

QuickStart Guide

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

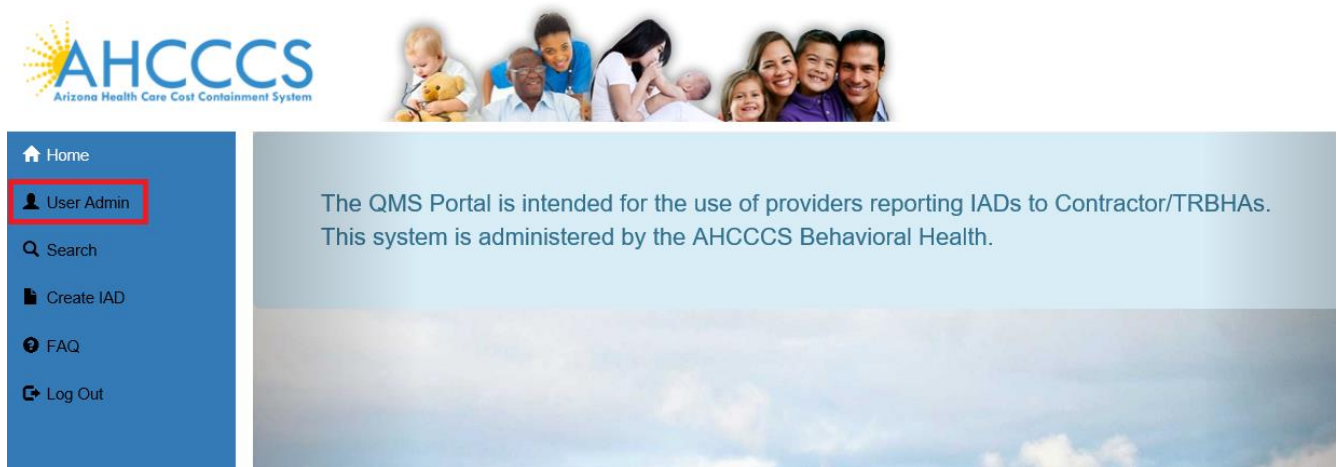
To create a new AMPM Record, Providers can navigate to <https://qmportal.azahcccs.gov/> to log in.

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1. Provider Account Verification

- Log in as a Provider user and click on the link titled OIFA in the lefthand navigation menu.
- Click on the User Admin menu item in the lefthand navigation menu.



- On the User Admin page, confirm the OIFAProvider role is checked in the User Authorization section.

