## **Registration & Account Management as Provider - 1**

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

New User Registration users can navigate to <u>https://qmportal.azahcccs.gov/</u> and click on Create New account link.

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#### **Registration & Account Management as Provider - 2**

# **1. Create Provider Master Account**

The first account created for the Organization/Business Type is the Master account.

**Step**1. To create a new account, external users need to go to <u>https://qmportal.azahcccs.gov/</u> and click on "Create new account? Click Here".

	CS ent System			
8 FAQ	Thank you for visiting For questions, please	QM Portal. In order to use the site, you must have e contact our Customer Support Center at (602) 4	e an active a 17-4451.	ccount. Please login or register a new account.
		External User Log In		AHCCCS User Log In
	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 Passwo	ord? Click Here		Then click the button below to use this application with your network login credentials
	Create new account? Click Here			AHCCCS Sign In
	account will be lock	e-sensitive. After 3 failed attempts, within 10 minuted out, and you will either need to contact your M nlock your account or use the Password Recover	aster y feature.	
	• Your web brows	er must have JavaScript enabled in order to use	the QM porta	Ι.
		AHCCCS, 801 E. Je ©Copyrigh	fferson St., Pl t 2017 AHCC	hoenix, AZ 85034, (602) 417-7000 CS, All Rights Reserved

Step2. To proceed with the registration, user needs to accept the agreement shown on the following screen.

# QuickStart Guide

**Registration & Account Management** 

#### **Registration & Account Management as Provider - 3**



**Step**3. After selecting the I Agree and clicking on the Next Button, user can select the business type on the following screen.

	CS ent System		Ro		5			
9 FAQ			En	ter Organization	Information			
		Select Your Business Type	Provider	HealthPlan	© TRBHA	HRC	ExternalAgency	
		Enter Captcha Code	Enter Captcha		Y	9	RAX	
	Next			<u>କ</u>	0			

**Step**4. Once the Business Type is selected, the boxes for the corresponding required information will appear. Screen below is for Provider Registration.

**Step**5. Enter Provider NPI and Tax Identification Number (TIN) of your Organization and click on Next button.

# QuickStart Guide

Registration & Account Management

## **Registration & Account Management as Provider - 4**

	n System
8 FAQ	Enter Organization Information
	Select Your Business Type   Provider  HealthPlan  TRBHA  HRC  ExternalAgency
	Enter Captcha Code Enter Captcha
	National Provider ID (NPI) or AHCCCS ID
	Tax Identification Number (TIN)
	Each new account must specify which organization ID (provider) the account holder is associated with. If your organization has a NPI(s), you must enter the NPI for your location. If your organization does not use a NPI, please specify the 6 digit AHCCCS provider ID.
	After the registration process, an email will be sent to the organization's master account holder(s) to inform them that your account needs to be activated for use.
	Next AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000 ©Copyright 2017 AHCCCS, All Rights Reserved

**Step**6. Next, a popup Address window appears, select your facility address from dropdown and click on Continue Button.

	nent System	
8 FAQ		Enter Organization Information
		Select Your Business Type   Provider  HealthPlan  TRBHA  HRC  ExternalAgency
		Enter Captcha Code RJUN
	National	Addresses ×
	-	Your organization does not have a master account yet.
	your location. If	organization.
	After the register	If you desire to be the master account for your organization then:
	Aller the registre	This address is the location where the letter with the activation code will be sent.
		If your address is not included in the list, contact Provider Registration for further
	Next	2. Then Click CONTINUE to be master account.
		OR If you do NOT desire to be the master account, then just CANCEL and you won't be able to register until the master account is set up
		Select Address suite 1050 2700 n central ave, phoenix, az
		Continue

# QuickStart Guide

Registration & Account Management

## **Registration & Account Management as Provider - 5**

	CS ment System	pole character in janeth		
€ FAQ	Passwords are required the use of at least on @I#=\$*-/^{{}()?_ The password must NOT contain 3 or m The password must NOT contain 3 cons	the lower case alpha character, one upper ca ore of the same consecutive characters (11 secutive characters in common with the use	se character, at least , aAa, etc.) name.	one numeric character (1,2,etc), at least 1 special cha
		Create Ne	v Account	
	First Name	Enter first name		
	Last Name	Enter last name		
	Phone	Enter phone		
	User Name	Enter user name	(must t charact	be at least 6 ters)
	Email	Enter email	(Duplic when t first na	ate emails are allowed on multiple accounts the each account has the email address, the ime, and the last name match exactly)
	Security Question #1	Select a Security Question		
	Security Answer #1	Enter security answer		
	Security Question #2	Select a Security Question		
	Security Answer #2	Enter security answer		
	Password	Enter password		
	Confirm Password	Enter confirm password		
	Create User			

Step7. New Account page lists information about username and Password requirements instructions.

**Step8.** Enter user Information in following page to Create New User Account and click on Create User button.

# QuickStart Guide

**Registration & Account Management** 

#### **Registration & Account Management as Provider - 6**

	CS Sint System					
<b>€</b> FAQ	Passwords are required to be a minimum of 9 characters in length. Passwords require the use of at least one lower case alpha character, one upper case character, at least one numeric character (1,2,etc), at least 1 special character @I#=\$*./^{()?					
	Password does not conform to the	complexity requirements				
		Create Ne	w Account			
	First Name	TestProv_FN				
	Last Name	TestProv_LN				
	Phone	999-999-9999				
	User Name	TestProv@1		(must be at least 6 characters)		
	Email	test@gmail.com		(Duplicate emails are allow when the each account ha	ved on multiple accounts s the email address, the	
				first name, and the last na	me match exactly)	
	Security Question #1	What was your favorite childhood TV prog 🔹				
	Security Answer #1	test				
	Security Question #2	What is your favorite city outside the USA 🔹				
	Security Answer #2	test				
	Password					
	Confirm Password					
	Create User					

Next page you will see the following message.

Your account has been successfully created.

You will receive a letter in the mail, sent to the organization address you selected. The letter will contain activation code. You will enter this code on the QM portal logon page to activate your account.



# Arizona Health Care Cost Containment System QuickStart Guide

Registration & Account Management

## Registration & Account Management as Provider - 7

After receiving the code in Mail enter user credentials and the activation code to activate Master user account.

