
State	<input type="text" value="Select All"/>	Request Type	<input type="text" value="Select All"/>	AHCCCS Signed	<input type="text" value="Select All"/>

Search Results

No. Of Records 10

[Redacted]		<input type="button" value="Select"/>	
Member Name:	[Redacted]	Date Submitted:	01/17/2020
DOB:	[Redacted]	AHCCCS ID:	[Redacted]
Gender: F	Provider Facility:	TestFacility	Request Type: Initial Referral
[Redacted]		<input type="button" value="Select"/>	

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DDD Search

The Out of State web application will provide a search tool to allow users to search for DDD member records. DDD can only search for records of DDD members only.

1. Login as DDD user and Click on Sign in button



Thank you for visiting QM Portal. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at (602) 417-4451 or contact ISDCustomerSupport@azahcccs.gov.

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the website can be terminated if the Terms of Use are violated.

External User Log In

User Name:

Password:

[Sign In](#)

Forgot your Password? [Click Here](#)

Create new account? [Click Here](#)

Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

AHCCCS User Log In

If you are an AHCCCS employee
AND you are currently logged onto the AHCCCS network
AND you are accessing this application from a browser on your workstation
Then click the button below to use this application with your network login credentials

[AHCCCS Sign In](#)

Your web browser must have JavaScript enabled in order to use the QM portal.

2. Click on Out Of State link and click on Out of State Search Button



AHCCCS Out Of State Placement Portal

The AHCCCS Out Of State Portal is intended for the use of HealthPlans submitting the Out Of State Placement of a Member. This system is administered by the AHCCCS Division of Health Care Management. AMPM Policy 450, Exhibit 450-1

[Out of State Search](#) [Out of State Report](#)

AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000
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3. Select Request Type Initial Referral created by the Health Plan Click on Select and click on View Request link

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- Home
- User Admin
- Out Of State
- FAQ
- Technical Assistance
- Log Out

Out Of State Placement Search

Please Enter Search Criteria

Member Facility	<input type="text" value="Facility"/>	Member ID	<input type="text" value="Member ID"/>	Contractor/ TRBHA	<input type="text" value="-- Please Select --"/>
Eligibility Status	<input type="text" value="Select All"/>	Submitted From	<input type="text" value="Submitted(From)"/>	Submitted To	<input type="text" value="Submitted(To)"/>
State	<input type="text" value="Select All"/>	Request Type	<input type="text" value="Initial Refer"/>	DDD Signed	<input type="text" value="No"/>

Search Results

No. Of Records 1

A65220005				<input type="button" value="Select"/>
Member Name:	SHENNIB, IBRAHIM	Date Submitted:	10/8/2020 5:30:15 PM	<input type="button" value="View Request"/>
DOB:	03/11/1986	AHCCCS ID:	A65220005	
Gender:	M	Request Type:	Initial Referral	
Provider Facility:				

Go to the Reviewer Information (DDD) Section and Sign the report

Reviewer Information(DDD)

DDD Reviewer Title	<input type="text" value="TestIR User"/>	DDD Reviewer Name	<input type="text" value="TEST IR SIG"/>
Please type your password to confirm e-signature.	<input type="text"/>	Date	<input type="text" value="10/08/2020"/>

Request submitted successfully.

An email notification sent to the Health plan that DDD reviewed and signed the Out Of State form.

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OutOfState Notification > Inbox x



NoReply@azahcccs.gov
to Laxma.Veeravelly ▾

5:53 PM (1 minute ago) ☆



Out Of State Notification

Confidentiality Notice: This electronic transmission is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. This communication contains Protected Health Information (PHI) that is protected by state and federal law. You are expected to maintain this information in a safe, secure, and confidential manner.

This email is to notify you that the OOS notification you submitted regarding the following member has been received and signed by DDD

Request Type	Initial Referral
Date Created	10/8/2020
Member First Name	IBRAHIM
Member Last Name	SHENNIB

This email was sent from the Arizona Health Care Cost Containment System
ITS Department • 801 E Jefferson St • Phoenix AZ 85034

AHCCCS Search

AHCCCS users can search for records belonging to any health plan.

1. AHCCCS users click on AHCCCS Sign in button to see the Out Of State Application link.

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Thank you for visiting QM Portal. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at (602) 417-4451 or contact ISDCustomerSupport@azahcccs.gov.

External User Log In	AHCCCS User Log In
<p>User Name <input type="text" value="Enter user name"/></p> <p>Password <input type="password" value="Enter password"/></p> <p>Sign In</p> <p>Forgot your Password? Click Here</p> <p>Create new account? Click Here</p> <p>Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.</p>	<p>If you are an AHCCCS employee</p> <p>AND you are currently logged onto the AHCCCS network</p> <p>AND you are accessing this application from a browser on your workstation</p> <p>Then click the button below to use this application with your network login credentials</p> <p>AHCCCS Sign In</p>

Your web browser must have JavaScript enabled in order to use the QM portal.

