Arizona Health Care Cost Containment System

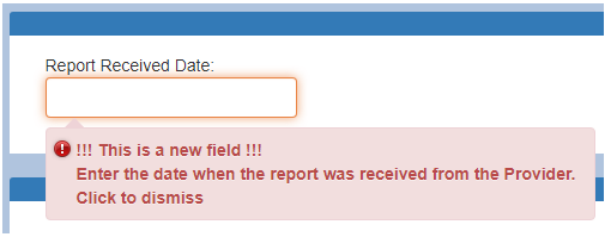
QuickStart Guide

Incident, Accident and Death Reporting

Note: Test data/information is displayed in the screenshots listed in this document

To create a new IAD Report/Case, Providers can navigate to https://qmportal.azahcccs.gov/ to Sign In

New features and changes on the pages will be announced as the notifications that will appear next to the area in question, and need to be dismissed by clicking on the notification. This is not an error; it is just there to draw user attention to the new changes introduced in the new version.



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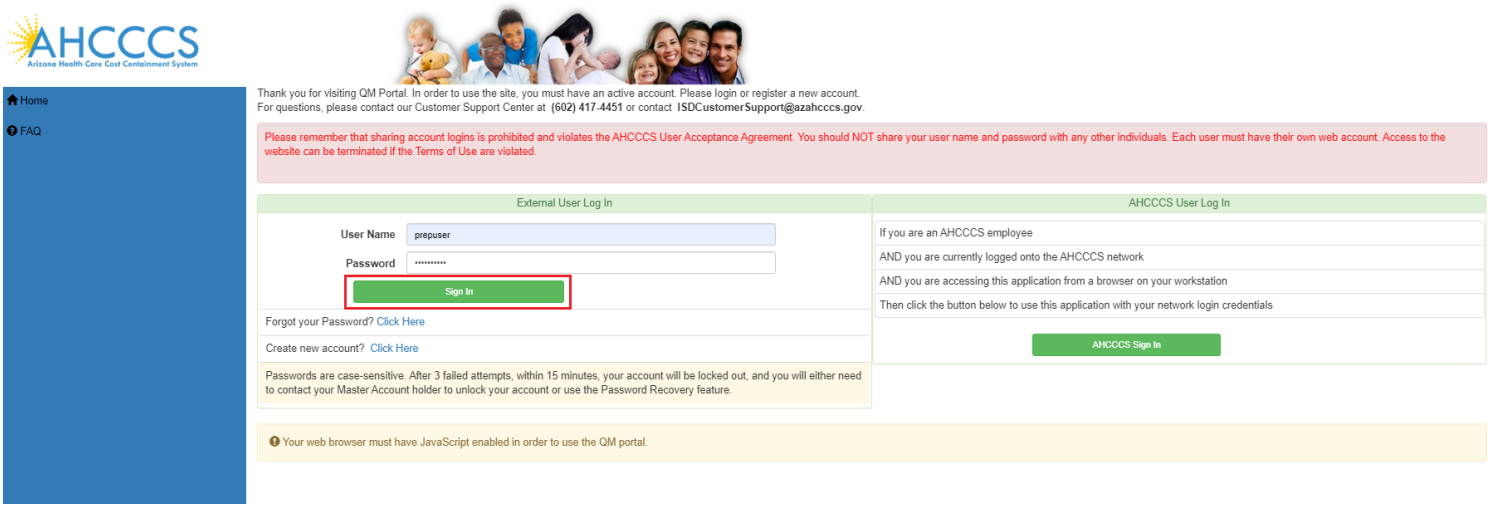
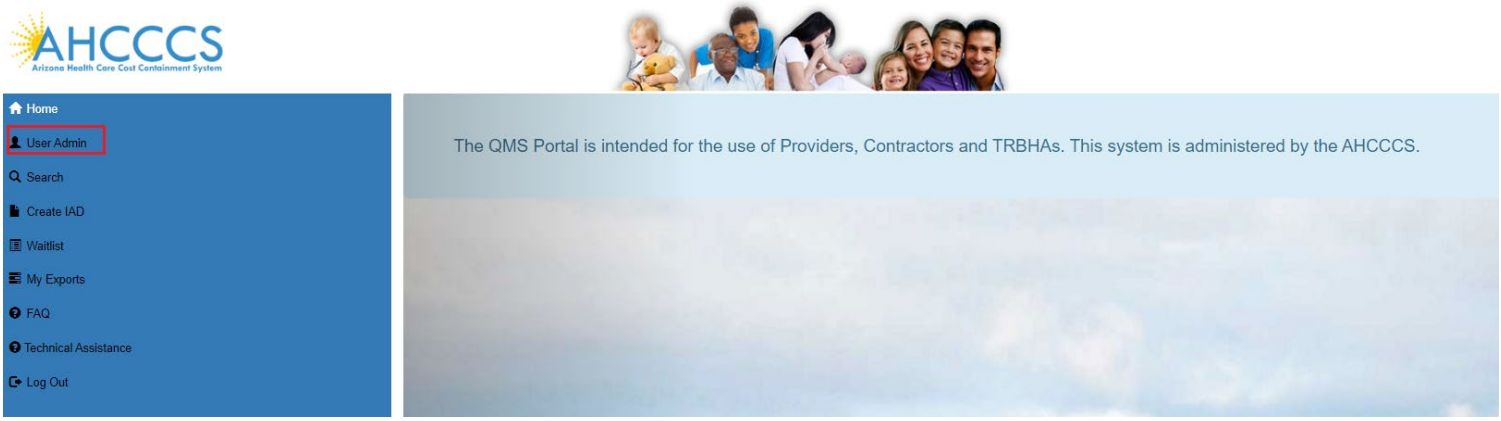
Submit IAD Report as Provider - 2

1. Verify Provider Account

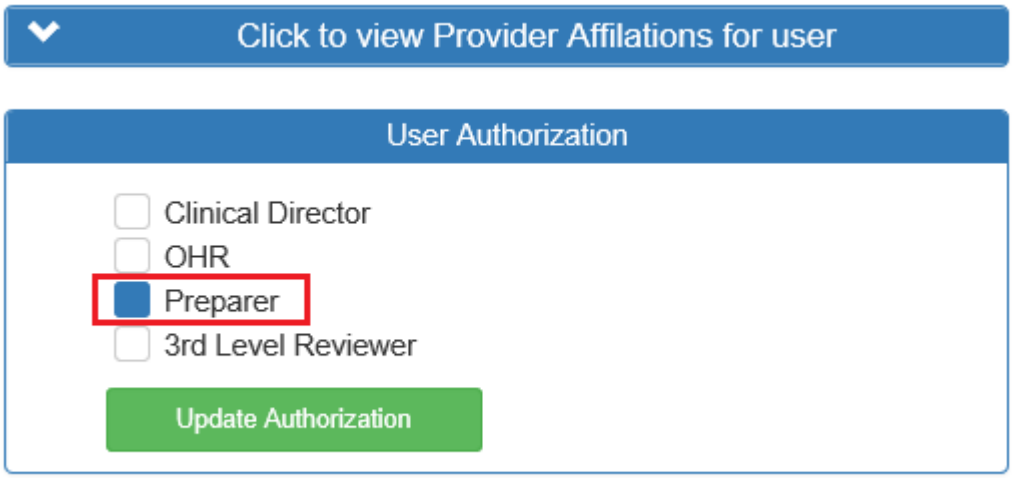


Sign In to create a case with a Provider account that has the "Preparer" role.

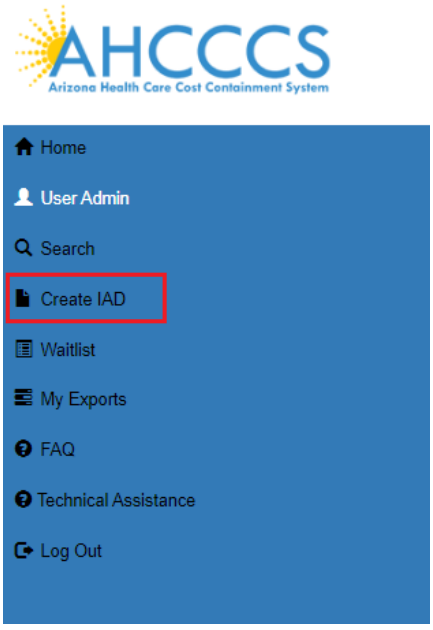
Before continuing after login to create an IAD Report/Case, verify the account has a "Preparer" role by:
1. Navigate to the "User Admin" link in the upper-left side navigation



On the User Admin page, verify the "Preparer" role is checked in the User Authorization section

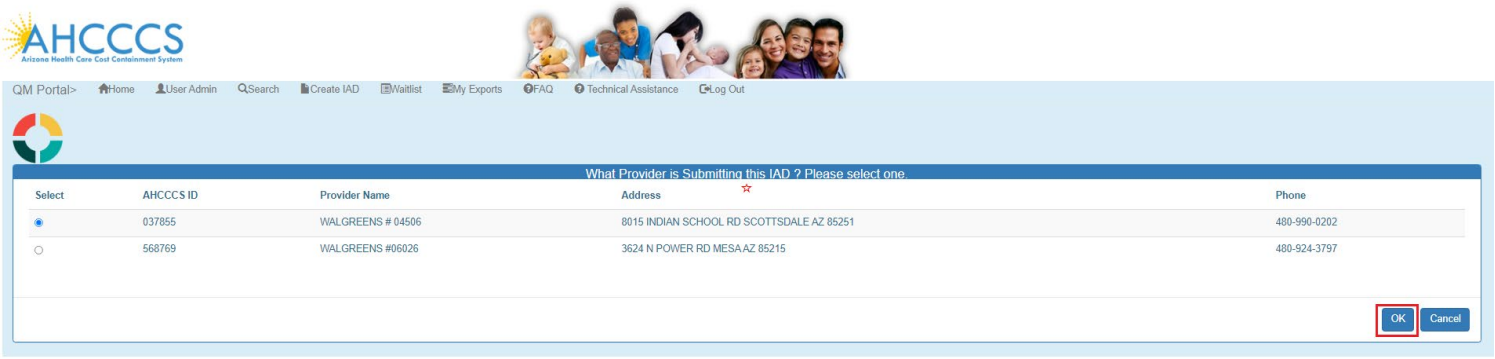


Now that the role has been verified, navigate to the "Create IAD" in the upper-left side navigation



2. Select a Provider (required)

Click on the "Create IAD" case and user will be prompted with the provider section. Note that the first item in the selection will be the default provider and that the step must be completed before continuing.



3. Member Search Step (required)

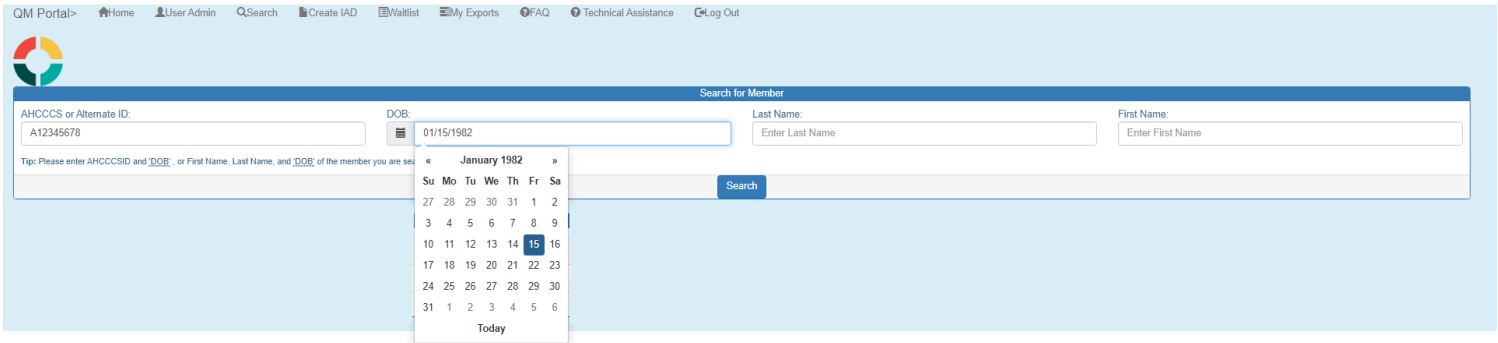
Once the page loads, the application will prompt for searching on a member. This is the main focal point of creating a report/case since all information is built upon selecting a member for the case.

The search criteria for a case must be in the following format:

- AHCCCS ID: A12345678 (letter followed by 8 numbers)
- DOB: 01/15/1982 (MM/DD/YYYY)

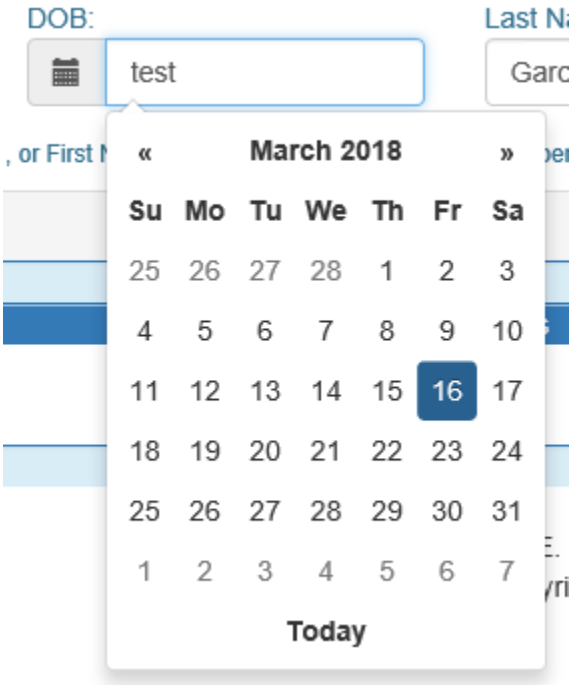
Or

- DOB: 01/15/1982 (MM/DD/YYYY)
- Last Name: Joe (uppercase or lowercase format)
- First Name: Smith (uppercase or lowercase format)

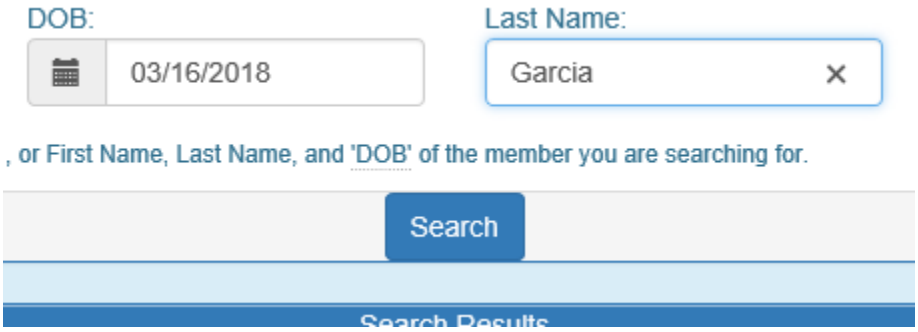


Note: if non-date values are entered into the DOB field and then move onto another field, the Date Picker will choose today's date as the value.

