



Critical Incident Report Form

Member's First Name:		Member's Last Name:	
DOB:	Medicaid ID #:	Date/Time of Report:	
Date/Time of Incident:		Incident Discovered Date/Time (ET)	
Member Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>		Facility Name/Address of Incident (if applicable or known):	
Incident Category (see clarification below): <input type="checkbox"/> Sentinel <input type="checkbox"/> Quality of Care <input type="checkbox"/> Other			
Provider Type: <input type="checkbox"/> Provider - Hospital (Name) _____ <input type="checkbox"/> Provider - PCP or Specialist (Name) _____ <input type="checkbox"/> Provider - Nursing Facility (Name) _____ <input type="checkbox"/> Provider - IP BH Facility (Name) _____ <input type="checkbox"/> Provider - HCBS provider (Name) _____ <input type="checkbox"/> Provider - Other Provider (Name) _____			
Brief Description of Incident (e.g. medication error):		Abuse, Neglect, or Exploitation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Detailed Description of Incident (Use additional sheets, as necessary):			
Cause of Death (if applicable and if known):			
Source for Critical Incident Data:			
<input type="checkbox"/> Individual <input type="checkbox"/> Family/Caregiver <input type="checkbox"/> Provider <input type="checkbox"/> MCO Team <input type="checkbox"/> Anonymous <input type="checkbox"/> APS/CPS <input type="checkbox"/> DBHDS/State Agency <input type="checkbox"/> Ombudsman <input type="checkbox"/> Other			
Contact Name:	Contact Phone No.:	Contact E-Mail:	

*All incidents must be reported within 24 hours. Verbal reports must be documented within 48 hours.

Clarification: A **Quality of Care** incident is defined as any incident that calls into question the competence or professional conduct of a healthcare provider while providing medical services and has adversely affected, or could adversely affect, the health or welfare of a member. These are incidents of a less critical nature than those defined as sentinel events. A **Sentinel Event** is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following: [1] Death, [2] Permanent harm, [3] Severe temporary harm and intervention required to sustain life



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Organizations can have varying definitions of what is considered a Critical Incident which requires reporting. This is true for the MCOs involved with CCC+ as well.

Please refer to the list of 'reportable' critical incident that must be sent to the MCO for which the member is enrolled with utilizing the CCC+ Critical Incident Report Form.

What constitutes a Clinical Incident to be reported to MCOs

- Medication Errors
- Severe injury (temporary harm or permanent)
- Suspected Mental Abuse (APS/CPS Mandatory report)
- Theft
- Financial Exploitation (APS/CPS Mandatory report)
- Death/Incarceration of a Member
- Suspected physical abuse (APS/CPS Mandatory report)
- Neglect (APS/CPS Mandatory report)
- Exploitation (APS/CPS Mandatory report)
- Other (documented deviation from the standards of care which results in a harmful/adverse event)

Please do not hesitate to call the Care Manager or the MCO should have questions.

PLEASE SEND FORM VIA FAX TO THE DESIGNATED HEALTHCARE PLAN USING THE CONTACT INFORMATION BELOW AND FOLLOWING REPORTING TIMEFRAME REQUIREMENTS.

CONTACT INFORMATION		
COMMONWEALTH COORDINATED CARE PLUS PLAN	PHONE NUMBER	FAX NUMBER
Aetna Better Health of Virginia	(855) 652-8249	(844) 203-0020
Anthem Healthkeepers Plus	(855) 323-4687	(855) 273-6831
Magellan Complete Care of Virginia	(800) 424-4524 (TTY 711)	(423) 591-9525 (866) 325 9157
Optima Health Community Care	(757) 552-8398 (866) 546-7924	(844) 552-7508
United Healthcare	(800) 391-3991	(855) 371-7638
Virginia Premier Health Plans	(877) 719-7358, option 1-3-1-1	(804) 200-1962