2. Click on Out Of State Application link and then click on Out of State Search button to search for the records.



[Home](#)
[User Admin](#)
[Search](#)
[Create IRF](#)
[OHR](#)
[Waitlist](#)
[Out Of State](#)
[FAQ](#)
[Technical Assistance](#)
[Log Out](#)

AHCCCS Out Of State Placement Portal

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[Out of State Search](#) [Out of State Report](#)

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3. Select Request Type Discharge from drop down and AHCCCS Signed to No to select the records pending for AHCCCS Review and click on Search button to see the records.

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Out Of State Placement Search

Please Enter Search Criteria

Member Facility	<input type="text" value="TestFacility2"/>	Member ID	<input type="text" value="Member ID"/>	Contractor/ TRBHA	<input type="text" value="010306 - MERCY CARE"/>
Eligibility Status	<input type="text" value="Select All"/>	Submitted From	<input type="text" value="Submitted(From)"/>	Submitted To	<input type="text" value="Submitted(To)"/>
State	<input type="text" value="Select All"/>	Request Type	<input type="text" value="Discharge"/>	AHCCCS Signed	<input type="text" value="No"/>

- All records pending for AHCCCS Review are displayed on the screen. Click on Select button and View Request to view the Discharge form.

Search Results

No. Of Records 1

[Redacted]		[Redacted]		<input type="button" value="Select"/>
Member Name:	[Redacted]	Date Submitted:	01/23/2020	<input type="button" value="View Request"/>
DOB:	[Redacted]	AHCCCS ID:	[Redacted]	
Gender:	M	Provider Facility:	[Redacted]	
		Request Type:	Discharge	

- Discharge Form is displayed in read-only mode. Only AHCCCS Review section is editable.

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AHCCCS Out Of State Placement Portal

The AHCCCS Out Of State Portal is intended for the use of HealthPlans submitting the Out Of State Placement of a Member. This system is administered by the AHCCCS Division of Health Care Management, AMPM Policy 450, Exhibit 450-1

Member Information

First Name: [REDACTED]	Middle Name: [REDACTED]	Last Name: [REDACTED]
AHCCCS ID: [REDACTED]	Gender: M	D.O.B: [REDACTED]
Eligibility Status: Title 19	DDD: [REDACTED]	No

CMDP: CRS:

Psychiatric and Medical Diagnoses

Current Diagnoses:

1) F26 - OTHER PSYCHOTIC	2) F32 - MAJOR DEPRESSIV	3) [REDACTED]
4) [REDACTED]	5) [REDACTED]	6) [REDACTED]

- Home
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Contactor or TRBHA

Contractor or TRBHA Id:	<input type="text"/>
Contractor or TRBHA Name:	<input type="text" value="MERCY CARE PLAN"/>
Contractor or TRBHA Contact Name:	<input type="text" value="Test"/>
Contractor or TRBHA Contact Phone:	<input type="text" value="480-222-2223"/>
Contractor/EntityID Responsible for PhysicalHealth:	<input type="text" value="110306"/>
Contractor/Entity Name Responsible for PhysicalHealth:	<input type="text" value="110306"/>

Discharge Information

Discharge Outcome:	<input type="text" value="Partially Successful Disc"/>
Member Discharged:	<input type="text" value="Test Discharge OTHER F"/>
What was the Date of Admission?	<input type="text" value="1/3/2020"/>
What was the Discharge Date?	<input type="text" value="1/21/2020"/>

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☰ Reviewer Information(Contractor/TRBHA)

Title of the person who completed the form.	<input type="text" value="test discharge"/>	Name of the person who completed the form.	<input type="text" value="test"/>
Please type your password to confirm e-signature.	<input type="password"/>	Date	<input type="text" value="01/21/2020"/>

E-Sign

☰ Reviewer Information(AHCCCS)

AHCCCS Reviewer Title	<input type="text"/>	AHCCCS Reviewer Name	<input type="text"/>
Please type your password to confirm e-signature.	<input type="password"/>	Date	<input type="text"/>

E-Sign

- AHCCCS Reviewer enters password and clicks on E-sign button to complete the Review. After user Clicks on E-Sign button “Member Discharge Record Signed successfully” message is displayed.

