

# QuickStart Guide

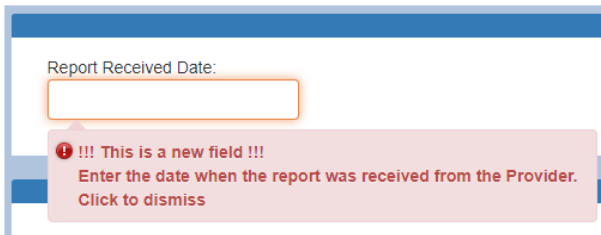
Incident, Accident and Death Reporting

Submit IAD Report as Provider - 1


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

To create a new IAD Report/Case, Providers can navigate to <https://qmportal.azahcccs.gov/> to Sign In

New features and changes on the pages will be announced as the notifications that will appear next to the area in question, and need to be dismissed by clicking on the notification. This is not an error; it is just there to draw user attention to the new changes introduced in the new version.



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Arizona Health Care Cost Containment System

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Submit IAD Report as Provider - 3

## 1. Verify Provider Account

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](mailto:ISDCustomerSupport@azahcccs.gov).

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and 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 violated.

**External User Log In**

User Name:

Password:

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.

**AHCCCS User Log In**

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

ⓘ Your web browser must have JavaScript enabled in order to use the QM portal.

Sign In to create a case with a Provider account that has the "Preparer" role.

Before continuing after login to create an IAD Report/Case, verify the account has a "Preparer" role by:

1. Navigate to the "User Admin" link in the upper-left side navigation

The QMS Portal is intended for the use of Providers, Contractors and TRBHAs. This system is administered by the AHCCCS.

On the User Admin page, verify the "Preparer" role is checked in the User Authorization section

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Click to view Provider Affiliations for user

User Authorization

- Clinical Director
- OHR
- Preparer
- 3rd Level Reviewer

Update Authorization

Now that the role has been verified, navigate to the "Create IAD" in the upper-left side navigation



- Home
- User Admin
- Search
- Create IAD
- Waitlist
- My Exports
- FAQ
- Technical Assistance
- Log Out

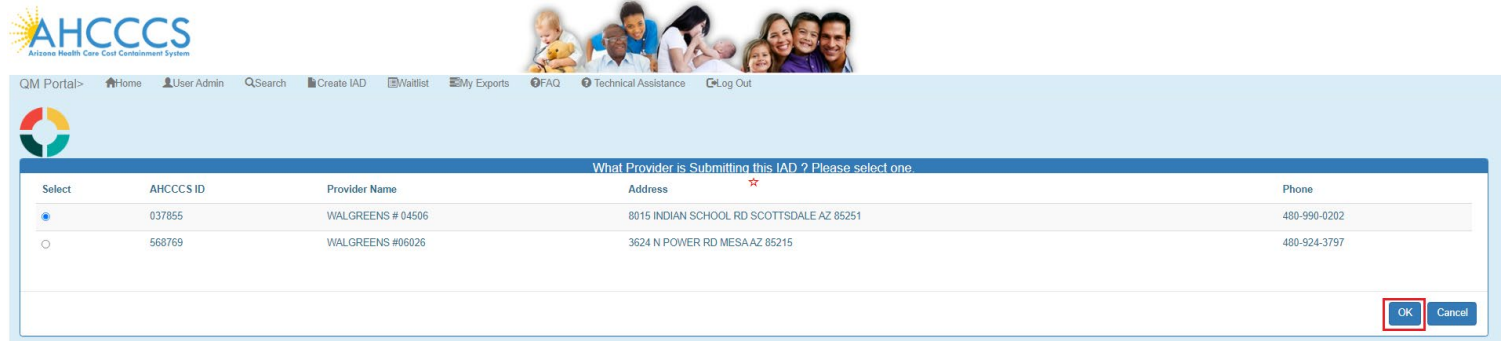
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## 2. Select a Provider (required)

Click on the “Create IAD” case and user will be prompted with the provider section. Note that the first item in the selection will be the default provider and that the step must be completed before continuing.



## 3. Member Search Step (required)

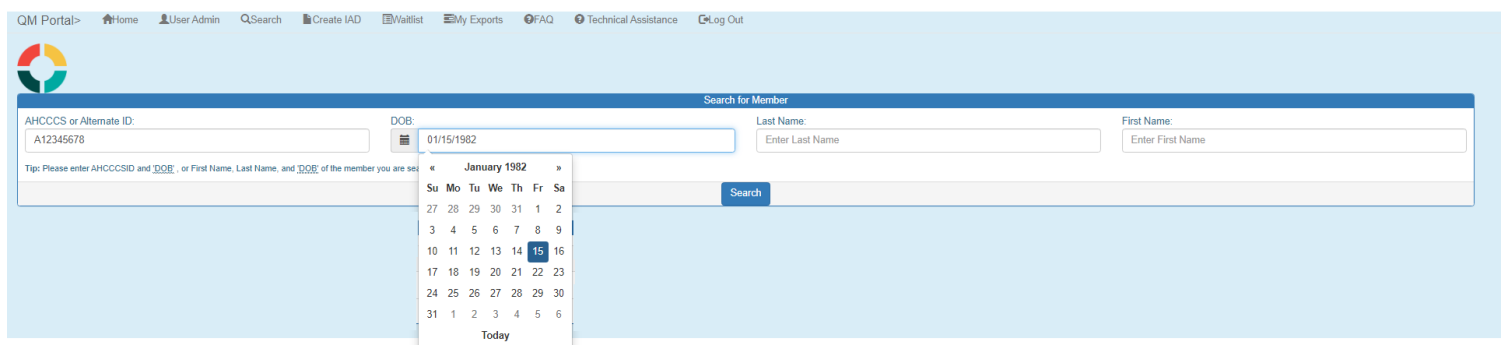
Once the page loads, the application will prompt for searching on a member. This is the main focal point of creating a report/case since all information is built upon selecting a member for the case.

The search criteria for a case must be in the following format:

- AHCCCS ID: A12345678 (letter followed by 8 numbers)
- DOB: 01/15/1982 (MM/DD/YYYY)

Or

- DOB: 01/15/1982 (MM/DD/YYYY)
- Last Name: Joe (uppercase or lowercase format)
- First Name: Smith (uppercase or lowercase format)



Note: if non-date values are entered into the DOB field and then move onto another field, the Date Picker will choose today’s date as the value.

Before:

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Submit IAD Report as Provider - 6

DOB:  Last Name:

or First Name:

« March 2018 »

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Today

After:

DOB:  Last Name:

or First Name, Last Name, and 'DOB' of the member you are searching for.

Search Results

To clear the field entirely, the “x” must be clicked and then other fields can be updated. This option is available in Internet Explorer.

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Incident, Accident and Death Reporting

## Submit IAD Report as Provider - 7

DOB:  Last Name:

« March 2018 »

Su	Mo	Tu	We	Th	Fr	Sa
25	26	27	28	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Today

Click on the Search button

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

**Search for Member**

AHCCCS or Alternate ID:  DOB:  Last Name:  First Name:

Tip: Please enter AHCCCSID and DOB, or First Name, Last Name, and DOB of the member you are searching for.

Select the member from the search results.

Note: In some instances, there can be multiple search results for a member.

In this case, PMMIS will return multiple records with different AHCCCS Ids. In this instance, an error message will be displayed: “Multiple AHCCCS Ids found. Please retry with an AHCCCS ID.”

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Submit IAD Report as Provider - 8



Multiple AHCCCS Ids found Please retry your search with an AHCCCS ID.

QM Portal> Home User Admin Search Create IAD FAQ Log Out

### Incident Report

Case#: none      Provider: none selected      Status: none  
Member: none selected      Contractor/TRBHA: none assigned      Report:

Search for Member

AHCCCS ID:       DOB:       Last Name:       First Name:

Tip: Please enter AHCCCSID and 'DOB', or First Name, Last Name, and 'DOB' of the member you are searching for.

Search Results

No Record Found.

AHCCCS, 801 E. Jefferson St., Phoenix, AZ 85034, (602) 417-7000  
©Copyright 2017 AHCCCS, All Rights Reserved

In this case, PMMIS will return multiple records with different AHCCCS Ids. In this instance, an error message will be displayed: "Multiple AHCCCS Ids found"

Search for Member

AHCCCS or Alternate ID:       DOB:       Last Name:       First Name:

Tip: Please enter AHCCCSID and 'DOB', or First Name, Last Name, and 'DOB' of the member you are searching for.

Search Results

First Name	Last Name	MI	DOB	Gender	Phone	Address	AHCCCS ID
JOE	SMITH	R	01/15/1982	F	5208392584	1234 N Forest Road APT 555	<input type="text" value="A00156636"/>

Once a member has been selected, the application will load the Incident Information Page.



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## 4. Incident Information Step (required)

The Incident Information Step is now displayed directly after the member is selected. At this step, the incident date of the case should be entered and if the date is not known, an unknown reason must be selected. If the date is selected at this step all enrolment information will prepopulated into the report (e.g., Health Plan, Category (GMH, SMI, Child), DDD, etc.). If a date is not selected the user will be required to manually enter the enrollment and eligibility information.

