



Arizona Priority Care

q.HMO Access Agreement & User Registration

What is q.HMO? *q.HMO* is Arizona Priority Care's (AZPC) new & improved Proprietary software program that will assist you in maximizing your RAF score by facilitating the accurate coding of diagnoses. *q.HMO* consolidates data from various claim sources to show all diagnoses reported by all providers rendering care to an AZPC patient.

How should you use the q.HMO information? Any provider can start by reviewing the RAF: Revenue 2018 vs. Revenue 2017 module to see what the average RAF score is for the total membership. Clicking on the health plan for the patients will give specific detail on each patient assigned to the practice/group. Any patient with a RAF score of less than .8 represents an opportunity for the physician to conduct an annual comprehensive visit to document all chronic conditions and diagnoses for an improved RAF score in 2018. Remember diagnoses must be restated in a claim each calendar year to count towards a patient's RAF score. RAF scores calculated at the end of the year will establish the basis for AZPC claims reimbursement in the following year.

Directions: For access to AZPC's *q.HMO* System, please complete this form and return it to AZPC's Provider Relations Department via fax at 480-403-8209 or email providerrelations@azprioritycare.com.

INCOMPLETE FORMS WILL BE RETURNED PRIOR TO GRANTING ACCESS

Please **PRINT** clearly and completely.

Requestor First Name:	Requestor Last Name:	
Title:	Requestor Phone:	Requestor Fax:
Practice/Provider Name:		Tax ID# (Required):
Email Address (email address is <u>Required</u> in order for access to be granted):		

*Please complete fully. Incomplete sections may result in delayed processing.

ACCEPTANCE OF ARIZONA PRIORITY CARE's q.HMO DATA ACCESS TERMS & CONDITIONS

I understand and accept that being granted access to Arizona Priority Care's on-line application, named *q.HMO* (HDS) Heritage Medical System involves my assuming considerable responsibility for maintaining the integrity and security of Arizona Priority Care's data. I am responsible for the privacy and confidentiality of any Arizona Priority Care's data to which I have access.

My signature affixed certifies that I have read and agree to the terms and conditions stated in the first paragraph and will comply with all requirements as directed by Arizona Priority Care.

*****Electronic Signatures Not Accepted*****

Requestor Signature (Required):	Date:
Manager/Physician of Group Name (Please Print):	Manager/Physician of Group <u>Signature</u> (Required):

NOTICE: This communication is intended for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, or the employee or the agent responsible for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, email or facsimile and disregard this form.

Internal Use Only:		
User Name: _____	Approved/Returned: <input type="checkbox"/>	Date: _____ Initials: _____
PR Rep: _____	Denied: <input type="checkbox"/>	Date: _____ Initials: _____
	Tracker: <input type="checkbox"/>	Date: _____ Initials: _____
Sent for Processing: <input type="checkbox"/>	PW Reset: <input type="checkbox"/>	Date: _____ Initials: _____
Date: _____		