Arizona Health Care Cost Containment System

QuickStart Guide
Incident, Accident and Death Reporting

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

New features and changes on the pages will be announced as the notifications that will appear next to the area in question, and need to be dismissed by clicking on the notification. This is not an error; it is just there to draw user attention to the new changes introduced in the new version.

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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 an " 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.

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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
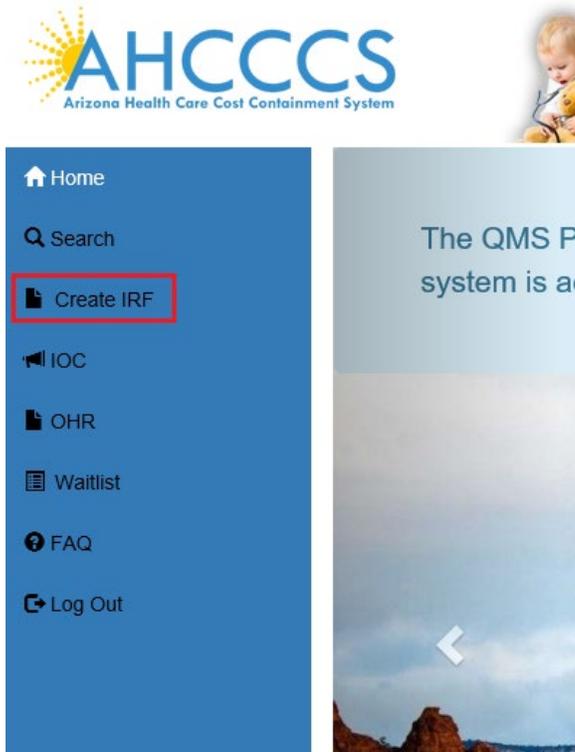
For external accounts:
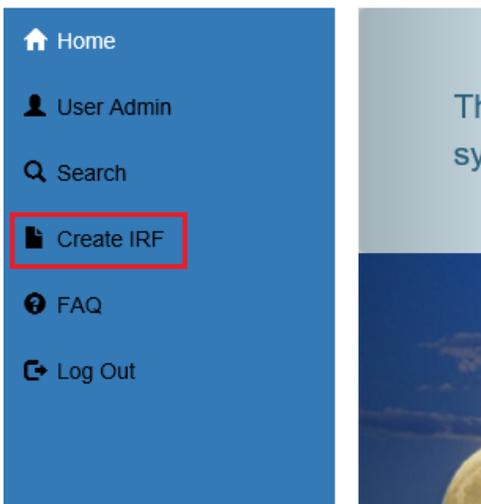
For internal accounts (no User Admin link):
Please note depending upon your membership to various groups, there might be less navigation links

2. Member Search 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)

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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:

To clear the field entirely, the "x" must be clicked, and then other fields can be updated. This option is available in Internet Explorer.

Click on the Search button

AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000
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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 Incident Information Page.

3. Incident Information Step (required)

The Incident Information Step is now displayed directly after the member is selected. At this step, the incident date of the case should be entered, if the date is not known, an unknown reason must be selected. If the date is selected at this step all enrolment information will be prepopulated into the report (e.g., Health Plan, Category (GMH, SMI, Child), DDD, etc.). If a date is not selected the user will be required to manually enter the enrollment and eligibility information.

Note that if the incident date is identified after this step, the incident date information can be filled out later, prior to the case being submitted for Contractor/TRBHA Review.

4. Member Information Step (required)

The Member Information Step is now displayed. The Member Information is automatically populated, and the *fields will be locked if there is an exact match* which is defined as:

1. A member enrollment match based on the starting incident date
2. An incident date was not provided
3. All member information for the following fields can be determined: member DCS/CHP, member eligibility status and member category are populated. (If one or more cannot be determined, the fields will remain unlocked)

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
- Eligibiltiy Status
- Category
- COT
- DDD
- DCS/CHP
- Diagnosis Code

Note: Fields are locked except for the Health Plan and COE/COT and diagnosis information.

Note: At this point the IRF case ID has been created. It is reccomended that the user document the Case ID so that the Preparer is able to quickly locate the correct report if they need to stop at any point and retern to complete the IRF. In the IRF Wizard, there are red stars listed by informaton 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. *Note: The Previous and Save buttons are only available until after the case is intiailly created.*

Previous– saves information and navigates to the previous step in the IRF Wizard
In the case of Member Information, naviagating 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 display 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.