The screenshot shows the 'Date and Time of Incident' form. The 'Start Date' field is highlighted with a red box and contains the date '08/31/2021'. The 'End Date' field is empty and contains the placeholder text 'Enter Incident End Date'. The 'Time' field is empty and contains the placeholder text 'Enter Incident Time'. The 'Incident Date Unknown' checkbox is unchecked. Below the form is a 'Next→' button, also highlighted with a red box.

The screenshot shows the 'Date and Time of Incident' form. The 'Start Date' field is empty and contains the placeholder text 'Enter Incident Date'. The 'End Date' field is empty and contains the placeholder text 'Enter Incident End Date'. The 'Time' field is empty and contains the placeholder text 'Enter Incident Time'. The 'Incident Date Unknown' checkbox is checked. The dropdown menu for 'Incident Date Unknown' is open, and the option 'Member report - date unknown' is selected and highlighted with a red box. Below the form is a 'Next→' button, also highlighted with a red box.

Note that if the incident date is identified after this step, the incident date information can be filled out later, prior to the case being submitted for Contractor/TRBHA Review.

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## 5. Member Information Step (required)

The Member Information Step is now displayed. The Member Information is automatically populated, and the **fields will be locked** if there is an exact match which is defined as:

The screenshot shows the 'Incident Report' form with the following details:

- Case#:** IAD-2021-414
- Member:** JOE SMITH
- Provider:** WALGREENS # 04506
- Contractor/TRBHA:** AZ COMPLETE HEALTH CARE
- Status:** Pending

The form contains several panels:

- Member Information:** SMITH, JOE; DOB: 01/15/1982; Age at Incident: 36; AHCCCS ID: A00156636.
- Contractor/TRBHA:** Info: Member's Healthplans are highlighted with 'light blue' color inside this dropdown box. Please select one to confirm. 010422 - AZ COMPLETE HEALTH CARE.
- Eligibility Status:** Title 19/21.
- COE/COT:** Yes.
- DDD:** No.
- DCS-CHP:** No.
- Category:** Serious Mental Illness (S).
- 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. There are no data records to display.

A 'Next' button is located at the bottom right of the form.

1. A member enrollment match based on the starting incident date
2. An incident date was not provided
3. All member information for the following fields can be determined: member DCS/CHP, member eligibility status and member category are populated. (If one or more cannot be determined, the fields will remain unlocked)

The member information from the PMMIS query is returned and populated in the Member Information Panel as per the illustration below. The information displayed is:

- Name: Format: Last Name, First name
- DOB: Format: MM/DD/YYYY
- AHCCCS ID: Format: letter + 8 digits (e.g.: A12345678)
- AGE: calculated age based on DOB and today's date

Note: At this point the IAD case ID has been created. It is recommended that the user document the Case ID so that the Preparer is able to quickly locate the correct report if they need to stop at any point and return to complete the IAD.

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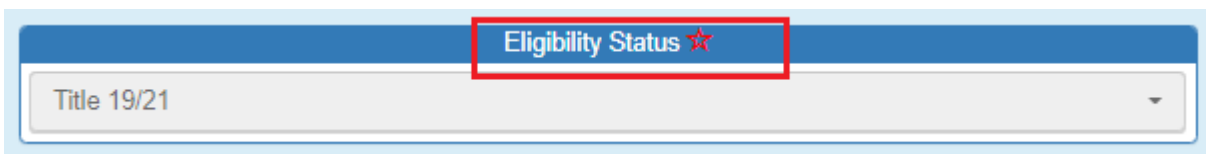
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On this 1<sup>st</sup> page of the Wizard, the following information must be entered if not prepopulated:

- Health Plans and T/RBHA
- Eligibility Status
- Category
- COT
- DDD
- DCS/CHP
- Diagnosis Code

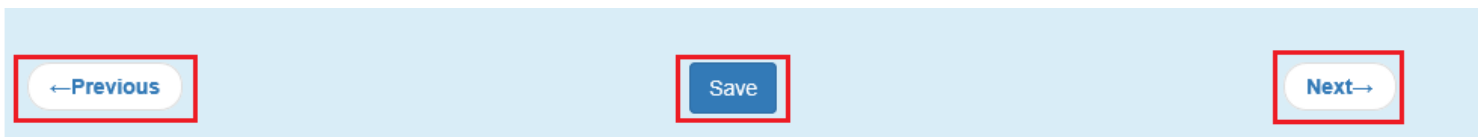
Note: In the IAD Wizard, there are red stars listed by information that is required to be filled-out. There is a validation page that will validate all data that has a red star to ensure all information is supplied before the IAD Case/Report is signed.



The screenshot shows a blue header bar with the text "Eligibility Status" and a red star icon. Below the header is a white input field containing the text "Title 19/21". A red rectangular box highlights the "Eligibility Status" header and the input field.

However, case information can be filled-out at any time and the Preparer can access the case/report at a future date to continue working on creating the case/report by searching the case ID.

In order to save information at any time, the Preparer can click “Save” or click the “Previous” and “Next” buttons.



The screenshot shows three buttons: "←Previous", "Save", and "Next→". Each button is highlighted with a red rectangular box.

**Note: the Previous and Save buttons are not visible when the case is created.**

Previous– saves information and navigates to the previous step in the IAD Wizard

In the case of Member Information, navigating previously would display the member search and the case/report would start from the beginning (i.e. a new case would be setup)

Save – saves information on the current step of the IAD Wizard and remains on the current page


Next – saves information and navigates to the next step in the IAD Wizard

For the Diagnosis Code, at least 3 characters must be typed-in before any matches will be displayed to choose from.

The following illustrations display choice possibilities based on the diagnosis code entered.

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Incident, Accident and Death Reporting

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
<input type="text" value="f22"/>	<input type="text"/>

There are no data records to display.


Add Diagnose ✕

F22 - DELUSIONAL DISORDERS

Once a diagnoses code is selected, use the “Add Diagnoses” button so the choice is added to the list of codes for that member.

Verify that the diagnosis code is displayed in the list.

Diagnoses codes can be removed by clicking on the “x” adjacent to the diagnosis’s description if a selection is made in error.

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
<input type="text" value="f22"/>	<input type="text"/>


Code	Description	Remove
F22	DELUSIONAL DISORDERS	<input type="button" value="✕"/>

# QuickStart Guide

## Incident, Accident and Death Reporting



### Incident Report

Case#: IAD-2021-414      Provider: WALGREENS # 04506  
Member: JOE SMITH      Contractor/TRBHA: AZ COMPLETE HEALTH CARE      Status: Pending  
Report: 


Member Information			
SMITH, JOE			
DOB:	01/15/1982	Age at Incident:	36
AHCCCS ID:	A00156636		

Member health plan information has been updated based on the incident **start date** of the case.

COE/COT	DDD	DCS-CHP	Contractor/TRBHA	Eligibility Status	Category
Yes	No	No	010422 - AZ COMPLETE HEALTH CARE	Title 19/21	Serious Mental Illness (S)

#### 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	Remove
F22	DELUSIONAL DISORDERS	

**Next** →

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## 6. Provider Information Step (required)

On this step, the Provider Information is displayed from the first step in the Wizard. The Incident Location Agency or Facility, Date of Last Visit – Clinical Team, Date of Last Visit – BHMP, Date of Last Visit – Primary Care and Facility Clinical Director (required) is available to update. The Facility Clinical Director is the person at the provider agency that is responsible for reviewing and submitting the final IAD prior to submission to the Contractor/TRBHA.

The screenshot shows the 'Incident Report' form. At the top left is a logo and the title 'Incident Report'. Below it, case details are listed: Case#: IAD-2021-415, Member: ELISA LUNA, Provider: WALGREENS # 04506, Contractor/TRBHA: AZ COMPLETE HEALTH CARE, Status: Pending, Report: Pending. The main form is divided into several sections. The 'Provider Information' section is highlighted with a red box and contains: WALGREENS # 04506, 8015 INDIAN SCHOOL RD SCOTTSDALE AZ 85251, Telephone #: 480-990-0202, AHCCCS ID: 037855, Email: Jamie.Graziano@azahcccs.gov, and Opened by: Matt Tester. Below this is a button 'Add/ChangeReportingProvider'. The 'Incident Location Agency or Facility' section contains 'Same as Reporting Agency' and a 'SetAgency' button. To the right, there are three date pickers: 'Date of Last Visit - Clinical Team' (08/31/2021), 'Date of Last Visit - BHMP' (08/31/2021), and 'Date of Last Visit - Primary Care' (08/31/2021). Below these is a dropdown for 'Facility Clinical Director' with 'Joe Tester' selected. A 'Next' button is highlighted with a red box at the bottom right.

For an IAD Case/Report to be generated, the 2 main sections of information are:

1. Member Information
2. Provider Information

Provider Information associated with a case is populated via the affiliations based on the preparer's account creating the case/report.

