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

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

# **Table of Contents**

Initial Referral	
30 Day Update	9
Discharge	11
HealthPlan/TRBHA Search	13
DDD Search	15
AHCCCS Search	17
Reporting	
Email Notifications:	

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.

AHCCCS Arizene Huellin Care Cesi Continiment System						
	For questions, please contact our Customer Support Center at (602) 417-4451 or conta	ct ISDCustomerSupport@azahcccs.gov.				
🔁 FAQ	External User Log In	AHCCCS User Log In				
	User Name I Password Enter password Sign In Forgot your Password? Click Here Health Plan login (Create new account? Click Here Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account be locked out, and you will either need to contact your Master Account holder to unlocd account or use the Password Recovery feature.	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           AHCCCS User login				

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



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

	CS System
A Home Q Search	AHCCCS Out Of State Placement Portal
Create IRF  IOC OHR	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
<ul> <li>Waltiist</li> <li>Out Of State</li> <li>FAQ</li> <li>Technical Assistance</li> </ul>	Submit Request Out of State Search Out of State Report
C+ Log Out	AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000 ©Copyright 2018 AHCCCS, All Rights Reserved

5. The Member Search page will be displayed.

Arizong Heelth Care Cost Contain	CS ment System		83		
A Home Q Search	AHCCCS Out Of State Placement Portal				
Create IRF					
	The AHCCCS Out Of State Portal is inter administered by the AHCCCS Division of	nded for the use of HealthPlans : Health Care Management, AMF	submitting the Out Of State Placen PM Policy 450, Exhibit 450-1	nent of a Member. This system is	
DHR			,		
Waitlist		Search	for Member		
Out Of State	AHCCCS or Alternate ID: DO	DB:	Last Name:	First Name:	
😧 FAQ	Enter AHCCCS ID	Enter Date Of Birth	Enter Last Name	Enter First Name	
Technical Assistance	Tip: Please enter AHCCCSID and 'DOB', or First Name, Last Name, and 'DOB' of the member you are searching for.				
🗗 Log Out	Search				
	(				
	AHCCCS, 801 I ©Cop	E. Jefferson St., Phoenix, AZ 850 yright 2018 AHCCCS, All Rights	034, (602) 417-7000 Reserved		

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.

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.

	system
A Home ▲ User Admin	AHCCCS Out Of State Placement Portal
OHR Out Of State FAQ	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
Technical Assistance	Search for Member
C• Log Out	AHCCCS or Alternate ID:     DOB:     Last Name:     First Name:       Image: Tip: Please enter AHCCCSID and 'DOB', or First Name, Last Name, and 'DOB' of the member you are searching for.     Enter Last Name     Enter First Name
	Search Results
	Initial Referral
	Full Name:     DOB:     Age:     28       AHCCCSID:     Gender:     M

- 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.

	Sember Information					
	Request Type: Initial Referral					
Home	First Name: AHCCCS ID: Eligibility Status:	Title 19	Middle Name: Gender: DDD <sup>-</sup>	ł	Last Name: D.O.B:	-
User Admin Search	CMDP:	Yes	~	CRS:	Yes	~
Create IRF DHR			Psychiatric and M	ledical Diagnoses		
Out Of State FAQ fechnical Assistance Log Out	Infol Please enter at least Current Diagnoses:	3 character Code. 1) F32.9 - MA 4) F43.10 - P	JOR DEPRESSIVE	2) F10.10 - ALCOH 5)	IOL ABUSE, U	3) F12.2 - CANNABIS DEPENDEI 6)
	Member currently locate	ed: Member is	currently at Desert Vista	Behavioral Health Ho	ospital	×

#### Figure 1 - Member Information and Psychiatric and Medical Diagnoses

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

Scontactor or TRBHA				
Contractor or TRBHA Name:	Please Select V			
Contractor or TRBHA Contact Name:				
Contractor or TRBHA Contact Phone:				
Contractor/Entity Responsible for Physical Health:	Please Select V			

