

QuickStart Guide

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

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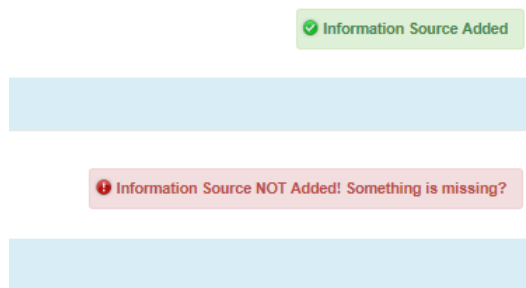
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Quality Of Care Report

1. General remarks

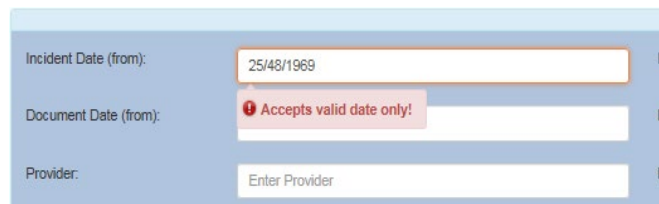
After each action, notification about the outcome with the appropriate message is displayed in the right upper corner of the screen. Successful actions will be in green and unsuccessful in red color. Message will automatically disappear from the screen after 5 seconds (*Figure 1.0*)

Figure 1.0



Validations are set for text fields that expect data input in certain format e.g. Date fields or number fields. If invalid data is entered in the field, error notification will appear next to the field in question and will be visible for 5 seconds. Field will be marked with a red color drop shadow until the error is corrected (*Figure 1.1*)

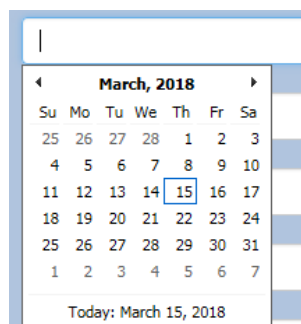
Figure 1.1



Like the validations, new features and changes on the pages will be announced in the same manner. They will not disappear after 5 seconds 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.

All Date fields are date pickers which functionality is activated by clicking anywhere on the field (*Figure 1.2*)

Figure 1.2



2. AHCCCS QM Portal Home Page

Access to the Quality of Care Reports is allowed only to Contractor/TRBHA, Health Plan and AHCCCS users.

The current AHCCCS QM Home Page. Below is a description of each icon on the side menu:

Figure 2.0



User Admin: User Admin shows the user information or account information for the person currently signed in. This includes account information, user information, organization information, user authorization (including ability to sign off on documents), and if the person signed in can add or remove other accounts.

Create...IAD/IRF/QOC: This link begins the process of creating an IAD/IRF/QOC into the AHCCCS QM Portal. This button takes you to a screen to start by searching for a member. Please see below sections for information on filing an IAD/IRF/QOC

Search...IAD/IRF/QOC: This link takes you to a search page to find already opened IAD/IRF/QOC. Please see the sections below regarding this feature.

My Exports: My Exports show any reports that have been generated inside of the QM Portal. These reports are in Excel format.

FAQ: This link leads to a library of documents regarding the AHCCCS QM Portal and other topics including the Office of Human Rights and the Independent Oversight Committee. If there are any questions, this is the first place to check out for information.

Technical Assistance leads to a form to be filled out for technical assistance requests if your questions or concerns cannot be answered through the FAQ section (*Figure 2.1*).

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Figure 2.1

The screenshot shows the 'Request Technical Assistance' form in the AHCCCS system. The form is titled 'Request Technical Assistance' and includes a sub-header 'Please use this form to request technical assistance.' The form fields are as follows:

- First and Last Name: [Text Field]
- Username: [Text Field]
- Email Address: [Text Field]
- Telephone Number: [Text Field]
- Provider Agency: [Text Field]
- Contractor/TRBHA: [Dropdown Menu]
- Support Category: [Dropdown Menu]
- Description of Issue or Problem: [Text Area]

The sidebar menu on the left contains the following links:

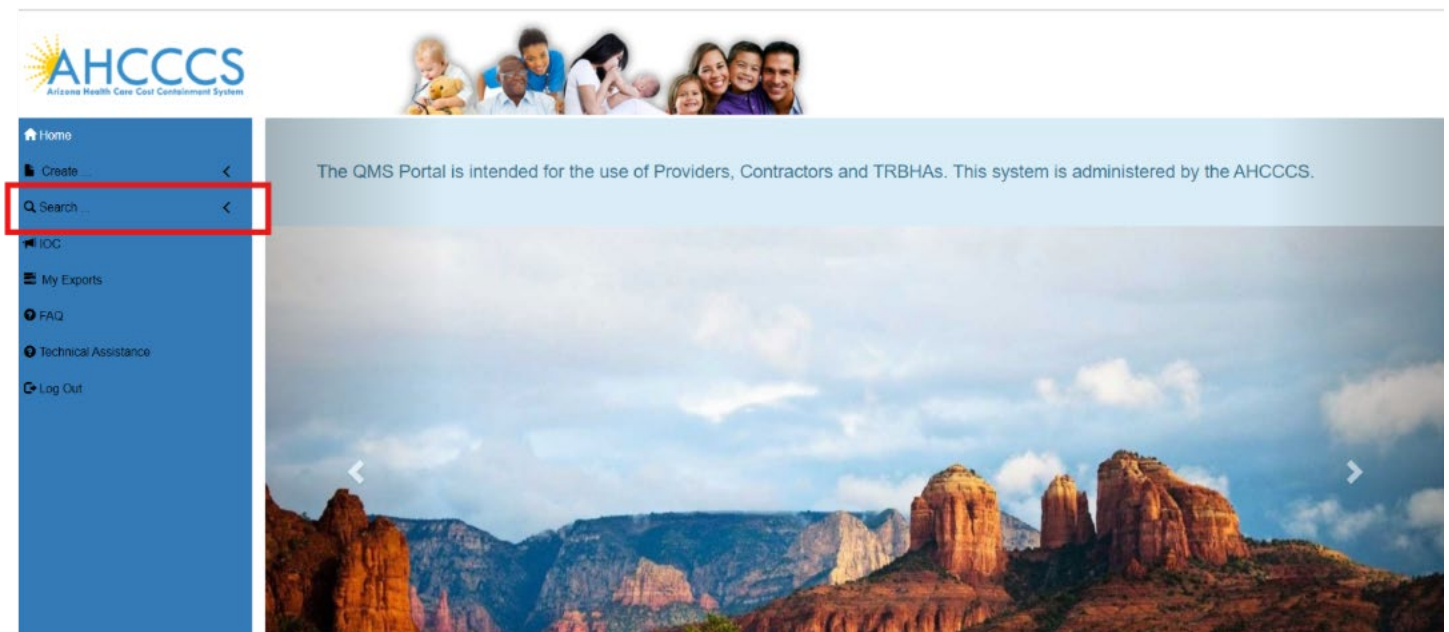
- Home
- User Admin
- Create
- Search
- My Exports
- FAQ
- Technical Assistance
- Log Out

Accessing Quality of Care Reports

Access to the Quality of Care Reports is allowed only to Contractor/TRBHA, Health Plan and AHCCCS users.

To access QOC reports, after logging in, follow “Search” link from the side menu, to enter the “Search Page (Figure 2.2).

Figure 2.2



Once on the “Search Page”, search for existing cases by entering criteria in the available search fields and click on the “Search for Reports” button (Figure 2.3). It is important to note that the full characters of a search criteria must be

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entered for successful results. For instance, if searching for “Smith” as a last name, you must type out “Smith”. “Smi” or “Smit” will not provide results. Additionally, successful results should include ensuring that there are no spaces before, between, or after entering the search criteria.

A member can be searched through a variety of information including AHCCCS ID number.

Figure 2.3

Please Enter Search Criteria

Last Name	Last Name	First Name	First Name	Date of Birth	D.O.B
Case No.	Case No.	Member ID	Member ID	Provider	Provider
Status Value	Select All	Submitted(From)	Submitted(From)	Submitted(To)	Submitted(To)
Contractor/TRBHA Coordinator	Select All	Incident Date(From)	Incident Date(From)	Incident Date(To)	Incident Date(To)
AHCCCS Coordinator	Select All	Due Date(From)	Due Date(From)	Due Date(To)	Due Date(To)
Allegation	Select All	Modified(From)	Modified(From)	Modified(To)	Modified(To)
DCS-CHP	Select All	Category	Select All	Eligibility	Select All
DDD	Select All				

If successful, results will be listed in the “Search Results” section of the page. Cases which are escalated to QOC will have button “QOC” on the right side. Click on that button next to the desired Report and the Report will open Quality of Care Report Page (Figure 2.4)

Figure 2.4

No. Of Records 206

Search Results		Select Report	Export All Results
IRF-2021-428		IRF	QOC
Member:	LU	Incident Date:	09/15/2021
DOB:	03/	AHCCCS ID:	A0
Gender:	F	Status:	QOC - In Progress
		Facility:	INTERNAL REFERRAL
		Allegation:	Availability, Accessibility, Adequacy
		Submit Date:	09/15/2021
IRF-2021-421		IRF	QOC
Member:	LA	Incident Date:	
DOB:	07/	AHCCCS ID:	A0
Gender:	F	Status:	QOC - In Progress
		Facility:	INTERNAL REFERRAL
		Allegation:	Availability, Accessibility, Adequacy
		Submit Date:	09/09/2021

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If reports are not generated, it could mean either the criteria that was searched has an error such as a misspelling or that there are not reports for that member. Before creating another IAD/IRF/QOC or assuming there are no reports, please try another criteria search.