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User Authorization

Clinical Director

OHR

OIFAProvider

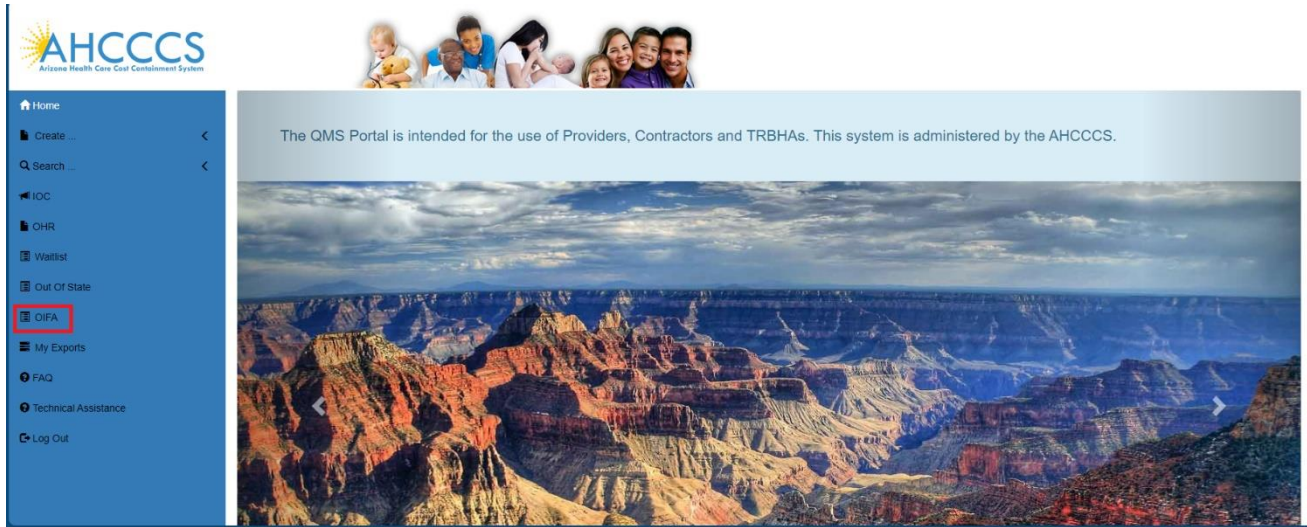
Preparer

3rd Level Reviewer

Waitlist User

Update Authorization

- Once the role has been verified, navigate to the "OIFA" in the lefthand side navigation.



2. Select a Provider (required)

- Log in as a Provider user and click on the link titled OIFA in the lefthand navigation menu.
- A landing page will display several options:
 - Form AMPM 963A

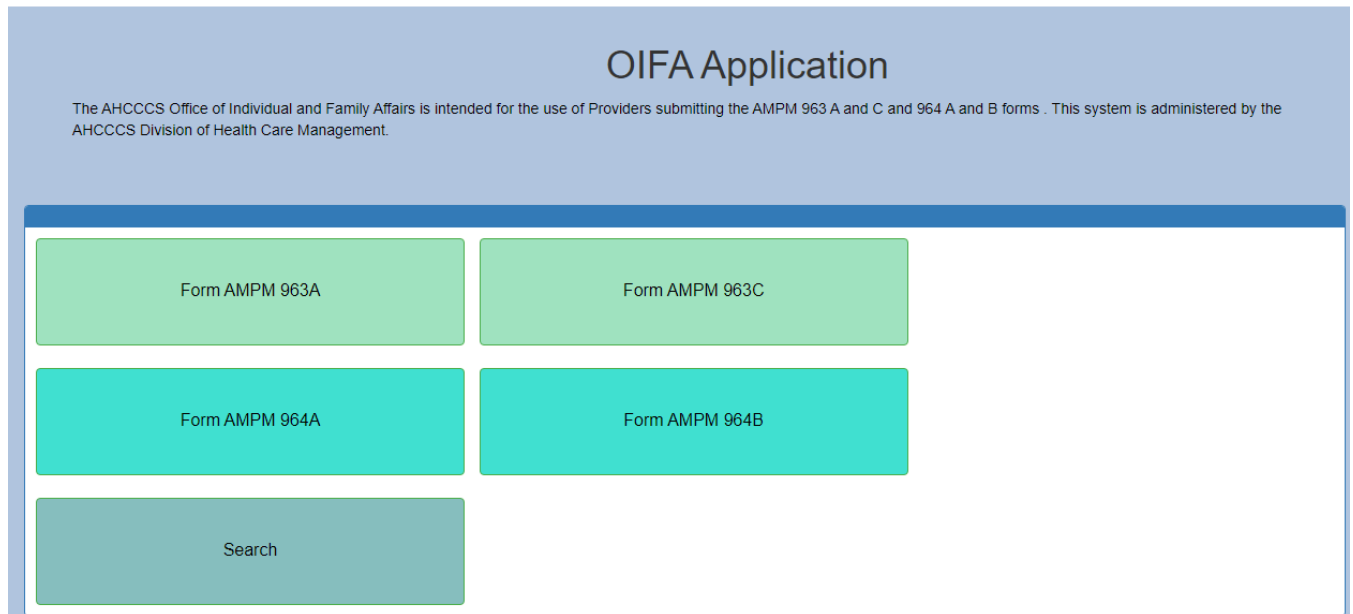
QuickStart Guide

Office Of Individual and Family Affairs

AMPM 963 and 964

- Form AMPM 963C
- Form AMPM 964A
- Form AMPM 964B
- Search

- Click on the Form AMPM 963A option and the user will see a list of the provider locations.
- The first provider location in the list will be the default provider.
- ***This is a mandatory step that must be completed before continuing.