	Thank you for visitir	g QM Portal. In order to use the site, you must have an active	account. Please login or register a new account.		
9 FAQ	For questions, pleas	External User Log In	AHCCCS User Log In		
	User Name	TestProv@1	If you are an AHCCCS employee		
	Password	Enter password	AND you are currently logged onto the AHCCCS network AND you are accessing this application from a browser on your workstation		
		Sign In			
	Forgot your Password? Click Here		Then click the button below to use this application with your network login credentials		
	Create new account? Click Here				
	Passwords are o account will be I Account holder	Enter Activation Code     An activation code must be entered before this user will be allowed to to     received in the mail.	bgin. The activation code is		
	• Your web bro	Activation Code nBrBfp77 OK			
		AHCCCS, 801 E. Jefferson St., ©Copyright 2017 AHC	Phoenix, AZ 85034, (602) 417-7000 CCS, All Rights Reserved		

After logging into the application, the user will see the following page.

# QuickStart Guide

🔒 Home

L User Admin

Q Search

FAQLog Out

Registration & Account Management

## **Registration & Account Management as Provider - 8**





The QMS Portal is intended for the use of providers reporting IADs to Contractor/TRBHAs. This system is administered by the AHCCCS Behavioral Health.



#### **Registration & Account Management as Provider - 9**

# 2. Create Provider Sub Account

The process to create Provider Sub Account is same as the Master Account. Sub Account is created after the Master account and it's approved by the Master Account.

**Step1.** To create a new Sub account, external users need to go to <u>https://qmportal.azahcccs.gov/</u> and click on "Create new account? Click Here".

	Thank you for visitir	n OM Partal. In order to use the site, you must have an active	account. Please boin or register a new account
8 FAQ	For questions, pleas	se contact our Customer Support Center at (602) 417-4451.	account. Thease regime register a new account.
		External User Log In	AHCCCS User Log In
	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 Passy	word? Click Here	Then click the button below to use this application with your network login credentials
	Create new accou	Int? Click Here	AHCCCS Sign In
	Passwords are ca account will be loo Account holder to	se-sensitive. After 3 failed attempts, within 15 minutes, your ked out, and you will either need to contact your Master unlock your account or use the Password Recovery feature.	
	• Your web brow	wser must have JavaScript enabled in order to use the QM po	tal.
		AHCCCS, 801 E. Jefferson St., ©Copyright 2017 AHC	Phoenix, AZ 85034, (602) 417-7000 CCCS, All Rights Reserved

Step2. Accept the agreement shown on the next screen.

	CCS sinner 5 ystem
6 FAQ	User Acceptance Agreement
	Please read the following terms of use and indicate that you agree by selecting the "I Agree" option at the bottom of the page
	Warning: The information provided through the QM Portal Web Application is confidential under state and federal law. Use and disclosure of this information is limited to purposes directly related to the administration of Arizona Health Care Cost Containment System. The use and disclosure of this information is also subject to the privacy and security requirements of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act. The Master Account Holder is responsible for ensuring the confidentiality of any information obtained from this web application by persons using the Master Account Holder. The Master Account Holder is responsible for informing itself and its employees and agents of the requirements of all applicable privacy laws and ensuring:
	Compliance with the license agreement
	Individual accounts are limited to employees who need the information to perform their employment-related duties
	Inactive individual accounts are deactivated
	The Master and individual user IDs and passwords are not shared or disclosed
	Violation of the terms and conditions of the licensing agreement and/or violations of the state and federal confidentiality and privacy requirements may result in termination of your license to access the QM Portal Web Application. Violations may also result in the termination the QM Portal Provider Agreement, revocation of QM Portal Provider Registration, and/or the termination of or imposition of sanctions under any other contract or agreement with the AHCCCS Administration.
	◎ I Disagree ® I Agree
	Next

#### **Registration & Account Management as Provider - 10**

#### Step3. Select Business type Provider.

	I system
8 FAQ	Enter Organization Information
	Select Your Business Type    Provider   HealthPlan   TRBHA   HRC   ExternalAgency
	Enter Captcha Code Enter Captcha
	National Provider ID (NPI) or AHCCCS ID
	Tax Identification Number (TIN)
	Each new account must specify which organization ID (provider) the account holder is associated with. If your organization has a NPI(s), you must enter the NPI for your location. If your organization does not use a NPI, please specify the 6 digit AHCCCS provider ID.
	After the registration process, an email will be sent to the organization's master account holder(s) to inform them that your account needs to be activated for use.
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Step4. Enter NPI, TaxID and captcha code as shown in screen below and Click Next.

	<ul> <li>Captcha is required.</li> </ul>
FAQ	Enter Organization Information
	Select Your Business Type   Provider  HealthPlan  TRBHA  HRC  ExternalAgency
	Enter Captcha Code XKXBPE
	National Provider ID (NPI) or AHCCCS ID 1235393240
	Tax Identification Number (TIN)     860966400
	Each new account must specify which organization ID (provider) the account holder is associated with. If your organization has a NPI(s), you must enter the NPI for your location. If your organization does not use a NPI, please specify the 6 digit AHCCCS provider ID.
	After the registration process, an email will be sent to the organization's master account holder(s) to inform them that your account needs to be activated for use.
	Next

**Step5.** Default Facilities affiliated with the provider Group are listed on this page. Click on **Add to List** to open search form where you can add additional facilities.

# QuickStart Guide

**Registration & Account Management** 

#### **Registration & Account Management as Provider - 11**

#### Provider Affiliations

Your provider has affiliations with other providers. If you also need to perform work for any of the affiliated providers, then please choose which provider(s) you require, OR if you don't need to perform work for any other provider, then continue to the next step.

Your selections are considered to be a request to your organization's master account for approval to perform work for the selected provider(s).

The master account will review your request, and will either approve all or part of your selections.

In the future, if new providers become affiliated with your provider, and you need to perform work for the new provider, then you need to request that the provider needs to be added to your approved list of providers by contacting your organization's master account(s).