☰ Reviewer Information(AHCCCS)

AHCCCS Reviewer Title	<input type="text" value="Test"/>	AHCCCS Reviewer Name	<input type="text" value="Developer Test"/>
Please type your password to confirm e-signature.	<input type="password"/>	Date	<input type="text" value="02/12/2020"/>

E-Sign

Member Discharge Record Signed Successfully.

Arizona Health Care Cost Containment System Out Of State Quick Start Guide

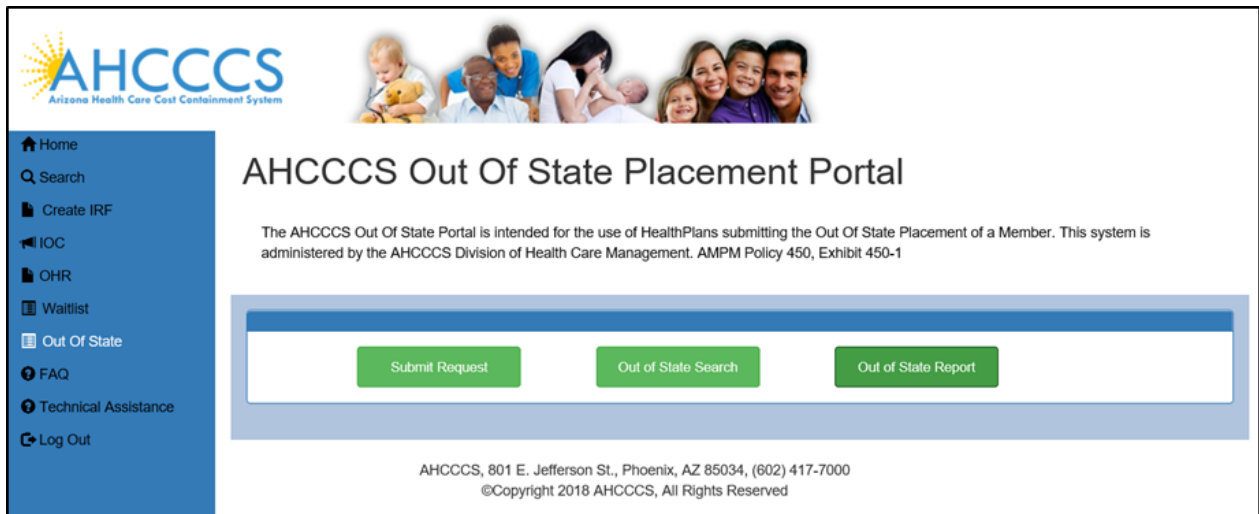
Reporting

Health Plan User:

Internal and external users will use a report builder to build their own custom reports.

It will allow the user to select specific columns to include, define criteria and save the reports for future use.

1. Login as a Health Plan user, click on “Out Of State” link from the main menu and click button “Out Of State Report”.



2. In the “SETTINGS” panel, chose columns to be displayed on the report.

Out Of State Report

SETTINGS

Preset Reports:

Columns to be displayed on the report:

- REQUEST TYPE
- REQUEST DATE
- HEALTHPLAN NAME
- HEALTHPLAN CONTACT NAME
- HEALTH PLAN CONTACT PHONE
- ELIGIBILITY STATUS
- AHCCCS ID
- FIRST NAME
- MIDDLE NAME
- LAST NAME
- DATE OF BIRTH
- GENDER
- CMDP
- DDD
- CRS

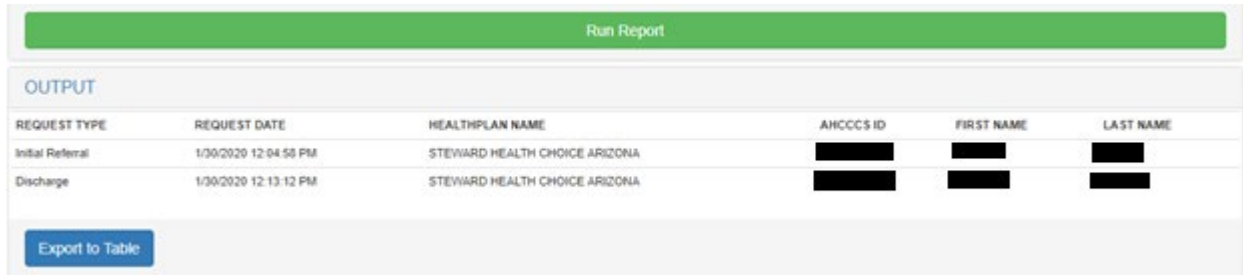
Report criteria:

Field:	Is:	Value:
<input type="text"/>	<input type="text"/>	<input type="text"/>

+

Arizona Health Care Cost Containment System
 Out Of State Quick Start Guide

- Click on the button “Run Report” in the bottom of the panel. Check that in the panel “OUTPUT” report results are showing selected columns and criteria is applied.