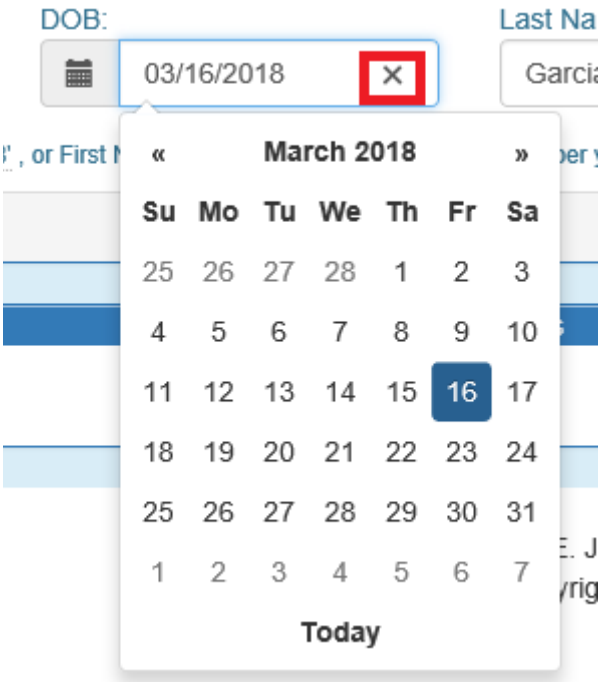
Before:



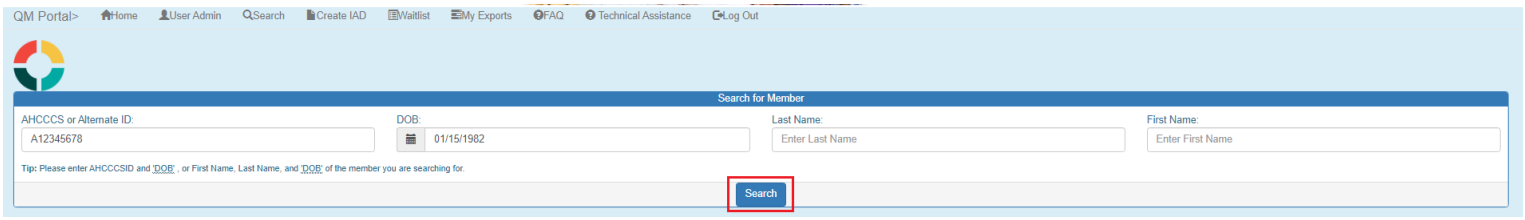
After:



To clear the field entirely, the “x” must be clicked and then other fields can be updated. This option is available in Internet Explorer.



Click on the Search button



Select the member from the search results.
Note: In some instances, there can be multiple search results for a member.

In this case, PMMIS will return multiple records with different AHCCCS Ids. In this instance, an error message will be displayed: “Multiple AHCCCS Ids found. Please retry with an AHCCCS ID.”

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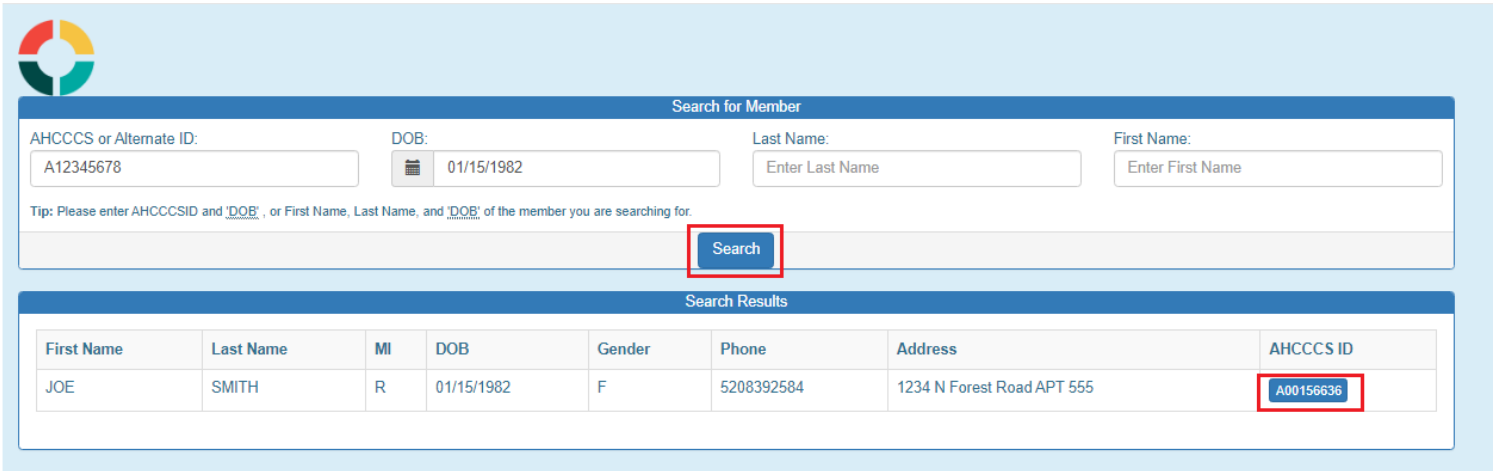
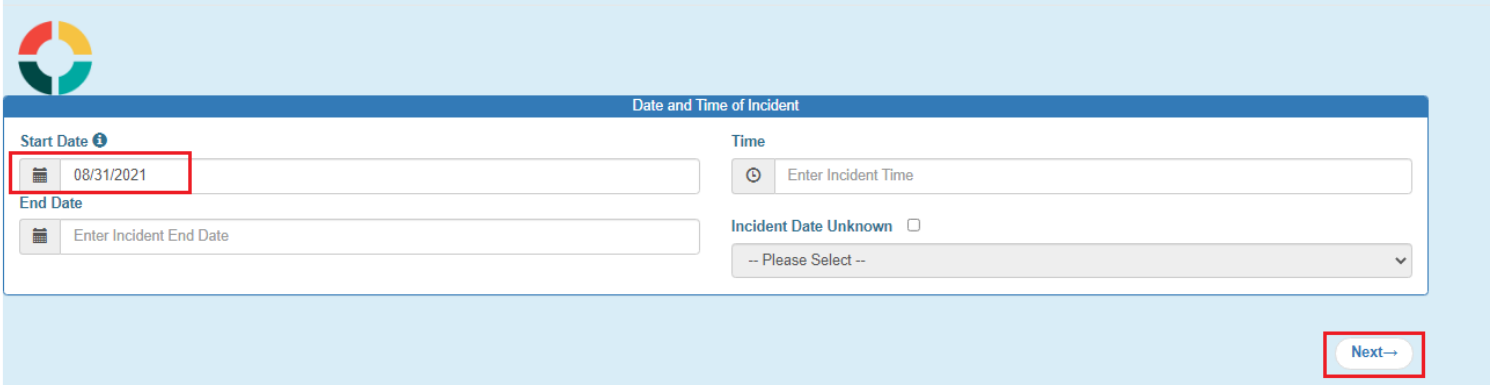
In this case, PMMIS will return multiple records with different AHCCCS Ids. In this instance, an error message will be displayed: “Multiple AHCCCS Ids found

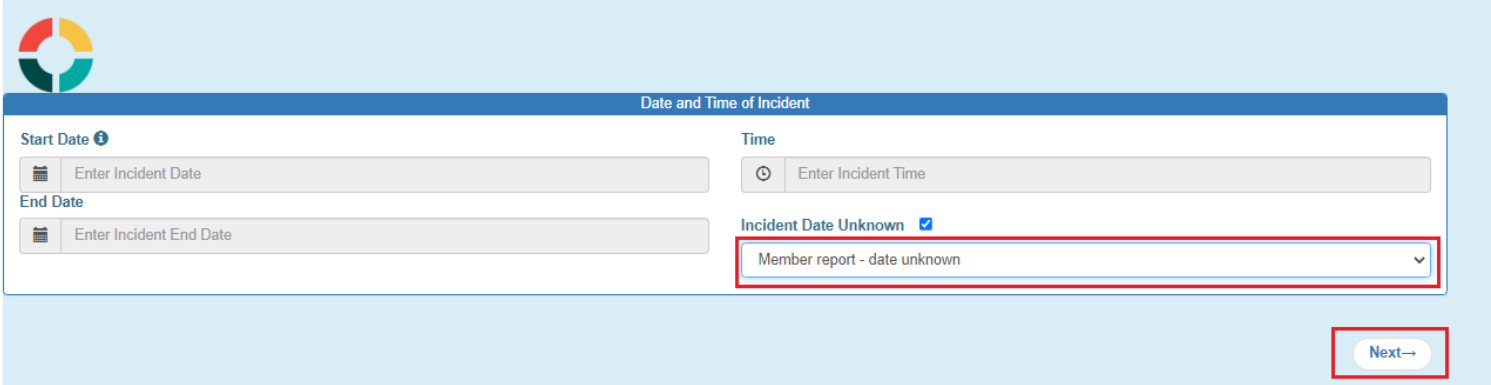


Once a member has been selected, the application will load the Incident Information Page.

4. Incident Information Step (required)

The Incident Information Step is now displayed directly after the member is selected. At this step, the incident date of the case should be entered and if the date is not known, an unknown reason must be selected. If the date is selected at this step all enrolment information will prepopulated into the report (e.g., Health Plan, Category (GMH, SMI, Child), DDD, etc.). If a date is not selected the user will be required to manually enter the enrollment and eligibility information.

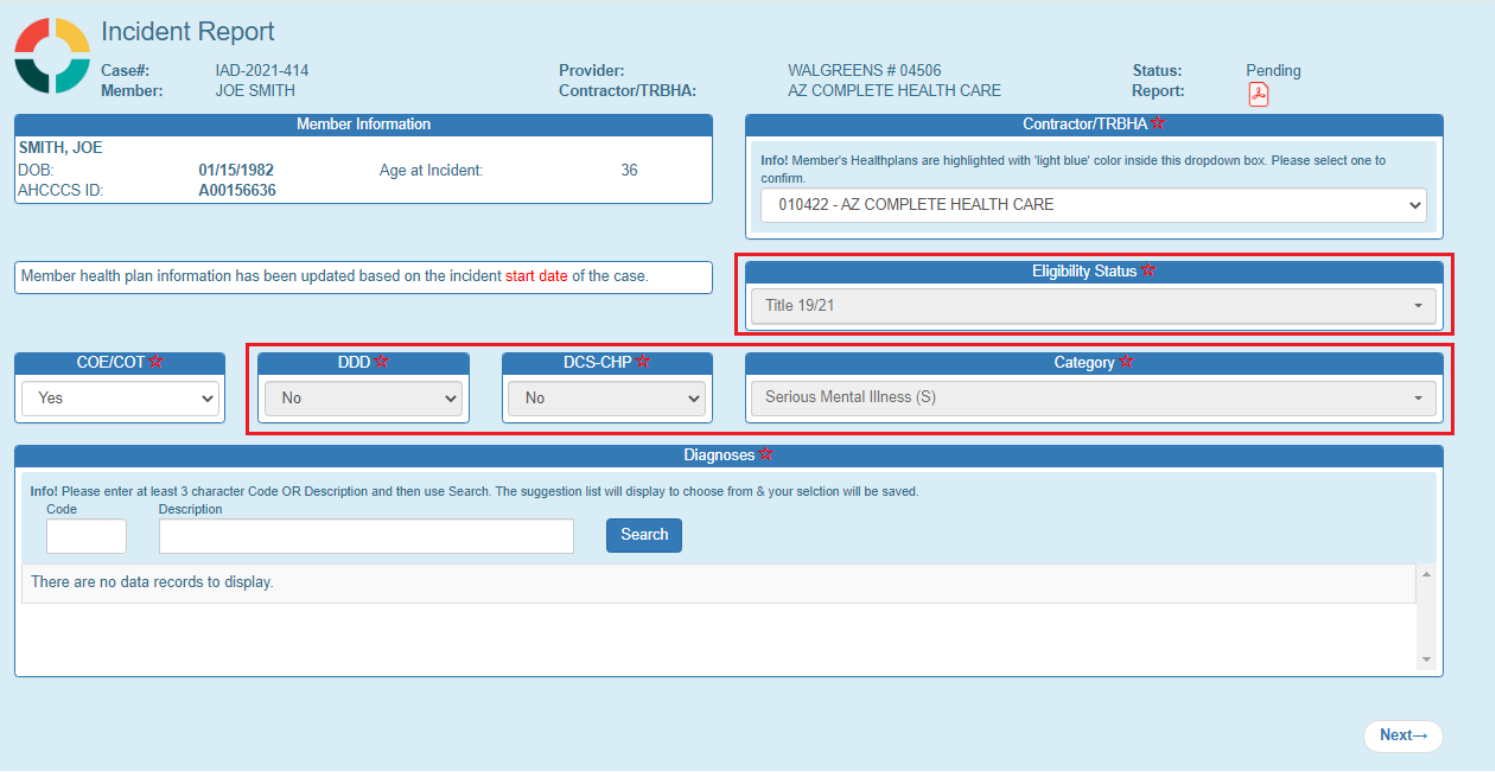




Note that if the incident date is identified after this step, the incident date information can be filled out later, prior to the case being submitted for Contractor/TRBHA Review.

5. Member Information Step (required)

The Member Information Step is now displayed. The Member Information is automatically populated, and the ***fields will be locked*** if there is an exact match which is defined as:



1. A member enrollment match based on the starting incident date
2. An incident date was not provided
3. All member information for the following fields can be determined: member DCS/CHP, member eligibility status and member category are populated. (If one or more cannot be determined, the fields will remain unlocked)

The member information from the PMMIS query is returned and populated in the Member Information Panel as per the illustration below. The information displayed is:

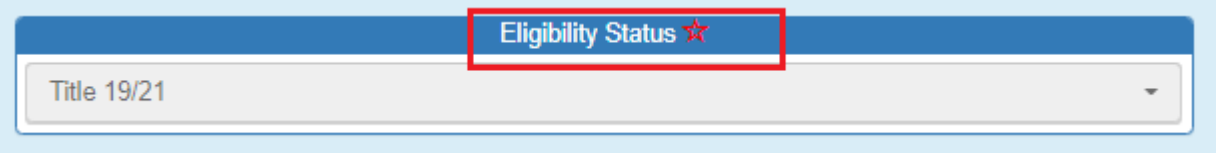
- Name: Format: Last Name, First name
- DOB: Format: MM/DD/YYYY
- AHCCCS ID: Format: letter + 8 digits (e.g.: A12345678)
- AGE: calculated age based on DOB and today's date

Note: At this point the IAD case ID has been created. It is reccomended that the user document the Case ID so that the Preparer is able to quickly locate the correct report if they need to stop at any point and retern to complete the IAD.

On this 1st page of the Wizard, the following information must be entered if not prepopulated:

- Health Plans and T/RBHA
- Eligibiltiy Status
- Category
- COT
- DDD
- DCS/CHP
- Diagnosis Code

Note: In the IAD Wizard, there are red stars listed by informaton that is required to be filled-out. There is a validation page that will validate all data that has a red star to ensure all information is supplied before the IAD Case/Report is signed.



