

Critical incident report form

UnitedHealthcare Community Plan Idaho



Please complete and submit this form in one of the following ways:

- Email: critical_incidents@uhc.com
- Fax: 855-371-7638

If you need help completing the form, please contact your provider advocate or email us at critical_incidents@uhc.com. Thank you.

Member's name:

Member's UnitedHealthcare Community Plan ID number:

Member's address:

Member Medicaid ID number:

Member's date of birth:

Choose the critical incident priority level (choose one of the following definitions):

Priority 1 – There is an immediate health or safety issue: Complaints or reports of abuse, neglect or exploitation must be reported immediately to Adult/Child Protection Services and to the appropriate law enforcement agency within 4 hours; A report of any other complaint or critical incident that may impact the health and/or safety of an enrollee must be responded to as appropriate to ensure the health and safety of the enrollee; May result in an interim resolution/response until a permanent resolution/response can be accomplished; All priority 1 complaints/critical incidents must be reviewed and responded to within 24 hours

Priority 2 – There is not an immediate health or safety issue: All priority 2 complaints/critical incidents must be responded to within 24 hours

Choose method of receipt (choose one): Verbal Written

Choose the incident type:

Abuse: The intentional or negligent infliction of physical pain, injury or mental injury

Exploitation: An action that may include but is not limited to the misuse of a vulnerable adult's funds, property or resources by another person for profit or advantage

Suspicious death of an enrollee: A death is labeled as suspicious when either a crime is involved, an accident has occurred, the death is not from an expected medical prognosis, an enrollee dies unexpectedly under care, or when an enrollee's death occurs because of trauma in a medical setting

Choose the incident type (cont.):

Hospitalizations: When an enrollee is hospitalized as a direct result of an incident by a paid provider (medication error, physical injury, quality of care, neglect, treatment omission or failure to follow the established plan of care)

Injury caused by restraints: An injury to an enrollee is caused by any of the following restraints:

Physical restraint is any manual method, or physical or manual device, material or equipment attached or adjacent to the enrollee's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body

Chemical restraint is any drug that is used for discipline or convenience and not required to treat medical symptoms

Discipline is defined as any action taken by the provider for the purpose of punishing or penalizing an enrollee

Convenience is defined as any action taken by the provider to control an enrollee's behavior or manage an enrollee's behavior with a lesser amount of effort by the provider and not in the enrollee's best interest

Medical symptom is defined as an indication or characteristic of a physical or psychological condition

Medication error: Any type of medication-related mistake that may negatively impact an enrollee's health or cause serious injury

Neglect: Failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain life and health of a vulnerable adult or child, or the failure of a vulnerable adult to provide those services to themselves

Enrollee is missing: An enrollee's whereabouts is unknown, whatever the circumstances of the disappearance

Enrollee is the victim of a crime: An enrollee who suffers harm as a direct result of an act committed, or allegedly committed, by another person in the course of a criminal offense

Harm means the enrollee suffered actual physical harm, mental injury, or the enrollee's property was deliberately taken, destroyed or damaged

Enrollee committed a crime: The enrollee is charged with a misdemeanor or felony

Safety: The enrollee is placed in a position of danger and risk, either intentionally or unintentionally

Serious injury: An injury that requires professional medical treatment (e.g., hospitalizations, fractures and wounds requiring stitches)

Describe the incident (attach another sheet if necessary) including the who, what, when, where, why and how. Just state the facts, DO NOT include opinion.

Describe any actions taken as a result of incident:

Who caused the incident (if applicable)?

Name of the person who first became aware of the incident and their relationship to the member:

Where did the incident occur (choose one)?

Family

Group home or assisted living facility

Medical facility

Nursing facility

School

Place of employment

Other (please describe):

Incident date:

Was the incident reported to local emergency authorities, licensing agency, case manager, police/sheriff, parent, other? Yes No

If yes, please provide the following:

Name of agency reported to:

Date reported:

Time reported:

Incident report number:

Brief description of incident disposition/resolution:

- 1** Provide information regarding member's current status (e.g., member remains safe in their home, member receives services, etc.):

2 Provide follow-up on member's safety, well-being and health post-incident:

3 Provide what steps will be taken by the provider to help ensure the prevention of future incidents:

If the care coordinator submits the incident:

Date received incident:

Time received incident:

Date responded to incident:

Time responded to incident:

Your name:

Your relationship to the member:

Your or your agency's TIN:

Your or your agency's email address:

Which best describes you or your agency?

Long-term services and support (LTSS)
(please describe below)

Primary care provider

Specialty provider (please describe below)

Other (please describe below)