3. Quality of Care Page

In the results of the search, clicking on the QOC Button would open the Quality of Care Page (*Figure 3.0*).

Figure 3.0

Search Results		Select Report	Export All Results
IRF-2021-428	IRF	QOC	
Member:	LU	Incident Date:	09/15/2021
DOB:	03/	AHCCCS ID:	A0
Gender:	F	Status:	QOC - In Progress
		Facility:	INTERNAL REFERRAL
		Allegation:	Availability, Accessibility, Adequacy
		Submit Date:	09/15/2021

A separate portion of QM Portal is used to manage and produce Quality of Care reports.

QOC Report sections are divided into separate panels. To access and manage information for particular Reports section, click on the Title of the desired panel (*Figure 3.1*).

Figure 3.1

Quality of Care - Case Manager	
Case#: Member:	IRF [REDACTED]
Provider: Contractor/TRBHA:	INTERNAL REFERRAL [REDACTED]
Provider Information	
Member Information	
Clinical and Diagnosis	
Treatment Information	
QOC Referral Information	
Information Sources	
Timeline	
Allegations	
Case Summary	
Attachments	
Amendments	
Electronic Signatures	
QOC Status and Assignments	
QOC Communication Log	
Independent Oversight Committee Document Redaction/Release	

The following sections will review each of the Report panels above.

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4. Provider Information Panel

This panel contains information about Assigned Provider (*Figure 4.0*)

Figure 4.0

Provider Information

Assigned Provider Agency

Provider123

Change Assigned Agency

Address 123

GLENDALÉ AZ 85302

AHCCCS ID:

Phone:

E-mail:

Other Agencies Involved/Provider ID

ProviderXXX

Provider000

Add Other Agencies Involved/Provider ID

Behavioral Health Practitioner

Case Manager / Behavioral Health Tech

Assigned Acute Care Provider

Assigned Nurses

Save

The Assigned Provider Agency information includes the information of the Provider Agency involved in the incident or where the incident took place. The Assigned provider Agency information can be changed if the Case is created as an **Internal Referral**. Change is initiated by clicking “Change Assigned Agency” button (*Figure 4.1*). New modal window will open, containing a form to search for Agencies using Name or AHCCCS ID. Clicking “Select” will change Assigned Agency (*Figure 4.2*).

Figure 4.1

Provider Information

Assigned Provider Agency

Provider123
Address 123
GLENDALE AZ 85302
AHCCCS ID:
Phone:
E-mail:

Change Assigned Agency

Behavioral Health Practitioner

Case Manager / Behavioral Health Tech

Assigned Acute Care Provider

Assigned Nurses

qocuser

Other Agencies Involved/Provider ID

ProviderXXX
Provider000

Add Other Agencies Involved/Provider ID

Save

Figure 4.2

Search for a Provider Agency

Provider Name:

AHCCCS ID:

Active:

ZIP code:

Search

Provider	Street Address	City	ZIP	Active	AHCCCS ID	
Provider123	123 S RIVER PARKWAY	TEMPE	85284	Yes	123456	Select
Provider123	123 S. RIVER PKWY	TEMPE	85284	No	123456	Select
Provider123	01234 South NOBLESTOWN RD.	CARNEGIE	15106	No	001100	Select
Provider123	123 ENTERPRISE DR	PITTSBURG	15275	Yes	001100	Select
Provider123	123 HUIZAR REAR-A	SAN ANTONIO	78214	Yes	000000	Select
Provider123	01234 North JOHN W ELLIOT DR	FRISCO	75033	Yes	000000	Select
Provider012	01234 East BROADWAY BLVD	TUCSON	85719	Yes	111111	Select

Close

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If another Provider Agency is involved in the incident, click on “Add Other Agencies Involved/Provider ID” button (Figure 4.3 for an example) and a new modal window will open containing detailed information about the chosen Other Provider Agency (Figure 4.4).

Figure 4.3

The screenshot shows a web form titled "Provider Information". It has several sections:

- Assigned Provider Agency:** Contains fields for "Provider123", "Address 123", "GLENDALE AZ 85302", "AHCCCS ID:", "Phone:", and "E-mail:". A "Change Assigned Agency" button is present.
- Behavioral Health Practitioner:** A text input field.
- Case Manager / Behavioral Health Tech:** A text input field.
- Assigned Acute Care Provider:** A text input field.
- Assigned Nurses:** A text input field containing "qocuser".
- Other Agencies Involved/Provider ID:** A list of agencies. The first entry is "ProviderXXX" with a red "X" icon. The second entry is "Provider000" with a red "X" icon. A red box highlights the "Add Other Agencies Involved/Provider ID" button at the bottom of this list.

A "Save" button is located at the bottom right of the form.

Figure 4.4

The screenshot shows a modal window titled "Other Agency Details" with a close button (X) in the top right corner. It contains the following information:

- 123 RESIDENTIAL CARE**
- 000 ELMWOOD ST.**
- TUCSON AZ 85711**
- AHCCCS ID: 123456**
- Phone:**
- E-mail:**

A "Close" button is located at the bottom right of the modal.

Clicking on the ✖ next to the Other Involved Agency name (Figure 4.5), after user confirmation that action is desired, system will remove that Agency from the list.

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Figure 4.5

Provider Information

Assigned Provider Agency

Provider123 Change Assigned Agency

Address 123
GLENDALE AZ 85302
AHCCCS ID:
Phone:
E-mail:

Other Agencies Involved/Provider ID

ProviderXXX	✕
Provider000	✕

Add Other Agencies Involved/Provider ID

Behavioral Health Practitioner

Case Manager / Behavioral Health Tech

Assigned Acute Care Provider

Assigned Nurses

qocuser

Save

Adding new Agency Involved is done by clicking “Add Other Agency” button (Figure 4.6). A new modal window will open, containing a form to search for Agencies using Name or AHCCCS ID (Figure 4.7). Clicking “Select” will add chosen Agency to the list.

Figure 4.6

Provider Information

Assigned Provider Agency

Provider123 Change Assigned Agency

Address 123
GLENDALE AZ 85302
AHCCCS ID:
Phone:
E-mail:

Other Agencies Involved/Provider ID

ProviderXXX	✕
Provider000	✕

Add Other Agencies Involved/Provider ID

Behavioral Health Practitioner

Case Manager / Behavioral Health Tech

Assigned Acute Care Provider

Assigned Nurses

qocuser

Save

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Figure 4.7

Search for a Provider Agency

Provider Name:

AHCCCS ID:

Active:

ZIP code:

Search

Provi

All

Provider	Street Address	City	ZIP	Active	AHCCCS ID	
Provider123	123 S RIVER PARKWAY	TEMPE	85284	Yes	123456	Select
Provider123	123 S. RIVER PKWY	TEMPE	85284	No	123456	Select
Provider123	01234 South NOBLESTOWN RD.	CARNEGIE	15106	No	001100	Select
Provider123	123 ENTERPRISE DR	PITTSBURG	15275	Yes	001100	Select
Provider123	123 HUIZAR REAR-A	SAN ANTONIO	78214	Yes	000000	Select
Provider123	01234 North JOHN W ELLIOT DR	FRISCO	75033	Yes	000000	Select
Provider012	01234 East BROADWAY BLVD	TUCSON	85719	Yes	111111	Select

Close

Pressing “Save” button located in the footer section of the panel will store data entered in the Behavioral Health Practitioner, Case Manager / Behavioral Health Tech, Assigned Acute Care Provider, and Assigned Nurses sections (Figure 4.8).

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Figure 4.8

If searching for a provider that is not coming up in the new modal window or a new Provider needs to be added, click on FAQ on the home page of the QM Portal and select Practice and Provider information Changes under the Help and Support page, then click on the link, “How do I change my practice’s name, address, TAX ID Number, (TIN) or other information,” and follow the steps (Figure 4.9).

Figure 4.9

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5. Member Information Panel

This panel contains information about Member (Figure 5.0)

Figure 5.0

Member Information

Member Information

TEST, TESTERSON

0000 S MISSION RD

TUCSON AZ 85746

DOB: 11/11/1111

Age at IAD: 36

AHCCCS ID: A0

Race: CAUCASIAN/WHITE

Ethnicity: NOT OF HISPANIC, LATINO, SPANISH ORIGIN

Member Programs

Currently on COT: No

History of COT: ...