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Form 963A Form 964A Form 963C Form 964B Search

What Provider is Submitting this AMPM Form? Please select one.

<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	EAST BLDG PHX - EMER MED 1919 E THOMAS RD EAST BLD PHOENIX AZ 85016	602-933-1900
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	SUITE 105 9827 N 95TH ST SCOTTSDALE AZ 85258	480-860-8488
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	9003 E SHEA BLVD SCOTTSDALE AZ 85260	480-323-3000
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	7400 E OSBORN RD SCOTTSDALE AZ 85251	480-882-4000
<input checked="" type="radio"/>	985507	GILLESPIE-WEBB/DANA E	3805 E BELL RD PHOENIX AZ 85032	
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	SUITE 105 9827 N 95TH STREET SCOTTSDALE AZ 85255	480-860-8488
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	21807 N SCOTTSDALE ROAD SCOTTSDALE AZ 85258	480-860-8488
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	GENERAL PEDIATRICS 5425 E BELL RD STE 145 SCOTTSDALE AZ 85254	602-933-5730
<input type="radio"/>	108242	NAMJOSHI/SATISH	7425 E SHEA BLVD STE 101 SCOTTSDALE AZ 85260	
<input type="radio"/>	108242	NAMJOSHI/SATISH	7555 E OSBORN RD STE 106 SCOTTSDALE AZ 85251	
<input type="radio"/>	108242	NAMJOSHI/SATISH	8573 E SAN ALBERTO STE 5100 SCOTTSDALE AZ 85258	

OK Cancel

3. AMPM 963A

- Enter data into the 963A form and click on the Save button to save the data.
- The saved record appears in a grid with an option to delete the record.

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AMPM Form 963A

Provider ID: 007711 Provider Name: UNIQUE INTEGRATED CAI Provider Address: 2000 E SOUTHERN AVE #

PRSS LastName: Kimberly PRSS FirstName: Cox Peer Support Employment Training Program: Cenpatico2

Date Credentialed: 04/01/2023 Date Employed: 10/02/2023 Date Employment Ended:

BH Worker Category: BHP Hours Supervised: Hours Continued Learning:

Dedicated PRSS: Y FTE: Y Contracted Health Plan: MERCY CARE PLAN

County: Maricopa GSA: Central

 This record was successfully Saved.

	RecordID	ProviderID	ProviderName	ProviderAddress	FFSContractorName	PRSSLastName	PRSSFirstName	PeerSupportAgency	DateCredentialed	DateEmployed
Delete	3096	007711	UNIQUE INTEGRATED CARE	2000 E SOUTHERN AVE # 102&104 TEMPE AZ 85282	MERCY CARE PLAN	Cox	Kimberly	Cenpatico2	4/1/2023	10/2/2023

- *** Users can save the same peer recovery support specialist to multiple Health Plans by selecting a different Health Plan from the Contracted Health Plan dropdown list on the form.
- Records can be deleted by clicking the Delete link for the record.
- A confirmation message will be displayed in the upper right corner of the page.

AMPM Form 963A

Provider ID: 007711 Provider Name: UNIQUE INTEGRATED CAI Provider Address: 2000 E SOUTHERN AV

PRSS LastName: testfn PRSS FirstName: Cox Peer Support Employment Training Program: testAgency

Date Credentialed: 09/28/2023 Date Employed: 09/28/2023 Date Employment Ended:

BH Worker Category: BHT Hours Supervised: Hours Continued Learning:

Dedicated PRSS: Y FTE: Y Contracted Health Plan: AZ COMPLETE HEALTH

County: Maricopa GSA: Central

 Record was successfully Deleted.

