

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.

Member Name:	Provider One ID Number (WA number):	Date of Birth:
Date of Incident	Date Reported:	Reported by:
Reporter's email:	Reporter's Employer(Agency)	Incident Location:
Treatment Location:	Type of Incident:	Member Program:
Member Other Services:	**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 Unknown
 If 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_oponly@uhc.com include name, DOB, Date of death, cause of death if known