

QuickStart Guide

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

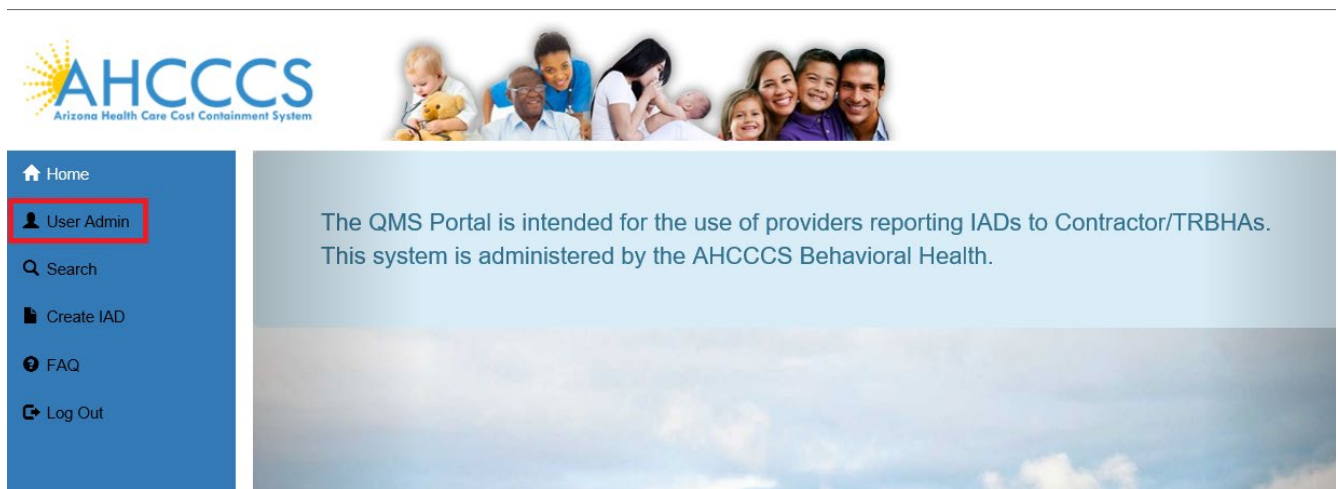
To create a new AMPM Record, Providers can navigate to <https://qmportal.azahcccs.gov/> to log in.

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1. Provider Account Verification

- Log in as a Provider user and click on the link titled OIFA in the lefthand navigation menu.
- Click on the User Admin menu item in the lefthand navigation menu.



- On the User Admin page, confirm the OIFAProvider role is checked in the User Authorization section.