However, case information can be filled-out at any time and the Preparer can access the case/report at a future date to continue working on creating the case/report by searching the case ID.

In order to save information at any time, the Preparer can click “Save” or click the “Previous” and “Next” buttons.

Note: the Previous and Save buttons are not visible when the case is created.

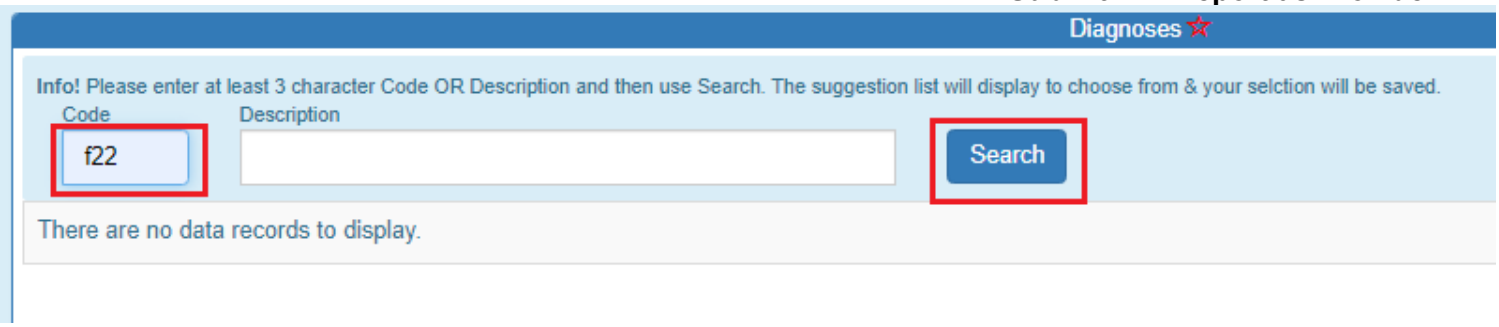
Previous– saves information and navigates to the previous step in the IAD Wizard
In the case of Member Information, naviagating previously would display the member search and the case/report would start from the beginning (i.e. a new case would be setup)

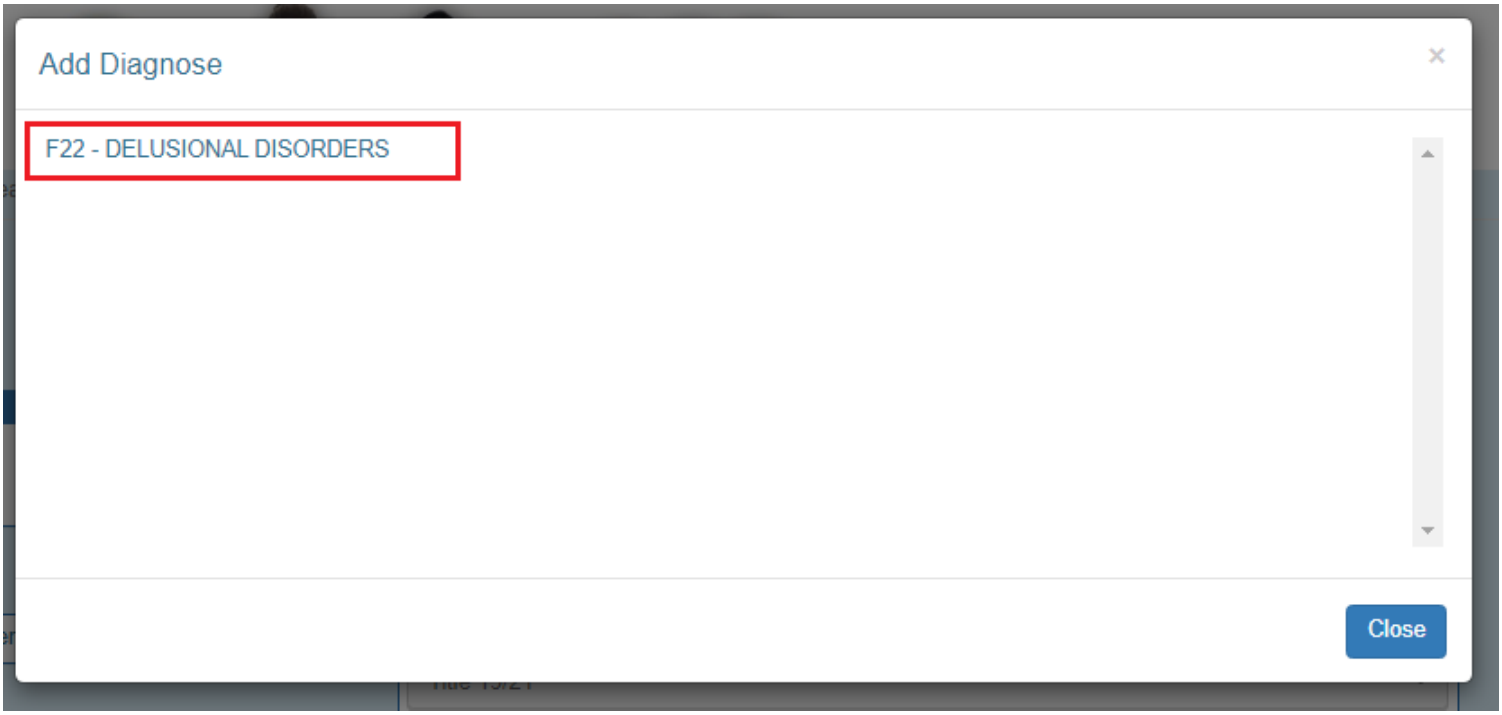
Save – saves information on the current step of the IAD Wizard and remains on the current page

Next – saves information and navigates to the next step in the IAD Wizard

For the Diagnosis Code, at least 3 characters must be typed-in before any matches will be displayed to choose from.

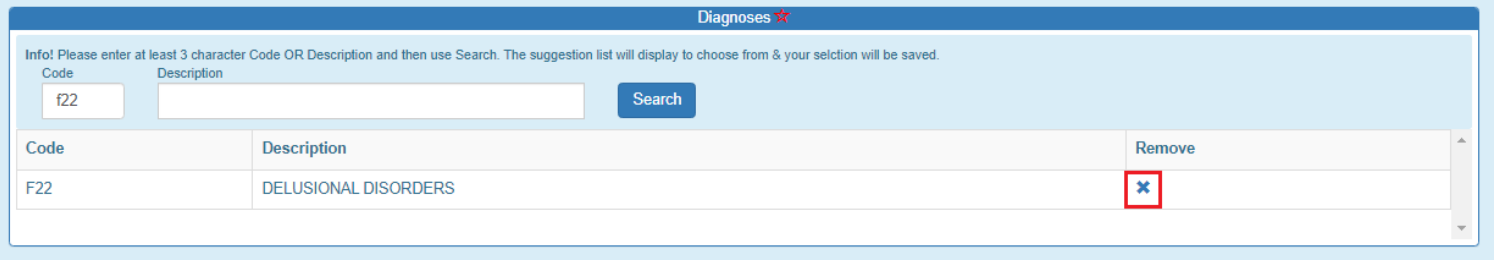
The following illustrations display choice possibilities based on the diagnosis code entered.





Once a diagnoses code is selected, use the "Add Diagnoses" button so the choice is added to the list of codes for that member.

Verify that the diagnosis code is displayed in the list.
Diagnoses codes can be removed by clicking on the "x" adjacent to the diagnosis's description if a selection is made in error.



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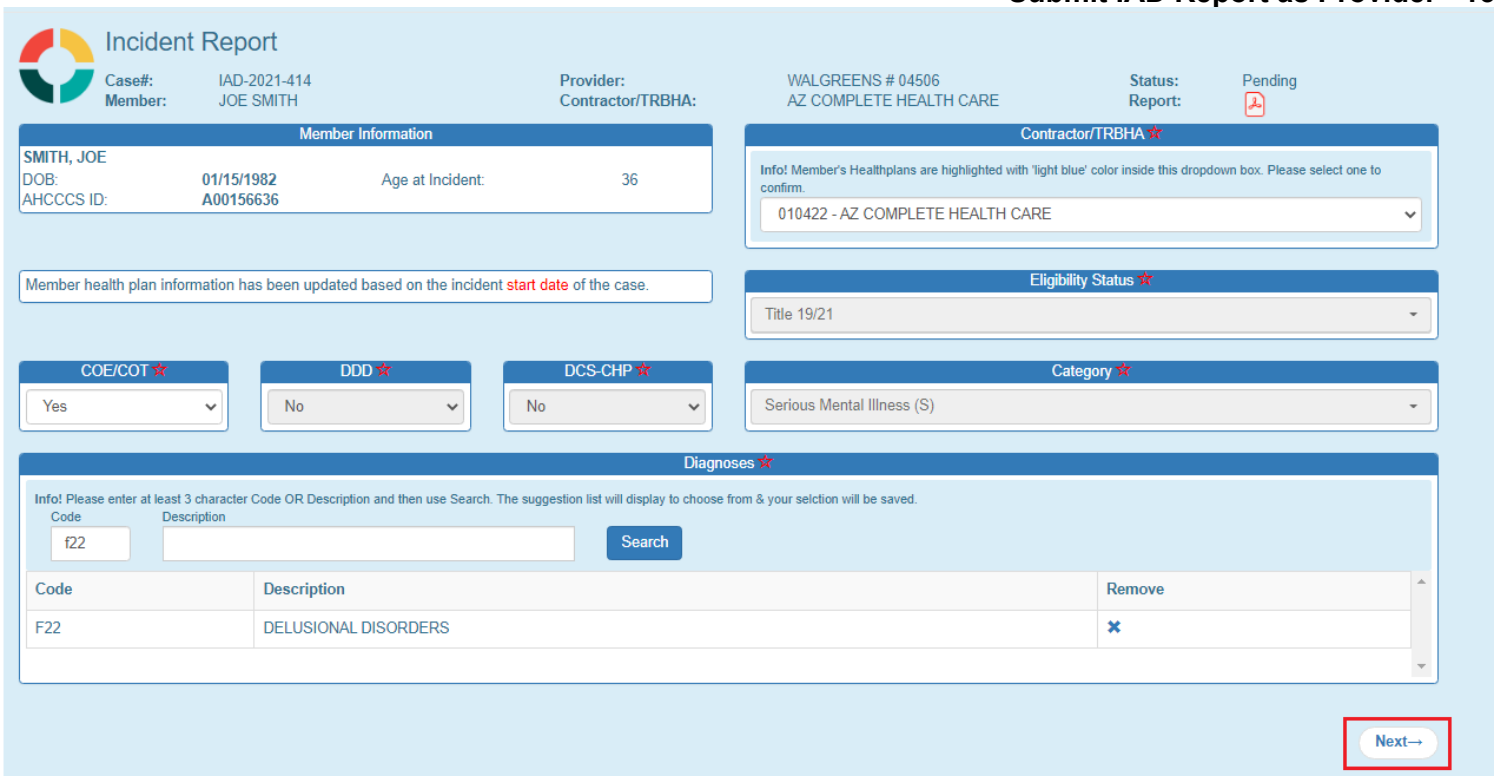
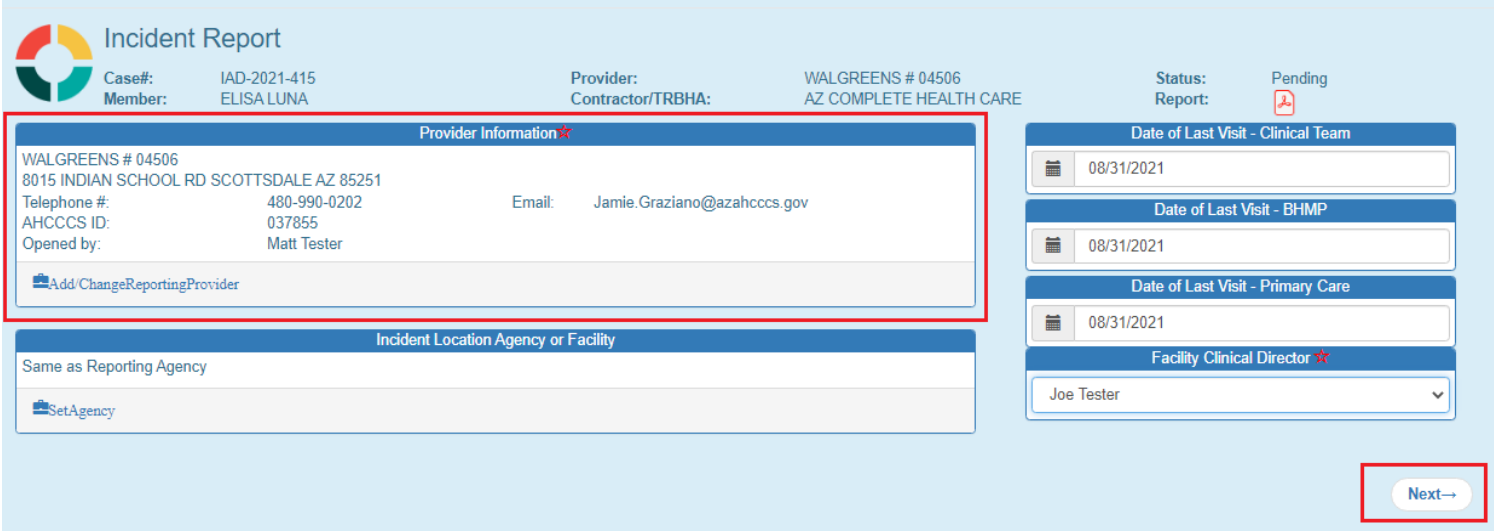
Submit IAD Report as Provider - 13



6. Provider Information Step (required)

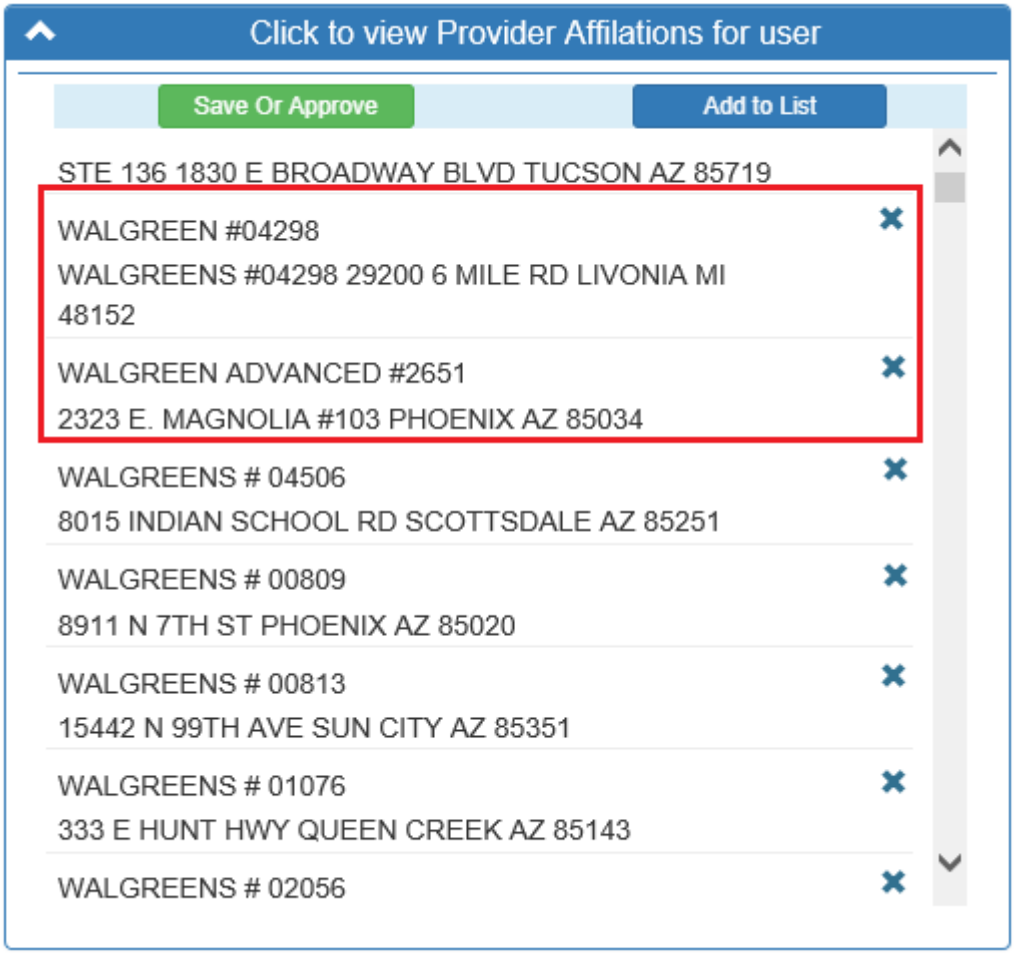
On this step, the Provider Information is displayed from the first step in the Wizard. The Incident Location Agency or Facility, Date of Last Visit – Clinical Team, Date of Last Visit – BHMP, Date of Last Visit – Primary Care and Facility Clinical Director (required) is available to update. The Facility Clinical Director is the person at the provider agency that is responsible for reviewing and submitting the final IAD prior to submission to the Contractor/TRBHA.