DDD: Yes

DCS-CHP: No

Contractor/TRBHA - GSA

ABC Health Plan

Eligibility Status

Title 19/21

Category

General Mental Health (G)

SMI Level of Care

-- Please Select --

Member Information is read-only and cannot be changed.

Changing selection of the dropdown lists (e.g. Contractor/TRBHA -GSA, Member Programs dropdown lists, etc.) will instantly update information for that Case.

For steps in reassigning the QOC to another health plan, please see section 19 linked [here](#):

6. Clinical and Diagnosis Panel

This panel contains information about member's diagnoses and clinical information.

Figure 2

The screenshot displays the 'Clinical and Diagnosis' panel. It features a header bar with the title 'Clinical and Diagnosis'. Below this, there are two main sections. The first section, titled 'Psychiatric and Medical Diagnoses', contains a table with two columns: 'Code' and 'Description'. The table lists two diagnoses: 'F60.5 OBSESSIVE-COMPULSIVE PERSONALITY DISORDER' and 'F11.1 OPIOID ABUSE'. To the right of each diagnosis is a red 'X' icon. Above the table, there is a text input field for the 'Code', a larger text input field for the 'Description', and an 'Add Diagnose' button. The second section, titled 'Clinical Information', contains a large text area with the placeholder text 'Test the next'. At the bottom right of the panel, there is a 'Save' button.

Code	Description	
F60.5	OBSESSIVE-COMPULSIVE PERSONALITY DISORDER	✕
F11.1	OPIOID ABUSE	✕

Test the next

Save

Psychiatric and Medical Diagnoses section lists all diagnoses member has at the time of the IAD. The Contractor should include all of the psychiatric and medical diagnoses if not already added.

Section allows adding new diagnoses by using ICD10 format only. Typing at least 3 characters in the Code field will open the dropdown list of diagnoses to choose from. When diagnosis is chosen, description field is populated. Clicking on the "Add Diagnose" button will confirm addition action.

Clicking on the ✕ next to the diagnose description, after user confirmation that action is desired, system will remove that diagnose from the list (Figure 6.0).

Data entered in the Clinical Information section is updated by pressing "Save" button located in the footer section of the panel

Clinical Information section can be utilized to provide additional clinical information regarding the member and the member's clinical services. This is **not** where the case summary should be written. This section should focus on Clinical Information including diagnosis, medications, specialized treatments, etc. Any information regarding the timeline related to the investigation should be placed in the Timeline Panel. Information regarding the Investigation Details should be placed in the Investigation Findings of the Allegation Panel.

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7. Treatment Information Panel

This panel contains information about member's visits to the provider and treatment applied (Figure 7.0).

Figure 7.0

The screenshot displays the 'Treatment Information' panel. It features a 'Medications' section with input fields for Medication, Dosage, Frequency, Rx By, and Last Fill Date, along with an 'Add Medication' button. Below this is a table listing two medications: OXYCODONE-ACETAMINOPHEN 10-325 and NORCO 5-325 MG. The 'Additional Treatment Information' section contains a large text area for multiline input. The 'Additional Information' section includes dropdowns and date fields for CSPMP checks and provider visits. A 'Save' button is located at the bottom right.

Medications					
Medication	OXYCODONE-ACETAMINOPHEN 10-325		Rx By	BHMP	
Dosage	10mg-325mg	Frequency	#20 - 2 da	Last Fill Date	12/12/2017
Add Medication					
OXYCODONE-ACETAMINOPHEN 10-325	10mg-325mg	#20 - 2 da	12/12/2017	BHMP	✖
NORCO 5-325 MG	max 6 per day	1-2 tad	02/06/2018	Specialist	✖

Additional Treatment Information

Additional information is entered here in this box.
In the multiline fashion.

Additional Information

Was CSPMP checked by the assigned provider? ...

Date of last Behavioral Health Provider visit prior to incident: 01/09/2018

Date of last Acute Care Provider visit prior to incident: 11/06/2017

[Save](#)

Medications section lists all medications member was prescribed at the time of the IAD and is pertinent to the QOC investigation. Section allows adding new medications. Typing at least 3 characters in the Medication field will open the dropdown list of medications for user to choose from. All fields in this section are required. Addition is confirmed by clicking on the "Add Medication" button.

Clicking on the ✖ next to the medication record, after user confirmation that action is desired, system will remove that medication record from the list.

Additional Treatment Information section and Additional Information section are updated by pressing "Save" button located in the footer section of the panel.

8. QOC Referral Information Panel

This panel contains information about reason for Quality of Care investigation, transferred from an IAD or IRF case at the time of the escalation to QOC (*Figure 8.0*).

Figure 8.0

QOC Referral Information

Reason for QOC Investigation

Source of the Referral
IRF-2021-0000

Date of Incident
01/31/2021

Description of the Incident
Incident Information - sample info

Save

All information is updated by pressing “Save” button located in the footer section of the panel.

For IRFs created by the Contractor/TRBHA, the Contractor must include the date of which they were notified/became aware of the incident, as the date of incident may not always coincide with the date of notification. If this information was not documented during the creation of the IRF and the case was transferred to a QOC, the Contractor must update the Description of the Incident section to include the date of which they were notified/became aware of the incident.

See AMPM Policy 960 and AMPM Policy 961 regarding IRF/IAD and QOC submission and notification timeframes.

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9. Information Sources Panel

This panel lists all sources of information connected to the Case (*Figure 9.0*). This would include medical records, interviews with member or witnesses, video recordings, etc. **It is important for the Contractor to document the information source and include all appropriate and pertinent information associated with the investigation.**

Figure 9.0

The screenshot shows a web interface titled "Information Sources". Below the title is a section labeled "Sources of Information". It contains two input fields: "Name of the Entity Providing Information" and "Type of Information". To the right of these fields is a blue button labeled "Add Source". Below the input fields is a table with one row of data. The first column of the table contains the text "Some entity providing info" and the second column contains the text "some info from the named entity". To the right of the table is a red "X" icon.

Section allows adding new sources of information. **All fields in this section are required.** Addition is confirmed by clicking on the “Add Source” button.

Clicking on the **X** next to the source of information record, after user confirmation that action is desired, system will remove that record from the list.

The QM Portal shall display a red informational pop-up message when one or both QOC Information Sources fields are blank (*Figure 9.1*).

Figure 9.1

The screenshot shows three red pop-up messages. The first message says "Name of the Entity Providing Information and Type of Information are required fields!". The second message says "Name of the Entity Providing Information are required fields!". The third message says "Type of Information are required fields!".

10. Timeline Panel

This panel lists all timeline events for the Case (Figure 10.0). This section is required and helps to track the status of the case during the investigation. This section of the QM Portal will be updated to reflect the actions of the investigator during the investigation. This will include adding events for when records are requested, member interviews are attempted or completed, outreach to provider, etc.

For AHCCCS CQM Coordinators, this provides a summary of the progress of the case when reviewing extension requests.

Figure 10.0

Timeline

Create Timeline Event Entry

Date of Event

Description of Event

Add Event

Timeline of Events

04/15/2026	event 1	✖
04/06/2026	event 2	✖

Section Create Timeline Event Entry allows adding new events. All fields in this section are required. Addition is confirmed by clicking on the “Add Event” button.

Clicking on the ✖ next to the timeline event record, after user confirmation that action is desired, system will remove that record from the list.

Clicking on either date or description of the event in the list of Timeline of Events, will open separate modal window with a prepopulated form to allow user to update selected event. Pressing “Save” button will apply changes (Figure 10.1).

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Figure 10.1



The screenshot shows a web form titled "Edit Timeline Event" with a close button (X) in the top right corner. The form contains two main input fields: "Date of Event" and "Description of Event". The "Date of Event" field is a text box containing the date "02/11/2018". The "Description of Event" field is a larger text area containing the text "some event happened". At the bottom right of the form, there are two buttons: a green "Save" button and a blue "Close" button.

11. Allegations Panel

This panel lists all allegations as well as resolutions and actions connected to the Case (*Figure 11.0*).

All allegations are displayed as an array of sub-panels which holds specific information for that allegation. Those sub-panels are expandable and collapsible in the “accordion” manner.