Choose Affiliated Providers	Add to List
NAMJOSHI/SATISH SUITE 101 7425 E SHEA BLVD SCOTTSDALE AZ 85260	
NAMJOSHI/SATISH SUITE 106 7555 E OSBORN RD SCOTTSDALE AZ 85251	

Next

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Add Affiliated Provider Provider Name:		AHC	CCS ID:			×
satish					Sea	arch
Provider	Street Address	City	ZIP	ACTIVE	AHCCCS ID	<b>A</b>
KUMAR/SATISH	115 N. SOMERTON AVE	SOMERTON	85350	Yes	019895	
KUMAR/SATISH	10425 WILLIAMS ST	WELLTON	85356	Yes	019895	
KUMAR/SATISH	801 NORTH SECOND AVE	SAN LUIS	85349	Yes	019895	
KUMAR/SATISH	2060 W 24TH ST	YUMA	85364	Yes	019895	
KUMAR/SATISH	675 S AVE B	YUMA	85364	Yes	019895	
KUMAR/SATISH	950 E MAIN ST BLDG B	SOMERTON	85350	Yes	019895	
KUMAR/SATISH	1896 E BABBIT LN	SAN LUIS	85349	Yes	019895	
KUMAR/SATISH	214 W MAIN ST	SOMERTON	85350	Yes	019895	
NAMJOSHI/SATISH	SUITE 101	SCOTTSDALE	85260	Yes	108242	
NAMJOSHI/SATISH	SUITE 106	SCOTTSDALE	85251	Yes	108242	
RAJAGOPAL/SATISH K	300 LONGWOOD AVENUE	BOSTON	02115	Yes	109678	•
				l	Add Selected	Close

**Step6.** Click check box next to each facility you want to be added to the list and click on **Add Selected** button. Back on the **Provider Affiliations** list, if you want to remove facility, press "**X**" link next to it. When you are done building list click **Next** button:

# QuickStart Guide

#### Registration & Account Management

#### **Registration & Account Management as Provider - 12**

Provider Affiliations	
Your provider has affiliations with other providers. If you also need to perform work for any of the affiliated providers, then please choose w require, OR if you don't need to peform work for any other provider, then continue to the next step.	hich provider(s) you
Your selections are considered to be a request to your organization's master account for approval to perform work for the selected provide	der(s).
The master account will review your request, and will either approve all or part of your selections.	
In the future, if new providers become affiliated with your provider, and you need to perform work for the new provider, then you need to needs to be added to your approved list of providers by contacting your organization's master account(s).	request that the provider
Choose Affiliated Providers	Add to List
NAMJOSHI/SATISH SUITE 101 7425 E SHEA BLVD SCOTTSDALE AZ 85260	A
NAMJOSHI/SATISH SUITE 106 7555 E OSBORN RD SCOTTSDALE AZ 85251	
BARCELLONA/MATTHEW P. 21807 N SCOTTSDALE RD SCOTTSDALE 85258	×
BJORNSEN/BRENT 21807 N. SCOTTSDALE RD SCOTTSDALE 85255	×

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## Step7. Enter user detail in Create new account page and Click on Create User.

	CS System					
<b>Đ</b> FAQ	Passwords are required to be a minimum Passwords require the use of at least on @!#=\$*-/^{()?_ The password must NOT contain 3 or mo The password must NOT contain 3 conso	n of 9 characters in length. e lower case alpha character, one upper ca ore of the same consecutive characters (11 ecutive characters in common with the use	ase character, 1, aAa, etc.) r name.	at least one numeric characte	er (1,2,etc), at least 1 special c	haracter
		Create Ne	ew Account			
	First Name	Prov_ou1				
	Last Name	Prov_ouLN				
	Phone	999-999-9999				
	User Name	TestProv_Ou@1		(must be at least 6 characters)		
	Email	test@gmail.com		(Duplicate emails are allow when the each account ha first name, and the last nam	red on multiple accounts s the email address, the me match exactly)	
	Security Question #1	What was your favorite childhood TV prog 🔹				
	Security Answer #1	TEST				
	Security Question #2	What is your favorite gemstone?				
	Security Answer #2	TEST				
	Password					
	Confirm Password		]			
	Create User					

User receives the following message.

# QuickStart Guide

Registration & Account Management

#### **Registration & Account Management as Provider - 13**



#### Master Account Receives the following Email:

Subject: QM portal - User account needs approval \*\*\* PLEASE DO NOT RESPOND TO THIS EMAIL \*\*\*

A new user, PROV\_SA2\_FN PROV\_SA2\_LN, has been successfully created and is awaiting activation. You are designated by the system as being the master account holder.

Please activate the following user account:

Individual Account Name: Test\_prov\_sa@1 Email Address: <u>test\_sa@test.com</u> Phone Number: 602-123-4567

Thank you,

Arizona Health Care Cost Containment System 801 E. Jefferson Phoenix, AZ 85034

Sub Account User receives the following email after the Sub Account is approved by Master Account:

Subject: QM portal - Your account has been activated

Arizona Health Care Cost Containment System QuickStart Guide

**Registration & Account Management** 

#### **Registration & Account Management as Provider - 14**

#### \*\*\* PLEASE DO NOT RESPOND TO THIS EMAIL \*\*\*

Your account has been successfully activated by your master account. WARNING - Your account may not be fully operational until 5 minutes have passed. You will be able to logon, but the authorization processing that allows menu items to display may still need additional time to be completed. Please contact your master account for information concerning your account.

Master account holder: TestProv\_FN TestProv\_LN Email address: <u>test\_prov@test.com</u> Phone Number: 999-999-9999

Thank you,

Arizona Health Care Cost Containment System 801 E. Jefferson Phoenix, AZ 85034

# **QuickStart Guide**

Registration & Account Management

## **Registration & Account Management as Provider - 15**

# 3. Change User Information for Provider Sub Account

Master Account user can change the Sub Account information.

AHCCCC Arizone Health Care Cost Containment Sy	S	
A Home	Accoun	t Selection
👤 User Admin	You can only administer accounts that have been created for your However, you cannot downgrade your own account from master to	provider. Individual accounts can be promoted to master accounts. individual status.
Q Search	Active Users Prov_ou1, Prov_ouLN (TestProv_C	
Create IAD	User	Details
L OHR	User Information	Account Information
6 FAQ	User Name TestProv_Ou@1	Create Date 03/14/2018
C+ Log Out	First Name Prov_ou1	Last Login         03/19/2018         Last Locked         03/14/2018           Is Approved         ☑         Is Locked         □
	Last Name Prov_ouLN User's first name, required.	(Check boxes are read only. Approving and locking accounts requires a different process.) <u>Additional Help</u>
	Phone 999-999-9999	Organization Information
	Email       testOU@gmail.com         (Every user account must have a unique email address. An email address cannot be shared between different accounts. If your organization cannot provide a unique email address for every account, please use a separate personal email address for each account.)         Change User Information	Organization ID     393484       Organization Name     SOUTHWEST NETWORK, INC       NPI     1235393240       Organization Type     Provider   Send Password Recover for User Set as Master Account
		Remove User  Affiliations Require Approval  Click to view Provider Affiliations for user  User Authorization  Clinical Director  OHR  Preparer

Change User First name and Email ..