For example, for this Preparer, preparerprovider2 the affiliations are 2 WALGREENS locations auto populates. This information is obtained from the "User Admin" link and in the section called "Click to view Provider Affiliations for user". Affiliations can be updated via the "Save Or Approve" button.

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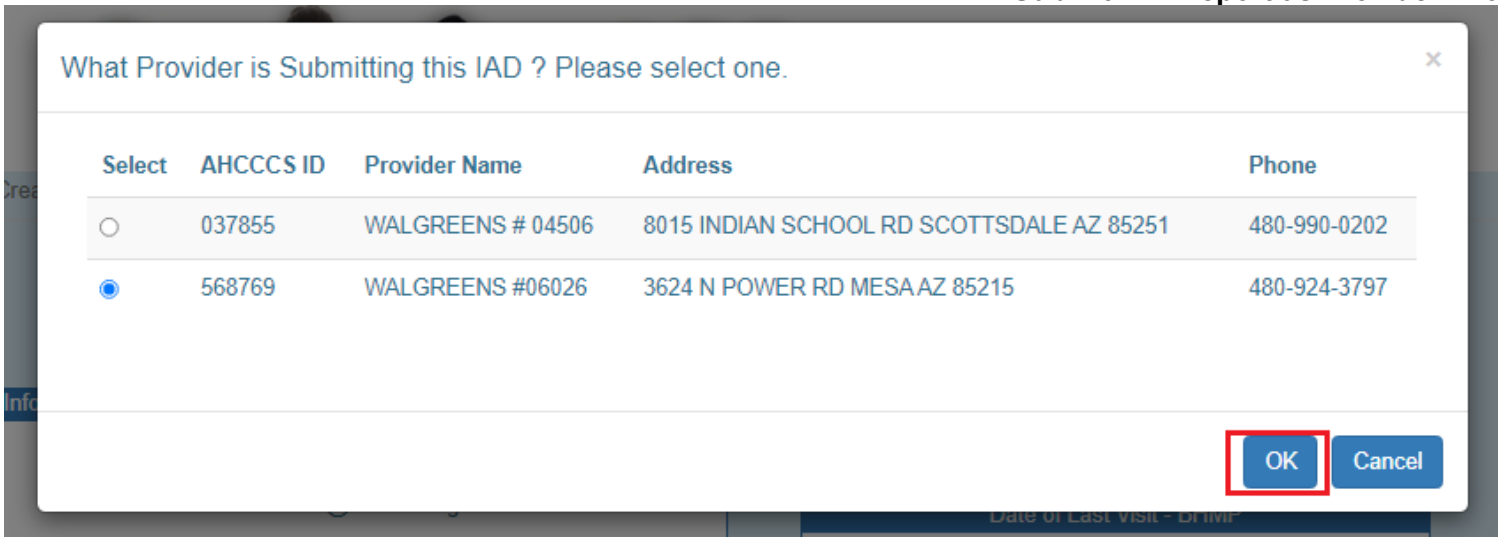
The screenshot shows a modal window titled "Click to view Provider Affiliations for user". At the top, there are two buttons: "Save Or Approve" (green) and "Add to List" (blue). Below the buttons is a list of provider affiliations. Each entry consists of a provider name and ID, a full address, and a blue 'X' icon in a circle. A red rectangular box highlights the first two entries: "WALGREEN #04298" and "WALGREENS #04298 29200 6 MILE RD LIVONIA MI 48152".

Provider Name & ID	Address	Action
STE 136 1830 E BROADWAY BLVD TUCSON AZ 85719		
WALGREEN #04298		X
WALGREENS #04298 29200 6 MILE RD LIVONIA MI 48152		
WALGREEN ADVANCED #2651		X
2323 E. MAGNOLIA #103 PHOENIX AZ 85034		
WALGREENS # 04506		X
8015 INDIAN SCHOOL RD SCOTTSDALE AZ 85251		
WALGREENS # 00809		X
8911 N 7TH ST PHOENIX AZ 85020		
WALGREENS # 00813		X
15442 N 99TH AVE SUN CITY AZ 85351		
WALGREENS # 01076		X
333 E HUNT HWY QUEEN CREEK AZ 85143		
WALGREENS # 02056		X

To Add a Provider, click on the “Add Change Reporting Provider”. A modal pop-up window will be displayed and the selection to choose from is based on the affiliations for that Provider. Only one selection is saved and can be made by clicking on one of the checkboxes and then clicking the “OK” button.

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Incident, Accident and Death Reporting



Clicking on “Cancel” will close the pop-up modal and not save any of the changes.

Once the selection has been made, verify that the Provider Information is now populated in the “Provider Information” panel.

The Provider Information is:

- Provider Name & Address:
- WALGREEN ADVANCED #2651  
2323 E. MAGNOLIA #103 PHOENIX AZ 85034
- Telephone #: should be currently empty as this information isn't provided in the PMMIS query
- Email: email address of the Preparer signed in. Note: this can be checked by navigating to the “User Admin” link and checking the “User Information” email value. (See illustration below)



# QuickStart Guide

### User Information

**User Name** preparerprovider2

**First Name**

**Last Name**

**Phone**

**Email**

(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](#)

- AHCCCS ID: A12345678
- Opened by username of the current logged-in user (e.g.: preparerprovider as shown below)

### Incident Report

**Case#:** IAD-2021-415      **Provider:** WALGREENS # 04506  
**Member:** JOE SMITH      **Contractor/TRBHA:** AZ COMPLETE HEALTH CARE      **Status:** Pending  
**Report:**

#### Provider Information

WALGREENS #06026  
3624 N POWER RD MESA AZ 85215  
Telephone #: 480-924-3797      Email: Jamie.Graziano@azahcccs.gov  
AHCCCS ID: 568769  
Opened by: Matt Tester

[Add/ChangeReportingProvider](#)

#### Incident Location Agency or Facility

Same as Reporting Agency

[SetAgency](#)

#### Date of Last Visit - Clinical Team

08/31/2021

#### Date of Last Visit - BHMP

08/31/2021

#### Date of Last Visit - Primary Care

08/31/2021

#### Facility Clinical Director

Joe Tester

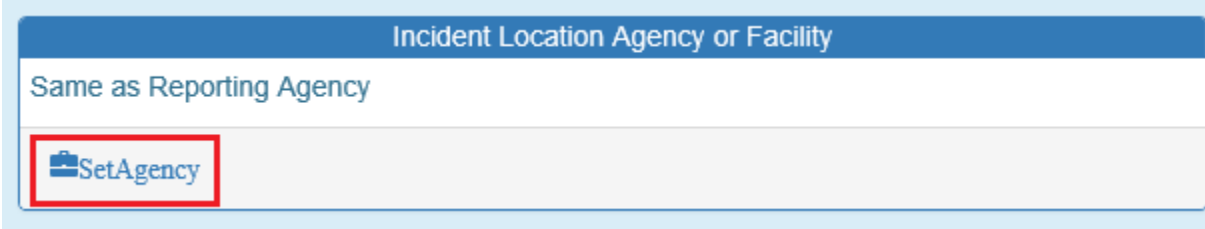
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The Incident Location Agency or Facility section is optional, but it can be filled-out similar to the Provider Information section.



Incident Location Agency or Facility

Same as Reporting Agency



In this case, the Provider name or AHCCCS Id is used to search on a location. For this instance, the Provider Name is searched using “CVS” as the name.

From the list returned, one of the list items can be selected by checking on the checkbox and then clicking on “OK”. Note that the Agency information is populated in the “Incident Location Agency or Facility” panel section as illustrated below.

