

# Quality Assurance Management System (QAMS)



Provider User Procedures  
December 2017

# **Quality Assurance Management System – QAMS Manual**

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## **Quality Assurance Management System – QAMS**

QAMS is a live database administered by the Community Services Bureau (CSB) with support from the Technology Services Division. The QAMS database serves two purposes.

1. Compliance with the Federal Quality Assurance Mandates for Home and Community Based Services Waiver (HCBS) and Community First Choice (CFC). The HCBS staff utilize data from QAMS to respond to Centers for Medicare and Medicaid Services (CMS) questions and performance measures.
2. Streamline, standardize, and simplify quality assurance communication between providers, Regional Program Officers (RPO), and Central Office (CO) staff in a secure and paperless environment. Data from the QAMS is used to document trends across the state which in turn enables the Community Services Bureau to identify training needs and assess program policy and procedure.

QAMS is accessed via a browser such as Internet Explorer. The QAMS website is located at: <https://app.hhs.mt.gov/QAMS>

Providers reimbursed for CSB authorized services of CFC, Big Sky Bonanza option and case managers with the elderly physically disabled home and community based services waiver, are required to use the QAMS system to enter and view Serious Occurrence Reports (SORS). The Quality Assurance Review standards are also completed in QAMS.

Each provider agency and/or case management team is required to designate at least one employee to be in charge of QAMS. Only people with a need to use the system, should have access to QAMS. The designated person will immediately submit appropriate forms (OM300) to central office when employees are hired and/or terminate employment. Managing people's access to QAMS is essential to protect the privacy and integrity of the QAMS system. The following website includes the required OM300 forms to allow access and deletions for QAMS users:  
<http://dphhs.mt.gov/tsc/securityaccessforms.shtml>

An audit of QAMS users occurs each January and July. The person designated, by the agency, as the QAMS lead is responsible for training new hires on QAMS and to ensure proper data accuracy for their team.

Every QAMS user must have a distinct username and password to enter information in QAMS. Users cannot share this information with each other.

### **Sign-In Screen**

An OM-300B form must be completed to establish your QAMS access. Once the form is completed fax it to the CSB Central Office at (406) 444-7743. The designated CSB

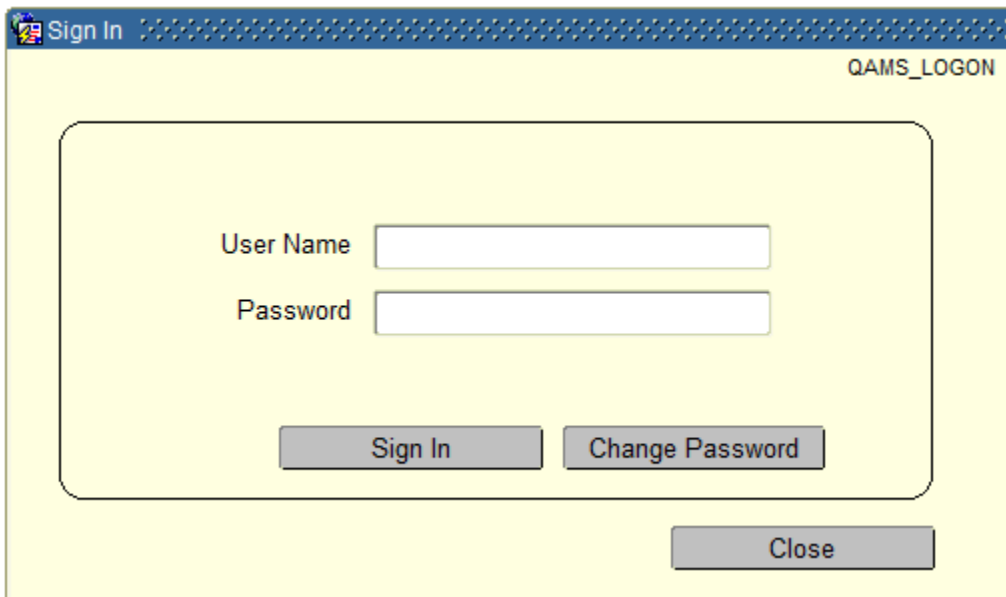
employee will process the request and provide a username and password via email. Upon receiving this information, you will have access QAMS.