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AMPM 963 and 964

- If a 963A record already exists, a message will be displayed if the user attempts to add a record with the same Peer Support Employment Training Program, PRSS Last Name, PRSS First Name, Date Credentialed and the Health Plan.

The screenshot shows the AMPM Form 963A with the following data entered:

Provider ID:	007711	Provider Name:	UNIQUE INTEGRATED CAJ	Provider Address:	2000 E SOUTHERN AVE #
PRSS LastName:	Kimberly	PRSS FirstName:	Cox	Peer Support Employment Training Program:	Carpatico
Date Credentialed:	09/28/2023	Date Employed:	09/20/2023	Date Employment Ended:	
BH Worker Category:	BHT	Hours Supervised:		Hours Continued Learning:	
Dedicated PRSS:	Y	FTE:	Y	Contracted Health Plan:	CARE 1ST ARIZONA
County:	Maricopa	GSA:	Central		

Buttons: Save, Clear

Message: A record with Program Name: Carpatico Last Name: Kimberly First Name: Cox Date Credentialed: 09/28/2023 HealthPlanID: 010254 already exists.

- 963A required field validation message is displayed if any of the following fields are not entered: Health Plan Name, BH Worker Category, Dedicated PRSS, GSA, FTE, PRSS First Name, PRSS Last Name, Peer Support Employment Training Program, Date Credentialed and Date Employed.

The screenshot shows the AMPM Form 963A with the following data entered:

Provider ID:	559042	Provider Name:	BENSON OP/SOUTHEAST	Provider Address:	611 W UNION ST BENSON
PRSS LastName:		PRSS FirstName:		Peer Support Employment Training Program:	
Date Credentialed:		Date Employed:		Date Employment Ended:	
BH Worker Category:	Please make a selection	Hours Supervised:		Hours Continued Learning:	
Dedicated PRSS:	Please make a selection	FTE:	Please make a selection	Contracted Health Plan:	-- Please Select --
County:		GSA:	Please make a selection		

Buttons: Save, Clear

Validation Error Message:

- HealthPlan is required.
- BH Worker Category is required
- Dedicated PRSS is required.
- GSA is required
- FTE is required.
- Last Name is required.
- First Name is required.
- PEER Support Employment Training Program is required.
- Date(s) are required.

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4. AMPM 963C

- Click on the Form AMPM 963C option to add a 963C record and click on the Save button to save the record.
- The saved record appears in a grid with an option to delete the record.
- The form allows multiple records to be entered.

AMPM Form 963C

Training Program

Training Agency Name: Name Of Trainer(s):

Submitted By: Submission Date:

Contracted Health Plan:

Graduates

LastName: FirstName: Date Of Graduation: Current Employer:

Save This record was successfully Saved.

	RecordID	AgencyName	TrainerName	SubmittedBy	SubmissionDate	LastName	FirstName	DateOfGraduation	CurrentEmployer	ContractorName	DateCreated	
Delete	3056	PRSSTrgProgram	trainer1, trainer 2	UIC_MA_FN UIC_MA_LN	12/25/2023	Nelson21	testin	1/1/2023	test	APACHE WHITE MTN TRBHA	12/25/2023	

- Records can be deleted by clicking the Delete link for the record.
- A confirmation message will be displayed in the upper right corner of the page.

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The screenshot shows the top navigation bar with buttons for Form 963A, Form 964A, Form 963C, Form 964B, and a Search button. A green notification box on the right states "Record was successfully Deleted." Below this, the form title "AMPM Form 963C" and "Training Program" are centered. The form fields include: Training Agency Name (Test Agency Name), Name Of Trainer(s) (trainer1, trainer 2), Submitted By (UIC_MA_FN UIC_MA_LN), Submission Date (12/25/2023), and Contracted Health Plan (MERCY CARE PLAN). The "Graduates" section has fields for LastName, FirstName, Date Of Graduation, and Current Employer. A "Save" button is located at the bottom center.

- A 963C required field validation message is displayed if any of the following fields are not entered: Training Agency Name, First Name, Last Name and Date of Graduation.