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**IAD Location Facility.** ✕

Provider Name:  AHCCCS ID:  Active:  ZIP code:  Click To

Select	Name	Address	AHCCCS Id	Phone	Active
<input type="radio"/>	ALPHA THERAPEUTIC SCVS.	13111 TEMPLE AVE CITY OF INDUSTRY CA 91746	038853	800-423-1832	Yes
<input type="radio"/>	CAREMARK LLC DBA CVS SPEC	1127 BRYN MAWR AVE STE A REDLANDS CA 92374	034455		Yes
<input type="radio"/>	CAREMARK LLC DBA CVS SPEC	1127 BRYN MAWR AVE STE A REDLANDS CA 92374	034455		Yes
<input type="radio"/>	CORAM CVS	2345 WATERS DRIVE MENDOTA HEIGHTS MN 55120	604889	651-452-5600	Yes
<input checked="" type="radio"/>	CORAM CVS SPECIALTY INFUS	SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034	361678	480-240-3200	Yes
<input type="radio"/>	CORAM CVS SPECIALTY INFUS	SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034	361678	480-240-3200	Yes
<input type="radio"/>	CVS CAREMARK	SUITE 100 BIERMAN COURT MT	401004	917-834	Y

**Incident Location Agency or Facility**

CORAM CVS SPECIALTY INFUS  
 SUITE 105 4601 E HILTON AVE PHOENIX AZ 85034  
 AHCCCS ID: 361678

SetAgency

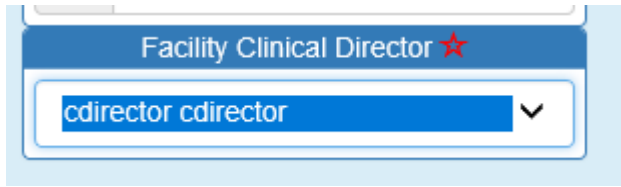
The Location Information is:

- Provider Name & Address:  
 CVS PHARMACY 05038  
 2010 S DOBSON RD  
 CHANDLER AZ 85248  
 035485

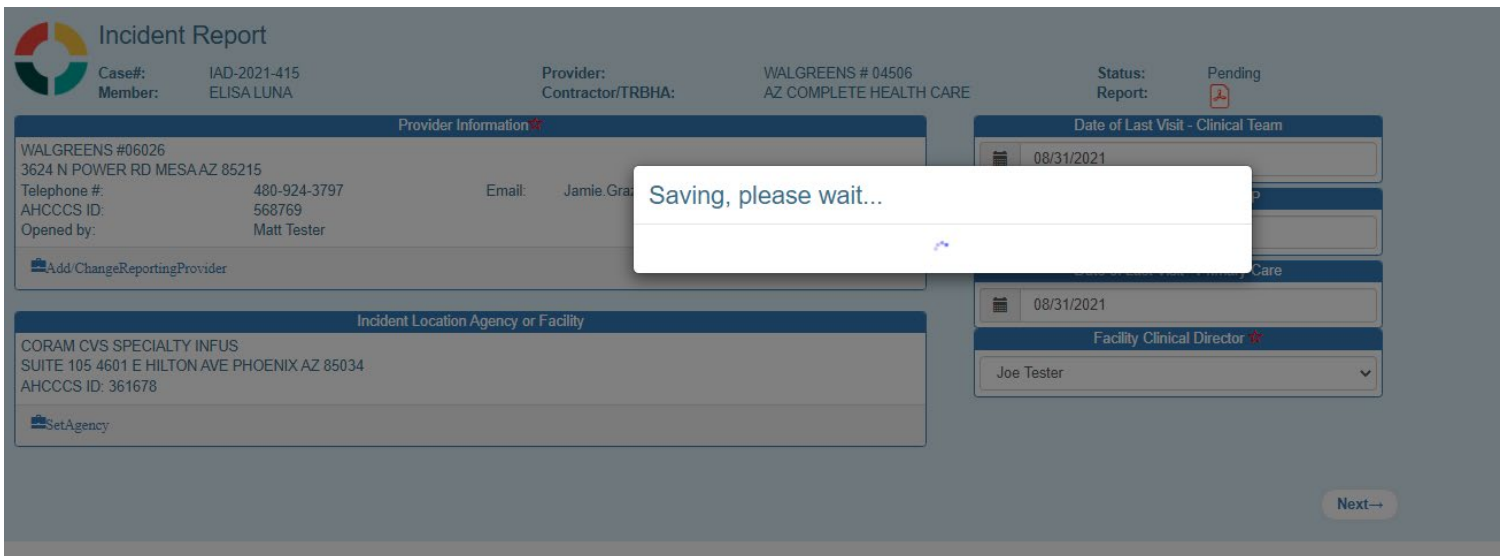
The Facility Clinical Director list choice is populated by Providers that are in the “Clinical Director” role and based on the current logged-in user’s Provider Affiliations. (As noted earlier)

The Clinical Director is required so that when the Preparer signs the case, an email notification is sent to the Clinical Director assigned to the case. The Clinical Director can then approve and assign the case as the next step. The list choice displays the Clinical Director in the format of: First Name Last Name

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Once the Provider Information Step along with the dates have been filled out, the Preparer can click on the “Next” button to navigate to the next step.



A few notes about the progression of the IAD Wizard. At this point, there are now 2 navigational sections that are visible:

- Top Header (has been visible since choosing a member, the Case Number and the Member information. Verify the Member Information and Provider Information is now visible)
- Side Navigation (now visible at the Basic Incident Information Step, note there is a star adjacent to the step that is currently active. Verify the “Basic Incident Information” Step has a star adjacent to it in the side navigation)

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**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

**Electronic Submissions**

- Report Validation
- Report Signatures
- Electronically Sign Report
- Report Generation

### Incident Report

Case#: IAD-2021-415  
Member: JOE SMITH

Provider: WALGREENS #06026  
Contractor/TRBHA: AZ COMPLETE HEALTH CARE

Status: Draft  
Report:

#### Incident Category

[Add Incident Category](#)

#### Date and Time of Incident

**Start Date** 08/31/2021

**End Date** Enter Incident End Date

**Time** Enter Incident Time

**Incident Date Unknown**

-- Please Select --

#### Submission Status

Draft

#### Date Reported to Provider

Enter Date Reported To Provider

#### Incident Location

-- Please Select --

**Please Describe Incident Location**

[Next--](#)

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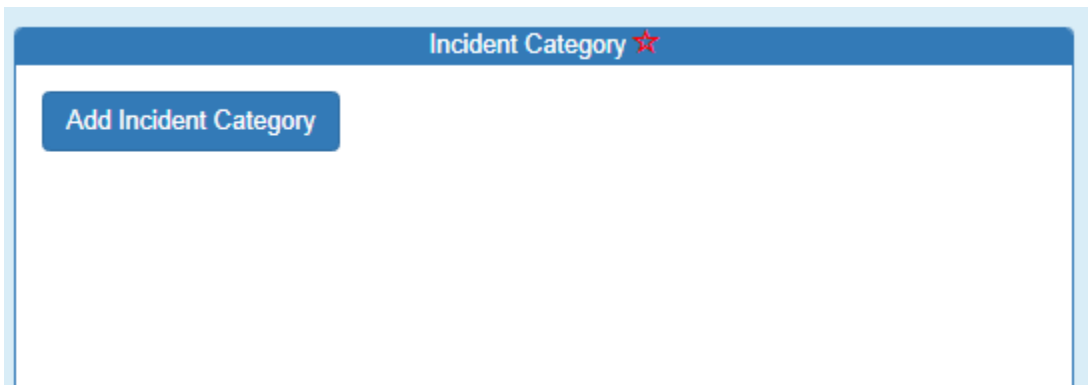
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## 7. Basic Incident Information Step (required)

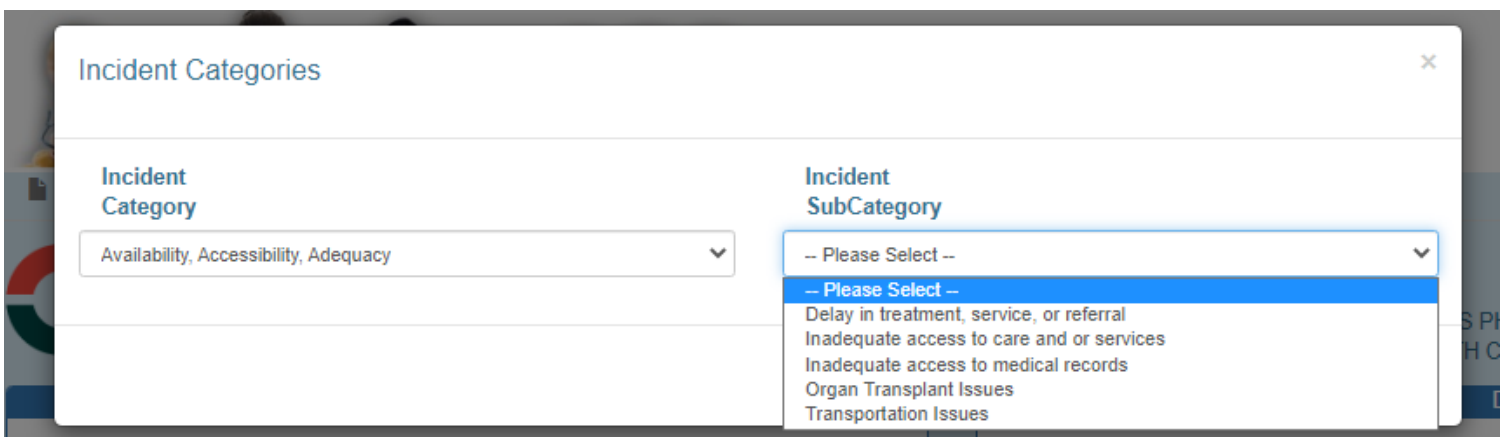
This step gathers information about:

- Type of incident(s) (Category and SubCategory)
- Date and time of incident
- Submission status
- Date reported to Provider
- Incident Location.

The Incident Category section will initially be empty.