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User Authorization

Clinical Director

OHR

OIFAProvider

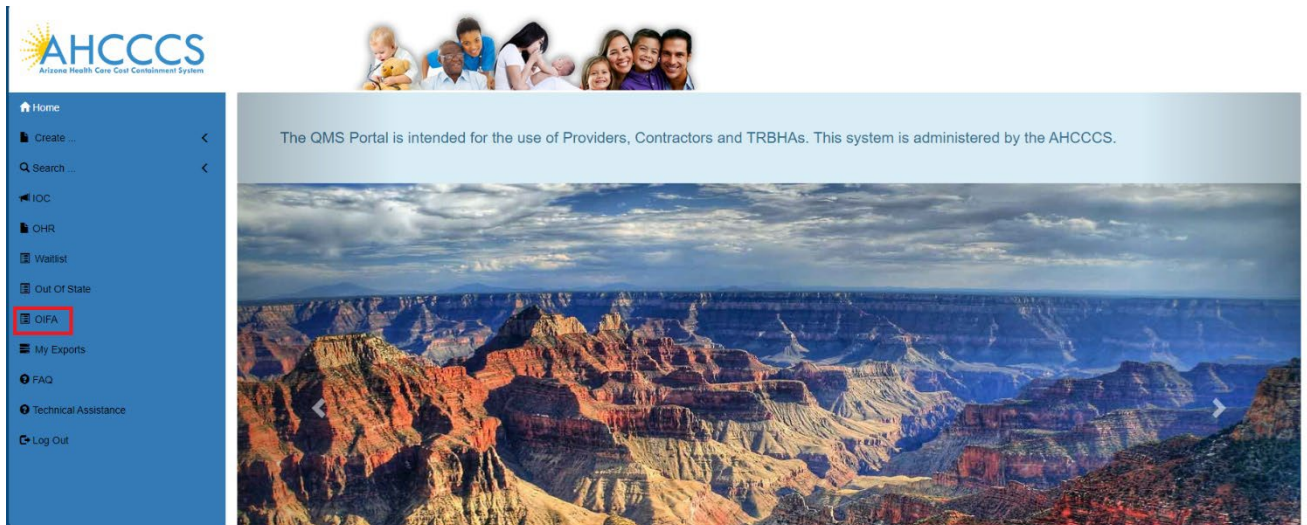
Preparer

3rd Level Reviewer

Waitlist User

Update Authorization

- Once the role has been verified, navigate to the "OIFA" in the lefthand side navigation.



2. Select a Provider (required)

- Log in as a Provider user and click on the link titled OIFA in the lefthand navigation menu.
- A landing page will display several options:
 - Form AMPM 963A

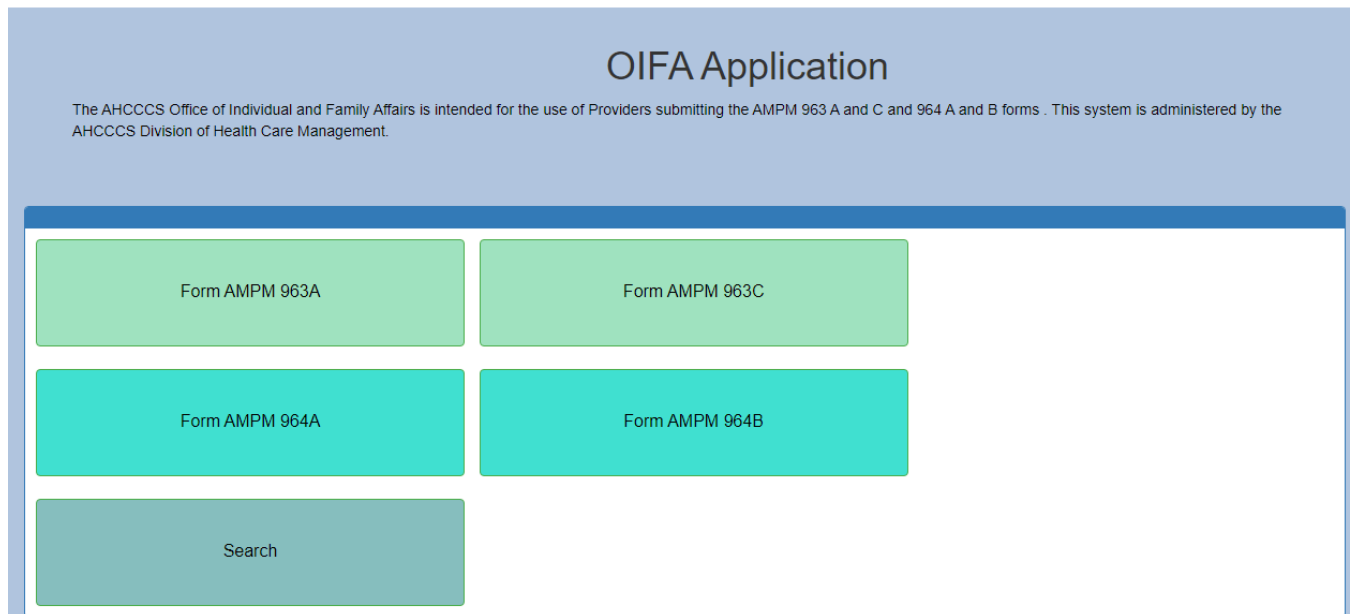
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Office Of Individual and Family Affairs

AMPM 963 and 964

- Form AMPM 963C
- Form AMPM 964A
- Form AMPM 964B
- Search

- Click on the Form AMPM 963A option and the user will see a list of the provider locations.
- The first provider location in the list will be the default provider.
- ***This is a mandatory step that must be completed before continuing.