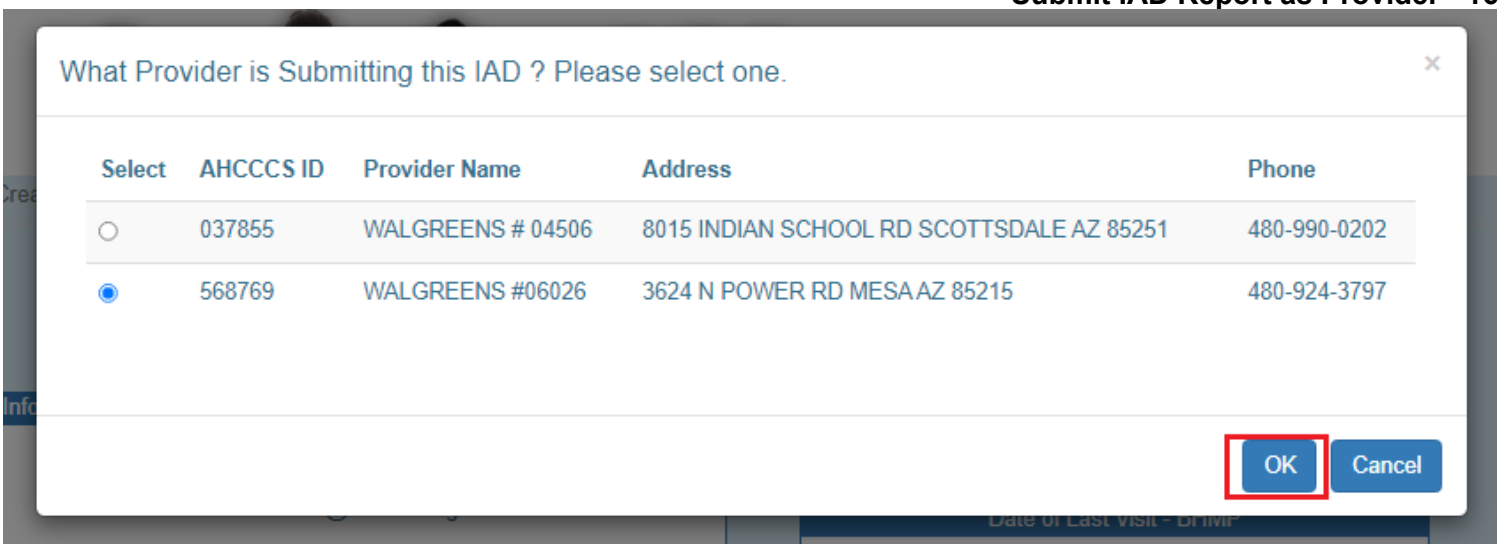
For an IAD Case/Report to be generated, the 2 main sections of information are:

1. Member Information
2. Provider Information

Provider Information associated with a case is populated via the affiliations based on the preparer's account creating the case/report.
For example, for this Preparer, preparerprovider2 the affiliations are 2 WALGREENS locations auto populates. This information is obtained from the "User Admin" link and in the section called "Click to view Provider Affiliations for user". Affiliations can be updated via the "Save Or Approve" button.

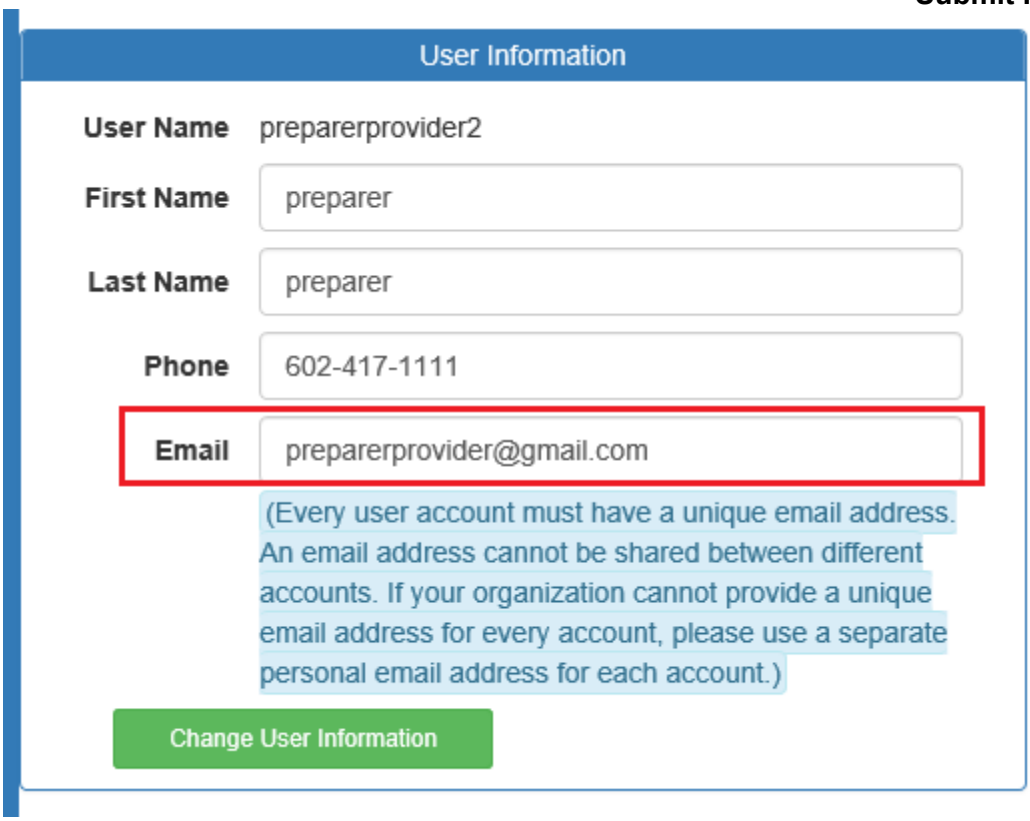


To Add a Provider, click on the “Add Change Reporting Provider”. A modal pop-up window will be displayed and the selection to choose from is based on the affiliations for that Provider. Only one selection is saved and can be made by clicking on one of the checkboxes and then clicking the “OK” button.

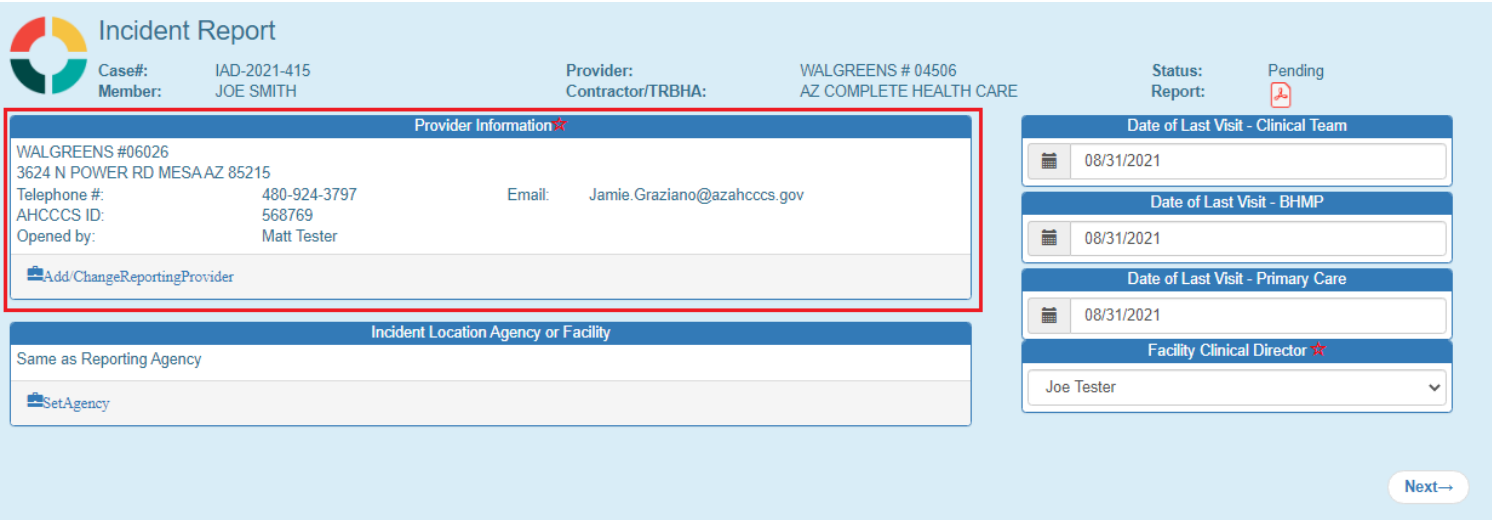


Clicking on "Cancel" will close the pop-up modal and not save any of the changes.
Once the selection has been made, verify that the Provider Information is now populated in the "Provider Information" panel.
The Provider Information is:

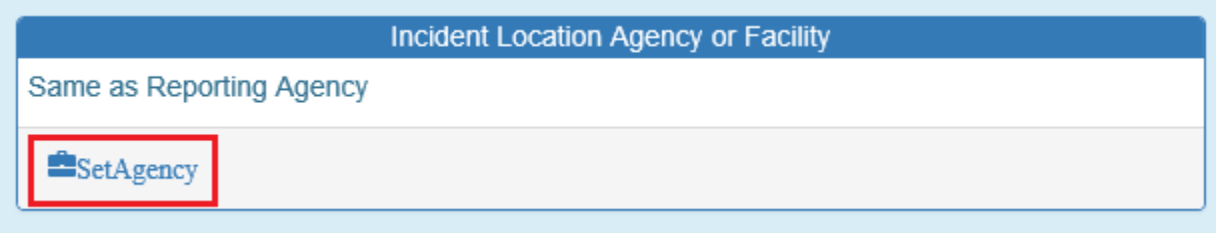
- Provider Name & Address:
- WALGREEN ADVANCED #2651
  2323 E. MAGNOLIA #103 PHOENIX AZ 85034
- Telephone #: should be currently empty as this information isn't provided in the PMMIS query
- Email: email address of the Preparer signed in. Note: this can be checked by navigating to the "User Admin" link and checking the "User Information" email value. (See illustration below)



- AHCCCS ID: A12345678
- Opened by username of the current logged-in user (e.g.: preparerprovider as shown below)



The Incident Location Agency or Facility section is optional, but it can be filled-out similar to the Provider Information section.

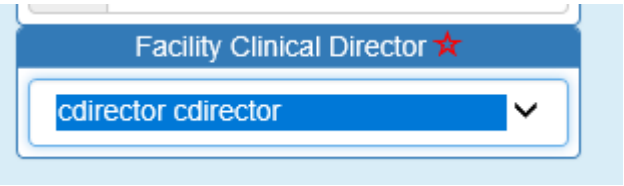


In this case, the Provider name or AHCCCS Id is used to search on a location. For this instance, the Provider Name is searched using “CVS” as the name.

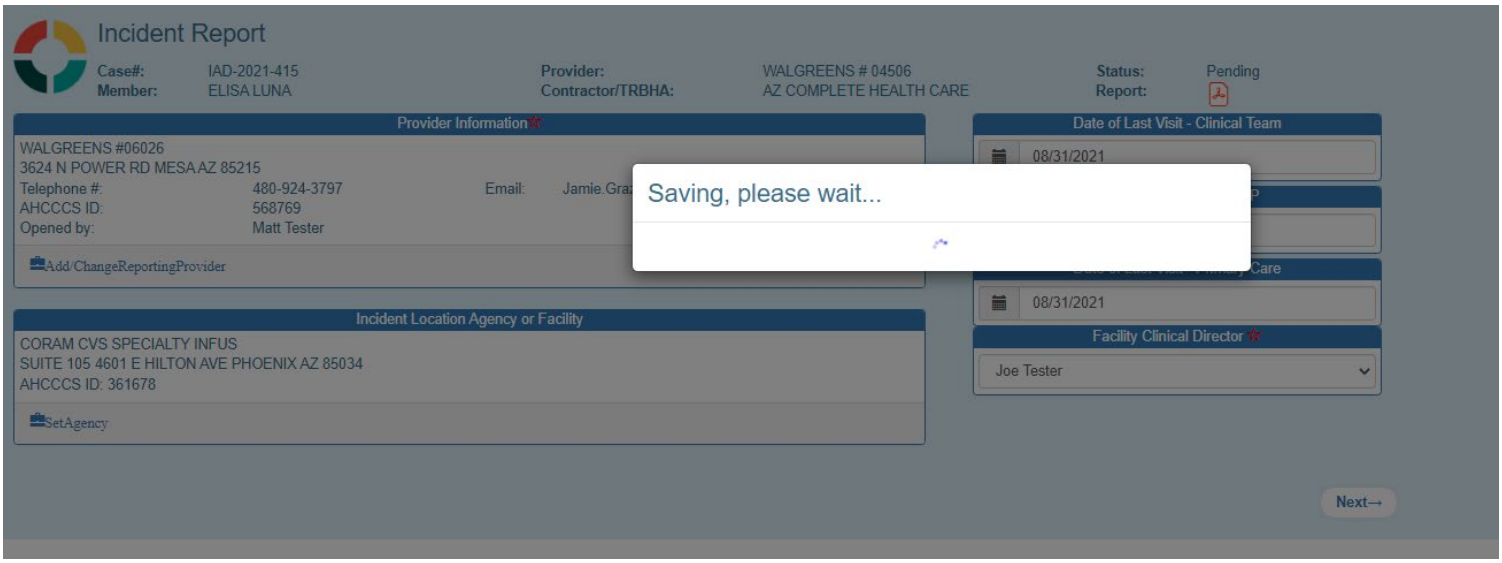
From the list returned, one of the list items can be selected by checking on the checkbox and then clicking on “OK”. Note that the Agency information is populated in the “Incident Location Agency or Facility” panel section as illustrated below.