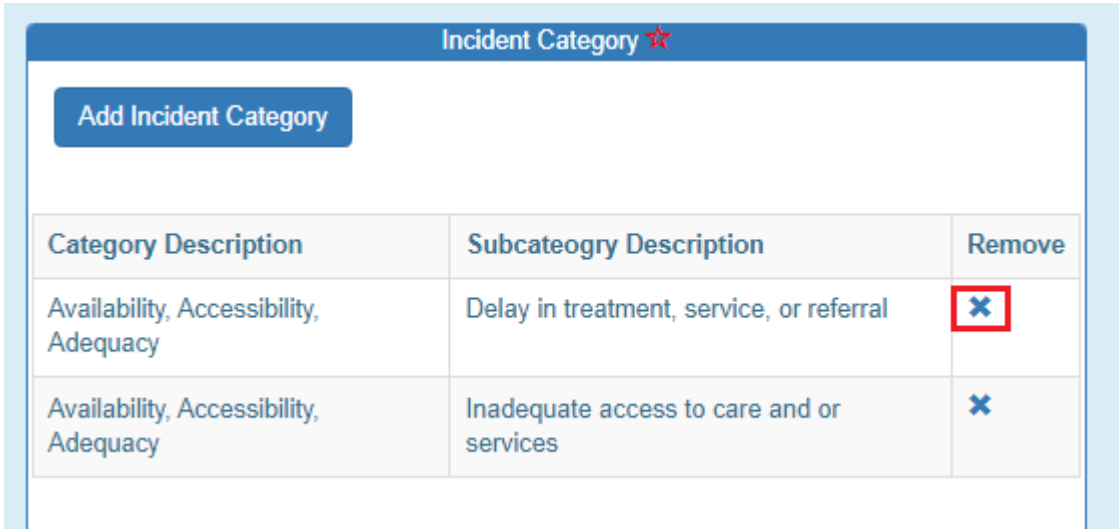


Once one more incident category has been selected from the choice list (see appendix A for a full list of categories and subcategories), the items will be displayed in the list below. A category has an associated subcategory. For example, the “Availability, Accessibility, Adequacy” category has 5 subcategories. Multiple subcategory selections can be added to each category as needed based on the details of the incident.



If an incorrect category or subcategory are selected in error, the “x” can be clicked to remove any items from the list.

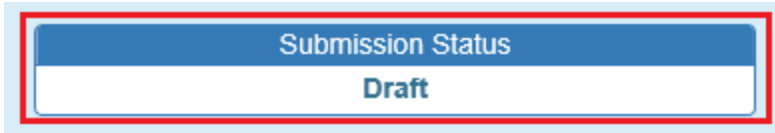
# QuickStart Guide



The screenshot shows a web interface for managing incident categories. At the top, there is a blue header with the text "Incident Category" and a red star icon. Below the header is a blue button labeled "Add Incident Category". Underneath is a table with three columns: "Category Description", "Subcategory Description", and "Remove". The table contains two rows of data. The first row has "Availability, Accessibility, Adequacy" in the first column, "Delay in treatment, service, or referral" in the second, and a blue "X" icon in the third. The second row has "Availability, Accessibility, Adequacy" in the first column, "Inadequate access to care and or services" in the second, and a blue "X" icon in the third. A red box highlights the "X" icon in the first row.

Category Description	Subcategory Description	Remove
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral	X
Availability, Accessibility, Adequacy	Inadequate access to care and or services	X

The "Submission Status" lists the current status of the IRF case/report. At this stage, the status is in "Draft" mode.



The screenshot shows a dropdown menu for "Submission Status". The menu is open, showing the word "Draft" in bold black text. The entire dropdown menu is enclosed in a red rectangular border.

Submission Status
<b>Draft</b>

Once the Basic Information Step along with the dates have been filled out, the Preparer can click on the "Next" button to navigate to the next step.

# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 24



## Incident Report

Case#: IAD-2021-415  
Member: JOE SMITH

Provider: WALGREENS #06026  
Contractor/TRBHA: AZ COMPLETE HEALTH CARE

Status: Draft  
Report:

### Incident Category

[Add Incident Category](#)

Category Description	Subcategory Description	Remove
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral	<a href="#">✕</a>
Availability, Accessibility, Adequacy	Inadequate access to care and or services	<a href="#">✕</a>

### Date and Time of Incident

**Start Date**

**Time**

**End Date**

**Incident Date Unknown**

-- Please Select --

### Submission Status

Draft

### Date Reported to Provider

### Incident Location

**Please Describe Incident Location**

Incident Desc Location

[Next→](#)



# QuickStart Guide

Incident, Accident and Death Reporting

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## 8. Description of the Incident Step (required)

This is a free text field, and the preparer will describe the incident in detail here. This information can be provided in paragraph format since the input is multi-line as in the illustration below. This information will automatically display in the QOC referral section of the QOC application if the case is escalated to a QOC. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Description of the Incident Step has been completed, the Preparer can click on the “Next” button to navigate to the next step.

Please Describe the Incident ★

Incident Description - sample info: 3/16/2018 1:26:43 PM

←Previous Save Next→

# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 26

## 9. Member Condition Step (required)

Preparers will be required to enter member condition information before and after the incident in the free text boxes on this page. This information can be provided in paragraph format since the input is multi-line as in the illustration below. For example, if the member was upset and pacing before the incident and calm and talking with staff after the incident the preparer would note this in detail here. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Member Condition Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.

The screenshot displays a web form with a light blue background. At the top, a dark blue header bar contains the text "Member Condition Before Incident" followed by a red star icon. Below this is a large white text input area with a thin border, containing the text "Member Condition Before - sample info: 3/16/2018 1:32:27 PM".

Below the first input area is another dark blue header bar with the text "Member Condition After Incident" and a red star icon. This is followed by a second large white text input area, also with a thin border, containing the text "Member Condition After- sample info: 3/16/2018 1:32:27 PM".

At the bottom of the form, there are three buttons: a white button with a left arrow and the text "Previous", a dark blue button with the text "Save", and a white button with a right arrow and the text "Next". The "Next" button is highlighted with a red rectangular border.

# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 27

## 10. Medical Services Step (required)

Preparers will be required to provide detailed information about the medical services received related to the incident in the free text field on this page. For example, if the member was taken to the Emergency Room or an Urgent Care facility to have an injury treated the preparer would note this here and include details on the treatment received. This information can be provided in paragraph format since the input is multi-line as in the illustration below. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Member Services Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.

Description of Any Medical Services Received ☆

Medical Services Received - sample info: 3/16/2018 1:33:24 PM

←Previous Save Next→

# QuickStart Guide

Incident, Accident and Death Reporting

## 11. Witnesses Step

This step is optional for the submitting an IAD case/report.

Preparers should add witnesses related to the incident if there were any. This should include any staff that were directly involved or witnessed any part of the incident. The information about the witness can include the employee/organization, email address, telephone, relationship to the member affected and any additional comments. If a witness is entered, the minimum required fields are the following:

- Last Name
- First Name
- Relationship

If these fields are not filled-out, an alert in the upper-right corner will be displayed.

reate IAD | Waitlist | My Exports | FAQ | Technical Assistance | Log Out

**Incident Report**  
 Case#: IAD-2021-415  
 Member: JOE SMITH  
 Provider: WALGREENS #06026  
 Contractor/TRBHA: AZ COMPLETE HEALTH CARE  
 Status: Draft  
 Report:

**Add Incident Witness**

Last Name:  First Name:  Employer/Organization:   
 Email Address:  Telephone:  Relationship:   
 Comments:

**Add Witness**

**Incident Witnesses**

No witnesses are currently associated with the incident report. To add a witness, use the form provided above.

←Previous **Save** Next→

As with other lists in the IAD case/report, the witness list can be updated by clicking on the “x” to remove a witness associated with the case/report if one has been entered in error.


Incident Witnesses							
LastName	FirstName	Relationship	Employer	Email	Telephone	Comments	Remove
Smith	Joe	Government Employee					

# QuickStart Guide

Incident, Accident and Death Reporting

## Submit IAD Report as Provider - 29


Once the Witnesses Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.



### Incident Report

Case#: IAD-2021-415  
Member: JOE SMITH


Provider: WALGREENS #06026  
Contractor/TRBHA: AZ COMPLETE HEALTH CARE

Status: Draft  
Report: 

#### Add Incident Witness

Last Name: <input type="text" value="Last Name"/>	First Name: <input type="text" value="First Name"/>	Employer/Organization: <input type="text" value="Employer/Organization"/>
Email Address: <input type="text" value="Email Address"/>	Telephone: <input type="text" value="Telephone"/>	Relationship: <input type="text" value="-- Please Select --"/>
Comments: <input type="text" value="Comments"/>		<input type="button" value="Add Witness"/>

#### Incident Witnesses

LastName	FirstName	Relationship	Employer	Email	Telephone	Comments	Remove
Smith	Joe	Government Employee					

# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 30

## 12. Provider Actions Step (required)

Preparers are required to provide actions that were taken and recommended actions that will be taken to prevent future incidents in the free text field. This information can be provided in paragraph format since the input is multi-line since the input is multi-line as in the illustration below. For example, if the provider has placed a staff on restricted duty to prevent further incidents this information should be documented here. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Provide Actions Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.