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

l	a Member Information					
I	Scontactor or TRBHA					
	Attempted Placement					
A Home		1				
Q Search		Placement 1				
Create IRF	Name:	Youth Development Institute				
<b>₩</b> IOC						
h ohr	City/State:	Phoenix State: AZ				
🔳 Waitlist						
Out Of State	Level of Care:	Behavioral Health Inpatient Facility (BHIF)				
P FAQ	Reason for Barrier.					
Technical Assistance		· · · · · · · · · · · · · · · · · · ·				
C+ Log Out		Placement 2				
	Name:	Mingus Mountain				
	City:	Prescott Valley City/State: AZ				
	Level of Care:	Behavioral Health Inpatient Facility (BHIF)				
	Reason for Barrier:	· · · · · ·				

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

	🖷 Member Information
	S Contactor or TDRHA
<b>▲</b> 11	≅ Attempted Placement
ff Home	Citit of State Discement Information
Q Search	
Create IRF	For initial requests, what is the name of the proposed Out of State Placement?
1€IOC	Havenwood Academy
L OHR	
Waitlist	Placement Address
Out Of State	246 E Fiddler Canyon Rd Cedar City Utah 84721
€ FAQ	Upper Deside Residenties Number
Technical Assistance	ANCCCS Provider Registration Number 504253
C• Log Out	Level of Care
	v

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

	Sout-of-State Placement Information					
	E Clinical Information					
✦ Home Q. Search L. Create IRF < IOC L. ORR D. Mainten	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 .					
Cut of State Or FAQ Technical Assistance Ce Log Out	How will the proposed placement meet the member's needs (i.e. behavioral, physical, and educational)? <u>Havenwood</u> Academy will meet member's needs as their program promotes change within teen girls suffering from attachment related issues. <u>Havenwood</u> 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 troatment 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 .]					

1	Once member completes treatment, she will be stopped 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
	managenesis, neuropas vertaps, group meraps, rammy meraps, and namy support, rumen member has featurently learned to manage her aggression, self harming, impulsive behaviors, also when member has learned coping skills to deal with her PTSD, depression, ansky ampletamine, canada and is able to self manage.
A Home	
Q Search	
E OHR	Note any harden newerling discharge andres in the state services. West are the strategies to querroom Reae harden?
Waitist	To discharge back to Alccose, the barriers would be formed to relative to a BHF/F0HF Call back volume to the same provide the barriers would be barriers and the barriers would be barriers woul
Viduat	lower level of care.
9 FAQ	
Crechnical Assistance	
G+Log Out	
	What is being done to address the network gap(s) resulting in the need to place the member out- of- stale 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?
	What is being done to address the network pape) resulting in the need to place the member out-of- state and when is the network requesting to be sufficient to meet the specific needs of this member? Member be networked RHF frequesting in the member out-of- state and when is the network requesting to be sufficient to meet the specific needs of this member?
	united and the source s
n nome	
Create IDF	
N OHP	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 contracted to coordinate in-state placements/services.
Out Of State	Member's anticipated length of stay is to be determined by progress made. Progress will be monitored through placement, and CF L's.
Q FAQ	
Technical Assistance	
G→ Log Out	
	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.
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	Has contact with family been severed? No
	Has contact with family been severed? No  How are family/hatural supports being provided to family/natural supports? DCS provides supervised family visits /delightone calls
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Home Q Sarch Create IRF ICC D ON OF State O FAQ O Technical Assistance C Log Out	Image:
<ul> <li>A Home</li> <li>Q. Saarch</li> <li>B. Create IRF</li> <li>HICC</li> <li>B. OHR</li> <li>Wattat</li> <li>Out of State</li> <li>O FAQ</li> <li>O Technical Assistance</li> <li>C Log Out</li> </ul>	Note:       Image: Control of the final status associated from the final status associated f
<ul> <li>It Home</li> <li>Q. Sauch</li> <li>It Create IRF</li> <li>It ICO</li> <li>OHR</li> <li>Watet</li> <li>Out Of State</li> <li>OFAA</li> <li>O Technical Assistance</li> <li>Or Log Out</li> </ul>	
Hone Q Search Create IRF Hone Oracle IRF HoC OR OR Valid Valid Orac(State OFAQ O FAQ O FAQ O FAQ O FAQ O FAQ O FA O FA	Not contract with finally been severe?
Home Q. Saarch B. Create IRF II ICC D. OHR Wattist D. OHR D. Tochnical Assistance CP Log Out	
Home Q Sarch Create IRF ICC Out of State O FAG Technical Assistance C Log Out	No contract will faithly been severed?       No         No contract will faithly been severed?       No         Or provides supported to the finally blank in support.       Image: Contract will blank in the provides supported to the finally blank in support.         What is being done to address the nothering app()) resulting is the need to glace the nomber of 4 data and when is the nothering app(s) in sufficient of an opported in the provides support to the specific need of 4 this need to glace the nomber of 4 data and when is the nothering app(s) in sufficient to an opported in the provide support to the specific need of 4 this need to glace the nomber of 4 data and when is the nothering approximation of the nomber of 4 data and when is the nothering approximation of the nomber of 4 data and when is the nothering approximation of 4 this need to a data and when is the nothering approximation of the nomber of 4 data and when is the nothering approximation of the nomber of 4 data and when is the nothering approximation of the nomber of 4 data and when is the nothering approximation of the nomber of the specific not an an approximation of the nomber of the specific not an approximation of the nomber of the specific not an approximation of the nomber of the specific not an approximation of the nomber of the specific not an approximation of the nomber of the specific not an approximation of the nomber of the specific not approximation of the nomber of the sp

