

# QuickStart Guide

Incident, Accident and Death Reporting

## Health Plan reassignment for an IAD-IRF Report

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

To review a IAD and IRF Report/Case, provider, contractor/TRBHA and AHCCS QM Team staff can navigate to <https://qmportal.azahcccs.gov/> to Sign In

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### Health Plan Scope

#### 1. Search for case – Health Plan

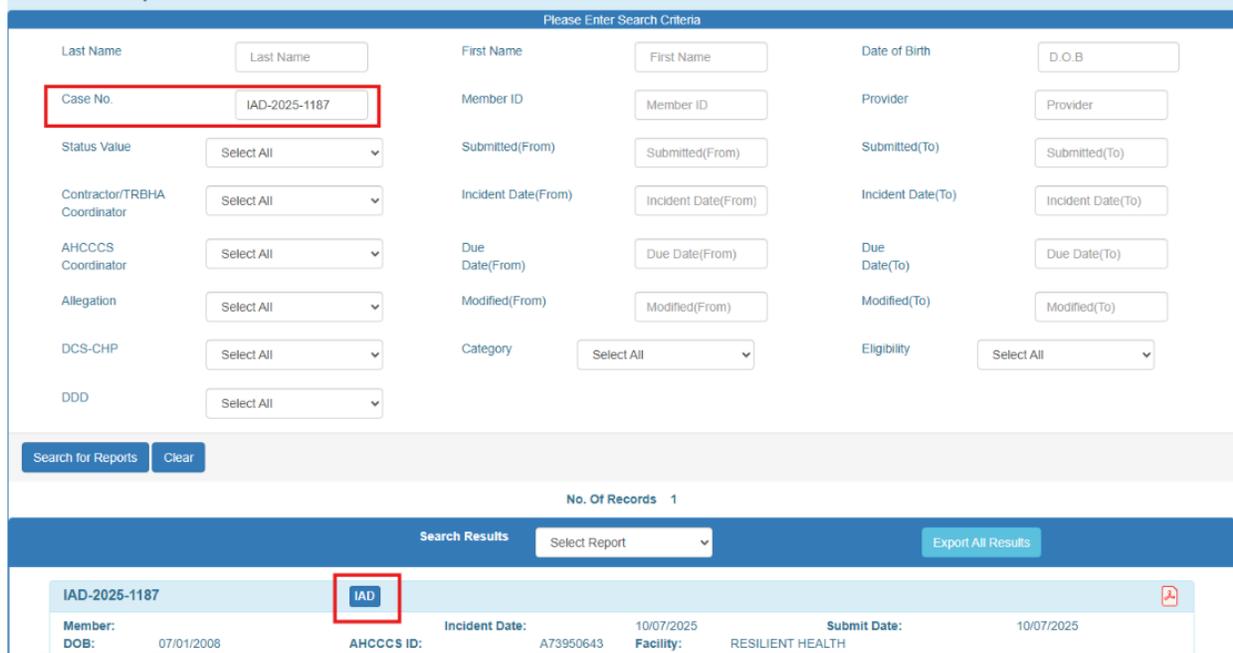
Search for the case using the case number as a health plan

Sign In to the portal as a health plan and navigate to the Search Page. Use the “Case No” field to search for the case by the IAD case number.

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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="IAD-2025-1187"/>	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="Select All"/>	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="Select All"/>	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="Select All"/>	Modified(From)	<input type="text" value="Modified(From)"/>	Modified(To)	<input type="text" value="Modified(To)"/>
DCS-CHP	<input type="text" value="Select All"/>	Category	<input type="text" value="Select All"/>	Eligibility	<input type="text" value="Select All"/>
DDD	<input type="text" value="Select All"/>				

Search for Reports

No. Of Records 1

Search Results

IAD-2025-1187	<input type="button" value="IAD"/>				
Member:		Incident Date:	10/07/2025	Submit Date:	10/07/2025
DOB:	07/01/2008	AHCCCS ID:	A73950643	Facility:	RESILIENT HEALTH