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Form 963A Form 964A Form 963C Form 964B Search

What Provider is Submitting this AMPM Form? Please select one.

<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	EAST BLDG PHX - EMER MED 1919 E THOMAS RD EAST BLD PHOENIX AZ 85016	602-933-1900
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	SUITE 105 9827 N 95TH ST SCOTTSDALE AZ 85258	480-860-8488
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	9003 E SHEA BLVD SCOTTSDALE AZ 85260	480-323-3000
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	7400 E OSBORN RD SCOTTSDALE AZ 85251	480-882-4000
<input checked="" type="radio"/>	985507	GILLESPIE-WEBB/DANA E	3805 E BELL RD PHOENIX AZ 85032	
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	SUITE 105 9827 N 95TH STREET SCOTTSDALE AZ 85255	480-860-8488
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	21807 N SCOTTSDALE ROAD SCOTTSDALE AZ 85258	480-860-8488
<input type="radio"/>	985507	GILLESPIE-WEBB/DANA E	GENERAL PEDIATRICS 5425 E BELL RD STE 145 SCOTTSDALE AZ 85254	602-933-5730
<input type="radio"/>	108242	NAMJOSHI/SATISH	7425 E SHEA BLVD STE 101 SCOTTSDALE AZ 85260	
<input type="radio"/>	108242	NAMJOSHI/SATISH	7555 E OSBORN RD STE 106 SCOTTSDALE AZ 85251	
<input type="radio"/>	108242	NAMJOSHI/SATISH	8573 E SAN ALBERTO STE 5100 SCOTTSDALE AZ 85258	

OK Cancel

3. AMPM 963A

- Enter data into the 963A form, users can select multiple Health Plans from the Contracted Health Plan dropdown and click on the Save button to save the data.
- The saved record appears in a grid with an option to delete the record.

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This record was successfully Saved.

	RecordID	ProviderID	ProviderName	ProviderAddress	FFSContractorName	PRSSLastName	DDSubContractor	PRSSFirstName	PeerSupportAgency	County	GS
Delete	3912	722688	ABAD/GOMBURZA M	570 W BROWN MESA AZ 85201	AZ COMPLETE HEALTH CARE	TestLastname		TestFirstName	Cenpatico	Pima	Cer
Delete	3913	722688	ABAD/GOMBURZA M	570 W BROWN MESA AZ 85201	LTC DD DES	TestLastname		TestFirstName	Cenpatico	Pima	Cer
Delete	3914	722688	ABAD/GOMBURZA M	570 W BROWN MESA AZ 85201	MOLINA COMPLETE CARE	TestLastname		TestFirstName	Cenpatico	Pima	Cer
Delete	3915	722688	ABAD/GOMBURZA M	570 W BROWN MESA AZ 85201	AZ COMPLETE HEALTH CARE	Kimberly		Cox	testAgency	Maricopa	Cer
Delete	3916	722688	ABAD/GOMBURZA M	570 W BROWN MESA AZ 85201	LTC DD DES	TestLastName2	Mercy Care DDD	TestFirstName	Cenpatico	Maricopa	Cer

If LTC DD DES is selected as health plan from the Health Plan drop down, the DDD Subcontractor dropdown appears on the page, user can select Mercy Care DDD or United Health Care DDD from the DDD Subcontractor dropdown and click the Save button to save the record.

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Form 963A Form 964A Form 963C Form 964B Search

AMPM Form 963A

Provider ID: 722688	Provider Name: ABAD/GOMBURZA M	Provider Address: 570 W BROWN MESA AZ 8	Peer Support Employment Training Program: Cenpatico
PRSS LastName: TestLastname	PRSS FirstName: TestFirstName	GSA: Central	County: Pima
BH Worker Category: BHP	Date Credentialed: 10/31/2024	Date Employed: 10/31/2024	Date Employment Ended:
Supervision: Yes	Continuing Education and Ongoing Learning: Yes	Contracted Health Plan: AZ COMPLETE HEALTH	DDD Subcontractor: -- Please Select -- -- Please Select -- Mercy Care DDD United Health Care DDD

[Save](#)

- Records can be deleted by clicking the Delete link for the record.
- A confirmation message will be displayed in the upper right corner of the page.