- Click on Export to Table button to export the Output results.

	A	B	C	D	E	F
1	REQUEST TYPE	REQUEST DATE	HEALTHPLAN NAME	AHCCCS ID	FIRST NAME	LAST NAME
2	Initial Referral	1/30/2020 12:04	STEWARD HEALTH CHOICE ARIZONA	[REDACTED]	[REDACTED]	[REDACTED]
3	Discharge	1/30/2020 12:13	STEWARD HEALTH CHOICE ARIZONA	[REDACTED]	[REDACTED]	[REDACTED]
4						

Arizona Health Care Cost Containment System Out Of State Quick Start Guide

AHCCCS User:

1. Login as AHCCCS user.



Thank you for visiting QM Portal. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at **(602) 417-4451** or contact **ISDCustomerSupport@azahcccs.gov**.

External User Log In	AHCCCS User Log In
<p>User Name <input type="text" value="Enter user name"/></p> <p>Password <input type="password" value="Enter password"/></p> <p>Sign In</p>	<p>If you are an AHCCCS employee</p> <p>AND you are currently logged onto the AHCCCS network</p> <p>AND you are accessing this application from a browser on your workstation</p> <p>Then click the button below to use this application with your network login credentials</p> <p>AHCCCS Sign In</p>

Forgot your Password? [Click Here](#)

Create new account? [Click Here](#)

Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

2. Click on “Out Of State” link from the main menu and click button “Out Of State Report”.



AHCCCS Out Of State Placement Portal

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Out of State Search	Out of State Report
----------------------------	----------------------------

AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000
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3. In the “SETTINGS” panel, chose columns to be displayed on the report.

Arizona Health Care Cost Containment System
Out Of State Quick Start Guide

Email Notifications:

Sample of the automated email sent to DDD (state agency) and initiated by DDD Subcontractors (health plans).

OutOfState Notification ⌵ Inbox x



NoReply@azahcccs.gov
to Laxma.Veeravelly ▾

5:30 PM (0 minutes ago) ☆



Confidentiality Notice: This electronic transmission is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. This communication contains Protected Health Information (PHI) that is protected by state and federal law. You are expected to maintain this information in a safe, secure, and confidential manner.

This email is to notify you that an OOS notification has been submitted to DDD by MCP Submitter (contractor) MERCY CARE PLAN.

Request Type	Initial Referral
Date Created	10/8/2020
Member First Name	██████████
Member Last Name	██████████

This email was sent from the Arizona Health Care Cost Containment System
ITS Department • 801 E Jefferson St • Phoenix AZ 85034

Sample of the automated email sent to DDD subcontractor (health plans) that DDD (state agency) reviewed and signed an Out of State (OOS) form for DDD members.

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Out Of State Quick Start Guide

OutOfState Notification  Inbox x



NoReply@azahcccs.gov
to Laxma.Veeravelly ▾

5:53 PM (1 minute ago) ☆



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This email is to notify you that the OOS notification you submitted regarding the following member has been received and signed by DDD

Request Type	Initial Referral
Date Created	10/8/2020
Member First Name	██████████
Member Last Name	██████████

This email was sent from the Arizona Health Care Cost Containment System
ITS Department • 801 E Jefferson St • Phoenix AZ 85034

Sample of the automated email sent to the AHCCCS Clinical Team that an Out of State form has been initiated for non-DDD members and needs to be reviewed

Arizona Health Care Cost Containment System
Out Of State Quick Start Guide

OutOfState Notification > Inbox x



NoReply@azahcccs.gov
to Laxma.Veeravelly ▾

9:29 PM (0 minutes ago) ☆ <



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This email is to notify you that an OOS notification has been submitted to AHCCCS by MCP Submitter (contractor) MERCY CARE PLAN

Request Type	Initial Referral
Date Created	10/8/2020
Member First Name	██████████
Member Last Name	██████████

This email was sent from the Arizona Health Care Cost Containment System
ITS Department • 801 E Jefferson St • Phoenix AZ 85034

Sample of the automated email sent to the Health Plans confirming that AHCCCS has reviewed and signed an Out of State form for non-DDD members

Arizona Health Care Cost Containment System
Out Of State Quick Start Guide



Out Of State Notification

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This email is to notify you that the OOS notification you submitted regarding the following member has been received and signed by AHCCCS..

Request Type	Initial Referral
Date Created	9/22/2020
Member First Name	██████████
Member Last Name	██████████

This email was sent from the Arizona Health Care Cost Containment System
ITS Department • 801 E Jefferson St • Phoenix AZ 85034