The screenshot displays the 'Incident Report' form interface. At the top left is a logo with a circular design in red, yellow, and green. The title 'Incident Report' is positioned to the right of the logo. Below the title, the form is divided into several sections: 'Case#: IAD-2021-415' and 'Member: JOE SMITH' on the left; 'Provider: WALGREENS #06026' and 'Contractor/TRBHA: AZ COMPLETE HEALTH CARE' in the center; and 'Status: Draft' and 'Report:' on the right. A red document icon is next to the 'Draft' status. Below this information is a blue header for the main text area, labeled 'Actions Taken and/or Recommended' with a red star icon. The text area itself is a large white box containing the text 'Actions Taken Recommended - sample info'. At the bottom of the form, there are three buttons: a light blue button with a left arrow and the text 'Previous', a dark blue button with the text 'Save', and a light blue button with a right arrow and the text 'Next'. The 'Next' button is highlighted with a red rectangular border.

## QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 31

### 13. Notifications Step

This step is optional for the submitting an IAD Case.

Preparers should select individuals and organizations that were notified of the incident here. Preparers can select as many notifications as needed. For example, if a guardian, the police and APS were notified of the incident all three should be selected in this section.

If there isn't an exact match on the type of organization, "Others" can be selected and a description can be provided.

On this step, notifications can be sent to another provider or government agency by simply typing in the email address in the "Email a Copy of this IAD to Another Provider or Government Agency" panel. Click on the Send Notification button and verify a notification has been sent to the email address provided. The recipient of the notification must have an active QM Portal login ID to review the report. It is not recommended that this function be used to notify a guardian or parent of an incident as they will not be able to access the report. This section is to be used to document that the notification has been made.

The email notification will contain the following:

Subject: IAD Notification

Body: Case: 123456

Case Status: Draft

Date of Incident: 02/01/2017

Case Submitted by: Joe Smith

Once the Notifications Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.

# QuickStart Guide

Incident, Accident and Death Reporting

Please Select Individuals/Organizations that Were Notified of the Incident

- T/RBHA
- Arizona Center for Disability Law (ACDL)
- Police
- Adult Protective Services (APS)
- Department of Child Services (DCS)
- Case Management/Assigned CSP/Provider
- DES Case Worker
- Parent / Guardian/ TSS Case Worker
- Probation
- Others
- AHCCCS

Other:

Other Organization



Email a Copy of this IAD to Another Provider or Government Agency

Confidentiality Notice

Please enter Email Address

Send Notification

This IAD report is confidential and may contain Protected Health Information (PHI) that is protected from disclosure under HIPAA and other applicable law. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees accept no liability for the transmission of this email, or for any resulting actions occurring on the basis of the information provided.

←Previous

Save

Next→



# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 33

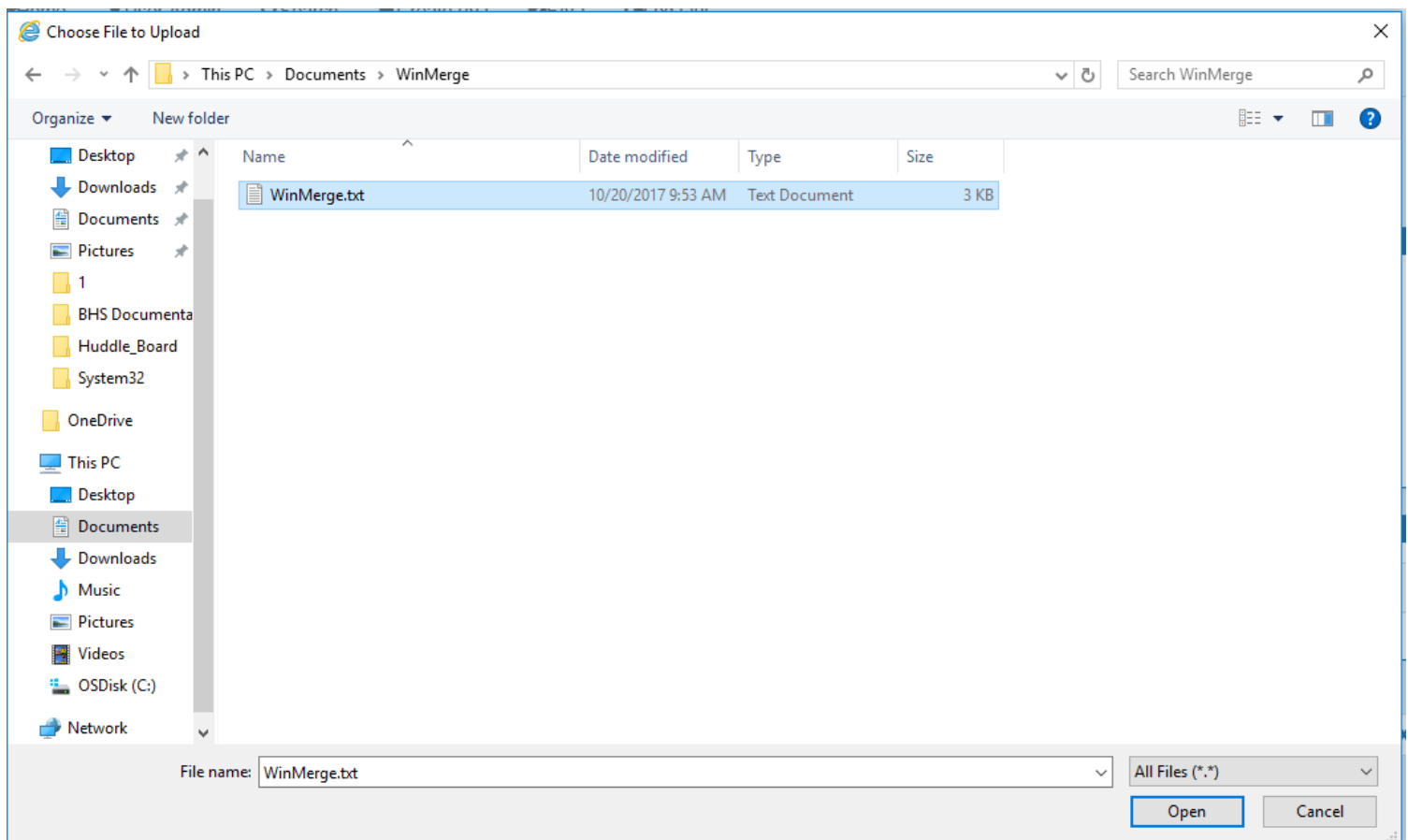
## 14. Attachments Step

This step is optional for the submitting an IAD Case.

Preparers can optionally add one or more attachments to the case that would have pertinent information that could be easily accessed via the document(s). Content from attachments will not be visible in the final report so required information from any attachment will need to be added directly into the portal screens even if the information also exists in the attachment.

To add an attachment:

1. Select a file by clicking on the “Browse” button
2. Use the Choose File to Upload Windows Prompt and select a document
3. Click “Open”
4. Verify the path has been filled-out in the “Select a File” section
5. Add a description in the textbox labeled “Description”
6. Click “Upload Attachment”



# QuickStart Guide

Upload an Attachment

Select a File:

Description:

As with other lists in the IAD case/report, the attachments list can be updated by clicking on the “x” to remove a document associated with the case/report if a document was added in error. The description section is a hyperlink so the link can be clicked and the document will open.

Uploaded Attachments	
Description	Remove
<a href="#">text file sample</a>	<input type="button" value="x"/>

Select “Open” from the Internet Explorer browser prompt and verify the document is opened and has the original contents of the uploaded document.



Note: If the file size exceeds 12MB, a JavaScript alert prompt/message will prevent this file from being uploaded.

Upload an Attachment

Select a File:

Description:

Message from webpage


An error occurred uploading the file. File Size Limit Exceeded (12MB)

Description	Remove
-------------	--------

# QuickStart Guide

Incident, Accident and Death Reporting


Once the Attachments Step is completed with uploaded document(s), the Preparer can click on the “Next” button to navigate to the next step.



### Incident Report

Case#: IAD-2021-415  
Member: JOE SMITH

Provider: WALGREENS #06026  
Contractor/TRBHA: AZ COMPLETE HEALTH CARE


Status: Draft  
Report: 

#### Upload an Attachment

Select a File:  No file chosen

Description:

#### Uploaded Attachments

Description	Remove
test file sample	

# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 36

## 15. Clinical Director Review Step

This step is disabled for a Preparer and to continue this case, the preparer will need to click Next.

Review of Incident, Actions Taken and/or Recommendation

←Previous      Save      Next→

# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 37

## 16. Contractor/TRBHA Review Step

This step is disabled for a Preparer and to continue this case, can click Next.

