

Critical incident report form (UnitedHealthcare Community Plan members)



Immediate reporting is required. Please complete this form and securely email it to wa_criticalinc@uhc.com or fax to 844-680-9871. According to our contract, UnitedHealthcare Community Plan of Washington is required to report critical incidents to the Washington State Health Care Authority (HCA). Incidents must be reported on the same business day we become aware of the incident.

Please email us regarding the incident using the following subject line: **Critical Incident Report <current date>** (e.g., Critical incident report Jan. 1, 2023)

If UnitedHealthcare is made aware of an incident after business hours or on a weekend, you must provide notice as soon as possible, on the next business day.

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

Member name:	Care provider One Healthcare ID number:	Date of birth (DOB):
Date of incident:	Date reported:	Reported by:
Person reporting email:	Person reporting employer (agency):	Incident location:
Treatment location:	Type of incident: <i>Other (explain in notes)</i>	Member program:
Member other services:	Type of incident description:	
	<p>*An example of appropriate follow-up to an attempted suicide would be primary care physician (PCP) notification about the event, a referral for mental health care, and/or initiation of managed care organization (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. If the MCO is not able to document follow-up activities in the initial notification, a follow-up email within the required 2-week time frame is acceptable. Written reports of actions taken do not need to be lengthy. They need to show that the MCO reacted appropriately.</p>	

Notes: (brief description of incident):*

Actions taken: (e.g., list any referrals made, emergency services called, what you did 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 service(s) is the 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.)