- If a 963A record already exists, a message will be displayed if the user attempts to add a record with the same Peer Support Employment Training Program, PRSS Last Name, PRSS First Name, Date Credentialed and the Health Plan.

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AMPM Form 963A

Provider ID: 722688	Provider Name: ABAD/GOMBURZA M	Provider Address: 570 W BROWN MESA, #3	Peer Support Employment Training Program:
PRSS LastName:	PRSS FirstName:	GSA: -- Please Select --	County:
BH Worker Category: -- Please Select --	Date Credentialed:	Date Employed:	Date Employment Ended:
Supervision: -- Please Select --	Continuing Education and Ongoing Learning: -- Please Select --	Contracted Health Plan: Nothing selected	

A record with Program Name: Cenpatico Last Name: Kimberly First Name: Cox Date Credentialed: 10/02/2023 HealthPlanID: 010422 already exists.

- 963A required field validation message is displayed if any of the following fields are not entered: Health Plan Name, BH Worker Category, Dedicated PRSS, GSA, FTE, PRSS First Name, PRSS Last Name, Peer Support Employment Training Program, Date Credentialed and Date Employed.

AMPM Form 963A

Provider ID: 722688	Provider Name: ABAD/GOMBURZA M	Provider Address: 570 W BROWN MESA, #3	Peer Support Employment Training Program:
PRSS LastName:	PRSS FirstName:	GSA: -- Please Select --	County:
BH Worker Category: -- Please Select --	Date Credentialed:	Date Employed:	Date Employment Ended:
Supervision: -- Please Select --	Continuing Education and Ongoing Learning: -- Please Select --	Contracted Health Plan: -- Please Select --	

- HealthPlan is required.
- BH Worker Category is required
- GSA is required
- Last Name is required.
- First Name is required.
- PEER Support Employment Training Program is required.
- Date(s) are required.

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4. AMPM 963C

- Click on the Form AMPM 963C option to add a 963C record and click on the Save button to save the record.
- The saved record appears in a grid with an option to delete the record.
- The form allows multiple records to be entered.

AMPM Form 963C

Training Program

Training Agency Name: Name Of Trainer(s):

Submitted By: Submission Date:

Graduates

LastName: FirstName: Date Of Graduation: Current Employer:

Save

This record was successfully Saved.

	RecordID	AgencyName	TrainerName	SubmittedBy	SubmissionDate	LastName	FirstName	DateOfGraduation	CurrentEmployer	DateCreated	CreatedBy	
Delete	3569	Test Agency Name	trainer1, trainer 2	Terrosfn Terrosln	7/30/2024	Testln730	Testfn	7/1/2024	test	7/30/2024	terros_ma	^

- Records can be deleted by clicking the Delete link for the record.
- A confirmation message will be displayed in the upper right corner of the page.

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AMPM 963 and 964

QM Portal OIFA

qmportaldev.azahcccs.gov/OIFA/OIFA.aspx

OIFA > Home User Admin Search Create IAD OIFA OHR My Exports FAQ Technical Assistance Log Out

Record was successfully Deleted.

Form 963A Form 964A Form 963C Form 964B Search

AMPM Form 963C
Training Program

Training Agency Name: Test Agency Name Name Of Trainer(s): trainer1, trainer 2
Submitted By: Terrosfn Terrosln Submission Date: 07/30/2024

Graduates

LastName: FirstName: Date Of Graduation: Current Employer:

Save

- A 963C required field validation message is displayed if any of the following fields are not entered: Training Agency Name, First Name, Last Name and Date of Graduation.

AMPM Form 963C

Training Program

Training Agency Name: Test Agency Name Name Of Trainer(s): trainer1, trainer 2
Submitted By: Terrosfn Terrosln Submission Date: 07/30/2024

Graduates

LastName: FirstName: Date Of Graduation: Current Employer:

Save

- Last Name is required.
- First Name is required.
- Date of Graduation is required.