## 2. Open a Contractor/TRBHA Review – Health Plan

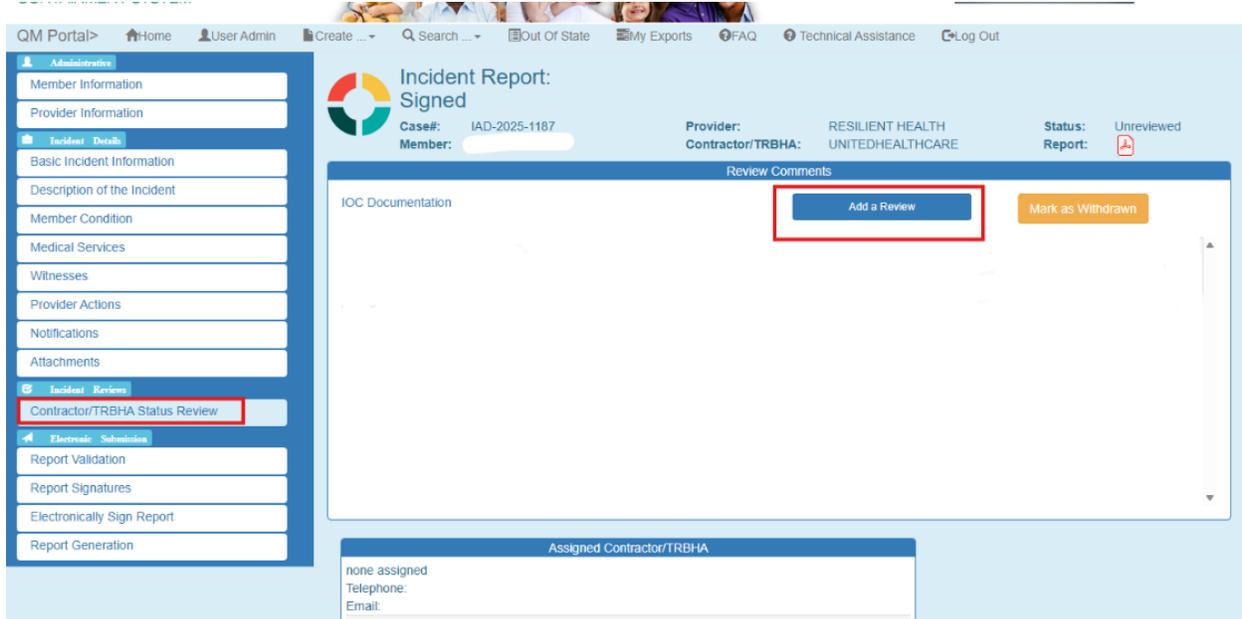
Open the case and navigate to the Contractor/TRBHA Review Panel and click on "Add Review"

Once on the Contractor/TRBHA Page, click on the "Add a Review" button

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### 3. Add a Contractor/TRBHA Review – Health Plan

Add a description for the review and be sure to select "Visible to Provider" and the status = "Return to Provider"

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The screenshot shows a 'Contractor/TRBHA Status Review' form. The following fields are highlighted with red boxes:

- Comment Visibility:** A dropdown menu set to 'Visible to Provider'.
- Current Status:** Labeled 'Unreviewed'.
- New Case Status:** A dropdown menu with a red star icon, set to 'Returned to Provider'.
- TRBHA Review Comments:** A text area containing the text 'Return to Provider, needs to be reassigned to different health plan'.
- Buttons:** 'Add' and 'Cancel' buttons at the bottom right.

### 4. Verify a Contractor/TRBHA Review has been entered – Health Plan

Verify a review has been entered for the case and the case status = “Returned to Provider”