The screenshot shows the same form as above, but with a validation error. The Training Agency Name is "Test Agency Name", Name Of Trainer(s) is empty, Submitted By is "SeaBHSmafjn SeaBHSmaln", and Submission Date is "04/01/2024". The Contracted Health Plan dropdown is set to "-- Please Select --". The "Graduates" section has empty fields for LastName, FirstName, Date Of Graduation, and Current Employer. A "Save" button is at the bottom center. A red error message is displayed below the form: "Last Name is required.", "First Name is required.", and "Date of Graduation is required."

- If a 963C record already exists, a message will be displayed if the user attempts to add a record with the same Training Agency Name, Graduate Last Name, Graduate First Name and Date of Graduation is Entered.

QuickStart Guide

Form 963A Form 964A Form 963C Form 964B Search

AMPM Form 963C

Training Program

Training Agency Name:	<input type="text" value="PRSSTrgProgram"/>	Name Of Trainer(s):	<input type="text" value="trainer 1, trainer 2"/>
Submitted By:	<input type="text" value="UIC_MA_FN UIC_MA_LN"/>	Submission Date:	<input type="text" value="12/25/2023"/>
Contracted Health Plan:	<input type="text" value="BANNER UNIVERSITY "/>		

Graduates

LastName:	<input type="text" value="Nelson"/>	FirstName:	<input type="text" value="Melissa"/>	Date Of Graduation:	<input type="text" value="01/01/2023"/>	Current Employer:	<input type="text"/>
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A 963C record with Program Name: PRSSTrgProgramLast Name: NelsonFirst Name: Melissa Grad Date: 01/01/2023 already exists.

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5. AMPM 964A

- Click on the Form AMPM 964A option and the user will see a list of the provider locations.
- The first provider location in the list will be the default provider.
- ***This is a mandatory step that must be completed before continuing.

The screenshot shows the AHCCCS web application interface. At the top, there is a navigation bar with links for Home, User Admin, Search, Create IAD, OIFA, OHR, My Exports, FAQ, Technical Assistance, and Log Out. Below the navigation bar, there are buttons for Form 963A, Form 964A, Form 963C, Form 964B, and a Search button. The main content area displays a table titled "What Provider is Submitting this AMPM Form? Please select one." with columns for Select, AHCCCS ID, Provider Name, Address, and Phone. Two rows are listed, both for UNIQUE INTEGRATED CARE. The second row is selected with a radio button. At the bottom right, there are OK and Cancel buttons.

Select	AHCCCS ID	Provider Name	Address	Phone
<input type="radio"/>	007711	UNIQUE INTEGRATED CARE	PO BOX 13334 TEMPE AZ 85284	
<input checked="" type="radio"/>	007711	UNIQUE INTEGRATED CARE	2000 E SOUTHERN AVE # 102&104 TEMPE AZ 85282	

- The saved record appears in a grid with an option to delete the record.

The screenshot shows the AMPM Form 964A submission form. The form fields are as follows:

- Provider ID: 007711
- Provider Name: UNIQUE INTEGRATED CAI
- Provider Address: 2000 E SOUTHERN AV...
- Contracted Health Plan: MERCY CARE PLAN
- CFSP LastName: testfn4
- CFSP FirstName: testfn4
- Family Support Training Program: testFSP964a
- GSA: North
- Dedicated Family Support: Y
- Date Credentialed: 10/01/2023
- Date Employed: 10/01/2023
- Date Employment Ended:
- Continued Education: Y
- Hours Supervised:
- Hours Continued Education:
- County: Maricopa

Below the form, there are Save and Clear buttons, and a message: "This record was successfully Saved." Below the message is a data grid with the following columns: RecordID, ProviderID, ProviderName, ProviderAddress, County, GSA, FFSContractorName, CFSPLastName, CFSPFirstName, CFSPSupportAgency, and DateCredentialed.