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Figure 11.0

Allegations

Effectiveness/Appropriateness of Care (Inappropriate Treatment Plan)08/29/2019✎✖

Fraud, Member, or Provider (Altered Medical Record Related to Fraudulent Action)10/22/2019✎✖

Contractor/TRBHA

AHCCCS

Contractor/TRBHA Findings

Investigation Findings

VCDvSdCV dsfdsfdsfdsfdf
dsfaddf

Determination

Substantiated - Quality of care issue(s) confirmed (following clinical investigation)

Severity Level

1 - Quality issue exists with minimal potential for significant adverse effects to the patient/recipient

Rationale for Determination

dsanfs bhd hd fhjbd fhjubjhdf vajhvfjll
kdj nfjdskfndbnk

Providers

-- Please Select --

Add Provider

Search Provider

AHCCCS Id

Name

Address

123456000 Residential Care123 T CHANDLER ROAD, CHANDLER AZ 85224✖

000000Provider123123 E VAN BUREN ST , PHOENIX AZ 85008✖

Resolutions and Actions

Provider:

WALGREENS # 02056

Type

Resolution

Action

Status

Closure

ProviderReferral to Grievance & Appealsjsdancjksdc njkdsanc kjc njcn c dc
ckn sdjk bcsdjk ncl kdvc ndacldnl ncs
scn skldaensjkc sjkdcsklda cksad ncskdaln slc n
' vcsdjkc svksncskda vnscakd ncskian vckls m

Open

11/22/2019✎✖

Add Resolution and Action

Exploitation (Monetary Exploitation)09/26/2019✎✖

Add Allegation

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Header section of the subpanel information about allegation is displayed in the format of “Category (Sub Category)” and the date allegation was added. Two icons on the far right side of the sub-panel represent clickable links with the following actions:

-  Edit allegation information
-  Remove allegation information

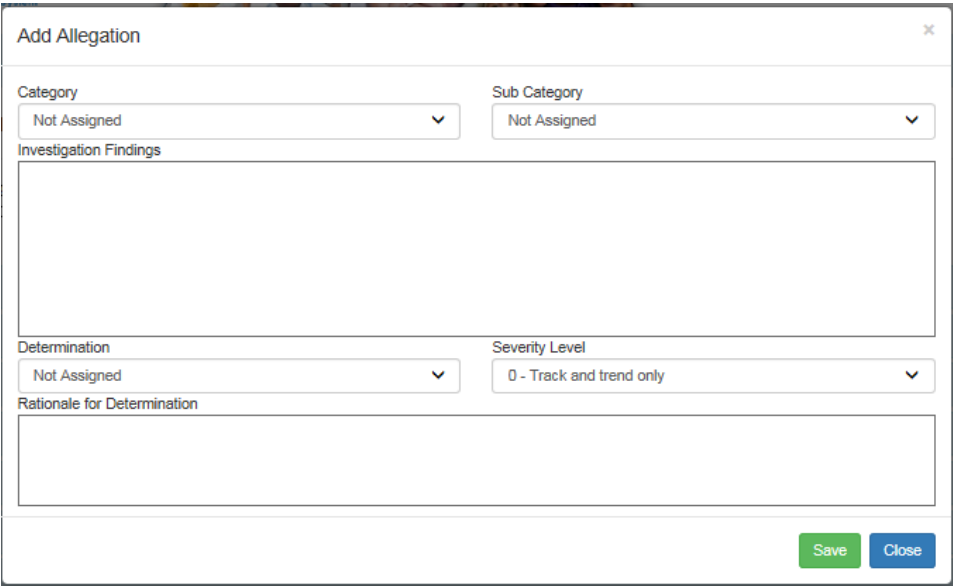
Clicking on the  icon, after user confirmation that action is desired, system will remove that allegation from the Case (Figure 11.1).

Figure 11.1



Adding allegation information is enabled by clicking on the button “Add Allegation” located on the bottom section of the Allegations main panel. This action will open separate modal window with a form to allow adding new allegation information. Information addition is restricted to logged-in user business entity. Contractor/TRBHA, State Agency or AHCCCS users will be able to add only parts of the allegation information that belongs to them (Figure 11.2).

Figure 11.2

The screenshot shows a modal window titled "Add Allegation" with a close button (X) in the top right corner. Inside the modal, there are four dropdown menus: "Category" (with "Not Assigned" selected), "Sub Category" (with "Not Assigned" selected), "Determination" (with "Not Assigned" selected), and "Severity Level" (with "0 - Track and trend only" selected). Below the "Category" and "Sub Category" dropdowns is a large text input field labeled "Investigation Findings". Below the "Determination" and "Severity Level" dropdowns is another large text input field labeled "Rationale for Determination". At the bottom right of the modal are two buttons: "Save" (green) and "Close" (blue).

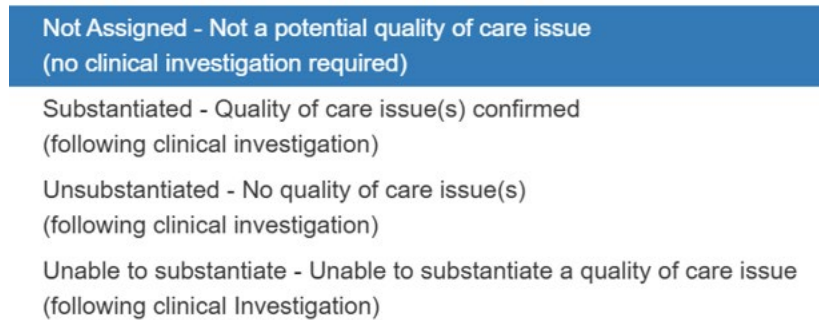
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Determination and Severity Leveling

Clicking on the drop down for determination will reveal: *(Figure 11.3)*

Figure 11.3



A screenshot of a dropdown menu with a blue header and white text. The header reads: "Not Assigned - Not a potential quality of care issue (no clinical investigation required)". Below the header, there are three options listed in black text: "Substantiated - Quality of care issue(s) confirmed (following clinical investigation)", "Unsubstantiated - No quality of care issue(s) (following clinical investigation)", and "Unable to substantiate - Unable to substantiate a quality of care issue (following clinical investigation)".

Not Assigned – Not a potential quality of care issue (no clinical investigation required)

Substantiated – Quality of care issue(s) confirmed (following clinical investigation)

Unsubstantiated – No quality of care issue(s) (following clinical investigation)

Unable to substantiate – Unable to substantiate a quality of care issue (following clinical investigation)

Unable to substantiate – Unable to substantiate a quality of care issue (following clinical investigation):

The determination of unable to substantiate is utilized when available evidence was not sufficient to determine whether an allegation occurred or not, including due to inconclusive evidence or a “he said/she said” scenario after all evidence is reviewed

Additionally, Unable to Substantiate would be considered a higher determination than Unsubstantiated

For example, if a case has two allegations and the first allegation is Unsubstantiated level 0 and the second allegation is Unable to Substantiate level 0, the overall determination and leveling of the case is Unable to Substantiate, level 0.

Clicking on the drop down for Severity Level will reveal: *(Figure 11.4)*

Figure 11.4



A screenshot of a dropdown menu for severity levels. The header is labeled "Severity Level" and the selected option is "0 - No Quality issue Finding". Below the header, there are four options listed in black text: "1 - Quality issue exists with minimal potential for significant adverse effects to the patient/recipient", "2 - Quality issue exists with significant potential for adverse effects to the patient/recipient if not resolved timely.", "3 - Quality issue exists with significant adverse effects on the patient/recipient, is dangerous and/or life-threatening.", and "4 - Quality issue exists with the most severe adverse effects on the patient/recipient; no longer impacts the patient/recipient with the potential to cause harm to others."

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Level 0 – No Quality Issue Finding

Level 1- Quality Issues Exist with Minimal Potential for Significant Adverse Effects to the Patient/Recipient

Level 2 - Quality issue exists with significant potential for adverse effects to the patient/recipient if not resolved timely.

Level 3 - Quality issue exists with significant adverse effects on the patient/recipient, is dangerous and/or life-threatening.

Level 4 - Quality issue exists with the most severe adverse effects on the patient/recipient; no longer impacts the patient/recipient with the potential to cause harm to others.

Severity Level 0 – No Quality Issue Finding:

This leveling applies to unable to substantiate or unsubstantiated only.

For death allegations, if the provider's actions did NOT contribute to the member's death, then it will be leveled as a 0.

Severity Level 1-4:

These levels will **only** apply to substantiated cases.

The levels increase in severity and in definition. Special attention should be made to the key phrasing in each definition, such as minimal potential or most severe adverse effects.

For death allegations, if the provider's actions are directly related to the member's death, this should only be leveled as a Level 4 due to the extreme effects on the member.

Unexpected Death Allegation:

If Allegation Category "Unexpected Death" is chosen, form will present additional fields: "Cause of Death", "Manner of Death" and "Location of Death". Pressing "Save" button will apply changes.

Clicking on the  icon will open separate modal window with a prepopulated form to allow updating selected allegation information. Information update is restricted to logged-in user business entity. Contractor/TRBHA, State Agency or AHCCCS users can update only parts of the information that belongs to them. Pressing "Save" button will apply changes (Figure 11.5)

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Figure 11.5

Edit Allegation

Category

Unexpected Death

Sub Category

Accidental Overdose

Cause of Death

Manner of Death

Location of Death

Investigation Findings

ff efwefwfe efewfwef

Determination

Substantiated

Severity Level

0 - Track and trend only

Rationale for Determination

wefdwefwefwefwef
csadcdssc

Save

Close

Adding Provider to the Allegation:

Resolution Reports need to have a provider associated with the specific allegations before the report is submitted to AHCCCS. This is done using Providers section form of the allegation. Section consists of a dropdown list of all providers associated with the case (main provider and additional facilities) and a button called Add Provider which associates a provider from the dropdown list with the specific allegation (Figure 11.6).