Click on Change User Information...

A popup Window appears with message Changes were Successful.

# QuickStart Guide

Registration & Account Management

# Registration & Account Management as Provider - 16

	System	
A Home	Acco	ount Selection
L User Admin	You can only administer accounts that have been created for y However, you cannot downgrade your own account from master	our provider. Individual accounts can be promoted to master accounts. er to individual status.
Q Search	Active Users Prov_ou1, Prov_ouLN (TestProv_C 🔻	
Create IAD	l	User Details
) OHR	User Information	Account Information
<b>9</b> FAQ	User Name TestF Changes were Successful	Create Date         03/14/2018           LastLogin         03/19/2018         LastLocked         03/14/2018
🕒 Log Out	First Name Prov_ou1_FN	Is Approved 🧭 Is Locked
	Last Name Prov_ouLN	(Check boxes are read only. Approving and locking accounts requires a different process.) <u>Additional Help</u>
	Phone 999-999-9999	
	Email testOLL SA@gmail.com	Organization Information
	(Every user account must have a unique email	Organization ID 393484
	address. An email address cannot be shared between	Organization Name SOUTHWEST NETWORK, INC
	different accounts. If your organization cannot provide a unique email address for eveny account, please use	NPI 1235393240
	a separate personal email address for each account.)	Organization Type Provider
	Change User Information	Send Password Recover for User Set as Master Account
		Remove User
		Affiliations Require Approval
		Click to view Provider Affilations for user
		User Authorization
		Clinical Director OHR Preparer

# 4. Manage Sub Provider Account

Account Selection You can only administer accounts that have been created for your provider. Individual accounts can be promoted to master accounts. However, you cannot downgrade your own account from master to individual status Active Users Prov\_ou1, Prov\_ouLN (TestProv\_C • A Home User Details 👤 User Admin Account Information Create Date 03/14/2018 Q Search User Name TestProv\_Ou@1 Last Login 03/19/2018 Last Locked 03/14/2018 First Name Prov\_ou1\_FN Create IAD Is Approved 🛛 Is Locked (Check boxes are read only. Approving and locking accounts Last Name Prov\_ouLN B OHR requires a different process.) Additional Help Phone 999-999-9999 8 FAQ Organization Information testOU\_SA@test.com Email 🕞 Log Out Organization ID 393484 (Every user account must have a unique email Organization Name SOUTHWEST NETWORK, INC address. An email address cannot be shared between different accounts. If your organization cannot provide NPI 1235393240 a unique email address for every account, please use Organization Type Provider a separate personal email address for each account.) Affiliations Require Approval Click to view Provider Affilations for user Add to List Save Or Appre NAMJOSHI/SATISH SUITE 101 7425 E SHEA BLVD SCOTTSDALE AZ 85260 NAMJOSHI/SATISH SUITE 106 7555 E OSBORN RD SCOTTSDALE AZ 85251 BALL/JOY × STE 105 9827 N 95TH STREET SCOTTSDALE AZ 85258 BALL/JOY × 21807 N SCOTTSDALE RD SCOTTSDALE AZ 85255

Change the Provider Affiliations for User TestProv\_Ou@1

If you want to add to the Provider Affiliations list, use **Add to List** button to open separate form for searching and adding facilities.

# Arizona Health Care Cost Containment System QuickStart Guide

Registration & Account Management

## **Registration & Account Management as Provider - 18**

Add Affiliated Provider Provider Name:		AHCO	CCS ID:			×
satish					Sea	arch
Provider	Street Address	City	ZIP	ACTIVE	AHCCCS ID	<b>*</b>
KUMAR/SATISH	115 N. SOMERTON AVE	SOMERTON	85350	Yes	019895	
KUMAR/SATISH	10425 WILLIAMS ST	WELLTON	85356	Yes	019895	
KUMAR/SATISH	801 NORTH SECOND AVE	SAN LUIS	85349	Yes	019895	
KUMAR/SATISH	2060 W 24TH ST	YUMA	85364	Yes	019895	
KUMAR/SATISH	675 S AVE B	YUMA	85364	Yes	019895	
KUMAR/SATISH	950 E MAIN ST BLDG B	SOMERTON	85350	Yes	019895	
KUMAR/SATISH	1896 E BABBIT LN	SAN LUIS	85349	Yes	019895	
KUMAR/SATISH	214 W MAIN ST	SOMERTON	85350	Yes	019895	
NAMJOSHI/SATISH	SUITE 101	SCOTTSDALE	85260	Yes	108242	
NAMJOSHI/SATISH	SUITE 106	SCOTTSDALE	85251	Yes	108242	
RAJAGOPAL/SATISH K	300 LONGWOOD AVENUE	BOSTON	02115	Yes	109678	•
					Add Selected	Close

To remove facilities from the list, use "X" link button.

When you finish building affiliation list, click on **Save Or Approve** button to save and approve changes for the user.

QuickStart Guide

Registration & Account Management

#### **Registration & Account Management as Provider - 19**

Set as Master Account

# Changing TestProv\_Ou@1 from Sub Account to Master Account Click on Set as Master Account.

AHCCCS Arizona Reallh Care Cost Containment System	K	A Contraction			
A Home		A	ccount Se	election	
LUser Admin	You can only However, yo	y administer accounts that have been created fi u cannot downgrade your own account from m	or your pro aster to inc	vider. Individual accounts can be pro dividual status.	moted to master accounts.
Q Search	Active Users	Prov_ou1_FN, Prov_ouLN (TestPr 🔹			
Create IAD			User De	tails	
L OHR		User Information		Account	Information
• FAQ	er Name TestProv	_Ou@1		Create Date         03/14/2018           Last Login         03/19/2018	Last Locked 03/14/2018
C+ Log Out	st Name Prov_	puLN		Is Approved (Check boxes are read only. App requires a different process.) Ad	Is Locked  voving and locking accounts voving and locking accounts voving and locking accounts voving and voving accounts
	Phone 999-99	99-9999			
	Email testOL	J SA@test.com		Organizatio	on Information
	(Every u address different a unique a separa	Iser account must have a unique email An email address cannot be shared between accounts. If your organization cannot provide email address for every account, please use te personal email address for each account.)		Organization ID         393484           Organization Name         SOUTHWES           NPI         1235393240           Organization Type         Provider	ST NETWORK, INC
	Change User Infor	mation		Send Password Recover for User	Set as Master Account
				Remove User	
				✓ Click to view Pro	vider Affilations for user
				User Au	thorization
				<ul> <li>Clinical Director</li> <li>OHR</li> <li>Preparer</li> <li>3rd Level Reviewer</li> </ul>	

Notice the following Changes:

- 1. Set as Master Account tab is replaced with Remove Master Account Rights.
- 2. A popup Window appears with message Changes were Successful.