The initial screen of the QAMS system is the Sign-In Screen. The first time you access QAMS successfully, the system will require you to create your own Secure Password. The new password must be entered twice, and click on the OK button. Upon successful duplicate entry of your new password, system access is granted. If you forget your username call your Program Officer (RPO or CPO). If you forget your password, you must contact the Help Desk at 406-444-9500.

Note: You must use your mouse to click on the Sign-In button. The Enter key on your keyboard will not allow access to QAMS.

**Sign- In Quick Reference:**

- Username: Identification Number (usually two letters and four numbers)
- Password: created by and known only to you
- Click the Sign-In key (pressing enter doesn't work)



## **Passwords**

A strong password which is in accordance with HIPAA regulations that require security of Protected Health Information (PHI) is required. The purpose of a strong password is to deter and/or prevent malicious access of the QAMS database. A password must be 6 or more characters. It must include letters, one number or more, and at least one special character (those above the numbers on a normal keyboard). Password update is required every 60 days.

## **Welcome Screen**

The welcome screen is the main navigation window for the system. Once you access QAMS choose the quality assurance tool you wish to utilize. Whenever you click the exit buttons found at the bottom of the page within each tool screen, the welcome screen will return. The buttons found on the welcome screen are listed below.

- New Serious Occurrence Reports
- SOR Search
- QAC Search
- Logoff

Note: The preferred method of leaving the system is to click the log off button on the welcome screen.

## **Entering Information in QAMS**

Use the fields provided on each of the QAMS screens to enter information in QAMS. There are two types of fields in QAMS. The first is a text field and the second is a dropdown menu field. Text fields require you to enter text in the field. Dropdown fields require you to select a value from a pre-existing menu. *Note that all dropdown menu fields are indicated by a box with multi colored picture icon to the right of the field.* Dropdown menus are frequently utilized in this database to speed entry and standardize information entered into the system. When a dropdown menu is available, the value in the field must be chosen from the dropdown menu. If the value entered is not found in the dropdown menu, the text entered in the field will be highlighted royal blue and navigation away from the field is impossible until the field is corrected. The delete function is available if the user is unsure of what to enter in the field or an error has been made. By deleting the entry, the empty field is restored which enables the user to input a new answer. If the user is unsure of what to enter in a field, click the dropdown box to see the options available.

To access a field, place the cursor in the field, click the mouse, and begin to enter text using the keypad. Once the text is entered, be sure to click the save button to ensure your work is captured in the database. The user can validate that the document has been saved by clicking on the “SOR Summary” button at the bottom of the page and/or by checking the incident status located at the bottom of the summary document. Additional text can be added into a text field at a later date. When the submit button is clicked, the text field becomes locked. At this point, the text field can no longer be modified.

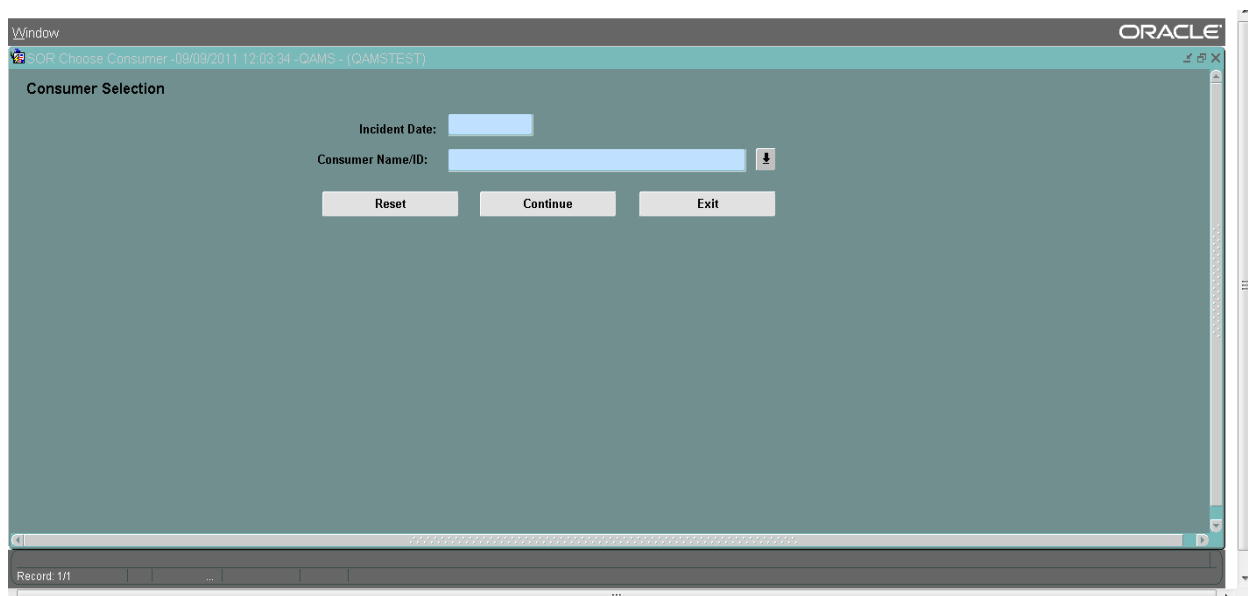
Note: To avoid deleting the text, DO NOT type in this field when it is highlighted in blue. To add text to the field, either double click or click once and use the up and down arrows on the keyboard before typing. This will de-select the previously highlighted text and show a blinking cursor in the text.