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- If a 963C record already exists, a message will be displayed if the user attempts to add a record with the same Training Agency Name, Graduate Last Name, Graduate First Name and Date of Graduation is Entered.

AMPM Form 963C

Training Program

Training Agency Name:	<input type="text" value="Test Agency Name"/>	Name Of Trainer(s):	<input type="text" value="trainer1, trainer 2"/>				
Submitted By:	<input type="text" value="Terrosfn Terrosln"/>	Submission Date:	<input type="text" value="07/30/2024"/>				
<h3>Graduates</h3>							
LastName:	<input type="text"/>	FirstName:	<input type="text"/>	Date Of Graduation:	<input type="text"/>	Current Employer:	<input type="text"/>

Save

A 963C record with Program Name:Test Agency Name Last Name: Testln730 First Name: Testfn Grad Date: 07/30/2024 already exists.

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5. AMPM 964A

- Click on the Form AMPM 964A option and the user will see a list of the provider locations.
- The first provider location in the list will be the default provider.
- ***This is a mandatory step that must be completed before continuing.

The screenshot shows the AHCCCS web application interface. At the top, there is a navigation bar with the AHCCCS logo and a menu of options: Home, User Admin, Search, Create IAD, OIFA, OHR, My Exports, FAQ, Technical Assistance, and Log Out. Below the navigation bar, there are five buttons: Form 963A, Form 964A, Form 963C, Form 964B, and Search. The Form 964A button is highlighted in teal. Below the buttons, there is a table titled "What Provider is Submitting this AMPM Form? Please select one." The table has five columns: Select, AHCCCS ID, Provider Name, Address, and Phone. There are two rows of data. The first row has an unselected radio button, AHCCCS ID 007711, Provider Name UNIQUE INTEGRATED CARE, Address PO BOX 13334 TEMPE AZ 85284, and Phone. The second row has a selected radio button, AHCCCS ID 007711, Provider Name UNIQUE INTEGRATED CARE, Address 2000 E SOUTHERN AVE # 102&104 TEMPE AZ 85282, and Phone. At the bottom right of the table, there are two buttons: OK and Cancel.

Select	AHCCCS ID	Provider Name	Address	Phone
<input type="radio"/>	007711	UNIQUE INTEGRATED CARE	PO BOX 13334 TEMPE AZ 85284	
<input checked="" type="radio"/>	007711	UNIQUE INTEGRATED CARE	2000 E SOUTHERN AVE # 102&104 TEMPE AZ 85282	

- users can select multiple Health Plans from the Contracted Health Plan dropdown and click on the Save button to save the data.
- The saved record appears in a grid with an option to delete the record.

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AMPM Form 964A

Provider ID:
 Provider Name:
 Provider Address:
 Family Support Training Program:

CFSP LastName:
 CFSP FirstName:
 GSA:
 County:

Date Credentialed:
 Date Employed:
 Date Employment Ended:
 Supervision:

Continuing Education and Ongoing Learning:
 Contracted Health Plan:
 DDD Subcontractor:

-- Please Select --
 AHCCCS AMERICAN INDIAN HP
 APACHE WHITE MTN TRBHA
 AZ COMPLETE HEALTH CARE ✓
 AZ COMPLETE HEALTH LTC
 BANNER UNIVERSITY FAMILY CARE
 CARE 1ST ARIZONA
 DCS/CM DP
 DDD TRIBAL HEALTH PROGRAM
 FEDERAL EMERGENCY SERVICE
 FFS DD PRIOR QUARTER
 FFS PRIOR QUARTER
 FFS REGULAR
 FFS TEMPORARY
 GILA RIVER TRBHA
 GILA RIVER TRIBE - LTC
 HOPI TRIBE - LTC
 LTC DD DES ✓
 MERCY CARE PLAN ✓
 MOLINA COMPLETE CARE

This record was successfully Saved.