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.

			Member Information				
	≣ Contactor or TRBHA						
	Attempted Placement						
		≣(	Out-of-State Placement Information				
			Clinical Information				
		≅ Rev	iewer Information(Contractor/TRBHA)				
	Title of the person who completed the form.	Senior Manager, Arizona Complete Health	Name of the person who completed form.	Elizabeth Barry			
	Please type your password to confirm e-signature.		Date	06/28/2019			
					E-Sign		
		🚍 Reviewer Information	tion(Contractor/TRBHA)				
Title of the perso completed the fo	on who Manager		Name of the person who completed the form.	Amy			
Please type you confirm e-signati	r password to ure.		Date	01/24/2020			
Request submitted	successfully.				E-Sign		

# 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.

AHCCC Arizono Health Care Cost Containmen	System	Ale of		
A Home	AHCCCS Ou	t Of State Pla	acement Portal	
L User Admin				
DHR	The AHCCCS Out Of State Portal is intende	ed for the use of HealthPlans sub	mitting the Out Of State Placement of a N	lember. This system is administered by the
Out Of State	Ancees Division of health care Manager	ient. AMPNI Policy 450, Exhibit 4	50- I	
😧 FAQ				
Technical Assistance		8	earch for Member	
C+ Log Out	AHCCCS or Alternate ID:	DOB:	Enter Last Name	First Name:
	Tip: Please enter AHCCCSID and 'DOB' , or First N	lame, Last Name, and 'DOB' of the me	mber you are searching for.	
			Search	
			Search Results	
		30 Day Update	Disc	narge
	Full Name: AHCCCSID:	DOB: 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.

me			E Member Informat	ion		
ser Admin		Request Ty	pe: 30 Day Update 🗸 🗸			
HR ut Of State	First Name: AHCCCS ID: Eligibility Status:	Title 19	Middle Name: Gender: DDD:	R F No	Last Name: D.O.B:	-
chnical Assistance	CMDP:	Yes	✓ CRS:		Yes	~
ig Out			Psychiatric and Medical Dia	gnoses		
	Info! Please enter	at least 3 character Code.				
	Current Diagnos	es: 1)	2)		3)	
		4)	5)		6)	

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

✿ Home		E Member Information
L User Admin		Contactor or TRBHA
OHR 0		
Out Of State	Contractor or TRBHA Name:	DCS/CMDP Y
8 FAQ		
Technical Assistance	Contractor or TRBHA Contact Name:	TEST
🕞 Log Out	Contractor or TRBHA Contact Phone:	480-222-2223
	Contractor/Entity Responsible for Physical Health:	AHCCCS AMERICAN IN V
		Cut-of-State Placement Information
		Clinical Information
		Reviewer Information(Contractor/TRBHA)
		Reviewer Information(AHCCCS)

5. 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.