The screenshot shows a web application interface for reviewing contractor/TRBHA information. It features a large text area for 'Review Comments' at the top. Below it is a section titled 'Assigned Contractor/TRBHA' which currently shows 'none assigned' and includes fields for 'Telephone #' and 'Email'. An 'Assign IAD to User' button is located within this section. At the bottom of the interface are three navigation buttons: '←Previous', 'Save', and 'Next→'. The 'Next→' button is highlighted with a red rectangular border.

# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 38

## 17. Report Validation Step (required)

When a case goes through the workflow of the signing process:

Preparer -> Clinical Director -> Third-Level Reviewer (optional) -> TRBHA Review

The case needs to have all required information filled-out prior to signing as per the illustration below. The validation page provides a summary of the sections and whether the required information has been provided.

**Member Information**

- Validation Results
- ✓ Last Name
- ✓ First Name
- ✓ DOB
- ✓ AHCCCS ID
- ✓ Health Plan
- ✓ Eligibility Status
- ✓ Category
- ✓ Court Order Treatment(COT)
- ✓ Division of Developmental Disabilities(DDD)
- ✓ Comprehensive Dental and Medical Program(CMDP)
- ✓ Diagnosis Code(s)

**Incident Details**

- ✓ Incident Type(s)
- ✓ Clinical Director
- ✓ Location
- ✓ Location Description
- ✓ Incident Description
- ✓ Member Condition Before Incident
- ✓ Member Condition After Incident
- ✓ Medical Services Received
- ✓ Recommended Actions

**IAD Date Fields**

- ✓ Date of Last Clinical Visit
- ✓ Date of BHMP
- ✓ Date of Last PCP Visit
- ✓ Date of Incident
- ✓ Time of Incident
- ✓ Reported Date to Provider

**Change Report Status**

Mark as Withdrawn

←Previous Save Next→

Note: If a preparer selects the “Mark as Withdrawn” option they will be required to select a reason for withdrawing the case. Once a case is withdrawn it cannot move forward in the process. This option is used if a preparer or Clinical Director determine that the incident is not reportable (See AMPM 961) or the incident is a duplicate that was already submitted by another Preparer.

If all the validation criteria are met, the Preparer can click on the “Next” button to navigate to the next step.

# QuickStart Guide

## Incident, Accident and Death Reporting

Member Information		Incident Details			
<p>Validation Results</p> <ul style="list-style-type: none"><li>✓ Last Name</li><li>✓ First Name</li><li>✓ DOB</li><li>✓ AHCCCS ID</li><li>✓ Health Plan</li><li>✓ Eligibility Status</li><li>✓ Category</li><li>✓ Court Order Treatment(COE/COT)</li><li>✓ Division of Developmental Disabilities(DDD)</li><li>✓ Mercy Care Department of Child Safety Comprehensive Health Plan (DCS-CHP)</li><li>✓ Diagnosis Code(s)</li></ul>		<ul style="list-style-type: none"><li>✓ Incident Type(s)</li><li>✓ Clinical Director</li><li>✓ Location</li><li>✓ Location Description</li><li>✓ Incident Description</li><li>✓ Member Condition Before Incident</li><li>✓ Member Condition After Incident</li><li>✓ Medical Services Received</li><li>✓ Recommended Actions</li><li>⚠ Individuals/Organizations Notified of the Incident. At least one agency should be notified for a case.</li></ul>			
IAD Date Fields					
<ul style="list-style-type: none"><li>✓ Date of Last Clinical Visit</li><li>✓ Date of BHMP</li><li>✓ Date of Last PCP Visit</li><li>✓ Date of Incident</li><li>✓ Time of Incident</li><li>✓ Reported Date to Provider</li></ul>		Waiver requested - time unknown			
Change Report Status					
<a href="#">Mark as Withdrawn</a>					
<a href="#">←Previous</a>		<a href="#">Save</a>		<a href="#">Next→</a>	

# QuickStart Guide

Incident, Accident and Death Reporting

Submit IAD Report as Provider - 40

## 18. Electronically Sign Report Step (required)

Note: In navigating to the next step, the Report Signatures page was skipped. Initially there are no signatures yet for a case that hasn't been signed. The application moves to the electronically sign step or e-signature step.

Note 2: Notice that there is no Previous, Save and Next buttons here on this step.

The credentials used to initially sign-in to the QM Portal are needed here for the password. Once the password is entered, the "E-Sign Report" button can be clicked.

The screenshot shows the 'Incident Report' interface. At the top left is a logo with a colorful circle. To its right, the text 'Incident Report' is displayed. Below this, there are two columns of information: 'Case#: IAD-2021-415' and 'Member: ELISA LUNA' on the left; 'Provider: WALGREENS #06026' and 'Contractor/TRBHA: AZ COMPLETE HEALTH CARE' on the right. On the far right, 'Status: Draft' is shown with a red icon. Below this information is a blue header bar labeled 'E-Signature'. The main content area has a white background with the text 'Please Enter Your Password then Click E-Sign Report'. There is a password input field with a masked password '.....' and a blue button labeled 'E-Sign Report' below it.

Once the case/report has been signed as a Preparer, a successful validation message will be displayed noting that the case can now be reviewed by the assigned Clinical Director for the case/report.:

The screenshot shows the 'Incident Report' interface after a successful submission. The top left logo and 'Incident Report' title are present. The case information is updated: 'Case#: IAD-2021-415' and 'Member: JOE SMITH' on the left; 'Provider: WALGREENS #06026' and 'Contractor/TRBHA: AZ COMPLETE HEALTH CARE' on the right. The status is now 'Pending E-Signature (Clin Dir)' with a red icon. Below the blue 'E-Signature' header bar, a large green box contains a green checkmark icon and the text 'Report Submitted to Clinical Director'. At the bottom left, there is a link 'Return To Main Menu' with a hamburger menu icon. At the bottom right, there is a link 'Download a PDF of this Incident Report' with a PDF icon.



# QuickStart Guide

## Incident, Accident and Death Reporting

### Submit IAD Report as Provider - 41


#### Incident Report Search

Please Enter Search Criteria

Last Name	<input type="text" value="Enter Last Name"/>	First Name	<input type="text" value="Enter First Name"/>
Date of Birth	<input type="text" value="D.O.B"/>	Case No.	<input type="text" value="IAD-2021-415"/>
Incident Date(From)	<input type="text" value="Submitted(From)"/>	Incident Date(To)	<input type="text" value="Incident Date(To)"/>
Member ID	<input type="text" value="Member ID"/>	Provider	<input type="text" value="Search All"/>
Status Value	<input type="text" value="Search All"/>		

No. Of Records 1

Search Results

IAD-2021-415	<input type="button" value="Select"/>	
Member: LUNA ELISA	AHCCCS ID: A00156636	Incident Date: 08/31/2021
DOB: 03/25/1959	Status: Pending E-Signature (Clin Dir)	Facility: WALGREENS #06026
Gender: F		

1

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Incident, Accident and Death Reporting

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## Appendix A – Incident Categories and SubCategories

ALLEGATION_CATEGORY_DESCR	ALLEGATION_SUBCATEG_DESCR
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral
	Inadequate access to care and or services
	Inadequate access to medical records
	Organ Transplant Issues
	Transportation Issues
ABUSE	Emotional abuse on a member
	Physical abuse on a member
	Physical assault (i.e. battery) on a member
	Sexual abuse/assault on a member
	Sexual Abuse/assault on a member within or on the grounds of a healthcare setting
	Verbal abuse on a member
	Exploitation of a member
Death - Member	Neglect of physical, medical, or behavioral needs of a member
	Death - Suicide
	Death - Substance Use Disorder - ETOH
	Death - Substance Use Disorder - METHAMPHETAMINE
	Death - Substance Use Disorder - HEROIN
	Death - Substance Use Disorder -PRESCRIPTION OPIOID
	Death - Substance Use Disorder - POLY PHARMACY
	Death - Substance Use Disorder - OTHER
	Death - Unexpected
	Death - Other
	Member death associated with a missing person
	Member suicide Due to Opioid or Multi-Drug Toxicity
	Member death associated with a Medication Error
	Member death associated with a fall while being cared for in a healthcare setting
	Member death associated with the use of seclusion and/or restraints
Death of a member resulting from a physical assault	
Effectiveness/Appropriateness of Care	Inadequate or Inappropriate Discharge Planning
	Inadequate or Inappropriate Discharge Planning with a Readmission for Same Condition
	Lack of Continuity of Care
	Lack of Coordination of Care
	Delay in Diagnosis or Missed Diagnosis
	Inadequate Documentation; Example, ASAM Not Completed
	Ineffective or Inappropriate Case Management
	Lack of engagement/re-engagement of member
	Treatment Below Medical Standards/Ineffective Treatment
	Ineffective or Inadequate Service Plan and/or Treatment Plan

