

Gila River Provider Deliverables

DELIVERABLE	FREQUENCY	WHEN DUE	SUBMIT TO	SUBMITTED BY
GRIC Business License GRIC Business License Link http://www.gilriver.org/index.php/opportunities/business-lic-tax-forms	Upon Renewal	Upon Renewal	Gila River Network: GRBHSNetwork@grhc.org	Only providers who's services occur within reservation boundaries
Incident Accident and Death Report Phone message to be left with the case manager at GRBHS and the parent/guardian within 24 hours (1 business day)	Each critical incident	Within two (2) business days of occurrence. Mortalities are reported within 24 hours (1 business day).	QMS Portal: https://qmportal.zahcccs.gov/	All Providers
Seclusion and Restraint Report	Each seclusion or restraint	Within five (5) business days of occurrence	Gila River QI: GRBHSQI@grhc.org	BHIF (Level I) Providers
Seclusion and Restraint Monthly Summary Report	Monthly	Within five (5) calendar days after the end of the month	Gila River QI: GRBHSQI@grhc.org	BHIF (Level I) Providers
Provider Access to Care	Monthly	Within five (5) business days after the end of the month.	Gila River Network: GRBHSNetwork@grhc.org	Outpatient Providers
Census	Monthly	Within five (5) business days after the end of the month	Gila River QI: GRBHSQI@grhc.org	BHIF (Level I) & Behavioral Health Residential Providers
Provider Performance Review (“Desk Audit”)	Annually	As Scheduled	Mail to: Network Manager Gila River Behavioral Health Services	Organizational Providers (BHIF, Residential & Outpatient)

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			17487 S. Health Care Dr. Laveen, AZ 85339 or email to: GRBHSNetwork@grhc.org	
SMI Functional Assessment	At Intake, every 3 months, at Discharge	As Scheduled	Gila River QI: GRBHSQI@grhc.org	<i>Residential Providers (SMI only)</i>

Contact us:

Gila River Quality Improvement: GRBHSQI@grhc.org (authorizations, IAD reports, AHCCCS QMS Portal, seclusion and restraint, census, or questions regarding any of the previous items).

Gila River Network: GRBHSNetwork@grhc.org (provider program information to keep our directory of available services current, provider phone lists, provider relations, provider availability, comments, questions, concerns, Adult Placement Site-visits, Child Placement Site-visits).

I acknowledge receipt and agree to follow standard AHCCCS guidelines for IAD/QOC reporting in AZ.

Signature:

Date:
