



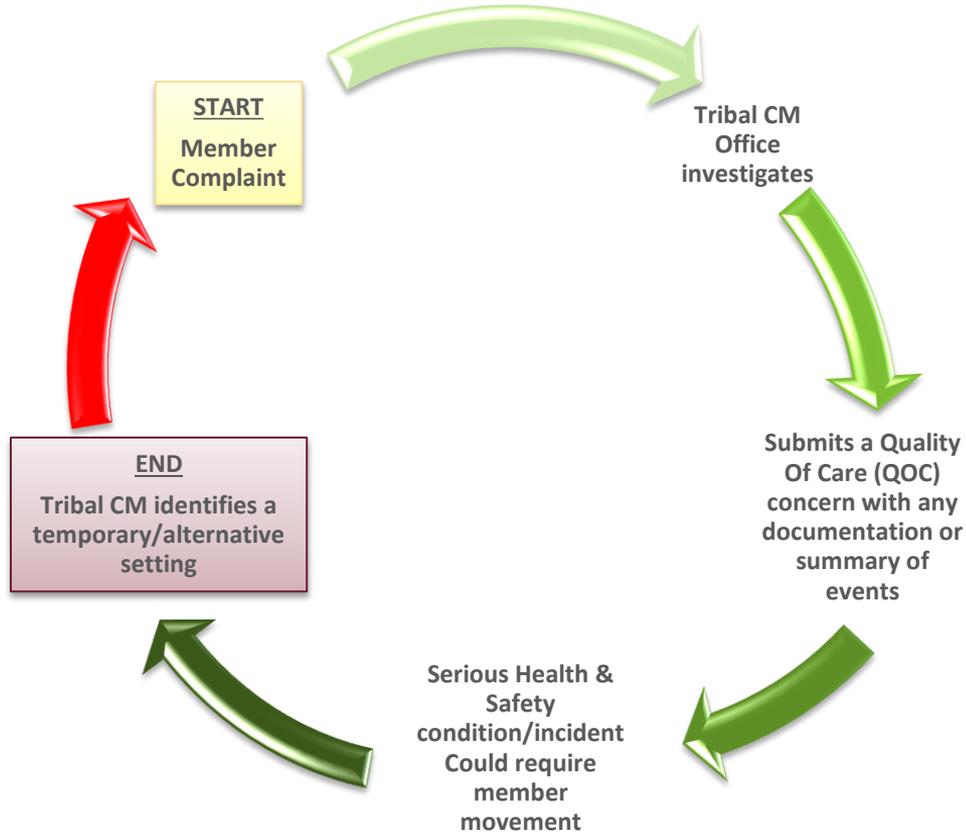
# DFSM Quality Management – Quality of Care concerns

Shannon Shiver, Quality Manager

# DFSM Quality Management

- Duties include research on Providers involved in a Health and Safety incident, or a suspension, or a termination of their Provider Participation Agreement (PPA) with AHCCCS
- Analysis of service delivery and identifies current mbr location
- Generates internal COGNOS reports on paid claims
- Reviews current/pending Prior Authorizations
- Conducts Health and Safety onsite visits
- Conducts quality of care (QOC) investigations

# Quality of Care (QOC)



# AHCCCS Website – Home page

HOME AHCCCS INFO MEMBERS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS?

A listing of current AHCCCS News & Updates.

A list of upcoming events at AHCCCS

A list of resources to assist you with getting the help you need

**Health-e-Arizona PLUS**  
Apply Now  
Apply for AHCCCS Benefits at Health-e-Arizona Plus

**Contact Us**  
A list of contacts at AHCCCS

**Public Notices**  
View demonstration projects, notices, meeting/hearing dates and provide comments

Can't find what you're looking for? Please visit the [AHCCCS Document Archive](#).

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Covered Services  
Pay Your Premium  
Health Insurance for Children

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# Methods to report quality of care

- <https://www.azahcccs.gov/shared/AHCCCScontacts.html>



The screenshot shows the top portion of the AHCCCS website. On the left is the AHCCCS logo with the tagline "Arizona Health Care Cost Containment System". To the right of the logo is a photograph of a diverse group of people, including a baby, a doctor, and a family. Further right is a search bar labeled "Google Custom Search" with a magnifying glass icon and a link for "Advanced search". Below these elements is a dark red navigation bar with white text for the following categories: HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS?. Below the navigation bar is a breadcrumb trail: "Home / This Page".

## AHCCCS Contacts

### For Members and Applicants

#### Applicant & Member Services

1(855)HEA-PLUS (1-855-432-7587) - Calls Answered Monday through Friday 8 a.m. - 5 p.m.