The Location Information is:

- Provider Name & Address:
  CVS PHARMACY 05038
  2010 S DOBSON RD
  CHANDLER AZ 85248
  035485
  The Facility Clinical Director list choice is populated by Providers that are in the “Clinical Director” role and based on the current logged-in user’s Provider Affiliations. (As noted earlier)
  The Clinical Director is required so that when the Preparer signs the case, an email notification is sent to the Clinical Director assigned to the case. The Clinical Director can then approve and assign the case as the next step. The list choice displays the Clinical Director in the format of: First Name Last Name



Once the Provider Information Step along with the dates have been filled out, the Preparer can click on the "Next" button to navigate to the next step.



A few notes about the progression of the IAD Wizard. At this point, there are now 2 navigational sections that are visible:

- Top Header (has been visible since choosing a member, the Case Number and the Member information. Verify the Member Information and Provider Information is now visible)
- Side Navigation (now visible at the Basic Incident Information Step, note there is a star adjacent to the step that is currently active. Verify the "Basic Incident Information" Step has a star adjacent to it in the side navigation)

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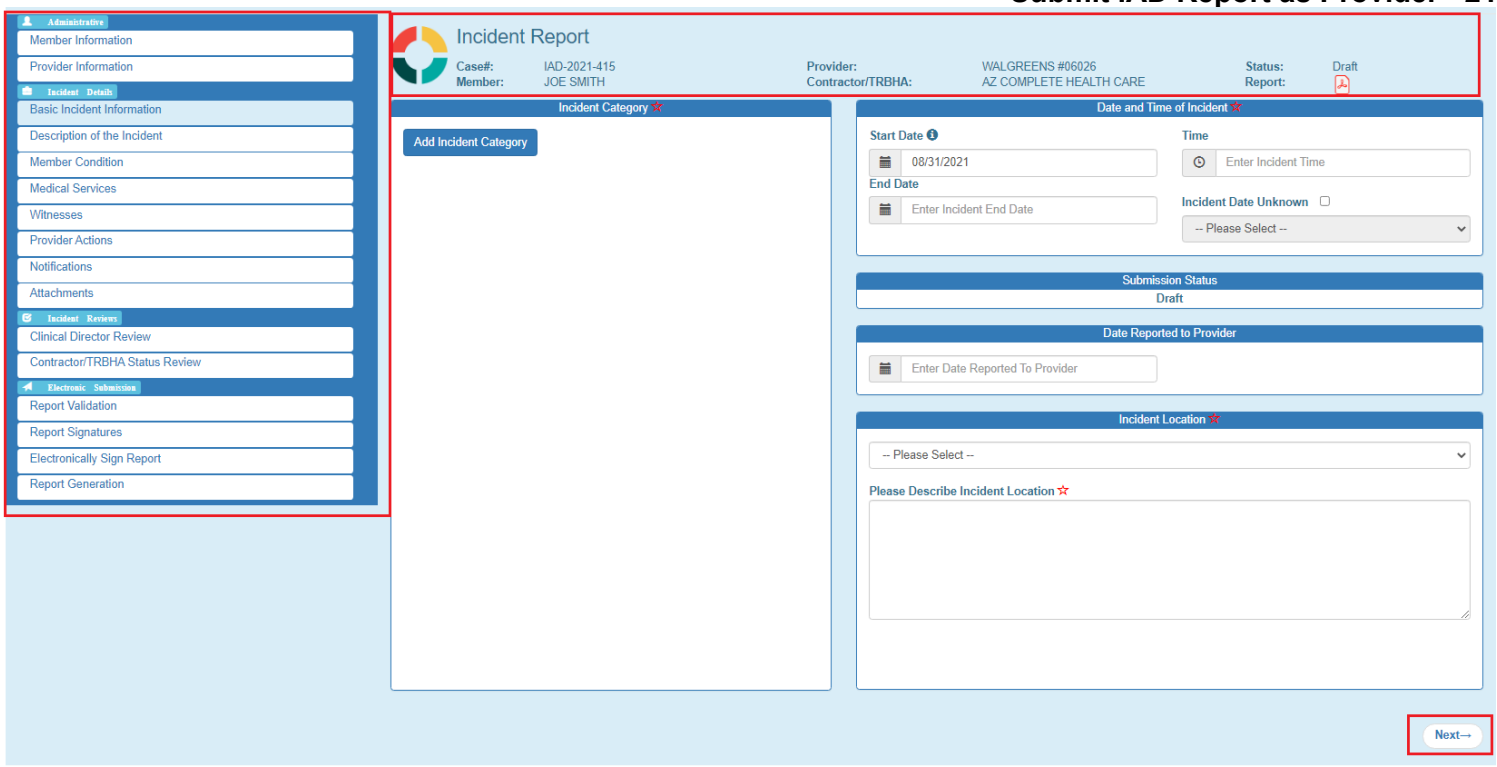
Submit IAD Report as Provider - 21

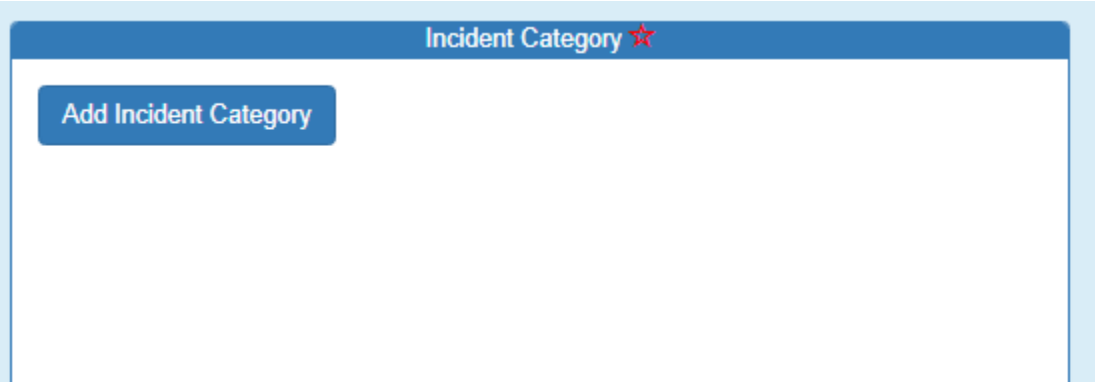


7. Basic Incident Information Step (required)

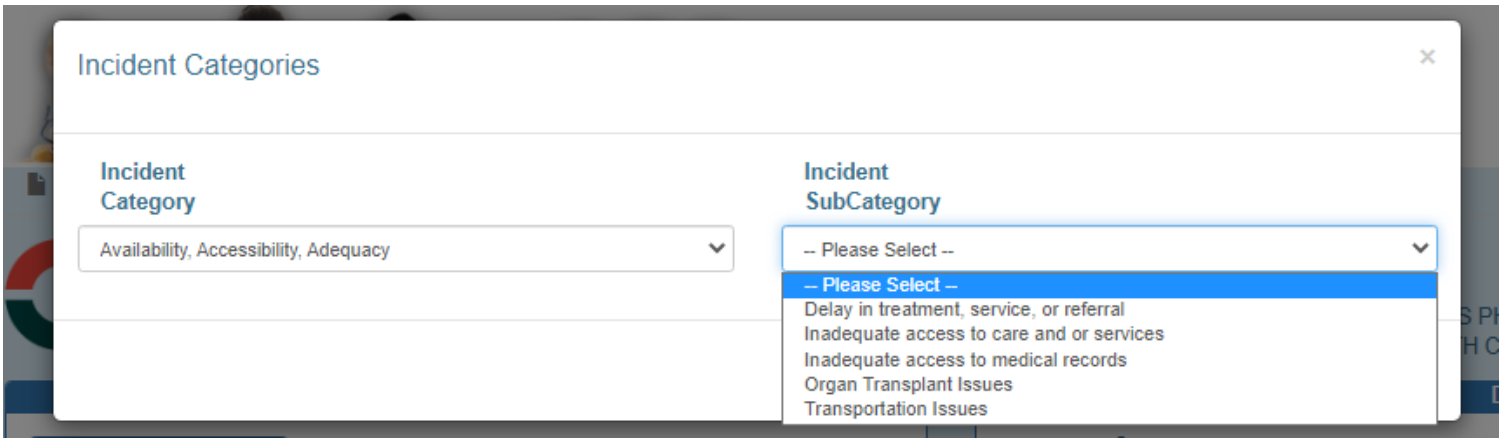
This step gathers information about:

- Type of incident(s) (Category and SubCategory)
- Date and time of incident
- Submission status
- Date reported to Provider
- Incident Location.

The Incident Category section will initially be empty.



Once one more incident category has been selected from the choice list (see appendix A for a full list of categories and subcategories), the items will be displayed in the list below. A category has an associated subcategory. For example, the "Availability, Accessibility, Adequacy" category has 5 subcategories. Multiple subcategory selections can be added to each category as needed based on the details of the incident.



If an incorrect category or subcategory are selected in error, the "x" can be clicked to remove any items from the list.

The “Submission Status” lists the current status of the IRF case/report. At this stage, the status is in “Draft” mode.

Once the Basic Information Step along with the dates have been filled out, the Preparer can click on the “Next” button to navigate to the next step.

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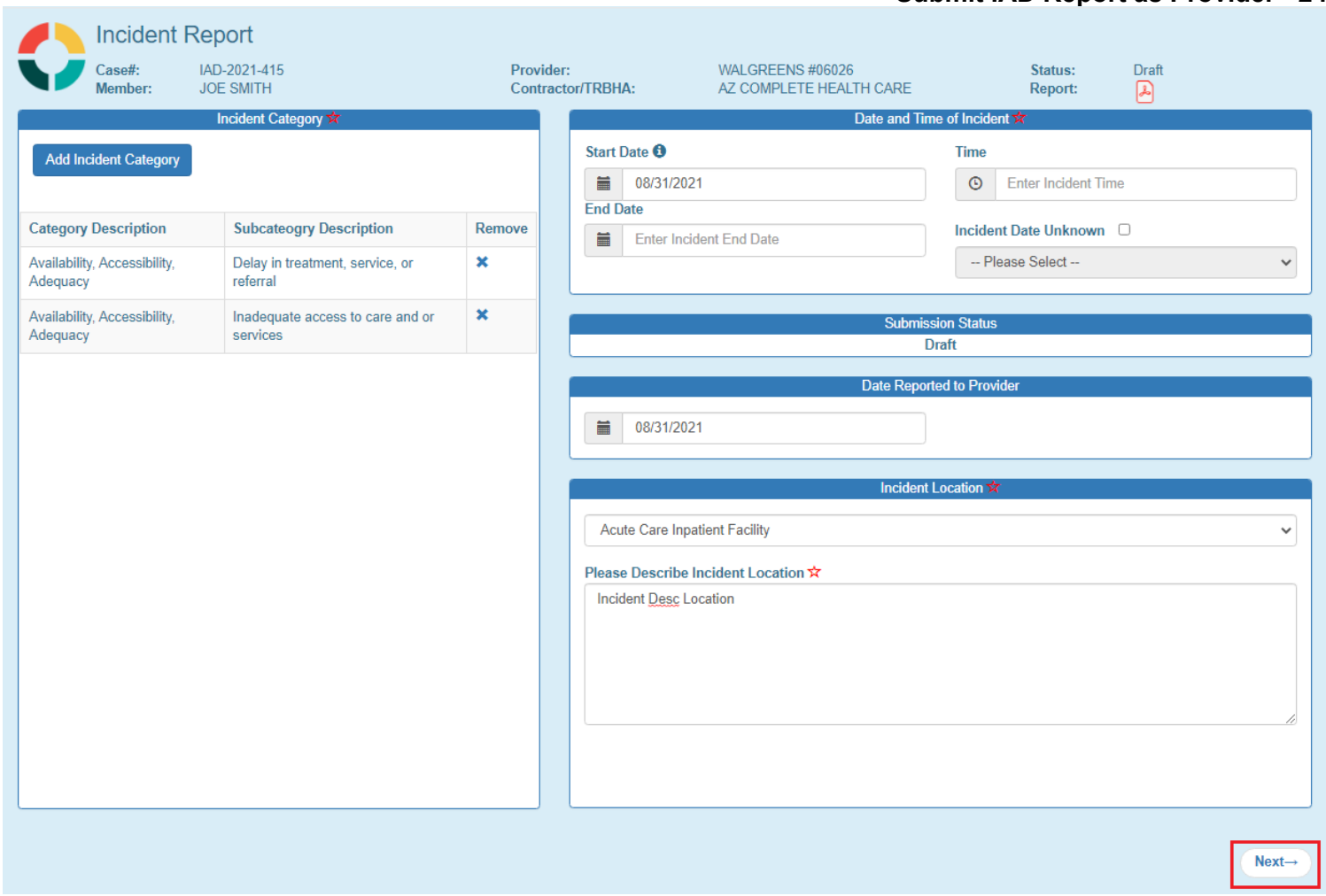
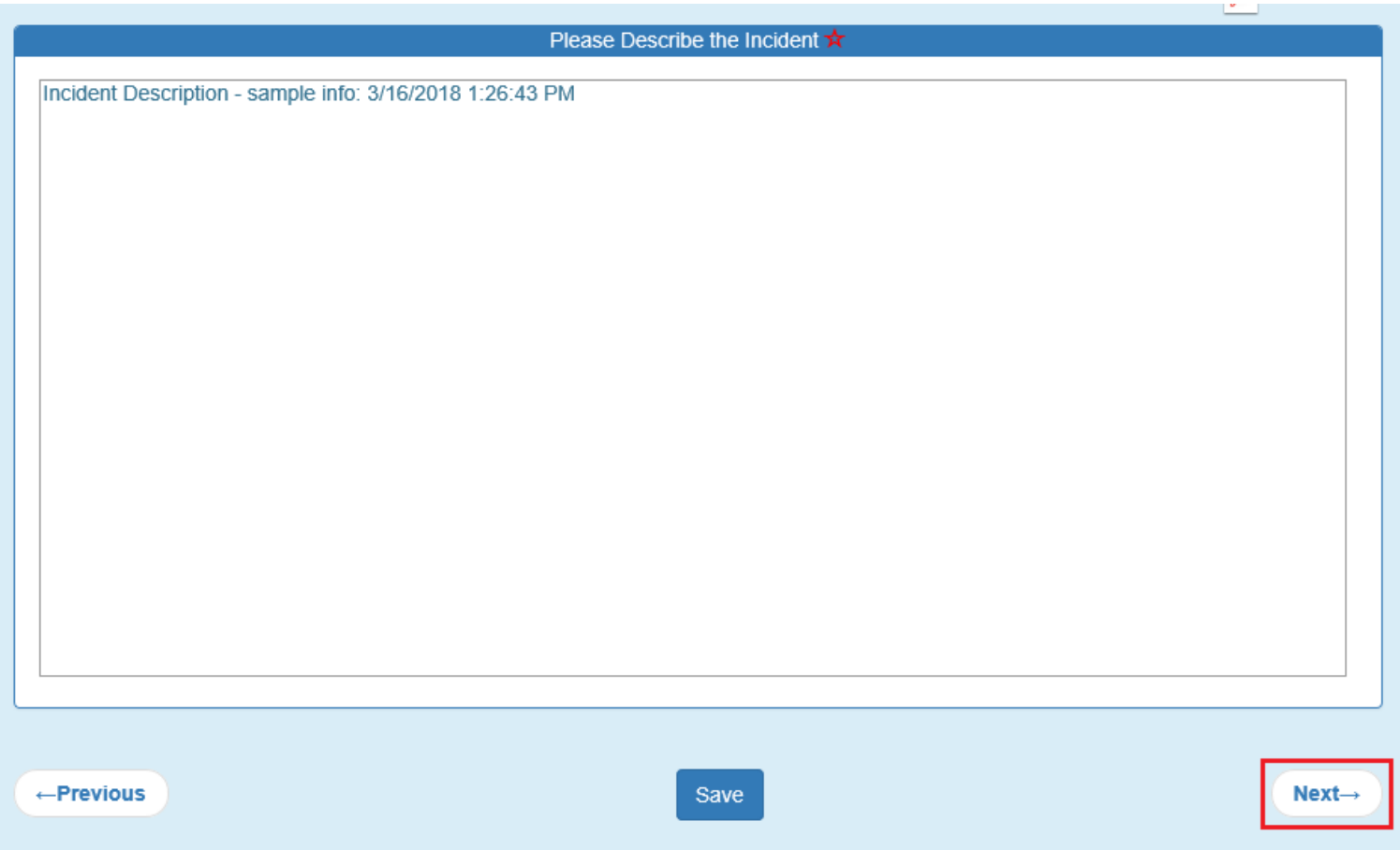