	Diagnoses		
Info! Please enter at least 3 character Code OR Description and then use Search. The suggestion list will display to choose from & your selction will be saved.			
Code Description		Search	
	delusion		
Code	**Description**		**Remove**
F11.150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS		✖

Once a diagnoses 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 diagnosis description if a selection is made in error.

	Diagnoses		
Info! Please enter at least 3 character Code OR Description and then use Search. The suggestion list will display to choose from & your selction will be saved.			
Code Description		Search	
	delusion		
Code	**Description**		**Remove**
F11.150	OPIOID ABUSE WITH OPIOID-INDUCED PSYCHOTIC DISORDER WITH DELUSIONS		✖

5. Provider Information Step (default value is set)

The Provider Step is now displayed. At this point, if the "Next" button is selected the default Provider information will remain visible. The default provider for an internal referral is the Health Plan Office location.

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

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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 the 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:
- COMM A. WALGREENS PHARMAC
  ST 136 1830 E. BROADWAY ENTERPRISE DR TUCSON, AZ 85719
- 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: 318648
- Opened by username of the current logged-in user

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 for a location. In 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:
  CORAM CVS SPECIALTY INFUS
  SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034

  Once the Provider Information Step along with the dates have been filled out, the user 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)

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6. Basic Incident Information Step (required)

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

The Incident Category section will initially be empty.

Once an incident category has been selected from the choice list (see appendix A for a full list of Categories and SubCategories), the incident subcategories will be displayed in the list below. A category has an associated subcategory. For example, the "Availability, Accessibility, Adequacy" category has 5 subcategories. Multiple subcategory selections can be added to each category as needed based on the details of the incident.
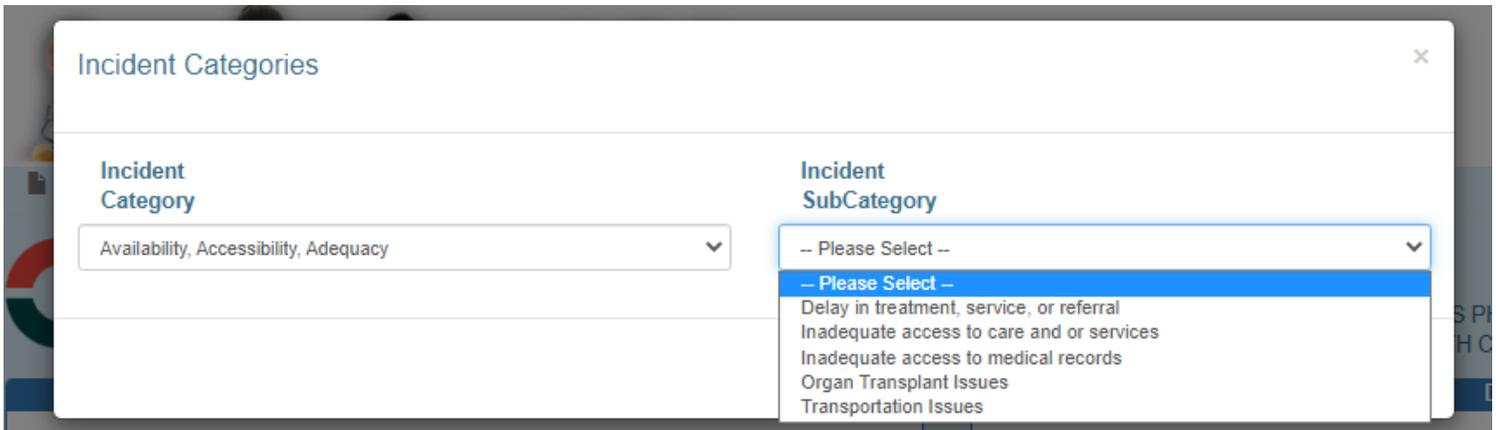
If an incorrect Category or Sub-Category are selected in error, the "x" can be clicked to remove any items from the list.
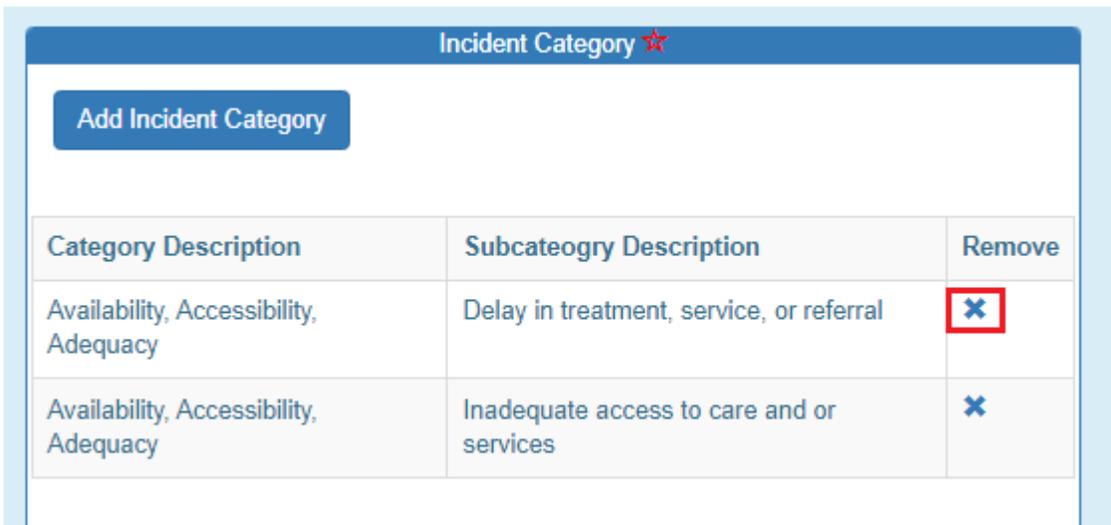
The "Submission Status" lists the current status of the IRF case/report. At this stage, the status is in "Draft" mode.