[www.healthearizonaplus.gov/](http://www.healthearizonaplus.gov/)

AZ Relay Service for the hearing impaired - 1-800-367-8939

#### Arizona Long Term Care System (ALTCS) Offices

ALTCS Local Offices

#### Clinical Resolution Unit

If you are experiencing any delays or need help in accessing physical or behavioral health services, call the AHCCCS Clinical Resolution Unit at

602-364-4558 or 1-800-867-5808.

#### Report Concerns About Quality of Care Received

If you have a complaint about a provider or a concern about the quality of care or services you have received, please send an e-mail with your name, AHCCCS identification number, date of birth, phone number, the name of the provider and a short description of the complaint or concern to:

#### Access to Covered Medicaid Services (Web form)

[CQM@azahcccs.gov](mailto:CQM@azahcccs.gov)

602-417-4885

#### Reporting Changes

If you need to report a change in your household including, but not limited to, a change of residential or mailing address, your income, household member's change of job, etc., contact:

- [www.healthearizonaplus.gov/](http://www.healthearizonaplus.gov/) or 1(855)HEA-PLUS (1-855-432-7587)
- ALTCS Members call 1-888-621-6880
- If you need to report a change to the Social Security Administration call 1-800-772-1213 Social Security Administration 

# Online Form for reporting QOC concerns

Provider Name:

Provider ID:

## Information About This Issue

Street:

City:

State:

Zip:

County:

Service Type: \*

Preferred Contact Method:

Type Of Issue: \*

Please Describe the Issue: \*

# Sign up on the QM Portal



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

- Home
- FAQ

External User Log In

**User Name**

**Password**

[Sign In](#)

Forgot your Password? [Click Here](#)

[Create new account? Click Here](#)

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

# QM Portal – Master Account



Home

FAQ

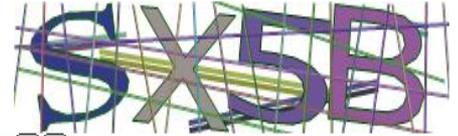
Enter Organization Information

Select Your Business Type

Provider  HealthPlan  TRBHA  IOC  ExternalAgency

Enter Captcha Code

SX5B



Health plan ID

190000

Tax Identification Number (TIN)

99999999

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

# QM Portal view



QM Portal> [Home](#) [User Admin](#) [Search](#) [Create IRF](#) [FAQ](#) [Technical Assistance](#) [Log Out](#)

## Incident Report Search

Please Enter Search Criteria

Last Name	<input type="text" value="Last Name"/>	First Name	<input type="text" value="First Name"/>	Date of Birth	<input type="text" value="D.O.B"/>
Case No.	<input type="text" value="Case No."/>	Member ID	<input type="text" value="Member ID"/>	Provider	<input type="text" value="Provider"/>
Status Value	<input type="text" value="Select All"/>	Submitted(From)	<input type="text" value="Submitted(From)"/>	Submitted(To)	<input type="text" value="Submitted(To)"/>
Contractor/TRBHA Coordinator	<input type="text" value="Unreviewed"/>	Incident Date(From)	<input type="text" value="Incident Date(From)"/>	Incident Date(To)	<input type="text" value="Incident Date(To)"/>
AHCCCS Coordinator	<input type="text" value="Assigned"/>	Due Date(From)	<input type="text" value="Due Date(From)"/>	Due Date(To)	<input type="text" value="Due Date(To)"/>
Allegation	<input type="text" value="Closed - No Action"/>	Category	<input type="text" value="Select All"/>	Eligibility	<input type="text" value="Select All"/>
CMDP	<input type="text" value="Closed - With Recs"/>	DDD	<input type="text" value="Select All"/>		
	<input type="text" value="Duplicate"/>	TRBHA/Contractor	<input type="text" value="Select All"/>		
	<input type="text" value="Closed - Other Health Plan"/>				
	<input type="text" value="Hold for Information"/>				
	<input type="text" value="Rejected - Not Eligible"/>				
	<input type="text" value="Rejected - Not Reportable"/>				
	<input type="text" value="Returned to Provider"/>				
	<input type="text" value="Withdrawn"/>				
	<input type="text" value="QOC - Administrative Close"/>				
	<input type="text" value="AHCCCS Closure Letter Rcvd"/>				
	<input type="text" value="AHCCCS Closure Completed"/>				
	<input type="text" value="QOC - In Progress"/>				
	<input type="text" value="QOC"/>				

AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000  
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Questions?



Thank You.