			E Member Information						
	E Contactor or TRBHA								
	Attempted Placement								
	Out-of-State Placement Information								
	I Clinical Information								
		=	Reviewer Information(Contractor/TRBHA)						
	Title of the person who completed the form.	Senior Manager, Arizona Complete Health	Name of the person who completed to form.	he Elizabeth Barry					
	Please type your password to confirm e-signature.		Date	06/28/2019					
				E-Sign					
		📑 Reviewer Inform	ation(Contractor/TRBHA)						
Title of the person who completed the form.	0 Manager		Name of the person who completed the form.	umy					

Title of the person who completed the form.	Manager	Name of the person who completed the form.	Amy	
Please type your password to confirm e-signature.		Date	01/24/2020	
Request submitted successfully.			E-Sign	

# 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.

AHCCCS Arizzee Health Care Cost Cartolanner System					
A Home	ΔH	CCCS Out Of S	tate Placemer	t Portal	
	7.01				
Create IRF	The AHCCCS Out Of State Portal is int	ended for the use of HealthPlans submit	ting the Out Of State Placement of a	Member. This system is administe	ered by the AHCCCS Division of Health Care
OHR	Management, AMPM Policy 450, Exhip	11 450-1			
🗐 Waitlist			Course for Mombor		
Out Of State	AHCCCS or Alternate ID:	DOB:	Last Name:		First Name:
€ FAQ			Enter Last	Name	Enter First Name
Technical Assistance	Tip: Please enter AHCCCSID and 'DOB', or F	irst Name, Last Name, and 'DOB' of the membe	r you are searching for.		
🕒 Log Out			Search		
			Saareh Daeulle		
		30 Day Upd	ate	Discharge	
	Full Nome	DOP.		4.001	
	AHCCCSID:	Gender:		Aye.	
		AHCCCS, 801 E. Jefferson St., Pr ©Copyright 2018 AHCC	oenix, AZ 85034, (602) 417-7000 CS, All Rights Reserved		

2. Click on Discharge button to open Discharge form.

AHCCCS Out Of State Placement Portal						
<ul> <li>tome</li> <li>User Admin</li> <li>Q. Search</li> <li>b. Create IRF</li> <li>b. OHR</li> <li>⊡. Out of State</li> </ul>	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  Contactor or TRBHA  Discharge Information					
<ul> <li>FAQ</li> <li>Technical Assistance</li> <li>Log Out</li> </ul>	Discharge Outcome:     Please Select •       Member Discharged:     Please Select •       What was the Date of Admission?     Image: Date Admitted       What was the Discharge Date?     Image: Enter Date Of Discharge					
	Reviewer Information(Contractor/TRBHA)					

- 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
				🖹 Discharge	Information		
	Discharge Outcome:	8	Partia	ally Successful	Disc 🔹		
A Home	Member Discharged:		Home	e with supports	•		
L User Admin Q Search	What was the Date of A	Admission?		01/03/2020			
Create IRF	What was the Discharg	e Date?		01/23/2020			
			📑 Review	ver Informatio	n(Contractor/TRBHA)	9-1	,
Out of State	(						
Tachairal Arcistance	Title of the person who completed the	test discharge			Name of the person who completed the	test	
	form.				form.		
	Please type your password to confirm	i			Date	01/23/2020	
	e-signature.						E Sign
							E-Sign

