

Gila River Provider Deliverables

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

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SMI Functional Assessment	At Intake, every 3 months, at Discharge	As Scheduled	Gila River QI: GRBHSQI@grhc.org	<i>Residential Providers (SMI only)</i>
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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: