**Critical Incident Report Form (Medicaid Members)**

IMMEDIATE reporting is required. Please complete form and email securely to**wa\_criticalinc@uhc.com** or fax to 844-680-9871. By Medicaid contract, UnitedHealthcare Community Plan is required to report critical incidents to the WA State Health Care Authority (HCA) on the same business day on which we become aware of the incident.

**Send email using subject line: Critical Incident Report <current date> (e.g. Critical Incident Report 01/01/2019)**

If UHC becomes aware of the event after business hours or on a weekend, notice to HCA must be given as soon as possible on the next business day.

Examples of incidents to report include but are not limited to: homicide; attempted homicide; completed suicide; attempted suicide; the unexpected death of an enrollee; or abuse, neglect or exploitation of an enrollee by an employee or volunteer.

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| Member Name: Click here to enter text. | Provider One ID Number (WA number):Click here to enter text. | Date of Birth:Click here to enter text. |
| Date of IncidentClick here to enter text. | Date Reported:Click here to enter text. | Reported by:Click here to enter text. |
| Reporter’s email:Click here to enter text. | Reporter’s Employer(Agency)Click here to enter text. | Incident Location: Click here to enter text. |
| Treatment Location: Click here to enter text. | Type of Incident:Choose an item. | Member Program:Choose an item. |
| Member Other Services:Choose an item. | \*\*An example of appropriate follow-up to an attempted suicide would be PCP notification about the event, a referral for mental health care, and/or initiation of MCO care coordination services. Actions taken may include housing or transportation assistance, any required reporting or notifications such as for child abuse, police notification for safety check, etc. HCA expects timely reporting of critical incidents, so if the MCO is not able to document follow-up activities in the initial notification, a follow-up email within the required two weeks is acceptable. Reporting of actions taken does not need to be lengthy, but sufficient to show the MCO reacted appropriately |
| Brief description of incident:\*\* |
| Actions Taken: *(e.g., list any referrals made, called emergency services, what did you do at time of incident?*) |
| Follow up *(to be reported at 7, 30, and 45 days)*: Is member receiving services in the community? [ ]  Yes [ ]  No [ ] UnknownIf yes what services is member receiving? |
| Present placement of member:[ ] Custody (Jail)[ ] Hospital[ ] Community[ ] Death-*must have verification from official sources that includes the date, name, and title of sources. Email notification of death to* *wa\_communitystate\_opsonly@uhc.com* *include name, DOB, Date of death, cause of death if known* |