		Discharge Information						
	Discharge Outcome:		Pa	rtially Successful	Disc •			
lome	Member Discharged:		Ho	me with supports				
ser Admin	What was the Date of Ar	dmission?	=	01/03/2020				
earch			_					
		Deteo.						
reate IRF	What was the Discharge	e Date?		01/23/2020				
reate IRF HR	What was the Discharge	e Date?	=	01/23/2020				
reate IRF HR faitlist	What was the Discharge	e Dale?		01/23/2020				
rreate IRF HR /aittist ut Of State	What was the Discharge	e Date /	Revi	ewer Informatio	on(Contractor/TRE	BHA)		
reate IRF HR Vaitlist vut Of State	What was the Discharge	e Date /	E Rev	01/23/2020	on(Contractor/TRE	BHA)		
reate IRF HR /aitlist ut of State AQ chnical Assistance	Title of the person who completed the	test discharge	E Revi	ewer Informatio	on(Contractor/TRt Name of the perso who completed th	BHA)	test	
reate IRF HR /attlist /out Of State AQ /chnical Assistance pg Out	Title of the person who completed the form.	test discharge	E Revi	ewer Informatio	Name of the person who completed the form.	BHA) ion he	test	
reate IRF HR Vattist out of State AQ :chnical Assistance og Out	Title of the person who completed the form. Please type your password to confirm	test discharge	E Rev	iewer Informatio	Name of the person who completed the form.	BHA) ion he	test 01/23/2020	

### 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



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

10		le Placemei	nt Search			
rch			Please	Enter Search Criteria		
ite IRF	Member	Facility	Member ID	Member ID	Contractor/	010306 - MERCY CARE
	r domy				TRONA	
st	Eligibility Status	Select All 🔹	Submitted From	Submitted(From)	Submitted To	Submitted(To)
f State						
	State	Select All	Request Type	Select All *	AHCCCS Signed	Select All *
cal Assistance						
Dut		-				
	Search Clea					
			9	earch Results		
			1.000			
			No.	Of Records 10		
						Select
	Member		Date Submitter	: 01/17/2020		
	Name:					
	DOB: Gender	F	AHCCCS ID: Provider TestFacility	Request Initial Referr	d.	
	STRUMPL.		FIGHING TOST DOINTY	request monthly report	H.	

#### **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

	ent System		55					
<b>↑</b> Home	Thank you for visiti For questions, plea	ng QM Portal. In order to use the site, you must have an active a se contact our Customer Support Center at (602) 417-4451 or	account. Please login or register a new account. contact ISDCustomerSupport@azahcccs.gov.					
<b>Ə</b> FAQ	Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name 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 violate							
		External User Log In	AHCCCS User Log In					
	User Name	DDD_HP_OOS	If you are an AHCCCS employee					
	Password		AND you are currently logged onto the AHCCCS network					
		Sign In	AND you are accessing this application from a browser on your workstation					
	Forgot your Pass	word? Click Here	Then click the button below to use this application with your network login credentials					
	Create new accou	Int? Click Here	AUCCCS Sinn In					
	Passwords are ca	se-sensitive. After 3 failed attempts, within 15 minutes, your						
	Account holder to	cked out, and you will either need to contact your Master unlock your account or use the Password Recovery feature.						
	• Your web brow	vser must have JavaScript enabled in order to use the QM porta	al.					

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



3. Select Request Type Initial Referrel created by the Health Plan Click on Select and click on View Request link

	CS nment System		Red			
A Home	Out Of Sta	te Placeme	nt Search			
Out Of State			Please E	nter Search Criteria		
FAQ     Technical Assistance	Member Facility	Facility	Member ID	Member ID	Contractor/ TRBHA	Please Select 🗸
C+ Log Out	Eligibility Status	Select All 🗸	Submitted From	Submitted(From)	Submitted To	Submitted(To)
	State	Select All 🗸	Request Type	Initial Refer	DDD Signed	No 🗸
	Search Cle	ar				
			Se	earch Results		
			No.	Df Records 1		
	A65220	005				Select
	Member Name:	SHENNIB, IBRAHIM	Date Submitted	10/8/2020 5:30:15 PM		View Request
	DOB: Gender:	03/11/1986 M	AHCCCS ID: Provider Facility:	A65220005 <b>Request</b> Initial Referra <b>Type:</b>	1	

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

	<b>≅</b> Reviewer	Information(DDD)		
DDD Reviewer Title	TestIR User	DDD Reviewer Name	TEST IR SIG	
Please type your password to confirm		Date	10/08/2020	
e-signature.				E-Sign
Request submitted success	fully.			