Figure 11.6

Providers			
-- Please Select --		Add Provider	Search Provider
AHCCCS Id	Name	Address	
123456	ABC HOSPITAL	123 E VAN BUREN ST , PHOENIX AZ 85008	✖
000000	123 Residential Care	ABC S FRISCO TX 75033	✖
111111	Provider000	000 WEST CHANDLER ROAD, CHANDLER AZ 85224	✖

The Search Provider button will open a new modal window to allow users to search for and add providers that are currently not affiliated with the case. Selecting a provider from the list will both affiliate that provider with the allegation and with the case itself adding it to the Other Agencies list. Clicking on the ✖ icon, after user confirmation that action is desired, system will remove that provider affiliation from the allegation.

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Resolutions and Actions:

This section is required for any allegation that is substantiated, regardless of leveling, prior to submission to AHCCCS. This includes any resolutions and actions for the case including CAP for the provider, technical assistance, required trainings, etc. The Contractor must submit evidence of any documentation (e.g. In-service attendance sheets, new policies and/or procedures, etc.) received from the provider associated with its completed CAP(s), this includes any Contractor CAP documentation, such as letter of concern, technical assistance, etc. This evidence of CAP documentation will be uploaded to the QM Portal under the Attachment section. The Expected Closure Date entered in the Resolutions and Actions section will be the date the resolution and/or action will be closed.

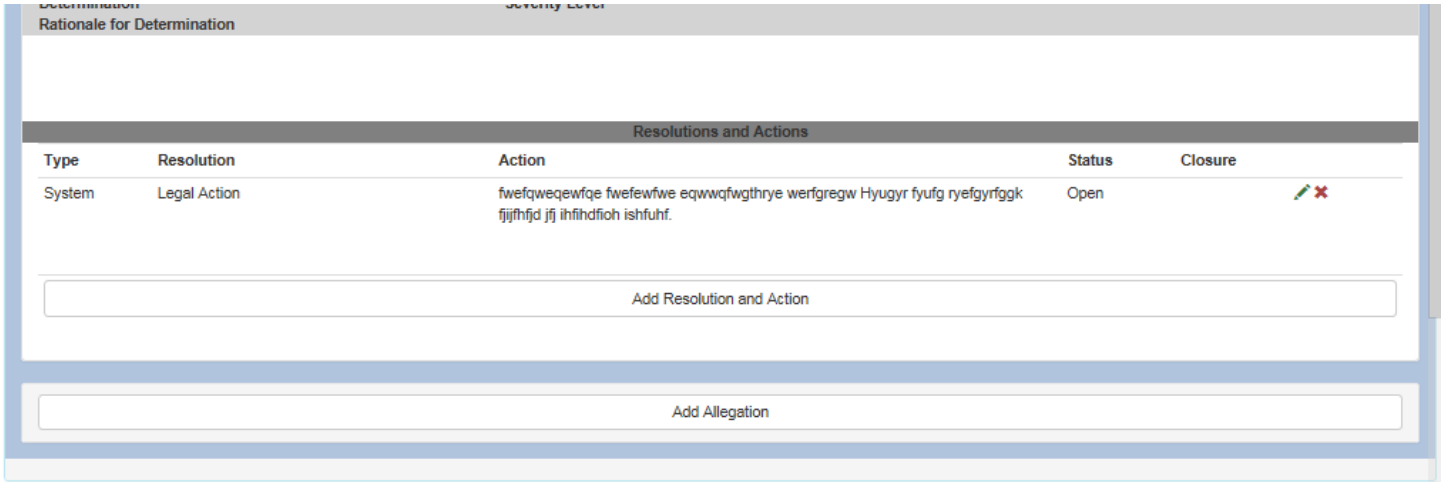
See below Appendix B for a list of Resolutions and Actions in the QM Portal

Resolutions and Actions section of the Allegation sub-panel is in the form of the list, with two icons on the far right side representing clickable links with following actions:

-  Edit resolutions and actions information
-  Remove resolutions and actions information

Clicking on the  icon, after user confirmation that action is desired, system will remove that action and resolution from the allegation (Figure 11.7)

Figure 11.7

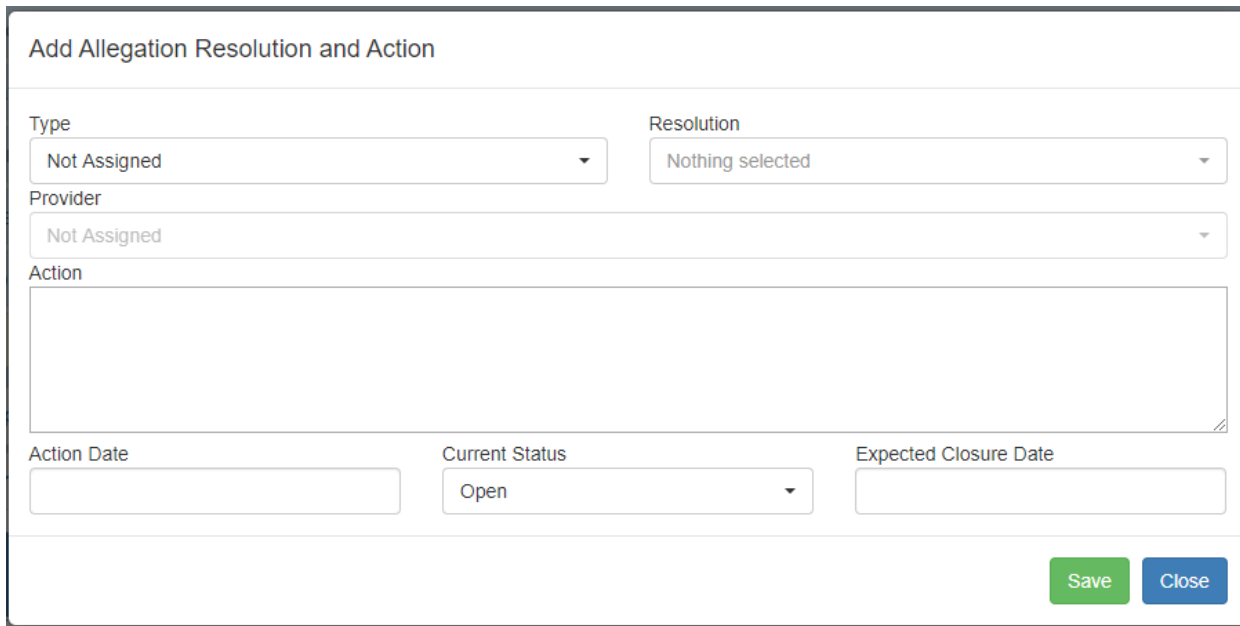


The button “Add Resolutions and Action” located on the bottom of the section will open separate modal window with a form to allow adding new resolution and action for the allegation (Figure 11.8). Information addition is not restricted to logged-in user business entity. Pressing “Save” button will apply changes.

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Figure 11.8



Add Allegation Resolution and Action

Type: Not Assigned Resolution: Nothing selected

Provider: Not Assigned

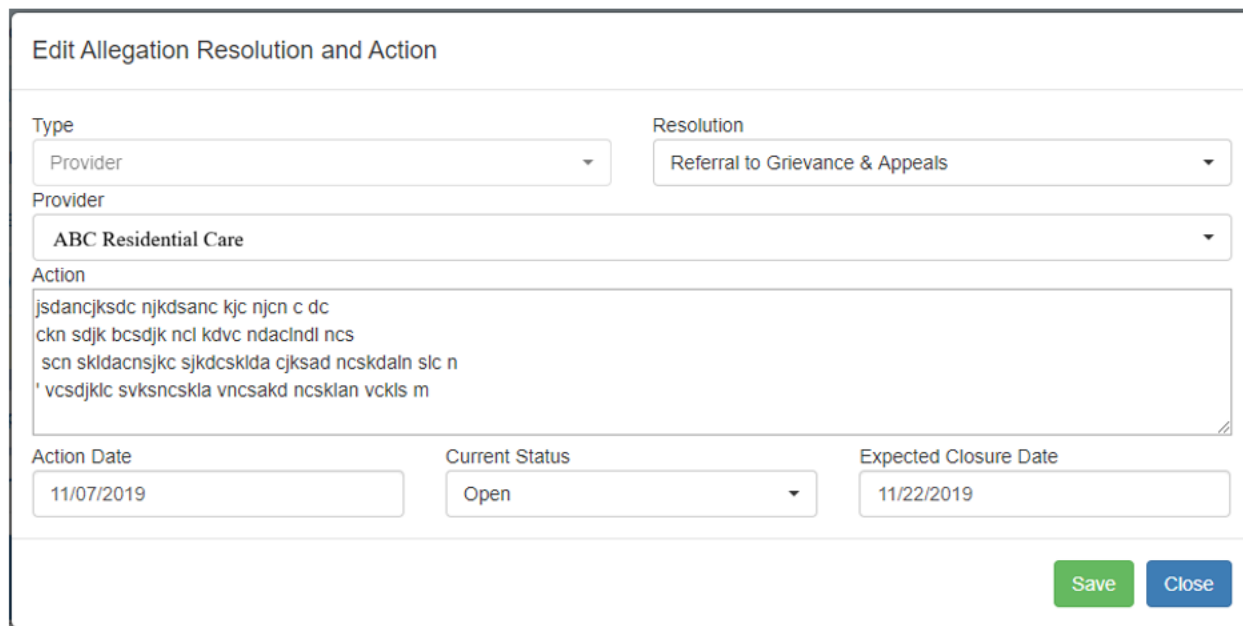
Action:

Action Date: Current Status: Open Expected Closure Date:

Save Close

Clicking on the  icon will open a separate modal window with a prepopulated form to allow user to update selected action and resolution record. Information update is not restricted to logged-in user business entity. Pressing “Save” button will apply changes (Figure 11.9).