	RecordID	ProviderId	ProviderName	ProviderAddress	County	GSA	FFSContractorName	DDSubContractor	CFSPLastName	CFSPFirstName	CFSPSupportAge
Delete	3917	722688	ABAD/GOMBURZA M	570 W BROWN MESA AZ 85201	Maricopa	Central	AZ COMPLETE HEALTH CARE		TestLastName	TestFirstName	testFSP964a
Delete	3918	722688	ABAD/GOMBURZA M	570 W BROWN MESA AZ 85201	Maricopa	Central	LTC DD DES	Mercy Care DDD	TestLastName	TestFirstName	testFSP964a
Delete	3919	722688	ABAD/GOMBURZA M	570 W BROWN MESA AZ 85201	Maricopa	Central	MERCY CARE PLAN		TestLastName	TestFirstName	testFSP964a

- Records can be deleted by clicking the Delete link for the record.
- A confirmation message will be displayed in the upper right corner of the page.

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Office Of Individual and Family Affairs

AMPM 963 and 964

Record was successfully Deleted.

AMPM Form 964A

Provider ID: 722688	Provider Name: ABAD/GOMBURZA M	Provider Address: 570 W BROWN MESA AZ 8	Family Support Training Program:
CFSP LastName:	CFSP FirstName:	GSA: -- Please Select --	County:
Date Credentialed:	Date Employed:	Date Employment Ended:	Supervision: Please make a selection
Continuing Education and Ongoing Learning: Please make a selection	Contracted Health Plan: Nothing selected		

[Save](#)

- If a 964A record already exists, a message will be displayed if the user attempts to add a record with the same Family Support Training Program, CFSP Last Name, CFSP First Name, Date Credentialed and the Health Plan.

AMPM Form 964A

Provider ID: 722688	Provider Name: ABAD/GOMBURZA M	Provider Address: 570 W BROWN MESA AZ 8	Family Support Training Program:
CFSP LastName:	CFSP FirstName:	GSA: -- Please Select --	County:
Date Credentialed:	Date Employed:	Date Employment Ended:	Supervision: Please make a selection
Continuing Education and Ongoing Learning: Please make a selection	Contracted Health Plan: Nothing selected		

[Save](#)

A record with Program Name: testFSP964a Last Name: TestLastName First Name: TestFirstName Date Credentialed: 10/31/2024 HealthPlanID: 010306 already exists.

- A 964A required field validation message is displayed if any of the following fields are not entered: Health Plan Name, Dedicated Family Support, Continued Education, GSA, CFSP First name, CFSP Last Name, Family Support Training Program, Date Credentialed and Date Employed.

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AMPM Form 964A

Provider ID: 722688	Provider Name: ABAD/GOMBURZA M	Provider Address: 570 W BROWN MESA, AZ 85203	Family Support Training Program:
CFSP LastName:	CFSP FirstName:	GSA: -- Please Select --	County:
Date Credentialed:	Date Employed:	Date Employment Ended:	Supervision: Please make a selection
Continuing Education and Ongoing Learning: Please make a selection	Contracted Health Plan: -- Please Select --		

- HealthPlan is required.
- Continued Education is required.
- GSA is required
- Last Name is required.
- First Name is required.
- Family Support Program is required.
- Date(s) are required.

Save

6. AMPM 964B

- Click on the Form AMPM 964B option to add a 964B record and click on the Save button to save the record.
- The saved record appears in a grid with an option to delete the record.
- The form allows multiple records to be entered.

QuickStart Guide

AMPM Form 964B

Training Program

Training Program Name: Name Of Trainer(s):

Submitted By: Submission Date:

Graduates

LastName: FirstName: Date Of Graduation:

Save

This record was successfully Saved.

	RecordID	ProgramName	TrainerName	SubmittedBy	SubmissionDate	LastName	FirstName	DateOfGraduation	DateCreated	CreatedBy
Delete	3576	testProgram name	trainer2, trainer3	Terrosfn Terrosln	7/30/2024	Testln	testfn	7/30/2024	7/30/2024	terros_ma

- Records can be deleted by clicking the Delete link for the record.
- A confirmation message will be displayed in the upper right corner of the page.
- A 964B required field validation message is displayed if any of the following fields are not entered: Training Program Name, First name, Last Name and Date of Graduation.