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



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.

	rss	
A Home	For questions, please contact our Customer Support Center at (602) 417-4451 o	r contact ISDCustomerSupport@azahcccs.gov.
8 FAQ	External User Log In	AHCCCS User Log In
	User Name Enter user name Password Enter 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	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
	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. • Your web browser must have JavaScript enabled in order to use the QM po	tal.

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

	Sent System
Home     User Admin	AHCCCS Out Of State Placement Portal
Q Search	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
■ OHR	
<ul> <li>Out Of State</li> <li>FAQ</li> </ul>	Out of State Search Out of State Report
<ul> <li>Technical Assistance</li> <li>Log Out</li> </ul>	
	AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000 ©Copyright 2018 AHCCCS, All Rights Reserved

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.

			Re de			
A Home	Out Of Stat	te Placement	Search			
Q Search			Please Ente	r Search Criteria		
Create IRF	Member Facility	TestFacility2	Member ID	lember ID	Contractor/ TRBHA	010306 - MERCY CARE 🔻
OHR	Eligibility Status	Select All 🔹	Submitted S	Submitted(From)	Submitted	Submitted(To)
<ul><li>Out Of State</li><li>FAQ</li></ul>	State	Select All	Request	Discharge 🔻	AHCCCS	No 🔻
Technical Assistance			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-ignou	
C+ Log Out	Search Clea	r				

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

			Searc	h Results		
			No. Of F	Records 1		
						Select
Member			Date Submitted:	01/23/2020		View Request
DOB:			AHCCCS ID:			
Gender:	М	Provider Facility:		Request Type:	Discharge	
		Facility.		type.		

.

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

	ALICCOS	ut Of State	Discome	ant Dart	tal	
yer Admin	AHCCCSU	ut Of State	e Placeme	ent Pon	lai	
sarch	The AHCCCS Out Of State Bo	tal is intended for the use	of HealthDians submitte	to the Out Of State	Disconnect of a Member This	e euclam ic adminict
reate IRF	by the AHCCCS Division of He	alth Care Management. Al	MPM Policy 450, Exhibit	450-1	Preventens of a seconder, the	a availan ia administ
R						
atist	100					
ut Of State			E Member Inf	ormation		
va l	Free blocks		Alidelia Massa		I and Minama	_
chrical Assistance	AHCCCS ID:		Gender:	м	D.O.B:	
g Out	Eligibility Status:	Tibe 19	DDD:	No		12
3100	CMDP:	Yes	•	CRS	Yes	
			Psychiatric and Med	cal Diagnoses		
	Current Diagnoses:	1)F28 - OT	HER PSYCHOTIC 2	F32 - MAJOR DE	EPRESSIV 3)	
		4)	6	51	6)	

		Contactor or TRBHA
	Contractor or TRBHA Id:	
A Home		
L User Admin	Contractor or TRBHA Name:	MERCY CARE PLAN
Q Search	Contractor or TRBHA Contact Name:	
Create IRF		lest
OHR	Contractor or TRBHA Contact Phone:	480-222-2223
Waitlist		
Out Of State	Contractor/EntityID Responsible for PhysicalHealth:	110306
8 FAQ		
Technical Assistance	Contractor/Entity Name Responsible for PhysicalHealth:	110306
C→ Log Out		
		E Discharge Information
	Discharge Outcome:	Partially Successful Disc •
	Member Discharged:	Test Discharge OTHER F
	What was the Date of Admission?	i 1/3/2020
	What was the Discharge Date?	i 1/21/2020