	RecordID	ProviderID	ProviderName	ProviderAddress	County	GSA	FFSContractorName	CFSPLastName	CFSPFirstName	CFSPSupportAgency	DateCredentialed
Delete	3063	007711	UNIQUE INTEGRATED CARE	2000 E SOUTHERN AVE # 102&104 TEMPE AZ 85282	Maricopa	North	MERCY CARE PLAN	testfn4	testfn4	testFSP964a	10/1/2023

- *** Users can save the same certified family support professional under multiple Health Plans by selecting a different Health Plan from the Contracted Health Plan dropdown list.

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- Records can be deleted by clicking the Delete link for the record.
- A confirmation message will be displayed in the upper right corner of the page.

The screenshot shows the AMPM Form 964A interface. At the top right, a green message box states "Record was successfully Deleted." The form fields are as follows:

Provider ID: 007711	Provider Name: UNIQUE INTEGRATED CAI	Provider Address: 2000 E SOUTHERN AV
Contracted Health Plan: AZ COMPLETE HEALTH	CFSP LastName: In	CFSP FirstName: testfn
Family Support Training Program: fstp	GSA: Central	Dedicated Family Support: Y
Date Credentialed: 09/25/2023	Date Employed: 10/11/2023	Date Employment Ended:
Continued Education: Y	Hours Supervised: 44	Hours Continued Education: 44
County: Maricopa		

At the bottom, there are "Save" and "Clear" buttons, and a blue message "Record was successfully Deleted." is displayed.

- If a 964A record already exists, a message will be displayed if the user attempts to add a record with the same Family Support Training Program, CFSP Last Name, CFSP First Name, Date Credentialed and the Health Plan.

The screenshot shows the AMPM Form 964A interface. At the top, there is a navigation bar with buttons for "Form 963A", "Form 964A", "Form 963C", "Form 964B", and "Search". The form fields are as follows:

Provider ID: 007711	Provider Name: UNIQUE INTEGRATED CAI	Provider Address: 2000 E SOUTHERN AVE #
Contracted Health Plan: BANNER UNIVERSITY	CFSP LastName: testfn	CFSP FirstName: testfn
Family Support Training Program: testFSP964a	GSA: Central	Dedicated Family Support: Y
Date Credentialed: 12/25/2023	Date Employed: 12/25/2023	Date Employment Ended:
Continued Education: Y	Hours Supervised:	Hours Continued Education:
County: Maricopa		

At the bottom, there are "Save" and "Clear" buttons. A blue message at the bottom states: "A record with Program Name: testFSP964a Last Name: testfn First Name: testfn Date Credentialed: 12/25/2023 HealthPlanID: 010314 already exists."

QuickStart Guide

AMPM 963 and 964

- A 964A required field validation message is displayed if any of the following fields are not entered: Health Plan Name, Dedicated Family Support, Continued Education, GSA, CFSP First name, CFSP Last Name, Family Support Training Program, Date Credentialed and Date Employed.

The screenshot displays the AMPM Form 964A interface. The form contains several input fields and dropdown menus. At the bottom, a red validation error message is displayed, listing the following required fields: HealthPlan, Dedicated Family Support, Continued Education, GSA, Last Name, First Name, Family Support Program, and Date(s).

AMPM Form 964A

Provider ID: 559042	Provider Name: BENSON OP/SOUTHEAST	Provider Address: 611 W UNION ST BENSON
Contracted Health Plan: -- Please Select --	CFSP LastName:	CFSP FirstName:
Family Support Training Program:	GSA: Please make a selection	Dedicated Family Support: Please make a selection
Date Credentialed:	Date Employed:	Date Employment Ended:
Continued Education: Please make a selection	Hours Supervised:	Hours Continued Education:
County:		

Save Clear

- HealthPlan is required.
- Dedicated Family Support is required.
- Continued Education is required.
- GSA is required.
- Last Name is required.
- First Name is required.
- Family Support Program is required.
- Date(s) are required.

6. AMPM 964B

- Click on the Form AMPM 964B option to add a 964B record and click on the Save button to save the record.
- The saved record appears in a grid with an option to delete the record.
- The form allows multiple records to be entered.