Now the TestProv\_Ou@1 is granted Master Account rights.

# QuickStart Guide

Registration & Account Management

# Registration & Account Management as Provider - 20

User Admin  Search  Create IAD  OHR  FAQ  FAQ  First N  First N  Fi	You can only administer account However, you cannot downgradd Active Users Prov_ou1_FN, Prov_ User Information Name TestProv_Ou@1 Name Prov_ou1_FN Name Prov_ouLN	Is that have been created e your own account from ov_ouLN (TestPn • n Ct	for your provider. Individual accounts of naster to individual status.	Account Information
Q. Search     A       L Create IAD     User N       OHR     User N       FAQ     First N       C+ Log Out     Last N	Active Users Prov_ou1_FN, Prov_ou1_FN, Prov_ou1_FN, Prov_ou1_FN, Prov_ou0_1 Name TestProv_Ou@1 Name Prov_ou1_FN Name Prov_ouLN	n Ct	User Details nges were Successful Create Date 03/14/20 Last Login 03/19/20	Account Information
Create IAD OHR User N FAQ FAQ C- Log Out Last N PI E	User Information Name TestProv_Ou@1 Name Prov_ou1_FN Prov_ouLN	n Ct	User Details nges were Successful Create Date 03/14/20 Last Login 03/19/20	Account Information
CHR FAQ FAQ Log Out Last N Pi E	User Information Name TestProv_Ou@1 Name Prov_ou1_FN Name Prov_ouLN	n Ct	Create Date 03/14/20 Last Login 03/19/20	Account Information
<ul> <li>● FAQ</li> <li>User N</li> <li>First N</li> <li>Log Out</li> <li>Last N</li> <li>PI</li> <li>E</li> </ul>	Name         TestProv_Ou@1           Name         Prov_ou1_FN           Prov_ouLN         Prov_ouLN	_	Create Date 03/14/20 Last Login 03/19/20	18
First N Log Out Last N Pi E	Name Prov_ou1_FN Prov_ouLN		Last Login 03/19/20	1
Last N Pi E	Name Prov_ouLN		Is Approved V	IS Last Locked 03/14/2018
Pi			(Check boxes are read	only. Approving and locking accounts
	hone 999-999-9999		requires a uncrent pro	CC33.) <u>Auditional Heip</u>
	Email testOU SA@test.com			Organization Information
	(Every user account must ha address. An email address of different accounts. If your or a unique email address for e a separate personal email ad	ave a unique email cannot be shared between ganization cannot provide every account, please use ddress for each account.)	Organization ID 39 Organization Name S( NPI 12 Organization Type Pr	13484 DUTHWEST NETWORK, INC 135393240 ovider
	Change User Information		Send Password Recover for U	Jser Remove Master Account rights
			Remove User	
			✓ Click to	view Provider Affilations for user
				User Authorization
			Clinical Directo	r

#### **Registration & Account Management as Provider - 21**

# **5. View Existing Account Information**

View TestProv\_Ou@1 user account.

	system	
A Home	A	count Selection
L User Admin	You can only administer accounts that have been created fo However, you cannot downgrade your own account from ma	r your provider. Individual accounts can be promoted to master accounts. ster to individual status.
Q Search	Active Users Prov_ou1_FN, Prov_ouLN (TestPn •	
Create IAD		User Details
OHR	User Information	Account Information
9 FAQ	User Name TestProv_Ou@1	Create Date 03/14/2018
	First Name Prov_ou1_FN	Last Login 06/21/2018 Last Locked 03/14/2018
L→ Log Out	Last Name Prov_ouLN	(Check boxes are read only. Approving and locking accounts requires a different process.) Additional Help
	Phone 999-999-9999	requires a anotent process.) <u>Frantienar rep</u>
		Organization Information
	(Every user account must have a unique email	Organization ID 393484
	address. An email address cannot be shared between	Organization Name SOUTHWEST NETWORK, INC
	different accounts. If your organization cannot provide	NPI 1235393240
	a separate personal email address for each account.)	Organization Type Provider
	Change User Information	Send Password Recover for User Set as Master Account
		Remove User
		Click to view Provider Affilations for user
		User Authorization
		Clinical Director OHR Preparer 3rd Level Reviewer

#### **Update User Authorization:**

Added Clinical Director and Preparer roles to TestProv\_Ou@1 Sub user account.. And clicked on Update Authorization button ..

- Notice that Clinical Director and Preparer roles are now added to TestProv\_Ou@1 Sub user account.
- A popup Window appears with message Changes were Successful.

# QuickStart Guide

Registration & Account Management

# Registration & Account Management as Provider - 22

	22	
		Account Selection
	You can only administer accou However, you cannot downgra	ints that have been created for your provider. Individual accounts can be promoted to master accounts, ade your own account from master to individual status.
Home	Active Users Prov_ou1_FN, F	Prov_ouLN (TestPr •
User Admin		User Details
Search	User Informati	ion Account Information
Create IAD	User Name TestProv_Ou@1	Create Date 03/14/2018
	First Name Prov_ou1_FN	Last Login 06/21/2018 Last Locked 03/14/2018
OHR	Last Name Prov_ouLN	(Check boxes are read only. Approving and locking accounts
FAQ	Phone 999-999-9999	requires a dimerent process.) <u>Auditional meip</u>
Log Out	Email testOU SA@test.com	Organization Information
	(Every user account must address. An email address different accounts. If your o a unique email address for a separate personal email Change User Information	have a unique email \$ cannot be shared between organization cannot provide revery account, please use address for each account.) Send Password Recover for User Remove User
		Click to view Provider Affilations for user WARNING**Authorization changes can take up to 5 minutes to become effective. Even this list, if re-read, may not display the current changes until system has had enough time to process them.   User Authorization   Clinical Dire   Changes were Successful   OHR   Preparer   3rd Level Reviewer

**QuickStart Guide** 

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#### **Registration & Account Management as Provider - 23**