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.

7. Description of the Incident Step (required)

This is a free text field, and the preparer will describe the incident in detail here. This information can be provided in paragraph format since the input is multi-line as in the illustration below. This information will automatically display in the QOC referral section of the QOC application if the case is escalated to a QOC. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Description of the Incident Step has been completed, the Preparer can click on the "Next" button to navigate to the next step.

Please Describe the Incident ★

Incident Description - sample info

←Previous   Save   Next→

8. Member Condition Step (required)

Preparers will be required to enter member condition information before and after the incident in the free text boxes on this page. This information can be provided in paragraph format since the input is multi-line as in the illustration below. For example, if the member was upset and pacing before the incident and calm and talking with staff after the incident the preparer would note this in detail here. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Member Condition Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.

9. Medical Services Step (required)

Preparers will be required to provide detailed information about the medical services received related to the incident in the free text field on this page. For example, if the member was taken to the Emergency Room or an Urgent Care facility to have an injury treated the preparer would note this here and include details on the treatment received. This information can be provided in paragraph format since the input is multi-line as in the illustration below. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Member Services Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.

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Description of Any Medical Services Received ⭐

Medical Services - sample info

←Previous   Save   Next→

10. Witnesses Step (optional)

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

Preparers should add witnesses related to the incident if there were any. This should include any staff that were directly involved or witnessed any part of 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 updated by clicking on the "x" to remove a witness associated with the case/report if one has been entered in error.

Once the Witnesses Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.

11. Provider Actions Step (required)

Preparers are required to provide actions that were taken and recommended actions that will be taken to prevent future incidents in the free text field. This information can be provided in paragraph format since the input is multi-line since the input is multi-line as in the illustration below. For example, if the provider has placed a staff on restricted duty to prevent further incidents this information should be documented here. It is recommended that

member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Provide Actions Step information has been completed, the preparer can click on the "Next" button to navigate to the next step.
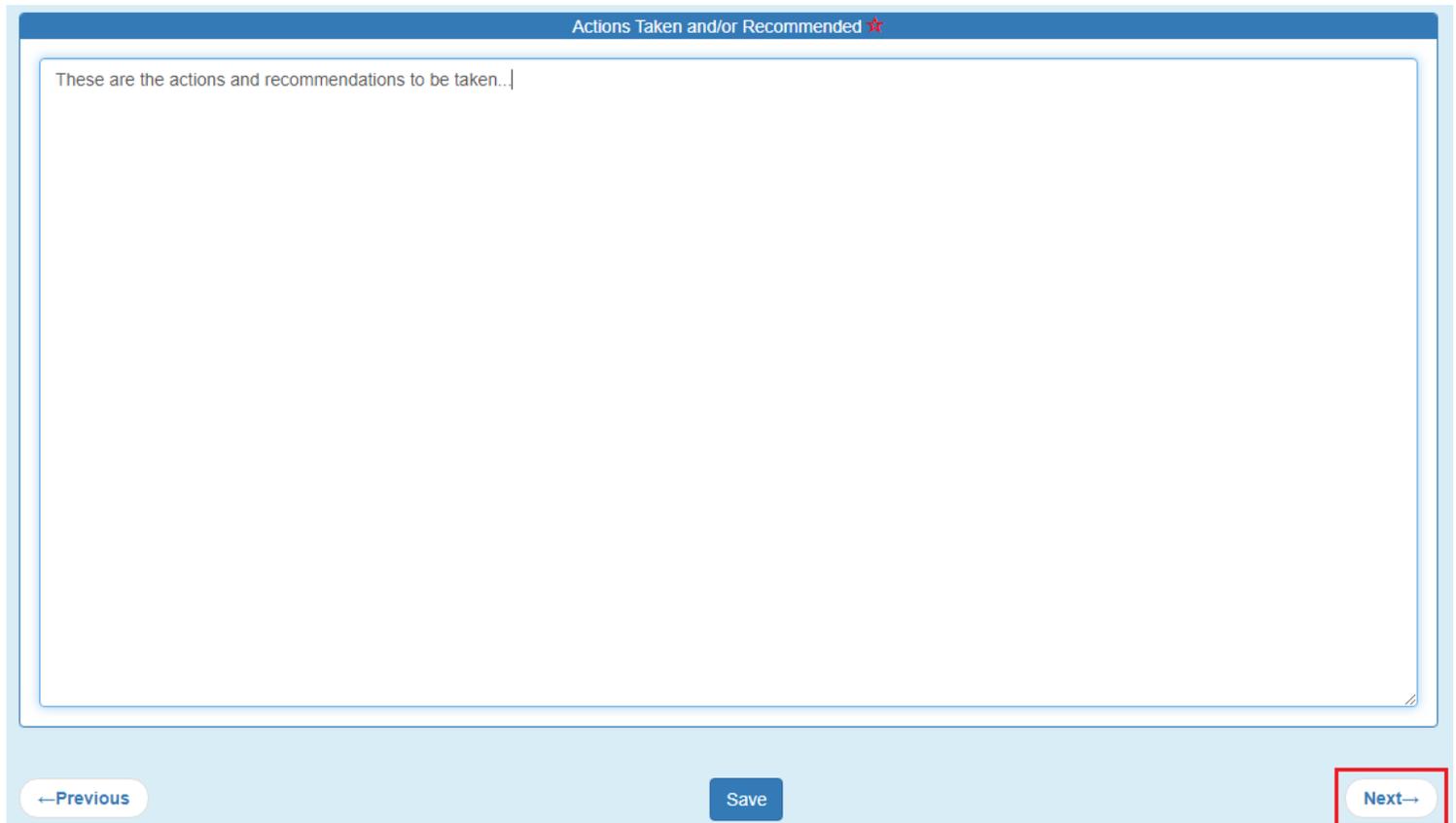
Actions Taken and/or Recommended ☆
These are the actions and recommendations to be taken...|

←Previous   Save   Next→

12. Notifications Step (optional)

This step is optional for the submitting an IRF Case.

Preparers should select individuals and organizations that were notified of the incident here.
Prepares can select as many notifications as needed. For example, if a guardian, the police and APS were notified of the incident all three should be selected in this section. If there isn't an exact match on the type of organization, "Others" can be selected can 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 recipient of the notification must have an active QM Portal login ID to review the report. It is not recommended that this function be

used to notify a guardian or parent of an incident as they will not be able to access the report, this section is to be used to document that the notification has been made.

The email notification will contain the following:
Subject: IRF Notification
Body: Case: IRF-2021-412
     Case Status: Draft
     Date of Incident: 08/31/21
     Case Submitted by: Joe Smith

Once the Notifications Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.

13. Attachments Step (optional)

This step is optional for the submitting an IRF Case.

Preparers can optionally add one or more attachments to the case that would have pertinent information that could be easily accessed via the document(s). This can be used to attach a provider generated report of the incident. Content from attachments will not be visible in the final report so required information from any attachment will need to be added directly into the portal screens even if the information also exist in the attachment.