8. Description of the Incident Step (required)

This is a free text field, and the preparer will describe the incident in detail here. This information can be provided in paragraph format since the input is multi-line as in the illustration below. This information will automatically display in the QOC referral section of the QOC application if the case is escalated to a QOC. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

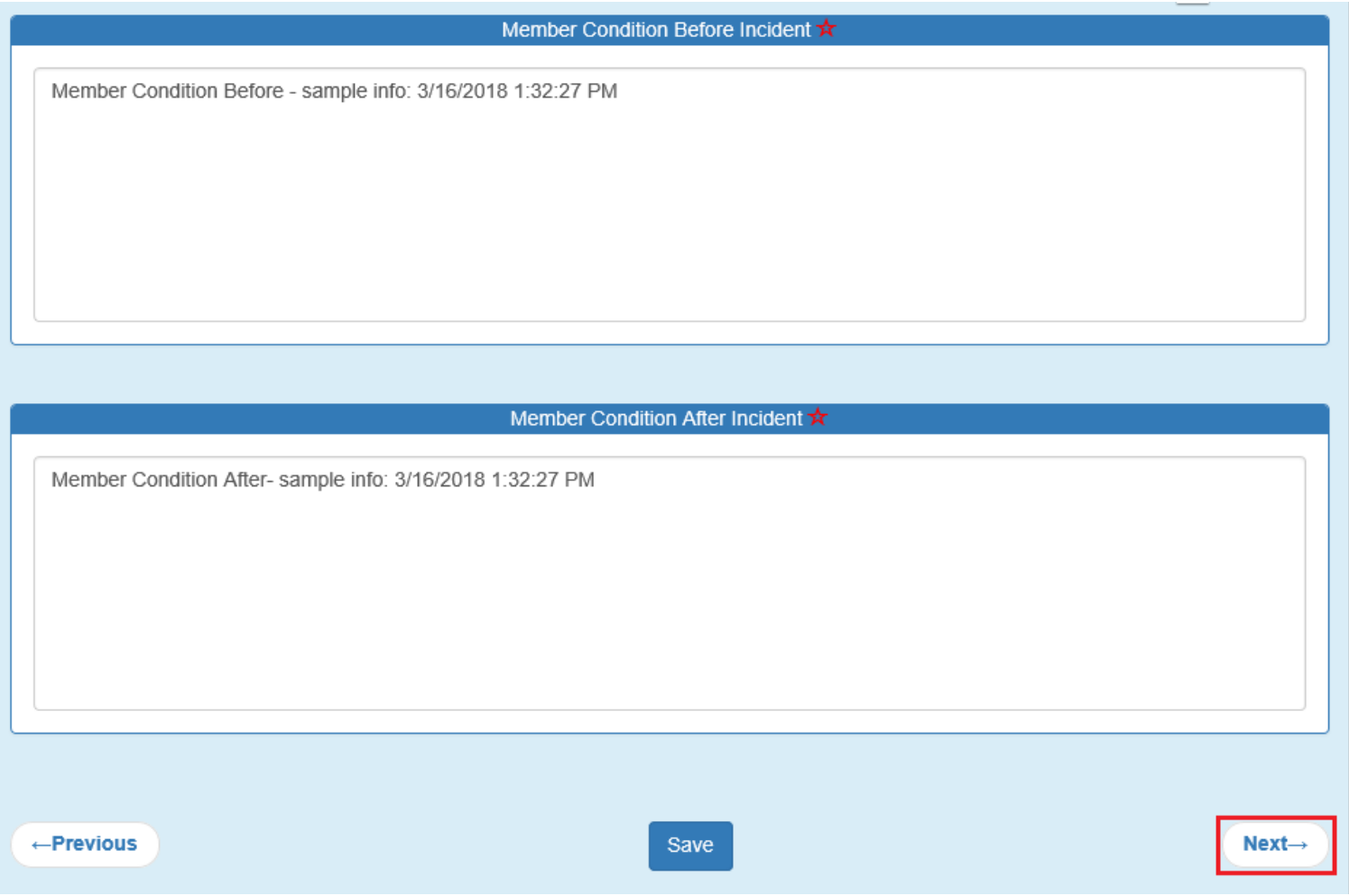
Once the Description of the Incident Step has been completed, the Preparer can click on the "Next" button to navigate to the next step.



9. Member Condition Step (required)

Preparers will be required to enter member condition information before and after the incident in the free text boxes on this page. This information can be provided in paragraph format since the input is multi-line as in the illustration below. For example, if the member was upset and pacing before the incident and calm and talking with staff after the incident the preparer would note this in detail here. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

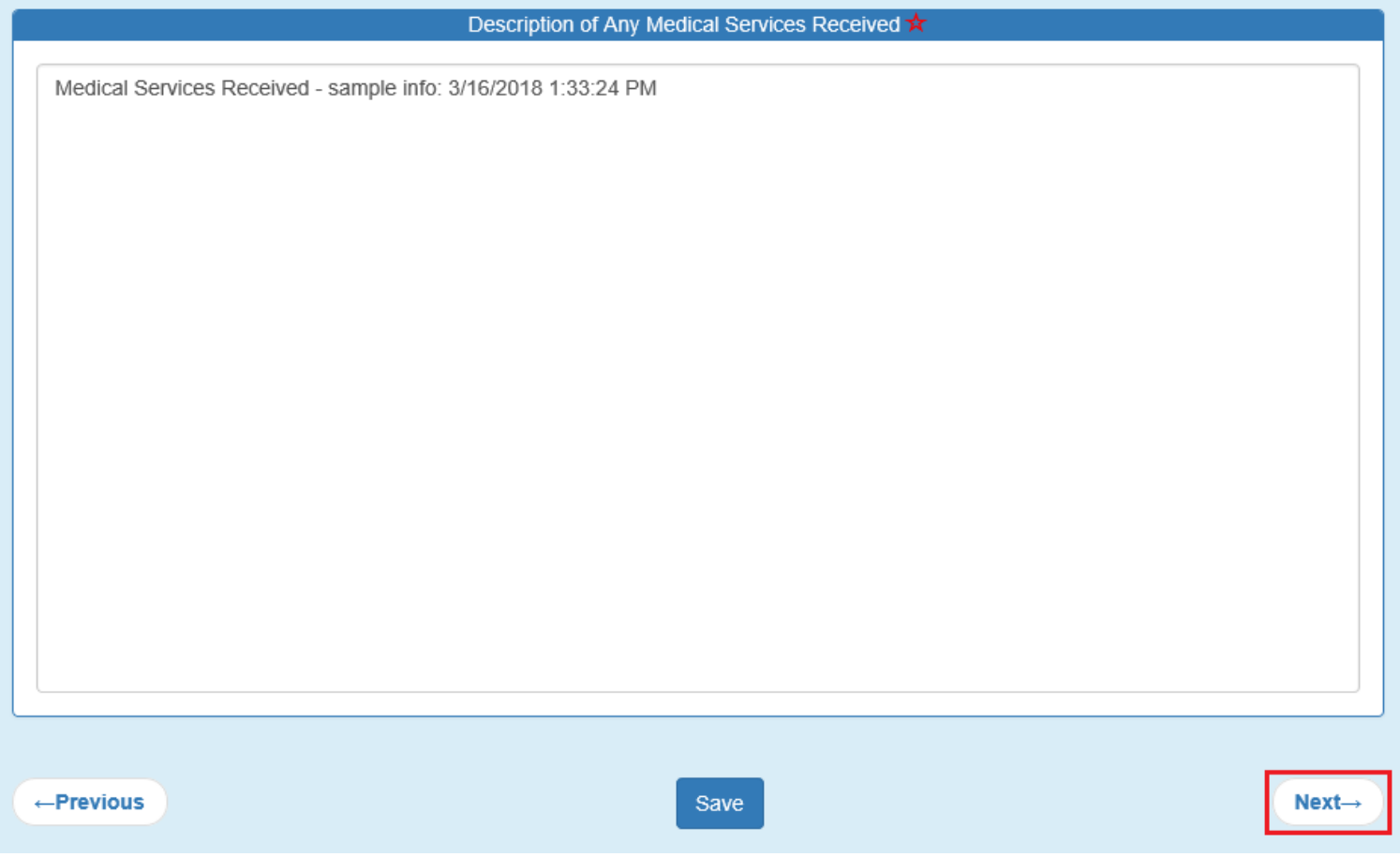
Once the Member Condition Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.



10. Medical Services Step (required)

Preparers will be required to provide detailed information about the medical services received related to the incident in the free text field on this page. For example, if the member was taken to the Emergency Room or an Urgent Care facility to have an injury treated the preparer would note this here and include details on the treatment received. This information can be provided in paragraph format since the input is multi-line as in the illustration below. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Member Services Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.



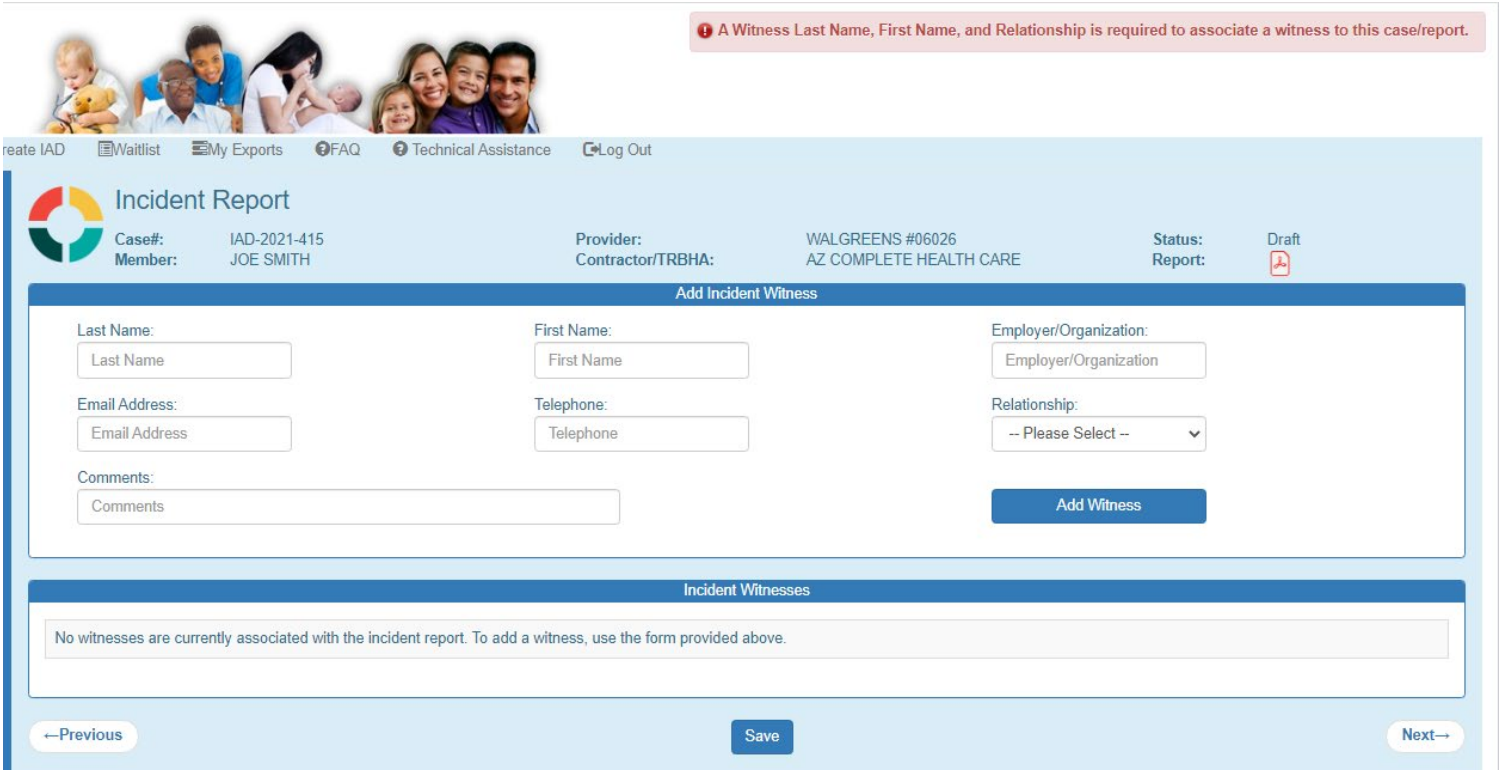
11. Witnesses Step

This step is optional for the submitting an IAD case/report.