AMPM Form 964B

Training Program

Training Program Name: Name Of Trainer(s):

Submitted By: Submission Date:

Graduates

LastName: FirstName: Date Of Graduation:

Save

- Last Name is required.
- First Name is required.
- Date of Graduation is required.

- If a 964B record already exists, a message will be displayed if the user attempts to add a record with the same Training Agency Name, Graduate Last Name, Graduate First Name and Date of Graduation is Entered.

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AMPM Form 964B

Training Program

Training Program Name:	<input type="text" value="testProgram name"/>	Name Of Trainer(s):	<input type="text" value="trainer2, trainer3"/>
Submitted By:	<input type="text" value="Terrosfn Terrosln"/>	Submission Date:	<input type="text" value="07/30/2024"/>
Graduates			
LastName:	<input type="text" value="TestIn"/>	FirstName:	<input type="text" value="testfn"/>
		Date Of Graduation:	<input type="text" value="Date Of Graduation"/>

[Save](#)
A record with Program Name: testProgram name Last Name: TestIn First Name: testfn Grad Date: 07/30/2024 already exists.

7. Search and Export

- Click on the Search All option on the main landing page.
- Use the Form Type dropdown list to select from several search options: 963A, 963C, 964A and 964B.

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OIFA Search

Please Enter Search Criteria

Form Type: Please make a selection

- Form 963A
- Form 963C
- Form 964A
- Form 964B

Search Clear

Export to Excel

AHCCCS, 801 E. Jefferson Street, Phoenix, AZ 85034
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- Select an option from the Form Type dropdown list.
- Enter any search criteria into the available fields and click the Search button to view the search results.
- *** If search criteria are not entered, all records will be displayed.
- To export the results to a file, click the Export to Excel button.

OIFA Search

Please Enter Search Criteria

Form Type: Form 963A

Provider ID: Select All Provider Name: Provider Address: Peer Support Training Program:

PRSS LastName: PRSS FirstName: GSA: Select All County:

Date Credentialed (From): Date Credentialed (To): Date Employed (From): Date Employed (To):

Submitted (From): Submitted (To): Date Employment End (From): DateEmployment End (To):

BH Worker Category: Select All Contracted Health Plan: LTC DD DES DDD SubContractor: Mercy Care DDD

Search Clear

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Office Of Individual and Family Affairs

Search Results

No. Of Records 43

Export to Excel

	Record ID	ProviderID	ProviderName	ProviderAddress	Contracted Health Plan Name	DDD SubContractor	PRSS LastName	PRSS FirstName	Peer SupportAgency	Date Credentialed	Date Employed	Date Employment Ended	BH Work Category	Supervision	Continu
Delete	3916	722688	ABAD/GOMBURZAM	570 W BROWN MESA AZ 85201	LTC DD DES	Mercy Care DDD	TestLastName2	TestFirstName	Cenpatico	10/02/2023	10/02/2023		BHP	Y	Y
Delete	3902	722688	ABAD/GOMBURZAM	570 W BROWN MESA AZ 85201	LTC DD DES	Mercy Care DDD	Mousedfgdg434yhh	Micky	testAgency	10/02/2023	10/02/2023		BHT	Y	Y
Delete	3899	722688	ABAD/GOMBURZAM	570 W BROWN MESA AZ 85201	LTC DD DES	Mercy Care DDD	Kimberlydsdf	Cox	testAgency	10/02/2023	10/02/2023		BHP	Y	Y
Delete	3897	722688	ABAD/GOMBURZAM	570 W BROWN MESA AZ 85201	LTC DD DES	Mercy Care DDD	Mousererwerwrwe	Cox	testAgency	10/02/2023	10/02/2023		BHP	Y	Y
Delete	3896	722688	ABAD/GOMBURZAM	570 W BROWN MESA AZ 85201	LTC DD DES	Mercy Care DDD	Kimberlydsdfsdf33	testIn	testAgency	10/02/2023	10/02/2023		BHT	Y	Y