# 6. Change User Email Address

Changing the Email Address for User Name TestProv\_Ou@1 from <u>testOU\_SA@gmail.com</u> to testOU\_SA@test.com

	r System	
A Home	Account Selection	
👤 User Admin	You can only administer accounts that have been created for your provider. Individual accounts can be promoted to master accounts. However, you cannot downgrade your own account from master to individual status.	
Q Search	Active Users Prov_ou1, Prov_ouLN (TestProv_C *	
Create IAD	User Details	
OHR	User Information Account Information	
8 FAQ	User Name TestProv_Ou@1 Create Date 03/14/2018	1/0010
🕞 Log Out	First Name     Prov_ou1_FN     Last Login     03/19/2018     Last Locked     03/19/2018       Is Approved     Is Locked     Is Locked     Is	4/2018
	Last Name Prov_ouLN (Check boxes are read only. Approving and locking account requires a different process.) Additional Help	IS
	Phone 999-999-9999	
	Email Corganization Information Organization Information	
	(Every user account must have a unique email Organization ID 393484	
	address. An email address cannot be shared between different accounts. If your organization cannot provide	
	a unique email address for every account, please use a separate personal email address for each account ) Organization Type Provider	
	Change User Information Send Password Recover for User Set as Master Acc	ount
	Remove User	
	Click to view Provider Affilations for user	
	User Authorization	
	Clinical Director	
	Preparer	

User Email Id is updated..

# QuickStart Guide

Registration & Account Management

# Registration & Account Management as Provider - 24

Home		Account Selection	
User Admin	You can only administer accounts that have been created for your provider. Individual accounts can be promoted to master accounts. However, you cannot downgrade your own account from master to individual status.		
Search	Active Users Prov_ou1, Prov_ouLN (TestProv_C *		
Create IAD		User Details	
OHR	User Information	Account Information	
AQ	User Name TestF Changes were Successful First Name Prov_ou1_FN	Create Date         03/14/2018           Last Login         03/19/2018         Last Locked         03/14/2018	
og Out	Last Name Prov_ouLN	(Check boxes are read only. Approving and locking accounts requires a different process.) Additional Help	
	Phone 999-999-9999	Organization Information	
	Email testOU_SA@test.com (Every user account must have a unique email address. An email address cannot be shared betwe different accounts. If your organization cannot prov a unique email address for every account, please u a separate personal email address for each accourt	Organization ID         393484           Organization Name         SOUTHWEST NETWORK, INC           ide         NPI         1235393240           se         Organization Type         Provider	
	Change User Information	Send Password Recover for User Set as Master Account Remove User	
		Affiliations Require Approval	

# QuickStart Guide

**Registration & Account Management** 

#### **Registration & Account Management as Provider - 25**

# 7. Send Password Recovery Email

The Password Recovery Email is sent to the user by clicking on Send Password Recover for User button on the User Admin page. In this example the Master Account is sending the email to TestProv\_Ou@1 user.

	CS ent System			
A Home		Account Selection		
L User Admin	You How	can only administer accounts that have been created for vever, you cannot downgrade your own account from ma	your provider. Individual accour ster to individual status.	its can be promoted to master accounts.
Q Search	Active U	Isers Prov_ou1_FN, Prov_ouLN (TestPn v		
Create IAD			User Details	
UHR OHR		User Information		Account Information
9 540	User Name	TestProv_Ou@1	Create Date 03/14	\$/2018
<b>U</b> TAQ	First Name	Prov_ou1_FN	Last Login 03/19	3/2018 Last Locked 03/14/2018
C• Log Out	Last Name	Prov_ouLN	(Check boxes are r requires a different	Is Locked examples of the second seco
	Phone	999-999-9999		
	Email	testOLL SA@test.com		Organization Information
	Linui	(Every user account must have a unique email address. An email address cannot be shared between different accounts. If your organization cannot provide a unique email address for every account, please use a separate personal email address for each account.)	Organization ID Organization Name NPI Organization Type	393484 SOUTHWEST NETWORK, INC 1235393240 Provider
	Change I	User Information	Send Password Recover Remove User	for User Remove Master Account rights
			✓ Click	to view Provider Affilations for user
			Clinical Dire OHR Preparer 3rd Level R	User Authorization

The TestProv\_Ou@1 user receives the following email after the **Send Password Recover for User** button is clicked.

#### \*\*\* PLEASE DO NOT RESPOND TO THIS EMAIL \*\*\*

Please click the following link, or copy/paste the link into your browser <u>https://QmPortal2008Dev.azahcccs.gov/Account/IssueNewPassword.aspx?id=XNYbiG6A9gr3z4gy5O3WNd</u> <u>qatgxL2abcADRfDjAdjkQ%3d</u>

Your recovery code is: gg75bB6R5g (THIS IS NOT A PASSWORD) The recovery code is only valid for 30 minutes.

NOTE: email formatting by some email providers (like Yahoo) prevent copy/pasting from the email body. You can work around this issue by clicking 'FORWARD email', and then copy/paste from this. There's no need to actually send the FORWARDED email to anyone NOTICE: This e-mail and any attachments to it may contain information that is PRIVILEGED and CONFIDENTIAL under State and Federal law and is intended only for the use of the specific individual(s) to

# Arizona Health Care Cost Containment System QuickStart Guide

**Registration & Account Management** 

#### **Registration & Account Management as Provider - 26**

whom it is addressed. This information may only be used or disclosed in accordance with law, and you may be subject to penalties under law for improper use or further disclosure of the information in this e-mail and its attachments. If you have received this e-mail in error, please immediately notify the person named above by reply e-mail, and then delete the one you received.

To recover the password Click on Email link .. following password recover window appears.

Enter username and recovery code from email and click on Submit info button.



Enter New Password in next screen.

	CS ent System	
<b>Ə</b> FAQ	Passwords are required to Passwords require the us @!#=\$*-/^{\}()? The password must NOT The password must NOT	b be a minimum of 9 characters in length. e of at least one lower case alpha character, one upper case character, at least one numeric character (1,2,etc), at least 1 special character contain 3 or more of the same consecutive characters (111, aAa, etc.) contain 3 consecutive characters in common with the user name.
		Enter New Password
	Password Confirm Password	Enter new password Enter password again Change Password
		AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000 ©Copyright 2017 AHCCCS, All Rights Reserved

# QuickStart Guide

Registration & Account Management

### Registration & Account Management as Provider - 27

	CS sent System	
<b>9</b> FAQ	Passwords are required to Passwords require the us @I#=\$*-/^{()()?_ The password must NOT The password must NOT	be a minimum of 9 characters in length. e of at least one lower case alpha character, one upper case character, at least one numeric character (1,2,etc), at least 1 special character contain 3 or more of the same consecutive characters (111, aAa, etc.) contain 3 consecutive characters in common with the user name.
		Enter New Password
	Password Confirm Password	Change Password
		AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000 ©Copyright 2017 AHCCCS, All Rights Reserved

After Clicking on the Change Password button, the user id directed to the following page in QM portal application.