Preparers should add witnesses related to the incident if there were any. This should include any staff that were directly involved or witnessed any part of the incident. The information about the witness can include the employee/organization, email address, telephone, relationship to the member affected and any additional comments. If a witness is entered, the minimum required fields are the following:

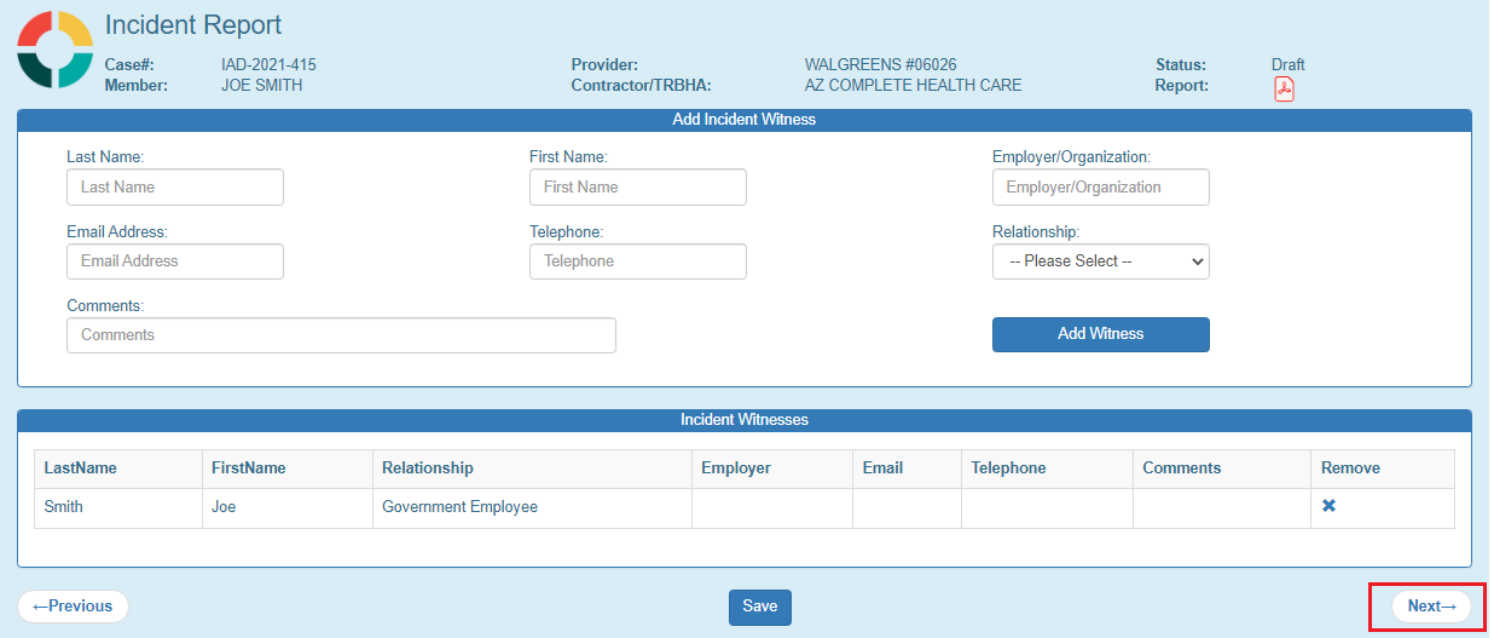
- Last Name
- First Name
- Relationship

If these fields are not filled-out, an alert in the upper-right corner will be displayed.



As with other lists in the IAD case/report, the witness list can be updated by clicking on the "x" to remove a witness associated with the case/report if one has been entered in error.

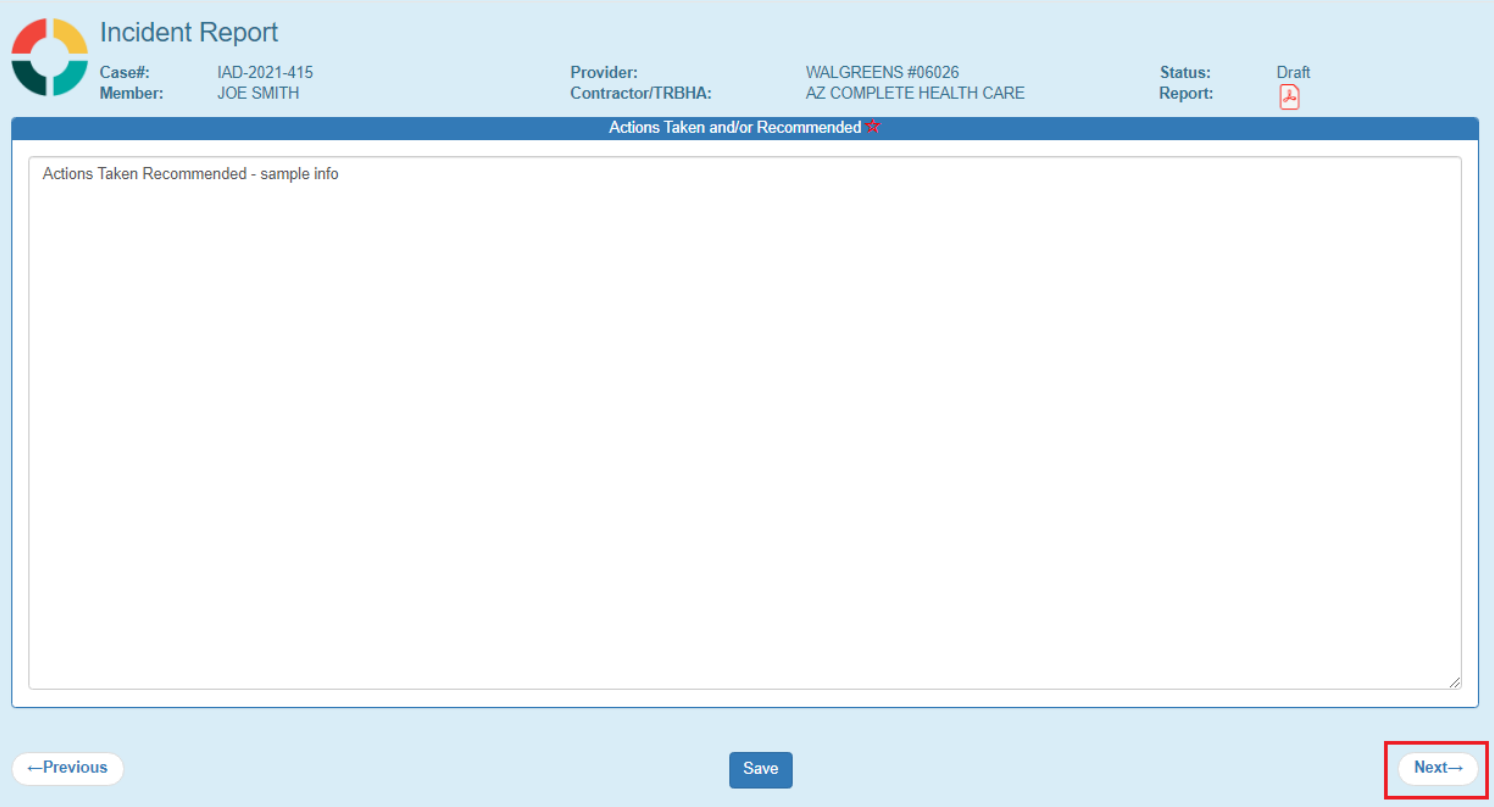
Once the Witnesses Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.



12. Provider Actions Step (required)

Preparers are required to provide actions that were taken and recommended actions that will be taken to prevent future incidents in the free text field. This
information can be provided in paragraph format since the input is multi-line since the input is multi-line as in the illustration below. For example, if the provider has placed a staff on restricted duty to prevent further incidents this information should be documented here. It is recommended that member identifying information not be added here as the redaction tool used later to submit the case for IOC review does not automatically identify Personal Identifiable Information (PII) in free text fields.

Once the Provide Actions Step information has been completed, the Preparer can click on the “Next” button to navigate to the next step.



13. Notifications Step

This step is optional for the submitting an IAD Case.

Preparers should select individuals and organizations that were notified of the incident here. Prepares can select as many notifications as needed. For example, if a guardian, the police and APS were notified of the incident all three should be selected in this section.
If there isn't an exact match on the type of organization, "Others" can be selected and a description can be provided.

On this step, notifications can be sent to another provider or government agency by simply typing in the email address in the "Email a Copy of this IAD to Another Provider or Government Agency" panel. Click on the Send Notification button and verify a notification has been sent to the email address provided. The recipient of the notification must have an active QM Portal login ID to review the report. It is not recommended that this function be used to notify a guardian or parent of an incident as they will not be able to access the report. This section is to be used to document that the notification has been made.

The email notification will contain the following:
Subject: IAD Notification
Body: Case: 123456
Case Status: Draft
Date of Incident: 02/01/2017
Case Submitted by: Joe Smith
Once the Notifications Step information has been completed, the Preparer can click on the "Next" button to navigate to the next step.

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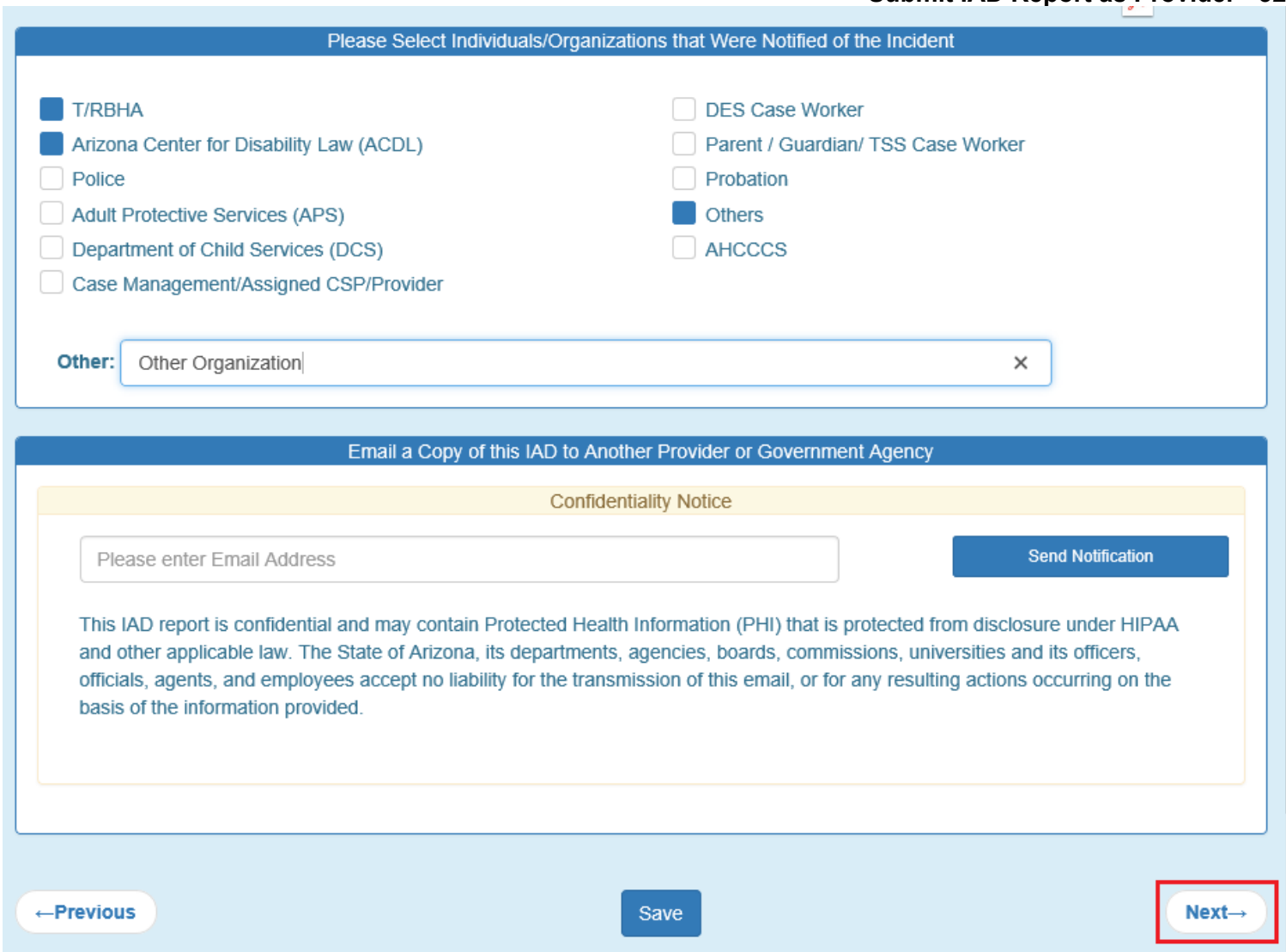