Figure 11.9



Edit Allegation Resolution and Action

Type: Provider Resolution: Referral to Grievance & Appeals

Provider: ABC Residential Care

Action:

Action Date: 11/07/2019 Current Status: Open Expected Closure Date: 11/22/2019

Save Close

12. Case Summary Panel

This panel holds information about overall Case findings (*Figure 12.0*). This section should be filled out with all relevant case summary/information. This summary/information should include a summary of allegations, substantiation determination, severity leveling, CAP (if needed), identified tracking and trending concerns, and overall case finding/determination and closing severity.

The determination and severity leveling should match the information provided in the allegation tab.

The Expected Date of Resolution is the date of the latest Expected Closure Date of the case, which can be located under the Resolutions and Actions section. For example, one substantiated allegation may have an Expected Closure Date of November 23rd, and another allegation with an Expected Closure Date of December 2nd. The date that should be entered in the Expected Date of Resolution should be December 2nd. Entry of a date in this section should be utilized only when there are substantiated allegations.

Note: This is not where the clinical information should be written. Please refer to the Clinical Information Section of the Clinical and Diagnosis Panel to document clinical information regarding the member and the member's clinical services, such as diagnosis, medications, specialized treatments, etc. Any information regarding the timeline related to the investigation should be placed in the Timeline Panel. Information regarding the Investigation Details should be placed in the Investigation Findings of the Allegation Panel.

Figure 12.0

The screenshot displays the 'Case Summary' panel for the 'AHCCCS' entity. The main heading is 'Overall Case Findings - Contractor/TRBHA'. Below this is a large text area labeled 'Summary of Findings'. At the bottom, there are two dropdown menus: 'Determination' (set to 'Not Assigned - Not a potential quality of care issue') and 'Severity Level' (set to '0 - No Quality issue Finding'). Below these is a text field for 'Expected Date of Resolution'. A 'Save' button is located in the bottom right corner.

The Case Summary panel contains two or three tabs, depending on affiliated member designations, one for each of the business entities: Contractor/TRBHA, State Agency (DES / DCS) and AHCCCS. Initially, a visible tab will be one that corresponds with the logged-in user business entity. Click on the tab header to view other entity read-only overall Case findings. See *Figure 12.1* for an example of the AHCCCS tab.

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Figure 12.1

The screenshot displays a web application interface for the 'Case Summary' of an AHCCCS case. At the top, there are tabs for 'Contractor/TRBHA' and 'AHCCCS', with 'AHCCCS' being the active tab. Below the tabs, a blue header bar reads 'Overall Case Findings - AHCCCS'. The main content area is titled 'Summary of Findings' and contains a large, empty text box for input. Below this text box, there are two dropdown menus: 'Determination' with the selected value 'Not Assigned - Not a potential quality of care issue', and 'Severity Level' with the selected value '0 - No Quality issue Finding'. Below these dropdowns is a label 'Expected Date of Resolution:' followed by an empty date input field. At the bottom right of the form, there is an orange 'Save' button.

Information updates are also restricted to logged-in user business entity. Contractor/TRBHA, State Agency or AHCCCS will be able to update only panel which holds the information that belongs to them.

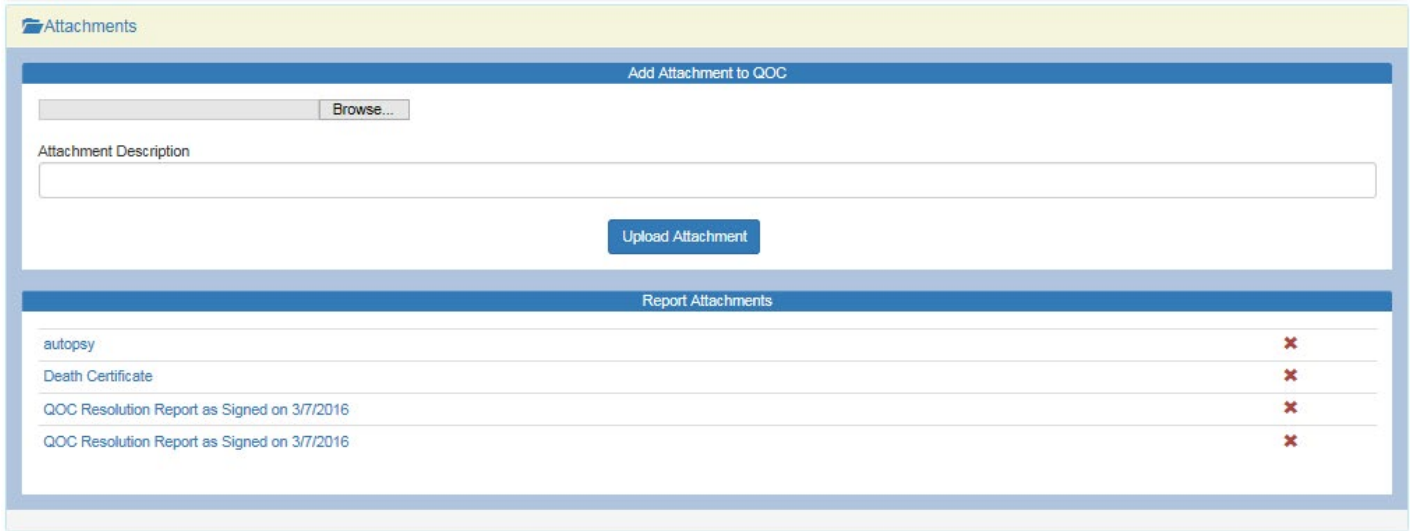
All information is updated by pressing “Save” button located in the footer section of the panel.

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13. Attachments Panel

This panel’s purpose is to list all attachments for the Case (*Figure 13.0*). This includes 7-day initial findings, Attachment C, transcripts from interviews, provider response letters, etc.

Figure 13.0



Add Attachment to QOC section allows uploading files and attaching it to the Case. Maximum file size allowed for the upload is 12 MB. If the file size exceeds this value, an error notification will be displayed. There are no limits for file types that can be uploaded. But system will refuse to upload files that are considered unsecure, such as HTML files or script files.

Using “Browse” button, user can choose file for upload from users local file system. Attachment Description is the single line text box, and it is required field. Upload action is confirmed by clicking on the “Upload Attachment” button.

Clicking on the ✖ next to the attachment, after user confirmation that action is desired, system will remove that attachment from the list.

Clicking on the attachment description in the list of Report Attachments, the system will download selected attachment and offer user to open or save the downloaded file.

The Contractor shall ensure the redacted Attachment C is uploaded to the Attachments panel of the QM Portal and notify AHCCCS via the QM Portal within one business day of completion of the visit.

14. Amendments Panel

This panel lists all amendments to the Case. If the case is altered after the Resolution Report is signed, the amendment section should be completed to note the changes that were made. The Amendments panel can also be used as a way to add information to the case after the case is in the status of Resolution Report Sent to AHCCCS or AHCCCS Closure Completed, including answering questions from AHCCCS CQM. The amendments section does print as part of the final resolution report.

Figure 14.0

Amendments

Add Amendment

Amendment text

Test Amendment # 23

Save Amendment

Report Amendments

Test Amendment # 1	02/16/2018	HIC TRBHA Investigator
Test Amendment # 23	02/16/2018	HIC TRBHA Investigator

Section Add Amendment allows adding new amendments and contains one field Amendment Text. User can confirm addition action by clicking on the “Save Amendment” button.

Once added, amendment cannot be removed from the case!

In addition to the amendment text, Report Amendments list contains information about the date and user name who added the amendment.

15. Electronic Signatures Panel

This panel's purpose is to list all signatories and allow users to sign the Quality of Care Report.

Figure 15.0

The screenshot shows the 'Electronic Signatures' panel. At the top, a green banner displays the message: 'You are signing this report as an Investigator. Please select Medical Director(s) for E-Signature notification.' Below this, the 'Electronically Sign Report' section contains four fields: 'Electronically Sign this QOC Report as the Following Role:' with a dropdown menu showing 'Investigator'; 'New QOC Case Status:' with a dropdown menu showing 'QOC - Pending Med Dir E-Sig'; 'Please Select Signature Notifications:' with a checked checkbox for 'HIC TRBHA Medical Director'; and 'Please Type Your Password to Confirm E-Signature:' with an empty text box. An 'E-Sign Report' button is located below the password field. At the bottom, the 'Electronic Signature History' section is visible but empty.