QuickStart Guide

AMPM Form 964B

Training Program

Training Program Name: Name Of Trainer(s):

Submitted By: Submission Date:

Contracted Health Plan:

Graduates

Last Name: First Name: Date Of Graduation:

[Save](#) This record was successfully Saved.

	RecordID	ProgramName	TrainerName	SubmittedBy	SubmissionDate	LastName	FirstName	DateOfGraduation	FFSContractorName	DateCreated	CreatedBy
Delete	3055	testProgram name	trainer2, trainer3	UIC_MA_FN UIC_MA_LN	12/25/2023	Testin21	sdf	10/18/2023	AZ COMPLETE HEALTH CARE	12/25/2023	UIC_MA1

- Records can be deleted by clicking the Delete link for the record.
- A confirmation message will be displayed in the upper right corner of the page.
- A 964B required field validation message is displayed if any of the following fields are not entered: Training Program Name, First name, Last Name and Date of Graduation.

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AMPM Form 964B

Training Program

Training Program Name:	<input type="text"/>	Name Of Trainer(s):	<input type="text"/>
Submitted By:	<input type="text" value="SeaBHSmafj SeaBHSmaln"/>	Submission Date:	<input type="text" value="04/01/2024"/>
Contracted Health Plan:	<input type="text" value="-- Please Select --"/>		

Graduates

LastName:	<input type="text"/>	FirstName:	<input type="text"/>	Date Of Graduation:	<input type="text" value="Date Of Graduation"/>
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- Last Name is required.
- First Name is required.
- Training Program is required.
- Date of Graduation is required.

Save

- If a 964B record already exists, a message will be displayed if the user attempts to add a record with the same Training Agency Name, Graduate Last Name, Graduate First Name and Date of Graduation is Entered.

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Form 963A Form 964A Form 963C Form 964B Search

AMPM Form 964B

Training Program

Training Program Name:	<input type="text" value="testProgram name"/>	Name Of Trainer(s):	<input type="text" value="trainer2, trainer3"/>
Submitted By:	<input type="text" value="UIC_MA_FN UIC_MA_LN"/>	Submission Date:	<input type="text" value="12/25/2023"/>
Contracted Health Plan:	<input type="text" value="AZ COMPLETE HEALTH"/>		

Graduates

LastName:	<input type="text" value="luna"/>	FirstName:	<input type="text" value="elisa"/>	Date Of Graduation:	<input type="text" value="12/03/2023"/>
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Save

A record with Program Name: testProgram name Last Name: luna First Name: elisa Grad Date: 12/03/2023 already exists.

7. Search and Export

- Click on the Search All option on the main landing page.

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- Use the Form Type dropdown list to select from several search options: 963A, 963C, 964A,964B.

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- Select an option from the Form Type dropdown list.
- Enter any search criteria into the available fields and click the Search button to view the search results.
- *** If search criteria are not entered, all records will be displayed.
- To export the results to a file, click the Export to Excel button.

Record ID	ProviderID	Provider Name	Provider Address	Servicing County	GSA	FFS Contractor Name	PRSS LastName	PRSS FirstName	Peer Support Agency	Date Credentialed	Date Employed	Date Employment Ended	BH Work Category	Hours Supervised	Hours Learning	Dedicated PRSS	FTE	Date Created	Created By
3237	007711	UNIQUE INTEGRATED CARE	2000 E SOUTHERN AVE # 1028104 TEMPE AZ 85282		Centra	MERCY CARE PLAN	testfn	testln	testAgency	10/02/2023	10/02/2023	01/01/0001	BHT			Y	Y	01/31/2024	UIC_MA1
3227	336473	BALL/JOY	9827 W 95TH ST SCOTTSDALE AZ 85238	AZ	South	BANNER UNIVERSITY FAMILY CARE	TLName	TFName	Acme Training	09/01/2023	10/01/2023	12/01/2023	BHP	40	40	Y	Y	01/30/2024	bnamjoshi