## SOR Entry Tool

From the welcome screen, click on “New Serious Occurrence Report (SOR)”.



When you click on the New Serious Occurrence Report button this will bring you to the Member Selection screen.



Providers use this window to complete a new Serious Occurrence Report and submit it to their RPO.

The incident date must be completed prior to selecting the member name. The incident is the actual date of the serious occurrence, not the reported date. If a pop up message occurs stating that the member is not active on the date you've entered, please see the Troubleshooting unable to enter the accurate date of the SOR, please see directions under QAMS troubleshooting.

Select the member's name from the drop down box that alphabetically displays member names. Press continue to move to the SOR. Proceed with completing the SOR.

The SOR entry window is a multipurpose window used to perform all actions for an SOR. The top portion of the window will be completed by the provider representative. All fields highlighted in blue must be completed by the provider prior to submitting an SOR to an RPO. Please note that once the submit button is selected; changes to the SOR will not be available. Prior to selecting the "Submit to RPO" button, be sure the information is accurate and complete.

Submitting an SOR to an RPO

The following fields must be completed prior to submitting an SOR to an RPO.

The **Incident ID** is generated by the system once the information is saved. Do not enter a value in this field when creating a new SOR.

The **Incident Date** field must be entered to represent the date the incident occurred.

The **Member TEAMS ID** field must be entered to identify the member. The TEAMS ID is the same as the member's Medicaid ID number and the field will be automatically filled if the members name is chosen from the drop down menu next to the member name field.

- Search for the member by first clicking the arrow for the dropdown menu or by typing the last name in the name field and pushing the tab button; Or,
- Search for the member by entering the first several letters of their last name before the % and click the "Find" button.
- To select a name, either double-click the members name from the list or highlight it by clicking once then click the "OK" button.

Note: If the member chosen for the Member Name field doesn't match the TEAMS ID previously entered, the TEAMS ID will automatically be changed to match the member name. This is important to watch for members with common names (i.e. Smith) many people with the same name can only be identified by TEAMS ID. Also, some names are entered with capital letters and some will be all lowercase. Make sure the correct person is selected.

The Program field specifies which provider type the person entering the information represents. For example, a member receives both state plan and waiver services, enter the program under which the serious occurrence occurred.

Note: PAS=CFC as the coding has not been updated for the State Plan Program.

The Service Setting is where the member lives and receives their services. Choose the service setting from the drop-down list.

- Adult residential: Assisted Living Facilities are considered an Adult Residential setting.
- Beehive and Liberty Place are listed separately and will be chosen as the service setting for members residing there. If a member lives in a different group home, choose the group home option.
- Home is for members living in their own home.
- Supported Living refers to members not living in a facility, but receiving the Supported Living service.
- Other is an option for members who fall outside those options listed. Only use this option after consulting with RPO or Central Office.

If a member has a serious occurrence while away from their residence, choose the setting in which the member typically receives services. Do not choose “other”.

The Provider Name is the agency or case management team you represent. Choose your agency from the drop-down list.