	<b>≣</b> Re	viewer Information(Contractor/TRBHA)	
Title of the person who completed the form.	test discharge	Name of the person test who completed the form.	
Please type your password to confirm e- signature.		Date 01/21/2	2020
			E-Sign
		Reviewer Information(AHCCCS)	
AHCCCS Reviewer Title		AHCCCS Reviewer Name	
Please type your password to		Date	
comme-signature.			E-Sign

6. 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 Inf	ormation(AHCCCS)		
AHCCCS Reviewer Title	Test	AHCCCS Reviewer Name	Developer Test	
Please type your password to confirm		Date	02/12/2020	
e-signature.	Signed Successfully			E-Sign

# 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".

Arizone Health Core Cost Contain	CS System
A Home	
Q Search	AHCCCS Out Of State Placement Portal
Create IRF	
	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
OHR	
Waitlist	
Out Of State	
😝 FAQ	Submit Request Out of State Search Out of State Report
Technical Assistance	
C+Log Out	
	AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000 ©Copyright 2018 AHCCCS, All Rights Reserved

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

		Out Of State Report	
SETTINGS			
Preset Rep	orts:		
Columns to be displayed on the report:		Report criteria:	
REQUEST TYPE		Field: IS: Value:	
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	•		

3. 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.

HEALTHPLAN NAME	AHCCCS ID	FIRST NAME	LAST NAME
M STEWARD HEALTH CHOICE ARIZONA			
M STEWARD HEALTH CHOICE ARIZONIA			_
	M STEWARD HEALTH CHOICE ARIZONA M STEWARD HEALTH CHOICE ARIZONA	M STEWARD HEALTH CHOICE ARIZONIA M STEWARD HEALTH CHOICE ARIZONIA	M STEWARD HEALTH CHOICE ARIZONA

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

1	А	В	С	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				
3	Discharge	1/30/2020 12:13	STEWARD HEALTH CHOICE ARIZONA				
4							

#### AHCCCS User:

1. Login as AHCCCS user.

	CS en System	
A Home	Thank you for visiting QM Portal. In order to use the site, you must have an activ For questions, please contact our Customer Support Center at (602) 417-4451 of	e account. Please login or register a new account. or contact ISDCustomerSupport@azahcccs.gov.
• FAQ	External User Log In	AHCCCS User Log In
	User Name Enter user name	If you are an AHCCCS employee
	Password Enter password	AND you are currently logged onto the AHCCCS network
	Sign In	AND you are accessing this application from a browser on your workstation
	Forgot your Password? Click Here	Then click the button below to use this application with your network login credentials
	Create new account? Click Here	AHCCCS Sion In
	Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your	
	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".



3. In the "SETTINGS" panel, chose columns to be displayed on the report.

	Out of Si	ате кероп		
SETTINGS				
Preset Reports:		•		
Columns to be displayed on the report:	Report criteria:			
REQUEST TYPE	Field	ls:	Value:	
REQUEST DATE	AHCCCS ID	* equal	*	0
HEALTHPLAN NAME				
HEALTHPLAN CONTACT NAME				
HEALTH PLAN CONTACT PHONE	DATE CREATED	greater	01/29/2020	×
ELIGIBILITY STATUS				
AHCCCS ID				
FIRST NAME				
MIDDLE NAME				
LAST NAME				
DATE OF BIRTH				
GENDER				
CMDP				
000				
000				

4. 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.