#### **Registration & Account Management as Provider - 28**

# 8. Remove Master Account Rights

## Remove Master Account rights from TestProv\_Ou@1 user.

	CSS Rent System			
A Home	Account Selection			
👤 User Admin	You can only administer accounts that have been created for your provider. Individual accounts can be promoted to master accounts. However, you cannot downgrade your own account from master to individual status.			
Q Search	Active Users Prov_ou1_FN, Prov_ouLN (TestPn •			
Create IAD	User Details			
L OHR	User Information Ad	ccount Information		
8 FAQ	User Name TestProv_Ou@1 Create Date 03/14/2018			
C+ Log Out	First Name Prov_ou1_EN Is Approved @	Is Locked		
	Last Name Prov_ouLN (Check boxes are read on requires a different proces	ly. Approving and locking accounts s.) Additional Help		
	Phone 999-999-9999			
	Email testOU_SA@test.com	anization Information		
	(Every user account must have a unique email address. An email address cannot be shared between Organization Name SOUT	14 FHWEST NETWORK, INC		
	different accounts. If your organization cannot provide NPI 12353	393240		
	a unique email address for every account, please use a separate personal email address for each account.) Organization Type Provid	der		
	Change User Information Send Password Recover for User	Remove Master Account rights		
	Remove User	w Provider Affilations for user		
		Jser Authorization		
	Clinical Director OHR Preparer 3rd Level Reviewer	r		

Click on Remove Master Account rights

Notice the following Changes:

- 1. Remove Master Account Rights is replaced with Master Account Rights.
- 2. A popup Window appears with message Changes were Successful.

Now the TestProv\_Ou@1 Master Account rights are removed.

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Registration & Account Management

# Registration & Account Management as Provider - 29

AHCCCS Arizona Health Care Cost Containment System					
A Home	Account Selection				
L User Admin	You can only administer accounts that have been created for your provider. Individual accounts can be promoted to master accounts. However, you cannot downgrade your own account from master to individual status.				
Q Search	Active Users Prov_ou1_FN, Prov_ouLN (TestPr •				
Create IAD	User Details				
UHR	User Information Changes were Successful Account Information				
6 FAQ	User Name TestProv_Ou@1 Create Date 03/14/2018				
🕞 Log Out	First Name Prov_ou1_FN Last Login 03/19/2018 Last Locked 03/14/2018				
	Last Name Prov_ouLN (Check boxes are read only. Approving and locking accounts requires a different process.). Additional Help				
	Phone 999-999-9999				
	Email testOU_SA@test.com Organization Information				
	(Every user account must have a unique email address. An email address cannot be shared between different accounts. If your organization cannot provide a unique email address for every account, please use a separate personal email address for each account.)       Organization ID       393484         Organization ID       SOUTHWEST NETWORK, INC         Organization Type       SOUTHWEST NETWORK, INC         Organization Type       Provider				
	Change User Information     Send Password Recover for User     Set as Master Account       Remove User				
	Click to view Provider Affilations for user				
	User Authorization				
	Clinical Director OHR Preparer 3rd Level Reviewer				

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Registration & Account Management

## **Registration & Account Management as Provider - 30**

# 9. Remove User

To remove User click on Remove User button. We selected TestProv\_Ou@1 user to remove in this example.

	Isystem		
A Home	A	ccount Selection	
L User Admin	You can only administer accounts that have been created for your provider. Individual accounts can be promoted to master acc However, you cannot downgrade your own account from master to individual status.		
Q Search	Active Users Prov_ou1_FN, Prov_ouLN (TestPri v		
Create IAD		User Details	
I OHR	User Information	Account Information	
8 FAQ	User Name TestProv_Ou@1	Create Date 03/14/2018	
🕞 Log Out	First Name Prov_ou1_FN	Last Login 03/19/2018 Last Locked 03/14/2018 Is Approved V Is Locked	
<b>L</b> <sup>i</sup> Log Out	Last Name Prov_ouLN	(Check boxes are read only. Approving and locking accounts requires a different process.) Additional Help	
	Phone 999-999-9999		
	Email testOU_SA@test.com	Organization Information	
	(Every user account must have a unique email	Organization ID 393484	
	address. An email address cannot be shared between different accounts. If your organization cannot provide	NPL 1235393240	
	a unique email address for every account, please use a separate personal email address for each account.)	Organization Type Provider	
	Change User Information	Send Password Recover for User Set as Master Account	
		Remove User	
		Click to view Provider Affilations for user	
		User Authorization	
		Clinical Director OHR Preparer 3rd Level Reviewer	

Following popup window appears ... with Remove Account or Close options ...

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Registration & Account Management

## Registration & Account Management as Provider - 31

	nt system	
A Home	Account Selection	
L User Admin	You can only administer accounts that have been created for your provider. Individual accounts can be promoted to master accounts. However, you cannot downgrade your own account from master to individual status.	
Q Search	Active Users Prov_ou1_FN, Prov_ouLN (TestPn v	
Create IAD	User Details	
North Contraction of the second secon	User Information Account Information	
• FAQ	User Name TestProv_Ou@1 Create Date 03/14/2018 Last Locked 03/14/2018	
C+ Log Out	First Name     Is Locked       Last Name     Ny. Approving and locking accounts       ss.) Additional Help	
	Phone Email Close anization Information	
	address. An email address cannot be shared between different accounts. If your organization cannot provide a unique email address for every account, please use a separate personal email address for each account.) Begin to the shared between organization name Organization name Organization name Organization name Provider Provider	
	Change User Information Send Password Recover for User Set as Master Account	
	Remove User     Click to view Provider Affilations for user	
	User Authorization User Authoriz	

Click on Remove Account. Notice that the User account TestProv\_Ou@1 is disappeared from the screen..