The Provider Representative must be an employee of the provider named in the field to the immediate left. *These fields must match across the page.*

The second Provider Name field is to be used for members with more than one provider (shared PAS/CFC cases or waiver members). This field is not blue because it is not applicable to all members. If a member receives only state plan through one provider, the second Provider Name field will be left blank. If a member receives both state plan and waiver services or receives state plan services through two agencies, the provider entering the information must list the other provider in the second Provider Name field, even if the incident didn't occur as part of the other provider's services. In shared cases use this field as a reporting tool to the other provider. The other provider will not have access to the SOR or be notified of its existence if they are not named as a provider. The field to the immediate right of this second Provider Name field is also optional. For example, if a PAS/CFC agency enters the SOR and names the case management team as the second Provider Name, a Provider Rep from that CMT is optional. This exception is only for the second Provider Name and Provider Rep fields.

The Incident Types and Subtypes fields are linked fields.



1. The first dropdown box describes who was involved in the incident. For example, if a member falls, the member is selected. If a PCA cuts the members finger, select the member. If the member hits the PCA, the agency the PCA works for is selected.
2. Select the category of the incident from those listed in the second dropdown box which describes what type of incident occurred. The selection of "Other" will be used only as a last resort. Multiple options can be selected for one event/incident.

The Incident Description is a narrative field describing the serious occurrence. The description will clearly describe the incident, (who, what, when, why, where and how), and include sufficient background information to allow the reviewing RPO to understand the circumstances of the case.

QAMS does not include a spell/grammar check feature. One method for ensuring the SOR is written clearly and with words spelled correctly is to type the description in a Word document and spell check before pasting the comment into the QAMS field. Once this description is complete, simultaneously press the Control and C keys on your keyboard. This action will copy the highlighted information to your computers clipboard. Pull up the QAMS SOR screen and place the cursor in the Incident Description box. Simultaneously press Control and V on your keyboard to paste the copied information to the Incident Description field. If Word is used to write the Incident Description, *do not save the Word document* or clipboard item. This spell check option does not consistently work for all users.

The Incident Causes field includes a dropdown menu for why, the incident occurred. You can select multiple causes by hitting the down arrow once you have selected your first cause. "Other" will be used only as a last resort. For a more detailed explanation of why the incident occurred please use the Incident Description field.

Select the appropriate RPO's name from the dropdown menu. The Responsible RPO field is for the RPO responsible for the geographic area in which the member lives.

Provider Actions Taken is a narrative field to describe what was been done to respond to the serious occurrence. Usually, this includes some means of seeking or ensuring safety. The narrative will include information on who, what, why, when and how. Be sure that the narrative addresses checking on the member and that it is relevant for both the incident description and the incident cause.

The Created By field will be automatically populated and cannot be modified. Corrective Action Items can be entered by the provider and/or the RPO as necessary. Use the Corrective Action Item field to provide a brief description of the corrective action or follow-up that will address and prevent future events. It is not appropriate to document questions in this field. Examples of Corrective Action Items include scheduled PCA training; follow up meeting with the member; contacting health care professional, etc.

Once this field has an entry, it is necessary to assign a Due Date using the date format of: mm/dd/yyyy. It is impossible to navigate to the next Corrective Action Item description field until a Due Date has been entered.

Note: Upon assigning the due date, the system generates the data for the Created By field.

The completion date of the Corrective Action will be documented in the Completed Date field. Enter the date of completion in the following format: mm/dd/yyyy. The Completed Date field will only be entered when the action item has been completed. If it has been completed upon entering the corrective action item, you may list the completed date prior to submitting the SOR to the RPO. If the action item is not completed, refrain from entering a completed date until the SOR has been returned and the action completed.

To access *more than three* Corrective Action items, create a fresh line by pushing the down arrow on the keyboard when the cursor is in the due date field of the last Corrective Action Item line. If the Corrective Action Item has not been completed and, no data is documented in the Date Completed field, place the cursor in the Due Date Field and press the down arrow on the keyboard. Follow this procedure as needed for subsequent Corrective Action Items entries.

Only three Corrective Action Items are shown at one time. If there are more than three, scroll down to view all of the Corrective Action Items. The SOR summary is a preferred format for reading.

The Save Changes button at the bottom of the screen can be clicked anytime and as often as desired to save data entered. *If you exit the window without clicking save, the data will be lost and cannot be recovered.*

The Submit SOR to RPO button indicates that the CM has completed the SOR and that the SOR is ready for review by the RPO. *Simply saving the SOR does not qualify as submitting the SOR to your RPO.* You must click the Submit to RPO button. Remember, the blue fields are mandatory and must contain an entry before the record can be submitted.

Upon submission of an SOR to an RPO, the QAMS system automatically sends an email notification to the RPO selected. The provider that entered the SOR, and the second provider if one was named, will also receive an email notification if email addresses are current in QAMS. *Make sure that central office data owner is aware of changes in email addresses.* Once the SOR has been submitted, the information entered in the blue fields can only be changed by an RPO or PM. Only Corrective Action Items can be entered by the RPO or provider once the SOR has been submitted to the PRO. Be sure to save any modifications made after submitting the SOR to the RPO by clicking the Save Changes button.

Remember that SORs must be submitted within 10 business days from the date the user was first notified of the serious occurrence. The SOR Summary button at the bottom of the window provides the ability to view (a pop-up window) or print a copy of the saved SOR. If unable to view the pop-up window, allow pop-ups from this website on the browser.

The Exit button will be used to navigate back to the Welcome Screen. *Do not use the back arrow with the browser. This will direct you out of QAMS.* Instead, use the Exit button at the bottom of the page to go back to the Welcome Screen.

#### Follow-up on an SOR

The RPO will return the SOR to the provider once the RPO reviews the SOR. The provider will complete necessary Corrective Action Items. Once all of the corrective action items have been completed click on the Submit SOR to RPO button.

Once an SOR is submitted to an RPO, changes can be made, only with RPO/PM assistance.

### **SOR Quick Reference:**

- Provider enters information, clicks save, and clicks submit SOR to RPO.
- RPO receives email notification of the new SOR. Upon review of SOR, the RPO determines if follow-up action and corrective action items are appropriate and sufficient. If appropriate action was taken, and corrective action items have been completed, the RPO will close the SOR. If not, appropriate and sufficient, corrective action items will be entered for completion by the provider. RPO clicks Return to Provider Button.
- Provider completes all Corrective Action Items, entering the date of completion in the field to the immediate right of the Corrective Action Item. When all are complete, provider clicks the Submit to RPO button.
- Once all Corrective Action Items are completed by both the primary and, if applicable secondary provider, the RPO can close the SOR or generate a follow-up Quality Assurance Communication (QAC) to further address the matter.
- The RPO and provider will receive a system generated email informing them that the SOR has been closed.

### **SOR Search Tool**

This tool allows you to obtain a list of saved SORs. Community Services Bureau (CSB) staff have access to all SORs. Providers have access to only those SORs where their provider name is listed under the provider type.

There are many search categories available. Two types of fields are available to search by:

1. Those you type in manually:
  - a. Incident ID number (SOR #)
  - b. Start Date
  - c. End Date
  - d. Teams ID (This refers to the member's ID number with Office of Public Assistance)
  
2. Those you pick from a drop down list:
  - a. Recipient/Member Name
  - b. Provider Name
  - c. RPO Name
  - d. Incident Status

Saved SORs are identified by a system generated ID number called the SOR #. Entering this number is the quickest way of retrieving a specific SOR.

Searching by Start Date allows search for SORs entered from the specified date to the present. Searching by End Date allows for search of SORs up to the specified date. Utilizing both Start Date and End Date allows search for SORs entered within the specified time period.

Searching by SOR status will provide data for how many and which SORs remain open. The CSB recommends each provider utilize these search criteria as a means of completing quality assurance reports to ensure SORs are completed timely.

The Search button is used to search for saved SORs. To initiate a search, enter the known information as previously described, then click the Search button. Items that match that criteria will be displayed on the list in the lower portion of the window. Up to five SORs will be automatically displayed. Use the scroll bar to see a complete list of SOR's.

The Select buttons to the immediate right of the returned SORs will open the SOR.

The Reset button clears all of the search fields and allows for a new search.

To leave the SOR search tool, press the EXIT button at the bottom of the screen. Do not use your browsers back button as this will result in being ejected out of the QAMS system.

## **Quality Assurance Communication (QAC) Tool**

Only an RPO/Program Manager with Central Office authority have access to initiate a QAC. A QAC can be written for the following reasons:

- A QAC can be used to recognize excellent work by a provider.
- A QAC can be used to document a provider performance problem.
- A QAC can result from an SOR in which the provider actions/outcome of the SOR was unsatisfactory.
- A QAC can be initiated as part of a QAR (Quality Assurance Review), or
- As the result of an in-home visit regarding specific QAR standards.

If the response to an initial QAC is unsatisfactory another QAC can be generated until the issue is resolved.

The top portion of the QAC screen contains blue fields. Data must be entered in all blue fields before the QAC can be submitted to the provider. Click the Submit to Provider button to complete submission of the QAC.

The lower portion of the screen is used by providers to communicate an explanation of cause and action related to the QAC. In the QAC Cause field the provider will describe what caused the circumstance that necessitated the QAC. In the QAC Action field the provider will describe their action to address the situation outlined in the QAC. The provider then submits their reply to the RPO by clicking the “Submit to RPO” button.

Note: Text must be entered in both of the provider response fields (QAC cause and QAC action) in order to submit the QAC to the RPO.

Once the QAC is submitted to the RPO, the RPO will review the QAC, provide comments, and close the QAC. There are three options to close the QAC:

- Close Resolved—nothing more needs to be done
- Close Unresolved--more needs to be done for the member
- Close Follow-up QAC—policy violation

There may be a need for additional communication and action related to the QAC. When this occurs, the RPO will generate a new QAC, which is linked to the old QAC.

The QAMS system will assign a QAC ID number. Note that each category of entry utilizes its own numbering system. For example, QAC 1 is not necessarily related to SOR 1 or QAR 1.

### **Summary:**

CSB staff initiates the QAC, by selecting “Performance Standard” or “Positive”. Then describe the scenario leading up to the QAC and the result(s) of the scenario, and expectations from the Department. CSB staff submits the QAC to provider by clicking the “Submit to Provider” button.

- Provider receives email notification of the QAC and uses the QAC Search tool to retrieve the QAC. The provider must respond with an explanation of the case and action plan, then return the QAC to RPO by clicking the “Submit to RPO” button.
- RPO receives email notification of the returned QAC and can close the QAC if it was sufficiently addressed or create a follow-up QAC.
- The RPO and provider will receive a system generated email stating the QAC is closed.

## **QAC Search Tool**

Similar to the SOR Search Tool, the QAC Search Tool is where providers and CSB staff retrieve saved QACs. Here, you can find out which QACs are still pending, past due, or closed. This is useful when a number of QACs are identified and written during a QAR. The QAC Search Tool allows providers access to the QAC entry screen to enter a response to an open QAC. For instructions on completing a provider response, see paragraph 4 of the section titled Quality Assurance Communication above.

Utilizing the SOR Search Tool, CSB staff can access all QACs. Providers have access to QACs sent to them. As few as one search criteria field can be used to search for QACs. Manual entry of the QAC # or QAR # is required to search by these two categories. The other fields contain dropdown menus by which you must select one of the named categories to search by. To search, click the “Lookup” button.

The list of QACs matching your search criteria will appear below the search category fields. If the search returns more than ten QACs, the scroll bar to the immediate right of the select buttons will become activated. Use this scroll bar to view additional QACs. To view a specific QAC, click the Select button to the immediate right of the Completed Date field in the same line as the desired QAC. To exit a selected QAC and return to the QAC search, click the “Exit” button at the bottom of the QAC window.

The Reset button above the Lookup button clears all of the search fields, and allows for a new search.

## **Quick Reference: Formatting Commands**

Use the control key simultaneously with the following:

Ctrl + Z to Undo

Ctrl + X to Cut

Ctrl + C to Copy

Ctrl + V to Paste

## **Quick Reference: Entering an SOR**

**Incident ID**...this is computer generated.

**Member Teams ID**...this is computer generated once the members name is entered. Same as the Member Medicaid number.

**Program**... SDPAS, PAS=CFC, HCBS, or BSB. Enter the program you work for.

**Service Setting**.....this reflects member's living arrangement.

**Recipient/Member Name**....this reflects the member.

**Provider Name**....this reflects the reporting agency of the incident and matches the Provider Rep named to the immediate right (what agency is generating this report?)

**Provider Rep**...this reflects the employee of the agency writing this report (who is writing the report?). This person is the employee of the agency named to the immediate left and is the person completing the SOR.

Second **Provider Name**...this reflects any secondary provider involved in the case (ALF, PAS=CFC SDPAS HCBS)....when this field is entered the secondary agency will be notified of the incident through the QAMs database.

Second **Provider Rep**...this is the representative of the secondary provider. *\*\* There may not be a second Provider and provider rep\*\**

**Incident Type**.....this reflects the primary category of person(s) involved in the incident, there may be more than one provider.

**Incident Subtype**....this reflects what happened in the incident type, more than one may be selected.

**Incident Description**....describes the circumstances and will be written to the reader as if they know nothing of the situation or persons involved. Should correspond with SOR policy to ensure an SOR should be written.

**Incident Cause**...choose a cause from the dropdown. More than one can be chosen. Use "Other" sparingly.

**Provider Actions Taken**...this reflects actions taken by the provider to respond to the incident.

**Corrective Actions**.....This details specific follow-up action that has been done or needs to be completed related to the incident.

**Due Date**... date the Corrective Action Item must be completed by

**Completed Date**... date the Corrective action item was completed

## **QAMS Reports/Searches Managing the Information**

### **QAMS005 SOR Search Detail/Summary:**

This report provides a list of SORs that are in the QAMS database and that has not been closed or cancelled. The list is organized by status: initiated, return to provider, and submitted. The list includes Incident ID, Incident Date, Provider Name, RPO Name and Member Name.

### **QAMS0011 User Management Report of Providers and the Email Addresses Attached:**

This report is a quick reference to ensure the correct people within a provider agency or CMT have access to QAMs. Verification of correct email address by provider is also a function of this report. Only one provider/location can be run at a time. Providers with more than one location have to select their agency name and then select a specific town to run an accurate report. The results of the QAMS0012 report is an Excel spreadsheet that can be cut and pasted or exported to another location.

### **QAMS0015 SOR Agency Detail Timeline Report:**

This report requires the user to select a time period. This report provides a list of SORs and sorts the SORs by provider. The list includes the Incident ID, date the SOR incident was reported, and the date the incident was submitted to the RPO and the total number of days it took to submit the SOR.

Note: Report is only accurate from July 1, 2009 forward.

### **QAMS0019 SOR Agency Timeline Report:**

This report requires the user to select a time period. Report #19 provides the percent of SOR reports a provider has submitted that were beyond the 14 day time frame between when the incident was reported to the provider and when the SOR was submitted to the RPO.

Note: Report is only active from July 1, 2009 forward.

### **QAMS0021 Active QAC Report:**

This report provides a list of QACs that are in the QAMS data base and have not been closed or cancelled. The list is organized by status description (returned to RPO and submitted to provider) and QAC type (other, QAC follow-up, and QAR-QAC). The list includes the QAC ID, date, provider name and RPO name.

### **QAMS0024 RPO Timeline Report:**

This report requires the user to select a time period. This report sorts the SORs by RPO and provides the total number of SORs and total percent of SORs that have taken longer than 14 days to be returned to the provider or closed.

### **QAMS0025 SOR Detail Timeline Report:**

This report requires the user to select a time period. This report provides the detail related pertinent to the QAMS0024 report. It sorts the SORs by RPO and provides a






list of the SORs that were returned beyond the 14 day timeframe. The SOR list includes the Incident ID and provides the date the SOR was submitted to the RPO and the date the RPO returned or closed the SOR. This report only includes SORs that are in a status of closed or return to provider. This report cannot be used to track an SOR in initiated or submitted status.

#### Reports to Review Prior to a QAR:

- QAMS SOR Search Detail/Summary
- QAMS005
- QAMS0011
- QAMS0013
- QAMS0019

## Trouble Shooting Tips for RPO's

### Navigating Dropdown Lists

- To the right of a dialogue box is an icon  to indicate that the field has a drop-down list. A value must be selected from the dropdown list whenever you see this icon .
- To select a value:
  - Click the , and click the value in the list
  - Start typing the first few characters of the value, and press the tab key to go to the next field or click on another field, and system will fill in the value.
  - Press Ctrl-L and the list of values will pop up
- To search the list of values, the % sign works as a wild card. Type p% in the search field at the top of the list window and click search. Everything on the list that starts with 'p' will be visible and available for selection. (The % sign must follow the entry you make)
- To move through the list, click up or down on the scroll bar located on the right next to the list of items.
- Required fields are blue.
- Tab in/out of the field or click on a new field to move on.
- If the field becomes highlighted blue, the entry is not valid. Either delete it or correct the entry before navigating away from the field.
- When re-entering a field with text in it, clicking once will highlight the whole entry in blue. Click again or use the arrow keys on your keyboard to set the cursor where you wish to begin entering new text. Typing with the text highlighted blue will not be saved.
- Deleting text in a field by accident can be corrected by clicking the "Exit" button at the bottom of the window then click NO when asked if you want to save changes. This action will recover lost data as well as restore any other fields changed before saving.
- On each of the search windows the information in the search fields are used together. So, it looks for values that match all of the criteria you entered. Also, each