OUTPUT							
REQUEST TYPE	REQUEST DATE	HEALTHPLAN NAME	AHCCCS ID	FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER
Initial Referral	1/30/2020 12:04:58 PM	STEWARD HEALTH CHOICE ARIZONA					F
Discharge	1/30/2020 12:13:12 PM	STEWARD HEALTH CHOICE ARIZONA					F
30 Day Update	1/29/2020 11:50:10 AM	DCS/CMDP					F
Discharge	1/29/2020 11:59:13 AM	DCS/CMDP					F
Export to Table							

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

	A	В	C	D	E	F	G	H	
1	REQUEST TYPE	REQUEST DATE	HEALTHPLAN NAME	AHCCCS ID	FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER	
2	Initial Referral	1/30/2020 12:04	STEWARD HEALTH CHOICE ARIZONA						
3	Discharge	1/30/2020 12:13	STEWARD HEALTH CHOICE ARIZONA						
4	30 Day Update	1/29/2020 11:50	DCS/CMDP						
5	Discharge	1/29/2020 11:59	DCS/CMDP						
6									
-									

#### **Email Notifications:**

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

NoReply to Laxma	)fState Notif (@azahcccs.gov .Veeravelly •	ication ∑ Inb	ox x	@ 5:30 PM (0 minutes ago) 🔥 ☆
Arit		ontainment System	Out Of State	Notification
Confi for the Protec maints	dentiality Notice: T exclusive use of the sted Health Information in ain this information in	his electronic transmis e person or entity to w ion (PHI) that is protec n a safe, secure, and o	asion is a confidential communication and is thich it is addressed. This communication co cted by state and federal law. You are expect confidential manner.	transmitted ontains cted to
This Subn	email is to notify hitter (contractor)	you that an OOS r MERCY CARE PI	notification has been submitted to DD LAN.	DD by MCP
Requ Date Mem Mem	iest Type Created ber First Name ber Last Name	Initial Referral 10/8/2020		

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.

OutOfState No	tification 🕨 Inbox ×	
loReply@azahcccs.go o Laxma.Veeravelly ▼	,	⋐ 5:53 PM (1 minute ago) 🛣
AHC Arizona Health Care Co	CCS st Containment System	Out Of State Notification
Confidentiality Notice for the exclusive use of Protected Health Inform maintain this informatio	: This electronic transmission the person or entity to which nation (PHI) that is protected I n in a safe, secure, and confi	is a confidential communication and is transmitted it is addressed. This communication contains by state and federal law. You are expected to dential manner.
Confidentiality Notice for the exclusive use of Protected Health Inform maintain this informatio This email is to noti following member h	: This electronic transmission the person or entity to which nation (PHI) that is protected I n in a safe, secure, and confi fy you that the OOS noti as been received and sig	is a confidential communication and is transmitted it is addressed. This communication contains by state and federal law. You are expected to dential manner. fication you submitted regarding the gned by DDD
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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

OutOfState Notifi	cation 😕 🗉	nbox ×			١
NoReply@azahcccs.gov to Laxma.Veeravelly 👻				☆	÷
AHCC Arizona Health Care Cost Co	TCS Intainment System	Out Of State	e Notification		
Confidentiality Notice: Th for the exclusive use of the Protected Health Informatic maintain this information in	is electronic transm person or entity to on (PHI) that is prot a safe, secure, and	nission is a confidential communication and which it is addressed. This communication tected by state and federal law. You are ex d confidential manner.	d is transmitted 1 contains (pected to		
This email is to notify y MCP Submitter (contra	rou that an OOS actor) MERCY C	S notification has been submitted to CARE PLAN	AHCCCS by		
Request Type Date Created Member First Name Member Last Name	Initial Referral 10/8/2020				

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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

Confidentiality Notice the exclusive use of the Health Information (PHI) information in a safe, se	Cout Of State Notification This electronic transmission is a confidential communication and is transmitted for person or entity to which it is addressed. This communication contains Protected that is protected by state and federal law. You are expected to maintain this cure, and confidential manner.
This email is to notif member has been re	y you that the OOS notification you submitted regarding the following eceived and signed by AHCCCS
B	
Request Type	Initial Referral
Request Type Date Created	Initial Referral 9/22/2020
Request Type Date Created Member First Nam	Initial Referral 9/22/2020 e
Request Type Date Created Member First Nam Member Last Nam	Initial Referral 9/22/2020 e
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