Content of this panel depends on logged-in user business entity, status of the QOC Case signatures and user roles in the Contractor/TRBHA business entity. For AHCCCS users, the only list of signatories will be visible, while Contractor/TRBHA user will be able to sign the QOC Case Report.

If QOC Case is not yet signed by any of the Contractor/TRBHA users, the user with the role of "Investigator" will be required to sign first. After, the user with the "Medical Director Dsg" role will be required to sign. Ensure that Medical Director is a Medical Director within the organization. If the Contractor/TRBHA business entity employs a "Third Level Review" role, then the user who has that role is required to sign before QOC Case Report is sent to AHCCCS department. If the Contractor/TRBHA does not employ a "Third Level Review" role, the Report is sent after second level ("Medical Director Dsg") signature. .

If the Contractor/TRBHA does employ a "Third Level Review" role, the "Third Level Review" role cannot be the same person signing as the second level "Medical Director Dsg" role.

The top portion of the panel (in green) will display messages according to the above-mentioned rule. All users that are required to sign off on the QOC Case Report must complete the electronic signature within the QOC assigned due date as delineated in AMPM Policy 960 QOC timeframes. If additional time is required to complete the electronic signature, Contractor/TRBHA QM will need to request an extension from AHCCCS.

Electronically Sign Report section fields: Role and Case Status are always disabled and will change according to above explained rule. The Signature Notifications check box list will offer all users that may be necessary to inform after the QOC Case report was signed.

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QOC Case Report is signed by user using their password used to log-in to the QM Portal. After verification, the system will make all necessary changes to the Case, send an email correspondence to selected users, and create and attach the Case Report in Microsoft Word format. Attached Report will be named "QOC Resolution Report as Signed on MM/DD/YYYY"

16. QOC Status and Assignments

This panel's purpose is to show/change Case status, users assigned to the Case and the due date (*Figure 16.0*).

It is important for this section to remain updated as a source of information for the MCO and AHCCCS QM. AHCCCS QM Coordinators use this section to verify the expected due date and the current assigned investigator. If there is a change to this information, including due to an AHCCCS approved extension request, it should be updated **immediately**.

AMPM Policy 960 states, "The Contractor shall ensure the case is updated within the AHCCCS QM Portal to reflect changes during the investigation as additional details and allegations are discovered and added."

The Status and Assignments section contains a form with one set of fields for each user business type: Contractor/TRBHA, State Agency (DES / DCS) and AHCCCS. Each business type can update just their set of fields.

Figure 16.0

QOC Status and Assignments			
Status and Assignments			
Contractor/TRBHA	Due Date	Assigned To	Current Status
		Not Assigned	QOC - Opened
AHCCCS		Not Assigned	QOC - Opened
Closure Date			
Create Redacted PDF for IOC Download QOC Report (Contractor/TRBHA) Read Only View			

IMPORTANT: The Due Date and the Assigned To fields are required fields per AMPM Policy 960.

AMPM Policy 960 is clear regarding the notification timelines and due date timelines for investigations. The date documented in the Due Date field of the QM Portal shall follow the timeframes outlined in this policy.

When extension requests are approved by AHCCCS QM, the QM Coordinator will include a reminder in the QM Portal Communication, to update the Due Date to reflect the extension approved date. **It is important to wait for CQM approval prior to updating this area. Current AMPM Policy 960: "The Contractor shall not update the AHCCCS QM Portal due date until approval has been received from AHCCCS QM."**

QOC Status and Assignments Panel Links (*Figure 16.1*):

Three links on the bottom of the section are used to:

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- Create Redacted PDF for IOC link, loads page for uploading documents prepared for Independent Oversight Committees (IOC). MCOs need to review the report to verify redactions prior to submission to IOC
- Download QOC Report (Contractor/TRBHA) link will create and download the QOC Report in Microsoft Word format. Users will be presented with a choice to open or save the downloaded document.
- Read Only View link, loads page that shows read-only version of the QOC Report.

Figure 16.1

QOC Status and Assignments

Status and Assignments

	Due Date	Assigned To	Current Status
Contractor/TRBHA		Not Assigned	QOC - Opened
AHCCCS		Not Assigned	QOC - Opened
Closure Date			

Create Redacted PDF for IOC

Download QOC Report (Contractor/TRBHA)

Read Only View

17. QOC Communication Log

This panel’s purpose is to manage internal communications between entities that concern that Case (Figure 17.0). The action field check box is used to change Case status to “Returned to Investigator”. If the box is left unchecked at the time of clicking “Add Entry” button the case status case not be returned to the investigator.

Figure 17.0

Communication Log

The below communication log is used to capture communication between entities. The information captured in this communication log will not be part of the official record and should not be used for official changes in the QOC record

To:

Nothing selected

Action:

☐ Change Report Status to "Returned to Investigator"

CC:

☐ Contractor/TRBHA

Add Entry

The QOC Communication Log allows authorized users to enter and review internal communications between entities associated with the case. Optionally, communication can be sent to the Contractor/TRBHA in the CC section of the entry. An audit log is displayed after each communication is entered.

Clicking on “Add Entry” system will send the email message to selected parties and set Case status (if action check box is checked).

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The list of all communications is at the bottom of the Communication Log panel. Click on the Details link (*Figure 17.1*) button in the list to open a new window with the details about the communication (*Figure 17.2*).

Figure 17.1

Communication Log

The below communication log is used to capture communication between entities. The information captured in this communication log will not be part of the official record and should not be used for official changes in the QOC record

To:

Nothing selected

Action:

☐ Change Report Status to "Returned to Investigator"

CC:

☐ Contractor/TRBHA

Add Entry

Details

10/07/2021 10:16 AM

Test communication

Figure 17.2

Communication Details

Sent On:

10/07/2021 10:16 AM

To:

From:

Message:

Test communication

Close

18. QOC - Report - and Read Only View

This is a separate page used to display read only information about the Case. That happens when status of the Case is set to one of the following:

- QOC - Administrative Close
- Resolution Report Sent to AHCCCS
- Resolution Report Sent to State Agency
- AHCCCS Closure Complete

Figure 18.0

Quality of Care - Case Manager

Case#: Member: IAD-2019-379

Provider: Contractor/TRBHA: WALGREEN #04298

- QOC Resolution Report
- QOC Tracking
- Attachments
- Amendments
- Independent Oversight Committee Document Redaction/Release

AHCCCS, 801 E. Jefferson Street, Phoenix, AZ 85034
Privacy Policy | Contact AHCCCS | HIPAA | ©Copyright AHCCCS

Whole on-screen read-only report will be visible by opening “QOC Resolution Report” panel
Other visible panels on this page have the same functionality as on the QOC page, and are explained in detail earlier in the document.

19. QOC Reassignment

When a Health Plan user attempts to reassign a QOC case by changing the Health Plan dropdown selection to a different health plan (*Figure 19.0*), the system shall display the following alert message: **ALERT: The health plan assignment cannot be changed. Please send a QM Portal communication to AHCCCS QM to request an administrative closure to update the health plan assignment and include a rationale for this requested change** (*Figure 19.1*).

The health plan will be required to submit an administrative closure request to the AHCCCS QM Coordinator assigned to the case or, if no AHCCCS QM Coordinator is assigned, then the AHCCCS QM Coordinator assigned as lead to the health plan. The communication should also include the AHCCCS QM Manager and QM Supervisor.

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Figure 19.0

The screenshot shows the 'Quality of Care - Case Manager' interface. At the top, there is a navigation bar with links like 'QM Portal', 'Home', 'User Admin', 'Create', 'Search', 'OHR', 'Waitlist', 'Out Of State', 'OIFA', 'My Exports', 'FAQ', 'Technical Assistance', and 'Log Out'. Below this, the 'Quality of Care - Case Manager' section displays case details: Case#: IAD-2026-000, Member: [redacted], Provider: Provider123, and Contractor/TRBHA: ABC Health Plan. The 'Member Information' section shows 'PHOENIX AZ 85021', 'DOB: [redacted]', and 'Age at IAD: 56'. The 'Contractor/TRBHA - GSA' section has a dropdown menu set to 'ABC Health Plan'. The 'Eligibility Status' section shows 'Title 19/21'.

Figure 19.1

The screenshot shows the 'Quality of Care - Case Manager' interface with an alert message. The alert says 'Working, please wait...'. Below the alert, a red box highlights a message from 'localhost' that reads: 'ALERT: The health plan assignment cannot be changed. Please send a QM Portal communication to AHCCCS QM to request for an administrative closure to update the health plan assignment, and include a rationale for this requested change.' The 'Contractor/TRBHA - GSA' section shows a dropdown menu set to 'FFS REGULAR'. The 'Eligibility Status' section shows 'Title 19/21'. The 'Category' section shows 'Serious Mental Illness (S)'.