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Registration & Account Management

# Registration & Account Management as Provider - 32

🕈 Home		Account Selection			
👤 User Admin	You	u can only administer accounts that have been created for y wever, you cannot downgrade your own account from maste	our provider. Indi er to individual sta	vidual accounts can be p atus.	romoted to master accounts.
Q Search	Active U	Jsers Select a user to administer			
Create IAD		l	Jser Details		
OHR		User Information Change	s were Successfi	I Accou	nt Information
	User Name	TestProv@1	Create	Date 03/13/2018	
TAQ	First Name	TestProv_FN	Last L	.ogin 06/21/2018	Last Locked 06/21/2018
Log Out	Last Name	TestProv_LN	Is Appr (Chec	oved   k boxes are read only. A	Is Locked  pproving and locking accounts
	Phone	999-999-9999	requir	es a different process.)	Additional Help
	Foreit			Organiz	ation Information
	Email	iaxma.veeraveiiy@azancccs.gov	Orga	anization ID 393484	
		address. An email address cannot be shared between	Organiz	ation Name SOUTHW	EST NETWORK, INC
		different accounts. If your organization cannot provide		NPI 12353932	40
		a unique email address for every account, please use a separate personal email address for each account.)	Organi	zation Type Provider	
	Change	User Information	•	Click to view Master	Accounts in your Organization
		Change Password	<b>~</b>	Click to view P	rovider Affilations for user
				User	Authorization
	Current Pass	Current password		Clinical Director	
	New Pass	word New password		OHR	
				Preparer	

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## **Registration & Account Management as Provider - 33**

User Details		
First Name Te	stProv_FN Change	s were Successful
Last Name Te	stProv_LN	Check boxes are read only. Approving and locking accounts requires a different process. ) Additional Help
Phone 99	9-999-9999	
Email la>	ma.veeravelly@azahcccs.gov	Organization Information
(Eve	ery user account must have a unique email	Organization ID 393484
addr diffe <sup>,</sup>	ess. An email address cannot be snared between rent accounts. If your organization cannot provide	NPL 1235393240
a uni a se	que email address for every account, please use parate personal email address for each account.)	Organization Type Provider
Change User	Information	Click to view Master Accounts in your Organization
	Change Password	<ul> <li>Click to view Provider Affilations for user</li> </ul>
Current Password	Current password	User Authorization
New Password	New password	<ul> <li>Clinical Director</li> <li>OHR</li> </ul>
Confirm Password	Confirm new password	Preparer     Srd Level Reviewer
Change Pa	ssword	Update Authorization
	Security Questions/Answers	Manage Removed/deleted Accounts
In order to change or v your password in the '	iew your security questions/answers, you must enter current password' data entry field above.	Select an account to view account data, and optionally restore account to active state
Security Question #1	Select a Security Question	Select a removed account
Security Answer #1	Enter security answer 1	Restore Account
	First Name Te: Last Name Te: Phone 99 Email lax (Eve addr differ a uni a sei Change User Change User Change User Change User Change Password Confirm Password Confirm Password Change Password Change Password Change Password Change Password Change Password Change Password Change Password	First Name       TestProv_FN       Change         Last Name       TestProv_LN       999-999-9999         Email       laxma veeravelly@azahcccs.gov       (Every user account must have a unique email address. An email address cannot be shared between different accounts. If your organization cannot provide a unique email address for every account, please use a separate personal email address for each account.)       Change User Information         Change User Information       Current password       New password         Confirm Password       Confirm new password       Confirm New password         Change Password       Confirm new password       Change Password         Security Questions/Answers       In order to change or view your security questions/answers, you must enter your password in the 'current password' data entry field above.       Security Question #1

# **10. Manage Removed/deleted Accounts:**

# Restoring TestProv\_Ou@1

Selected TestProv\_Ou@1 to restore account.

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## **Registration & Account Management as Provider - 34**

		ser Details		
	User Information		Account Informatio	n
User Name	TestProv_Ou@1	Create Date 03/14	4/2018	
First Name	Prov_ou1_EN	Last Login 12/3	1/2048 Las	t Locked 03/14/2018
Last Name	Prov ouLN	(Check boxes are	read only. Approving and	locking accounts
Dhana		requires a different	t process.) Additional He	<u>lp</u>
Phone	333-333-3333		Organization Informa	ion
Email	testOU_SA@test.com	Organization ID	393484	
	(Every user account must have a unique email address. An email address cannot be shared between	Organization Name	SOUTHWEST NETWO	ORK, INC
	different accounts. If your organization cannot provide	NPI	1235393240	
	a separate personal email address for every account, please use	Organization Type	Provider	
Chang	e User Information	Click	k to view Provider Affi	ations for usor
		3rd Level R	Reviewer anage Removed/deleted	Accounts
		Select an account to to active state	view account data, and	optionally restore account
		Prov_ou1_I	FN, Prov_ouLN (TestProv	_C •
			Restore Account	
	AHCCCS, 801 E. Jefferson St., Phoenix, AZ 8 ©Copyright 2017 AHCCCS. All Rigt	35034, (602) 417-7000 Its Reserved	Restore Account	

Click on restore Account button.

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		Joh Dotano
	User Information	Account Information
User Name	TestProv_Ou@1	Create Date 03/14/2018
First Name	Prov ou1 FN	Last Login 06/21/2018 Last Locked 03/14/2018
Home		Is Approved 🧭 Is Locked
Liser Admin	Prov_ouLN	(Check boxes are read only. Approving and locking accounts requires a different process.) Additional Help
Phone	999-999-9999	
Search	testOLL SA@test.com	Organization Information
Create IAD	(Every user account must have a unique email	Organization ID 393484
	address. An email address cannot be shared between	Organization Name SOUTHWEST NETWORK, INC
OR	different accounts. If your organization cannot provide a unique email address for every account, please use	NPI 1235393240
FAQ	a separate personal email address for each account.)	Organization Type Provider
Log Out	User Information	Cond Descurred Descurre for Lloss
		Remove User
		Click to view Provider Affilations for user
		User Authorization
		Clinical Director
		OHR
		3rd Level Reviewer
		Opoale Admonization
		Manage Removed/deleted Accounts
		Select an account to
		to active state
		No accounts have been removed for this organization
		·
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	©Copyright 2017 AHCCCS, All Rig	its Reserved

Notice following changes.

- The Manage Removed/deleted Accounts is not showing any accounts and a "No accounts have been removed for this Organization" message is displayed.
- Changes were Successful message is displayed.