time the search button is clicked. The database runs a completely new search – it will not search within the list displayed on the window.

- Use the buttons on the window to take action on the record. For example, you must click the “Save” button to save the changes to the record.
- The system will send an alert with an informational message if required fields are left empty.

Problem: Agency/Provider representative cannot enter an SOR

- RPO’s will check the following before forwarding the problem to the Central Office:
  1. Verify with MPQH (443-4020) that the intake for member was processed by MPQH. Note: Have the members Medicaid ID number available for the phone call. Double check the intake even if the member has been on waiver for years. The date the member is entered into QAMS is directly related to the date that the intake was received by MPQH. This date may or may not relate to the date of actual admission.
  2. Try entering the SOR again a few days after info (re)-submitted to MPQH.
  3. Verify the name and/or email is spelled correctly—the data owner Central Office Data Owners can sometimes correct this and sometimes it requires a work request.
  4. Work around --Write the SOR with today’s date and put correct date of incident in the narrative part of the SOR.
- Was member discharged prior to the SOR being written?  
There is no work around for this. If you discharge a member, you will not be able to enter a new SOR for that member unless they are re-admitted.

Problem: Program Type is incorrect for the member when writing an SOR

- RPO should direct the CM to stop writing the SOR and refer the problem to the data owner.
- Once an SOR is saved, the program type cannot be modified on that SOR. Report the problem to the RPO and Program Manager (PM). The only way to verify a correction has been made successfully is to enter a new SOR and view the program type. The RPO, and/or the PM can view the corrected program type on a new SOR but not on a previously entered SOR.
- Options: A user becomes aware of an incident that requires an SOR. On day 1 the CM initiates the SOR and finds out that the program type for this member is inaccurate. The CM has 2 choices:
- Continue to enter the SOR even though the program type is wrong. That way deadlines are met. Notify the RPO of the problem.
- Stop and do not save the SOR. Contact MPQH immediately to verify accurate information. Submit correction information to MPQH immediately if necessary. Staff at MPQH will upload the correction. The next day after 11 am, the RPO/PM/CM can attempt to start over and enter the SOR. If the correction was successful the program type will now be accurate. If this can be done within the 10 days it is the preferred solution and maintains the accuracy of the data base.

Problem: BSB member(s) shows up in QAMS after discharge from BSB.

- RPO should direct the CM to re-submit discharge information to MPQH

## Troubleshooting for QAMS Users

Problem: Agency/Provider representative cannot enter an SOR

CM's will check the following before forwarding the problem to RPO:

- Verify with MPQH (443-4020) that the intake for member was processed by MPQH. Please have the members Medicaid ID number available for the phone call. Double check the intake even if the member has been on waiver for years.
- Try to enter the SOR a few days later after info (re)-submitted to MPQH.
- Correct any errors necessary—if the CM's name is not spelled correctly, forward the problem to the RPO. The data owner can sometimes correct this and sometimes it requires a work request submitted by the data owner on behalf of the CM.
- Inform the RPO when verification of MPQH information is received.

Problem: Program Type is incorrect for the member when writing an SOR

- Stop writing the SOR and refer the problem to the RPO.
- Once an SOR is saved, the program type cannot be modified on that SOR. Report the problem to the RPO and Program Manager (PM). The only way to verify a correction has been made successfully is to enter a new SOR and view the program type. The RPO, and/or the PM can view the corrected program type on a New SOR but not on a previously entered SOR.
- Options: A CM becomes aware of an incident that requires an SOR. On day 1 the CM initiates the SOR and finds out that the program type for this member is inaccurate. The CM has 2 choices:
- Continue to enter the SOR even though the program type is wrong. That way deadlines are met. Notify the RPO of the problem.