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"
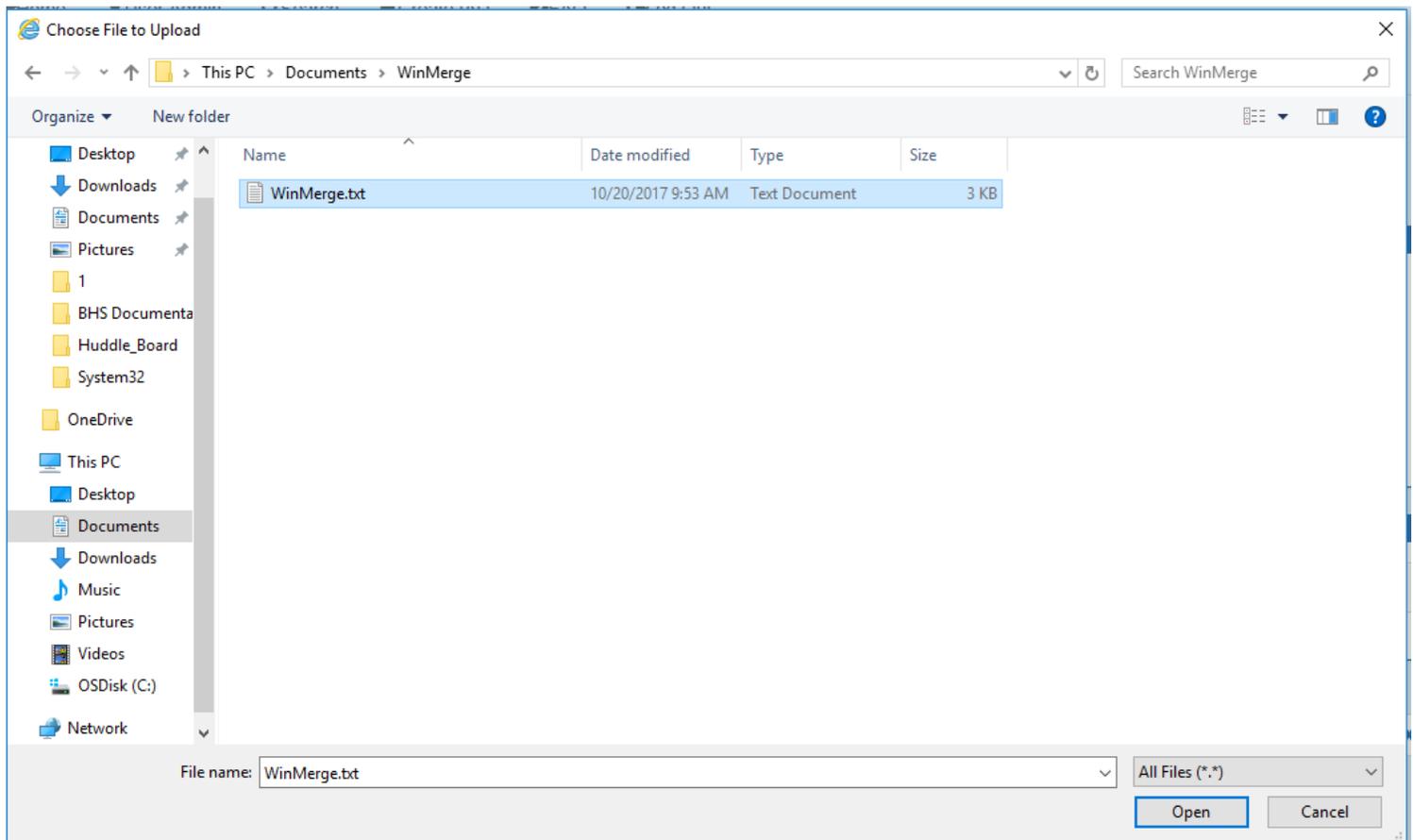
As with other lists in the IRF case/report, the attachments list can be updated by clicking on the "x" to remove a document associated with the case/report if a document was added in error. The description section is a hyperlink so the link can be clicked, and the document will open.