- AHCCCS will review the administrative closure request and rationale and will in turn make the following updates to the case in the QM Portal:
 - If the administrative closure is not approved, then a QM Portal communication will be sent to the health plan that the request was not approved and why. The case will remain with the health plan to continue investigation.
 - If the administrative closure is approved, AHCCCS QM will send a QM Portal communication to the health plan approving the request. AHCCCS QM will then update the health plan assignment to the new health plan

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resulting in the following changes to the case in the QM Portal. By updating the Health Plan assignment the system will:

- Update the existing Case ID by appending “-R” to the end of the case number (*Figure 19.2* and 19.3).
- Close the original case with the status “QOC – Administrative Close” (*Figure 19.2*).
- Create a new case using the same number as the original case and assign it to the newly selected Health Plan (*Figure 19.3*).

Figure 19.2

Original case # is appended with an "R" and status changes to Administrative Closure

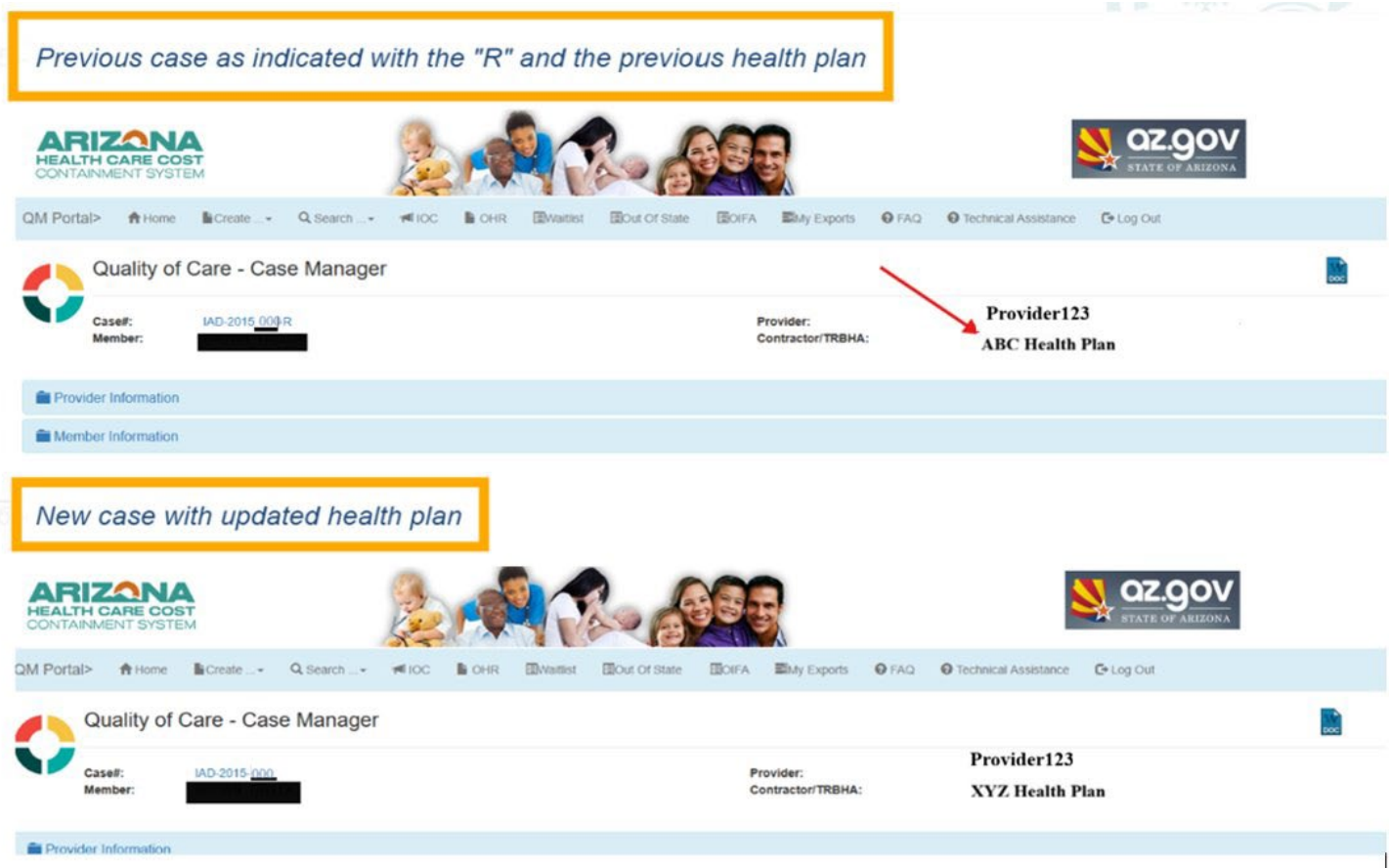
Search Results					
Select Report					
IAD-2015-000					
IAL					
QOC					
Member:		Incident Date:		Submit Date	
DOB:		AHCCCS ID:		Facility:	
Gender:	F	Status:	Unreviewed	Allegation:	
IAD-2015-000-R					
IAL					
QOC					
Member:		Incident Date:	03/03/2015	Submit Date	
DOB:		AHCCCS ID:		Facility:	Provider123
Gender:	F	Status:	QOC - Administrative Close	Allegation:	Sexual abuse

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Figure 19.3



Data Handling for Recreated Cases:

- The newly created case shall include all data originally submitted by the Provider.
- Health Plan data shall begin from the Contractor/RBHA Status Review page of the QM Portal wizard.
- Contractor/TRBHA Status Review information from the original Health Plan shall not be included.
- The new case shall be submitted to the new Health Plan with a status of Unreviewed, trigger all established notifications, and follow the standard QOC workflow.

QM Portal Search Page Enhancements:

- Health Plan Users - When searching by Case ID, the QM Portal Search Page shall return results for both “-R” and non - “R” cases (Figure 19.4).
- The QM Portal Search Page shall also include a “-R” checkbox next to the Case No. field, allowing health plan users to choose whether to include reassigned (“-R”) cases in their search results (Figure 19.5).

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- When the “-R” box is checked next to the case number in the Case No. field:
 - This will produce search results that have cases with both R designations and non-R designations.
- When the “-R” box is unchecked:
 - The QM Portal will produce a search only for the case number entered in the Case No. field. It will not include any cases designated with an R.
- The “R” checkbox is associated only with the Case No. field. When no case number is entered into this field and a broad search is completed using date ranges, regardless if the (“-R”) box is checked or not, the search results will produce cases with and without R-designations.

Figure 19.4

Original case # is appended with an "R" and status changes to Administrative Closure

Search Results					
Select Report					
IAD-2015-000					
IAL					
QOC					
Member:		Incident Date:		Submit Dat	
DOB:		AHCCCS ID:		Facility:	
Gender:	F	Status:	Unreviewed	Allegation:	
IAD-2015-000-R					
IAD					
QOC					
Member:		Incident Date:	03/03/2015	Submit Dat	
DOB:		AHCCCS ID:		Facility:	Provider123
Gender:	F	Status:	QOC - Administrative Close	Allegation:	Sexual abuse

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Figure 19.5



QM Portal> [Home](#) [User Admin](#) [Create ...](#) [Search ...](#) [OHR](#) [My Exports](#) [FAQ](#) [Technical Assistance](#) [Log Out](#)

Incident Report Search

Last Name

Last Name

Case No.

Case No. ☐ Include -R

Status Value

Select All

Contractor/
TRBHA
Coordinator

Select All

AHCCCS
Coordinator

Select All

Allegation

Select All

DCS-CHP

Select All

DDD

Select All

Search for Reports

Clear

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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
	Neglect of physical, medical, or behavioral needs of a member
Death - 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

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Quality Of Care Report

	Ineffective or Inadequate Service Plan and/or Treatment Plan
	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

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	Failure /Delay or Inadequate Regulatory Agency Reporting
	Inadequate Staffing
	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

Appendix B – Allegation Resolution and Action Categories

ALLEGATION_CATEGORY_DESCR	ALLEGATION_SUBCATEG_DESCR
System	Advocacy
	Education
	Policy/Procedural Change
	Sanctions/Recoupment
	Regulatory/Agency Reporting
	Other
	Referral to Network Management
	Referral to Medical Management
	Referral to Performance Management
	Referral to Legal
	Referral to OIG
	Referral to Other Support Service

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	Regulatory Board Meeting
	Other Peer Review Recommendations
Member	Advocacy
	Given Assistance to File a Grievance and/pr Appeal
	Other
	Referral to Customer Service
	Referral to Medical Management
	Referral to Grievance and Appeals
	Referral to Case/Care Management
	Referral to Clinical Resolution Unit
	Referral to Legal
	Referral to OIG
	Referral to Oher Support Service
Provider	Letter of Education
	Policy/Procedure Change
	Termination
	Suspension
	Regulatory/Agency Reporting
	Regulatory/Board Reporting
	Sanction
	Other Peer Review/Recommendations
	Education Staff
	Education Provider or Facility
	Referral to Network Management
	Referral to Medical Management
	Referral to Grievance and Appeals
	Referral to Clinical Resolution Unit
	Referral to Performance Improvement
	Referral to Legal
	Referral to OIG
	Referral to Other Support Service