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The screenshot displays the QM Portal interface for an Incident Report. The top navigation bar includes links for Home, User Admin, Create, Search, Out Of State, My Exports, FAQ, Technical Assistance, and Log Out. The main header shows the Incident Report details: Case# IAD-2025-1187, Member (redacted), Provider RESILIENT HEALTH, Contractor/TRBHA UNITEDHEALTHCARE, Status Returned to Provider, and Report (redacted). The left sidebar contains navigation options under 'Administrative' (Member Information, Provider Information), 'Incident Details' (Basic Incident Information, Description of the Incident, Member Condition, Medical Services, Witnesses, Provider Actions, Notifications, Attachments), 'Incident Reviews' (Clinical Director Review, Contractor/TRBHA Status Review), and 'Electronic Submissions' (Report Validation, Report Signatures, Electronically Sign Report, Report Generation). The 'Contractor/TRBHA Status Review' option is highlighted with a red box. The main content area is titled 'Review Comments' and contains a comment box with the following text: 'Entered By: HP\_Investigator', 'Date: 11/21/2025', 'Status: Returned to Provider', 'Visibility: Provider Visible', and 'Comment: this is a test- incorrect health plan assignment!'. Below the comment box is a section for 'Assigned Contractor/TRBHA' with fields for 'none assigned', 'Telephone:', and 'Email:', and an 'Assign IAD to User' button.

## Provider Scope

### 5. Search for the case – Provider

Search for the case using the case number as the provider assigned to the case

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QM Portal> Home User Admin Search Create IAD OIFA Waitlist My Exports FAQ Technical Assistance Log Out

### Incident Report Search

Please Enter Search Criteria

Last Name: Enter Last Name  
 First Name: Enter First Name  
 Date of Birth: D.O.B.  
**Case No.:** IAD-2025-1187  
 Incident Date(From): Submitted(From) Incident Date(To): Incident Date(To)  
 Member ID: Member ID Provider: Search All  
 Status Value: Search All

Search for Reports Clear

No. Of Records 1

Search Results Export All Results

IAD-2025-1187 Select

Member: IAD-2025-1187  
 DOB: [redacted]  
 Gender: [redacted]  
 AHCCCS ID: [redacted]  
 Status: Returned for Corrections  
 Incident Date: 10/07/2025  
 Facility: RESILIENT HEALTH

## 6. View Health Plan from “Member Info” Panel - Provider

Navigate to the “Member Info” Panel and click on the :Contractor/TRBHA dropdown

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM az.gov STATE OF ARIZONA

QM Portal> Home User Admin Search Create IAD OIFA Waitlist My Exports FAQ Technical Assistance Log Out

### Incident Report

Case#: IAD-2025-1187 Provider: RESILIENT HEALTH  
 Member: UNITEDHEALTHCARE Contractor/TRBHA: UNITEDHEALTHCARE Status: Returned for Corrections Report:

**Member Information**  
 CERASOLI, GABRIEL  
 DOB: Age:  
 AHCCCS ID:  
 Race: CAUCASIAN/WHITE Ethnicity: NOT OF HISPANIC, LATINO, SPANISH ORIGIN

COE/COT: No DDD: Yes DCS-CHP: No

**Diagnoses**  
 Info! Please enter at least 3 character Code OR Description and then use Search. The suggestion list will display to choose from & your selection will be saved.  
 Code Description  
 F32.89 OTHER SPECIFIED DEPRESSIVE EPISODES

Contractor/TRBHA: 010158 - UNITEDHEALTHCARE

- 000850 - FEDERAL EMERGENCY SERVICE
- 007700 - FFS DD PRIOR QUARTER
- 008800 - FFS PRIOR QUARTER
- 003335 - FFS REGULAR
- 008890 - FFS TEMPORARY
- 990010 - GILA RIVER TRBHA
- 190025 - GILA RIVER TRIBE - LTC
- 190091 - HOPI TRIBE - LTC
- 110007 - LTC DD DES
- 010306 - MERCY CARE PLAN
- 010500 - MOLINA COMPLETE CARE
- 190000 - NACHC - LTC
- 190017 - NAVAJO NATION - LTC
- 990030 - NAVAJO NATION TRBHA
- 990040 - PASCUA YAGUI TRBHA
- 190075 - PASCUA YAGUI TRIBE - LTC
- 190083 - SAN CARLOS APACHE - LTC
- 010497 - STEWARD HEALTH CHOICE ARIZONA
- 190033 - TOHONO O'ODHAM - LTC

Previous Save

AHCCCS, 150 N. 18th Ave., Phoenix, AZ 85007

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*\*\* Disclaimer – logged-in account must be associated with the case to be able to reassign to the health plan (correct roles and submitted by the account)*