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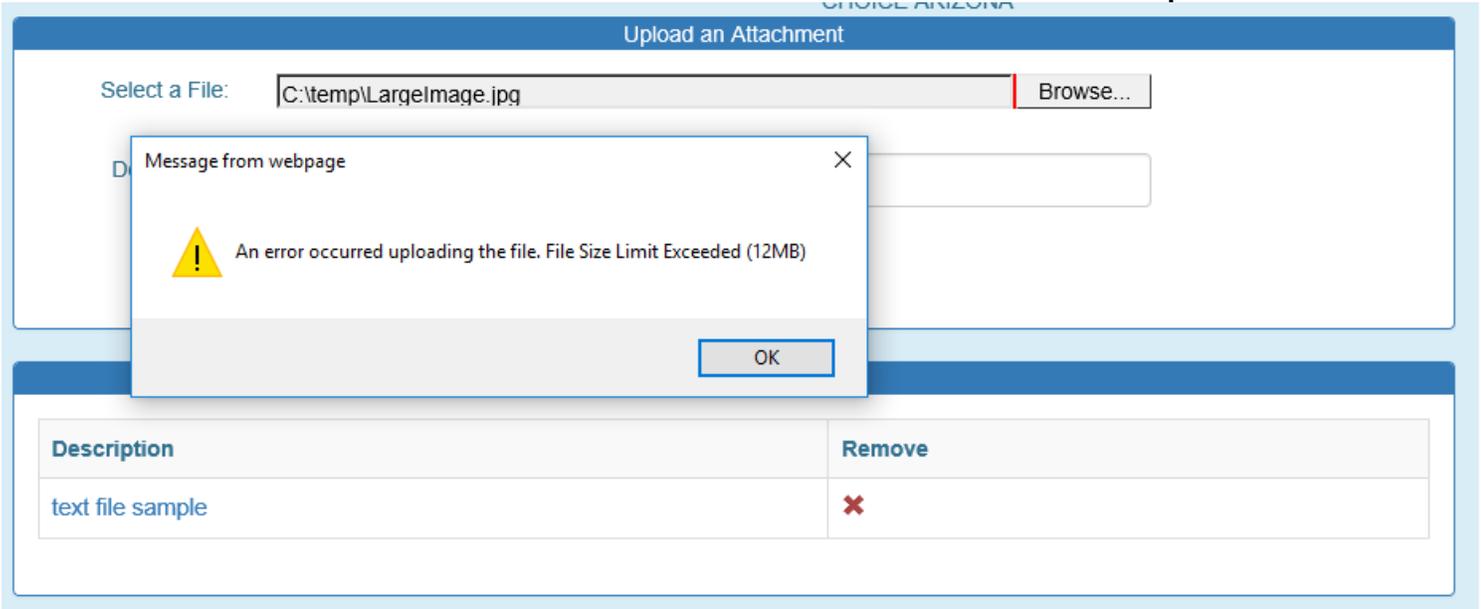
Once the Attachments Step is completed with uploaded document(s), the Preparer can click on the "Next" button to navigate to the next step.
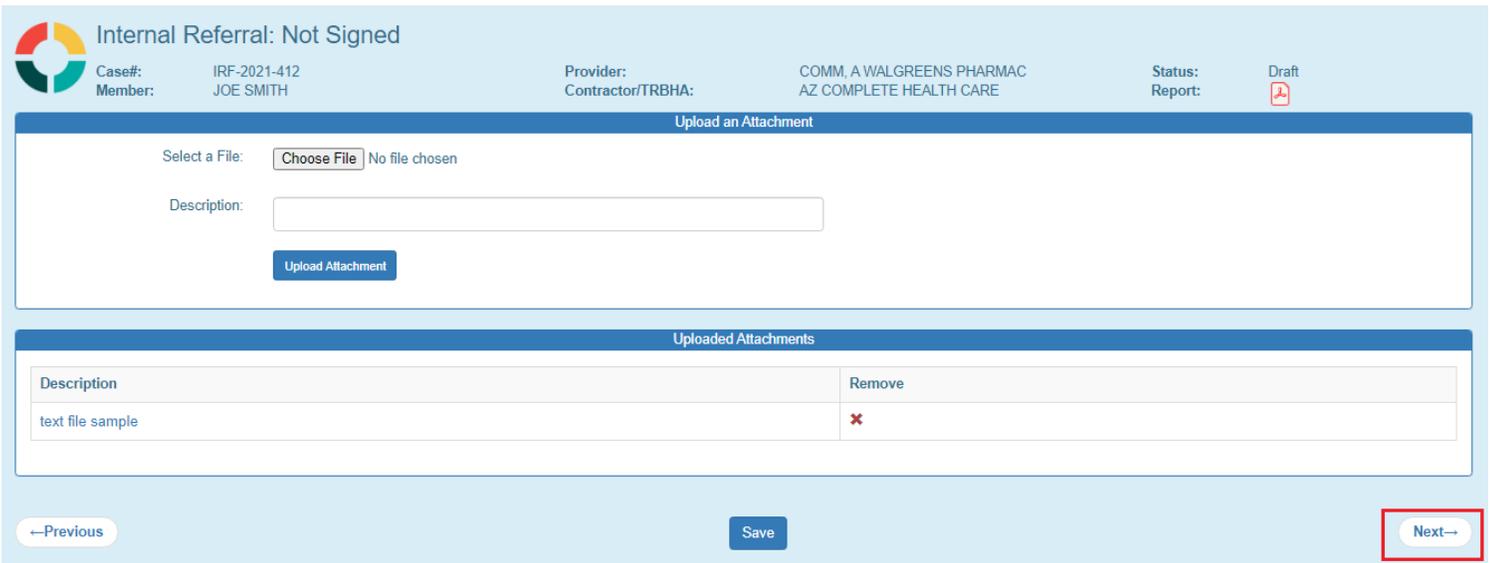
14. Electronically Sign Report Step (optional)