# QuickStart Guide

Incident, Accident and Death Reporting

**Submit IAD Report as Provider - 43**

	Ineffective or Inappropriate Management of Substance Use Disorder (SUD)
	Ineffective or Inappropriate Management of Opioid Use Disorder - OVERDOSE
	Ineffective or Inappropriate Management of Opioid Use Disorder - MEDD greater than 90
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of MUSCLE RELAXANT
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of BENZODIAZEPINE
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of LONG ACTING OP
FRAUD	Fraudulent actions - billing, documentation, services, licensure
	Fraudulent Utilization: Over utilization of covered services
	Fraudulent Utilization: Inappropriate utilization of covered services
OPPC-HCAC	Any Stage 1, Stage 2 pressure ulcers acquired after admission/presentation to a healthcare setting
	Avoidable Healthcare Associated Infection (HAI)
	Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a health care institution
	Avoidable Injury/Trauma: Fractures, Dislocations, Intracranial Injuries, Crushing Injuries, Burns, O
	Avoidable Complication & Other (Surgical Site Infections, Deep Vein Thrombosis, Pulmonary Embolism,
	Wrong Surgical or Other Invasive Procedure Performed on a Patient, Performed On The Wrong Body Part,
Member Rights/Respect and Caring	Inappropriate Use of Physical, Mechanical, Personal, Chemical Restraint, or Seclusion
	Cultural Competency Issue(s)
	Disrespectful/unprofessional conduct by provider
	HIPAA Breach
	Member dissatisfaction with treatment plan or care provided
Safety/Risk Management	Failure to Report a Change in Condition
	Failure to follow up or communicate laboratory, pathology, or radiology test results
	Missing person from secured setting (e.g. Dementia or memory care locked unit)
	Missing person from a licensed Facility
	Missing person not associated with a residential setting
	Unsafe environment
	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist,
	Attempted suicide
	Suicide attempt resulting in medical attention
	Self-harm, attempted and/or completed
	Avoidable Injury or Complication
	Discharge or release of a patient/resident of any age, who is unable to make decisions
	Failure /Delay or Inadequate Regulatory Agency Reporting
	Inadequate Staffing

# QuickStart Guide

Incident, Accident and Death Reporting

**Submit IAD Report as Provider - 44**

	Inappropriate Use of Medical Equipment
	Medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong
	Medication Error occurring at a licensed residential Provider site i
	Pharmacological Management Issues
	Treatment rendered outside clinician scope of practice
	Injury occurring on the premises or during a registered Provider sponsored activity that requires me
	Injury resulting from the use of a personal, chemical, physical, mechanical restraint, or seclusion
	Serious injury associated with member disappearance (missing person)
	Attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare
	Serious injury associated with a Medication Error
	Serious injury associated with a fall while being cared for in a healthcare setting
	Serious injury associated with the use of seclusion and/or restraints
	Serious injury of a member resulting from a physical assault that occurs during the provision of ser
	Homicide committed by or allegedly committed by a member
	Alleged or Suspected Criminal Activity
	Police/Fire/EMS called to a licensed facility
Other	Other

# QuickStart Guide

Incident, Accident and Death Reporting

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## Appendix A – New Categories

ALLEGATION_CATEGORY_DESCR	ALLEGATION_SUBCATEG_DESCR
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral
Availability, Accessibility, Adequacy	Inadequate access to care and or services
Availability, Accessibility, Adequacy	Inadequate access to medical records
Availability, Accessibility, Adequacy	Organ Transplant Issues
Availability, Accessibility, Adequacy	Transportation Issues
ABUSE	Emotional abuse on a member
ABUSE	Physical abuse on a member
ABUSE	Physical assault (i.e. battery) on a member
ABUSE	Sexual abuse/assault on a member
ABUSE	Sexual Abuse/assault on a member within or on the grounds of a healthcare setting
ABUSE	Verbal abuse on a member
ABUSE	Exploitation of a member
ABUSE	Neglect of physical, medical, or behavioral needs of a member
Death - Member	Death - Suicide
Death - Member	Death - Substance Use Disorder - ETOH
Death - Member	Death - Substance Use Disorder - METHAMPHETAMINE
Death - Member	Death - Substance Use Disorder - HEROIN
Death - Member	Death - Substance Use Disorder -PRESCRIPTION OPIOID
Death - Member	Death - Substance Use Disorder - POLY PHARMACY
Death - Member	Death - Substance Use Disorder - OTHER
Death - Member	Death - Unexpected
Death - Member	Death - Other
Death - Member	Member death associated with a missing person
Death - Member	Member suicide Due to Opioid or Multi-Drug Toxicity
Death - Member	Member death associated with a Medication Error
Death - Member	Member death associated with a fall while being cared for in a healthcare setting
Death - Member	Member death associated with the use of seclusion and/or restraints
Death - Member	Death of a member resulting from a physical assault
Effectiveness/Appropriateness of Care	Inadequate or Inappropriate Discharge Planning
Effectiveness/Appropriateness of Care	Inadequate or Inappropriate Discharge Planning with a Readmission for Same Condition
Effectiveness/Appropriateness of Care	Lack of Continuity of Care
Effectiveness/Appropriateness of Care	Lack of Coordination of Care
Effectiveness/Appropriateness of Care	Delay in Diagnosis or Missed Diagnosis
Effectiveness/Appropriateness of Care	Inadequate Documentation; Example, ASAM Not Completed
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Case Management

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Effectiveness/Appropriateness of Care	Lack of engagement/re-engagement of member
Effectiveness/Appropriateness of Care	Treatment Below Medical Standards/Ineffective Treatment
Effectiveness/Appropriateness of Care	Ineffective or Inadequate Service Plan and/or Treatment Plan
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Substance Use Disorder (SUD)
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - OVERDOSE
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - MEDD greater than 90
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of MUSCLE RELAXANT
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of BENZODIAZEPINE
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of LONG ACTING OP
FRAUD	Fraudulent actions - billing, documentation, services, licensure
FRAUD	Fraudulent Utilization: Over utilization of covered services
FRAUD	Fraudulent Utilization: Inappropriate utilization of covered services
OPPC-HCAC	Any Stage 1, Stage 2 pressure ulcers acquired after admission/presentation to a healthcare setting
OPPC-HCAC	Avoidable Healthcare Associated Infection (HAI)
OPPC-HCAC	Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a health care institution
OPPC-HCAC	Avoidable Injury/Trauma: Fractures, Dislocations, Intracranial Injuries, Crushing Injuries, Burns, O
OPPC-HCAC	Avoidable Complication & Other (Surgical Site Infections, Deep Vein Thrombosis, Pulmonary Embolism,
OPPC-HCAC	Wrong Surgical or Other Invasive Procedure Performed on a Patient, Performed on The Wrong Body Part,
Member Rights/Respect and Caring	Inappropriate Use of Physical, Mechanical, Personal, Chemical Restraint, or Seclusion
Member Rights/Respect and Caring	Cultural Competency Issue(s)
Member Rights/Respect and Caring	Disrespectful/unprofessional conduct by provider
Member Rights/Respect and Caring	HIPAA Breach
Member Rights/Respect and Caring	Member dissatisfaction with treatment plan or care provided
Safety/Risk Management	Failure to Report a Change in Condition
Safety/Risk Management	Failure to follow up or communicate laboratory, pathology, or radiology test results
Safety/Risk Management	Missing person from secured setting (e.g. Dementia or memory care locked unit)
Safety/Risk Management	Missing person from a licensed Facility
Safety/Risk Management	Missing person not associated with a residential setting
Safety/Risk Management	Unsafe environment
Safety/Risk Management	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist,
Safety/Risk Management	Attempted suicide
Safety/Risk Management	Suicide attempt resulting in medical attention
Safety/Risk Management	Self-harm, attempted and/or completed

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## Submit IAD Report as Provider - 47

Safety/Risk Management	Avoidable Injury or Complication
Safety/Risk Management	Discharge or release of a patient/resident of any age, who is unable to make decisions
Safety/Risk Management	Failure /Delay or Inadequate Regulatory Agency Reporting
Safety/Risk Management	Inadequate Staffing
Safety/Risk Management	Inappropriate Use of Medical Equipment
Safety/Risk Management	Medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong
Safety/Risk Management	Medication Error occurring at a licensed residential Provider site i
Safety/Risk Management	Pharmacological Management Issues
Safety/Risk Management	Treatment rendered outside clinician scope of practice
Safety/Risk Management	Injury occurring on the premises or during a registered Provider sponsored activity that requires me
Safety/Risk Management	Injury resulting from the use of a personal, chemical, physical, mechanical restraint, or seclusion
Safety/Risk Management	Serious injury associated with member disappearance (missing person)
Safety/Risk Management	Attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare
Safety/Risk Management	Serious injury associated with a Medication Error
Safety/Risk Management	Serious injury associated with a fall while being cared for in a healthcare setting
Safety/Risk Management	Serious injury associated with the use of seclusion and/or restraints
Safety/Risk Management	Serious injury of a member resulting from a physical assault that occurs during the provision of ser
Safety/Risk Management	Homicide committed by or allegedly committed by a member
Safety/Risk Management	Alleged or Suspected Criminal Activity
Safety/Risk Management	Police/Fire/EMS called to a licensed facility
Other	Other