

Quality of care provider referral form

Rocky Mountain Health Plan

Instructions to submit:

- Use this form to report all quality of care (QOC) concerns to Rocky Mountain Health Plans (RMHP) within 24 hours of discovery or observation
- Submit the form to uhcproviderqualityofcareconcerns@uhc.com
- Submit with this form all documentation relevant to the concern, such as the following:
 - Treatment plans, discharge plans, medical records, assessments, medical orders, clinician orders, clinician notes, progress notes (inpatient claim), nursing notes, ancillary department notes, medication administration records, surgical/procedure reports, history and physical reports, discharge summary, narrative reports, radiology reports, diagnostic reports and laboratory reports

This form is only intended for quality of care concerns. Use this form when submitting to RMHP's Quality of Care department.

Send the completed form and relevant documentation to uhcproviderqualityofcareconcerns@uhc.com.

Facility provider information

Facility/provider type:

Facility/provider name:

Facility/provider ID:

Facility/provider address:

Contact name:

Contact phone number:

Contact email:

Member information

Member name (last, first):

Member health plan:

Medicaid number:

Gender:

Date of birth:

Diagnostic information

Primary diagnosis code (Dx):

Dx name:

Quality of care concern information

QOC issue date/time:

Discovery date/time:



Quality of care concern information (cont.)

QOC primary indicator type
(refer to reference sheet):

Discharge date/time (if applicable):

Admission date/time (if applicable):

Please explain the QOC issue that has been identified. Include all initial and readmission dates, diagnoses, procedures performed and outcomes of QOC concern:

Quality of care indicators reference/definition reference sheet.

Indicator	Definition	Clarification/explanation/notes	Examples
QACC	Issue concerning access/availability to care	Issues related to access	<ul style="list-style-type: none"> • Unable to obtain appointment • Excessive wait time to be seen • Inadequate after-hours coverage
QCIS	Confidentiality, privacy, rights or responsibility issue	Issues related to confidentiality	<ul style="list-style-type: none"> • Failure to maintain confidentiality
QDCR	Issue concerning discrimination	Discrimination concerns that impact ability to access appropriate and timely care	<ul style="list-style-type: none"> • Potential discrimination regarding race, color, national origin, sex, age or disability
QDDX	Injury resulting from an error in diagnosis or services not provided timely	Provider: <ul style="list-style-type: none"> • Did not address in a timely fashion clinical signs and symptoms that resulted, or could potentially result, in a worsened condition • Unnecessarily delayed providing health care services 	<ul style="list-style-type: none"> • Discharged from emergency room with abdominal pain but returned and found to have bowel obstruction or ruptured appendix • Delay in cancer diagnosis

Quality of care indicators reference/definition reference sheet

Indicator	Definition	Clarification/explanation/notes	Examples
QDTH	Unexpected/unexplained death	Perception that death was directly related to poor medical care. This excludes death that occurred as a result of a known terminal illness, such as an end-state disease process.	<ul style="list-style-type: none"> • Intra-operative or immediately post-operative death (i.e., within 24 hours of procedure, where anesthesia was administered)
QFSA	Office/facility site appearance		<ul style="list-style-type: none"> • Dirty or unsafe provider site environment
QMED	Possible medication, blood or blood product error	Excludes adverse reaction/side effects to medications that were correctly administered and prescribed with no known drug allergy	<ul style="list-style-type: none"> • Any medication that was wrongly prescribed or administered, regardless of whether or not injury had occurred
QNEB	Medical treatment is not evidence-based	Inappropriate or inadequate treatment rendered to the member	<ul style="list-style-type: none"> • Failure to provide appropriate treatment for diagnosis
QPSA	Attitude, policies or communication	Issues concerning provider communication	<ul style="list-style-type: none"> • Delay or failure to communicate, or a breakdown in communication with member and/or family or between providers
QRAD	Unplanned readmission to hospital	Unplanned readmission	<ul style="list-style-type: none"> • Avoidable readmission to hospital with same or similar diagnosis • Avoidable return to emergency room with same chief complaint • Premature discharge to lower level of care
QREF	Complaint about a referral process or notification process	Issues regarding referral process	<ul style="list-style-type: none"> • Delay in referral submission by provider • Delay in referral – PMG/IPA or plan administrative delay • Inappropriate referral to wrong health care provider

Quality of care indicators reference/definition reference sheet.

Indicator	Definition	Clarification/explanation/notes	Examples
QSPE	Avoidable surgical or clinical procedural error/ complication	Complication after medical or surgical treatment that should have been avoidable under usual circumstances for member's medical condition	<ul style="list-style-type: none"> • Surgery performed on the wrong body part • Wrong surgical procedure performed • Retention of a foreign object in a patient after surgery or other procedure • Avoidable complication occurred during the procedure, e.g., injury to another organ or tissue
QTTX	Avoidable and unexpected trauma during facility stay		<ul style="list-style-type: none"> • Falls resulting in trauma or fractures • Burns caused by cautery
QURS	Unexpected return to surgery		<ul style="list-style-type: none"> • Unplanned return to surgery
ZOTHER	Risk management of provider abuse, misconduct, drug/ alcohol use	Provider behavior was perceived as being abusive, of a sexual nature or resulting from the provider's possible use of drugs or alcohol	<ul style="list-style-type: none"> • Verbal abuse • Physical abuse • Sexual misconduct • Provider impairment due to drug/alcohol use • Other provider behavior health issues