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Note 1: 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 are needed here for the password/signature. 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 except for the review section that is visible and editable for an "IRF Reviewer".

Incident Report Search

Last Name	Last Name	First Name	First Name	Date of Birth	D.O.B
Case No.	IRF-2021-412	Member ID	Member ID	Provider ID	Provider ID
Status Value	Select All	Submitted(From)	Submitted(From)	Submitted(To)	Submitted(To)
Contractor/TRBHA	-- Please Select --	Incident Date(From)	Incident Date(From)	Incident Date(To)	Incident Date(To)
Contractor/TRBHA Coordinator	Select All	Due Date(From)	Due Date(From)	Due Date(To)	Due Date(To)
Allegation	Select All	Modified(From)	Modified(From)	Modified(To)	Modified(To)
AHCCCS Coordinator	Select All	Category	Select All	Eligibility	Select All
DCS-CHP	Select All	DDD	Select All		

Please Enter Search Criteria

Search for Reports   Clear

No. Of Records   1

Search Results   Select Report   Export All Results

IRF-2021-412   IRF

Member:	LUNA, ELISA			Incident Date:		08/31/2021	Submit Date:	08/31/2021
DOB:	03/25/1959	AHCCCS ID:		A00156636	Facility:	COMM, A WALGREENS PHARMAC		
Gender:	F	Status:		Unreviewed	Allegation:	Availability, Accessibility, Adequacy		

1

15. Report Generation
If this navigation link is clicked the IRF Report will be generated.
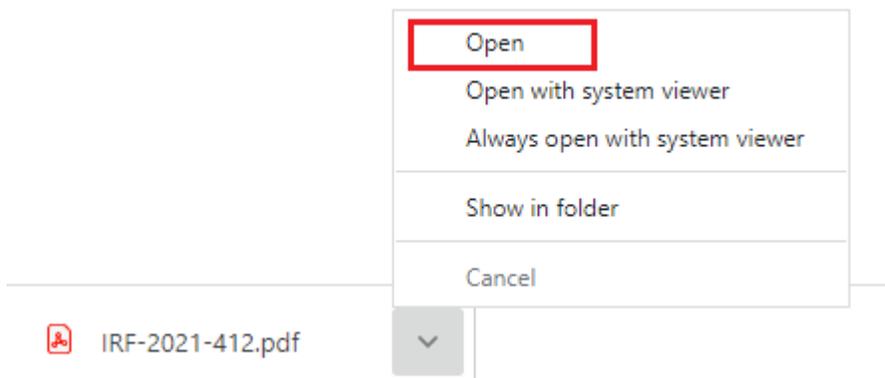
Open
Open with system viewer
Always open with system viewer

Show in folder

Cancel

IRF-2021-412.pdf   ⌄

![AHCCCS - Arizona Health Care Cost Containment System]

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INCIDENT, ACCIDENT OR DEATH REPORT

MEMBER		PROVIDER	
NAME	JOE SMITH	**CREATOR**	Joe Tester
DOB	01/15/1982	**CLIN DIR**	
SEX	M	**FACILITY**	COMM, A WALGREENS PHARMAC

AHCCS ID	CIS ID	GSA	T/RHBA
A00156636		South GSA	010422

DATE AND TIME TRACKING	REPORT IDENTIFIER
Date of Incident 08/31/2021 Report Created 08/31/2021 Submitted T/RHBA	IRF-2021-412

This document contains confidential information protected under HIPAA and other privacy laws.

*** CONFIDENTIAL – NOT FOR PUBLIC DISCLOSURE ***

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Appendix A – Incident Categories and SubCategories

ALLEGATION_CATEGORY_DESCR	ALLEGATION_SUBCATEG_DESCR
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral
	Inadequate access to care and or services
	Inadequate access to medical records
	Organ Transplant Issues
	Transportation Issues
ABUSE	Emotional abuse on a member
	Physical abuse on a member
	Physical assault (i.e., battery) on a member
	Sexual abuse/assault on a member
	Sexual Abuse/assault on a member within or on the grounds of a healthcare setting
	Verbal abuse on a member
	Exploitation of a member
	Neglect of physical, medical, or behavioral needs of a member
Death - Member	Death - Suicide
	Death - Substance Use Disorder - ETOH
	Death - Substance Use Disorder - METHAMPHETAMINE
	Death - Substance Use Disorder - HEROIN
	Death - Substance Use Disorder -PRESCRIPTION OPIOID
	Death - Substance Use Disorder - POLY PHARMACY
	Death - Substance Use Disorder - OTHER
	Death - Unexpected
	Death - Other
	Member death associated with a missing person
	Member suicide Due to Opioid or Multi-Drug Toxicity
	Member death associated with a Medication Error
	Member death associated with a fall while being cared for in a healthcare setting
	Member death associated with the use of seclusion and/or restraints
	Death of a member resulting from a physical assault
Effectiveness/Appropriateness of Care	Inadequate or Inappropriate Discharge Planning
	Inadequate or Inappropriate Discharge Planning with a Readmission for Same Condition
	Lack of Continuity of Care
	Lack of Coordination of Care
	Delay in Diagnosis or Missed Diagnosis
	Inadequate Documentation; Example, ASAM Not Completed
	Ineffective or Inappropriate Case Management
	Lack of engagement/re-engagement of member
	Treatment Below Medical Standards/Ineffective Treatment

	Ineffective or Inadequate Service Plan and/or Treatment Plan
	Ineffective or Inappropriate Management of Substance Use Disorder (SUD)
	Ineffective or Inappropriate Management of Opioid Use Disorder - OVERDOSE
	Ineffective or Inappropriate Management of Opioid Use Disorder - MEDD greater than 90
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of MUSCLE RELAXANT
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of BENZODIAZEPINE
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of LONG ACTING OP
FRAUD	Fraudulent actions - billing, documentation, services, licensure
	Fraudulent Utilization: Over utilization of covered services
	Fraudulent Utilization: Inappropriate utilization of covered services
OPPC-HCAC	Any Stage 1, Stage 2 pressure ulcers acquired after admission/presentation to a healthcare setting
	Avoidable Healthcare Associated Infection (HAI)
	Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a health care institution
	Avoidable Injury/Trauma: Fractures, Dislocations, Intracranial Injuries, Crushing Injuries, Burns, O
	Avoidable Complication & Other (Surgical Site Infections, Deep Vein Thrombosis, Pulmonary Embolism,
	Wrong Surgical or Other Invasive Procedure Performed on a Patient, Performed On The Wrong Body Part,
Member Rights/Respect and Caring	Inappropriate Use of Physical, Mechanical, Personal, Chemical Restraint, or Seclusion
	Cultural Competency Issue(s)
	Disrespectful/unprofessional conduct by provider
	HIPAA Breach
	Member dissatisfaction with treatment plan or care provided
Safety/Risk Management	Failure to Report a Change in Condition
	Failure to follow up or communicate laboratory, pathology, or radiology test results
	Missing person from secured setting (e.g., Dementia or memory care locked unit)
	Missing person from a licensed Facility
	Missing person not associated with a residential setting
	Unsafe environment
	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist,
	Attempted suicide
	Suicide attempt resulting in medical attention
	Self-harm, attempted and/or completed
	Avoidable Injury or Complication
	Discharge or release of a patient/resident of any age, who is unable to make decisions

	Failure /Delay or Inadequate Regulatory Agency Reporting
	Inadequate Staffing
	Inappropriate Use of Medical Equipment
	Medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong
	Medication Error occurring at a licensed residential Provider site i
	Pharmacological Management Issues
	Treatment rendered outside clinician scope of practice
	Injury occurring on the premises or during a registered Provider sponsored activity that requires me
	Injury resulting from the use of a personal, chemical, physical, mechanical restraint, or seclusion
	Serious injury associated with member disappearance (missing person)
	Attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare
	Serious injury associated with a Medication Error
	Serious injury associated with a fall while being cared for in a healthcare setting
	Serious injury associated with the use of seclusion and/or restraints
	Serious injury of a member resulting from a physical assault that occurs during the provision of ser
	Homicide committed by or allegedly committed by a member
	Alleged or Suspected Criminal Activity
	Police/Fire/EMS called to a licensed facility
Other	Other