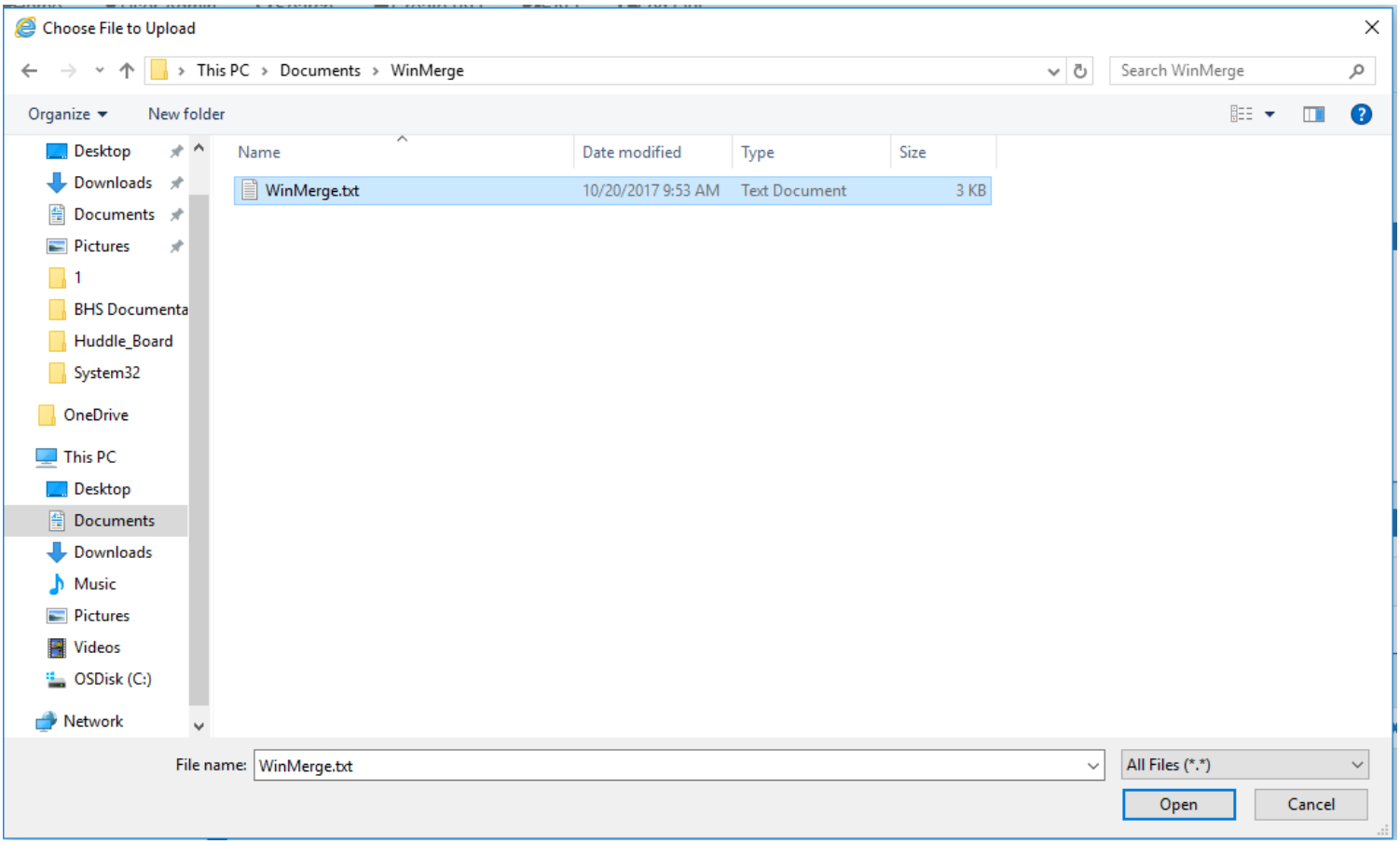
14. Attachments Step

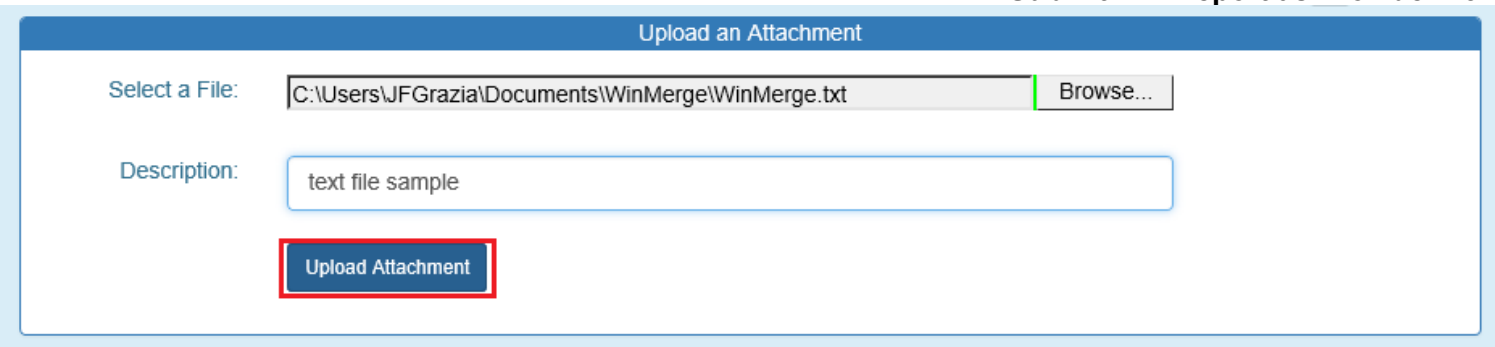
This step is optional for the submitting an IAD Case.

Preparers can optionally add one or more attachments to the case that would have pertinent information that could be easily accessed via the document(s). Content from attachments will not be visible in the final report so required information from any attachment will need to be added directly into the portal screens even if the information also exists in the attachment.

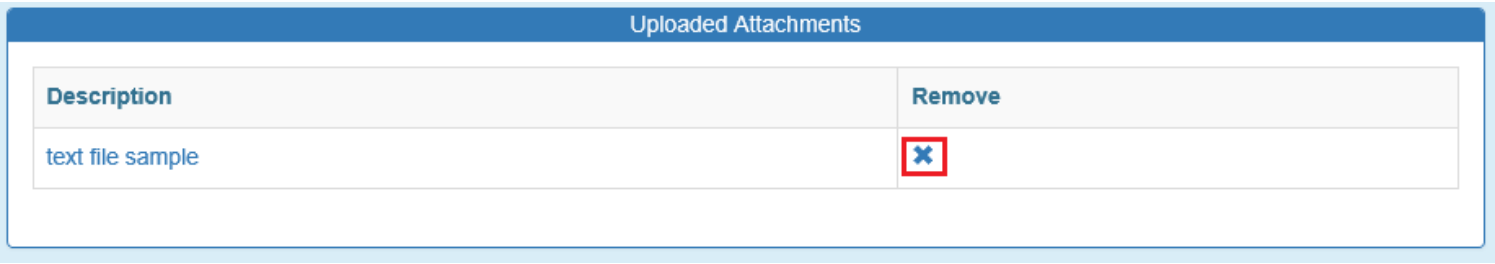
To add an attachment:

1. Select a file by clicking on the “Browse” button
2. Use the Choose File to Upload Windows Prompt and select a document
3. Click “Open”
4. Verify the path has been filled-out in the “Select a File” section
5. Add a description in the textbox labeled “Description”
6. Click “Upload Attachment”



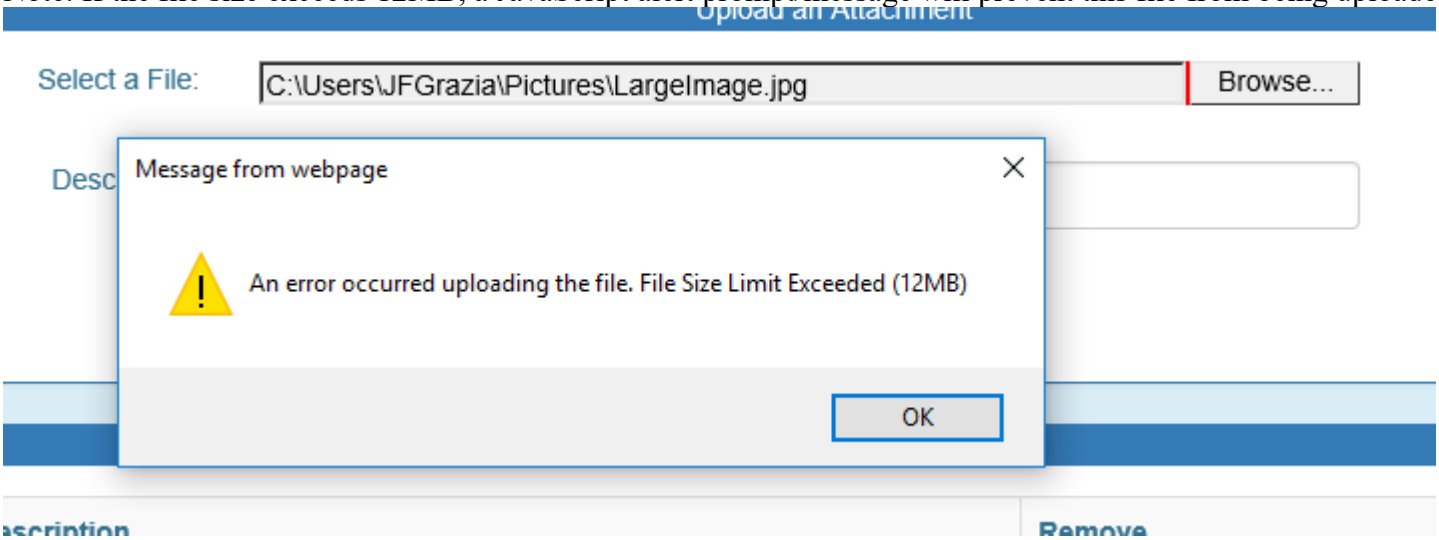


As with other lists in the IAD case/report, the attachments list can be updated by clicking on the "x" to remove a document associated with the case/report if a document was added in error. The description section is a hyperlink so the link can be clicked and the document will open.

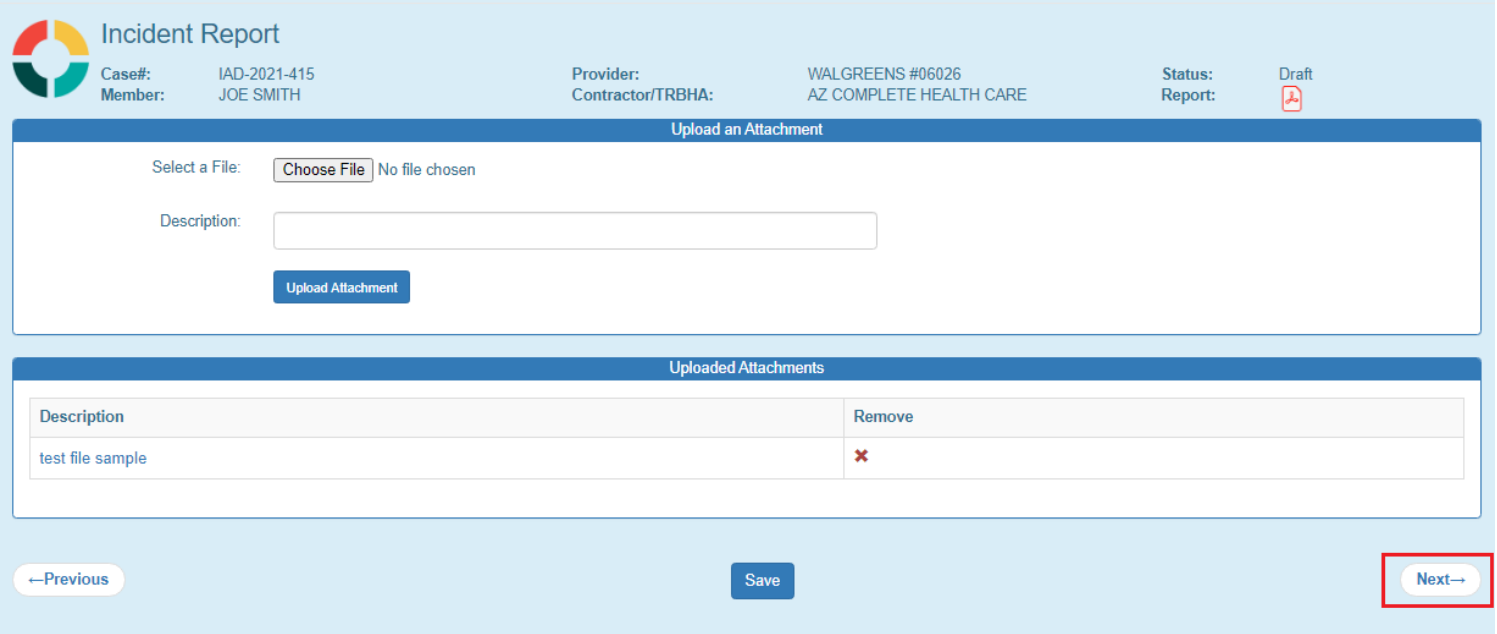


Select "Open" from the Internet Explorer browser prompt and verify the document is opened and has the original contents of the uploaded document.

Note: If the file size exceeds 12MB, a JavaScript alert prompt/message will prevent this file from being uploaded.

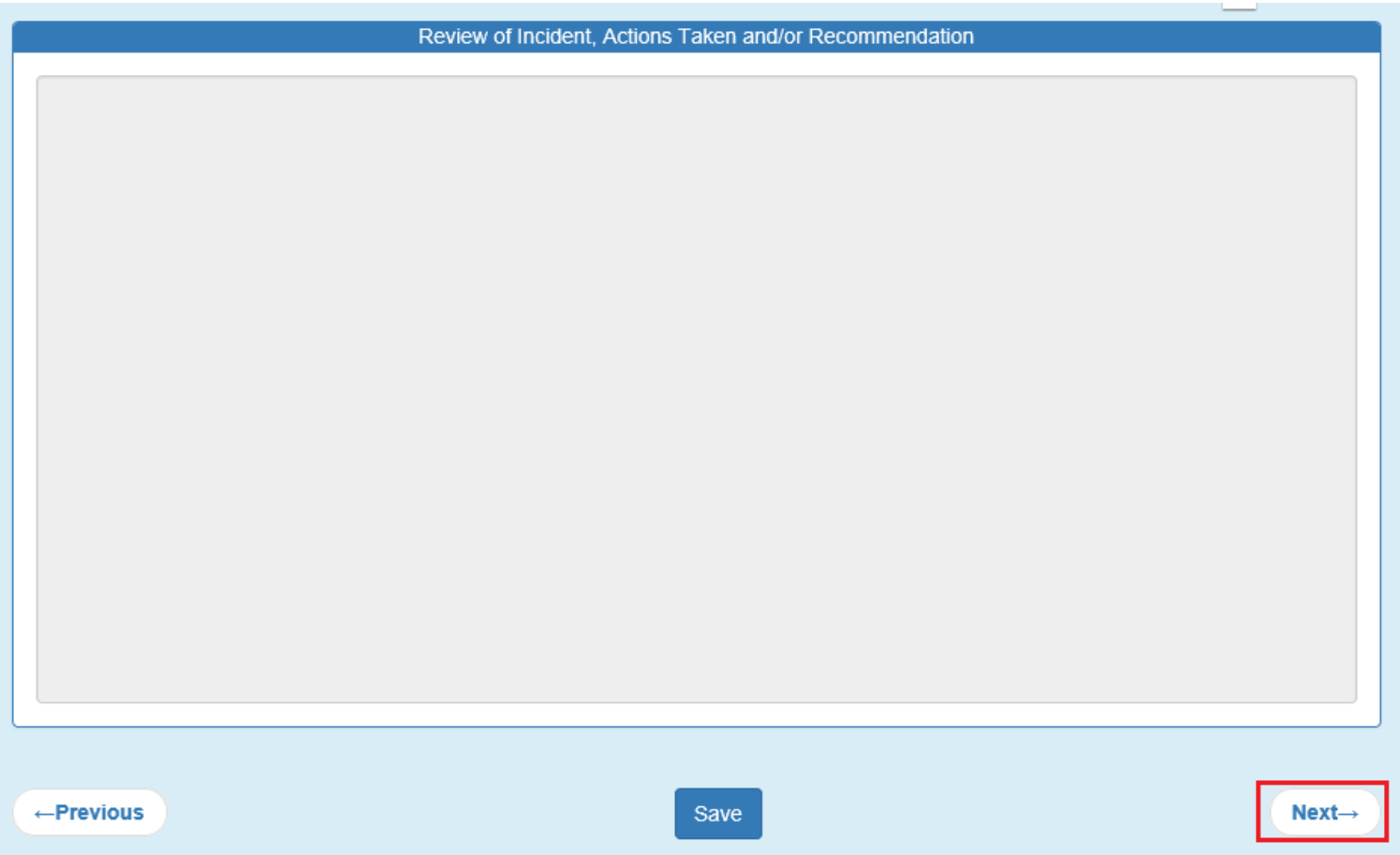


Once the Attachments Step is completed with uploaded document(s), the Preparer can click on the "Next" button to navigate to the next step.



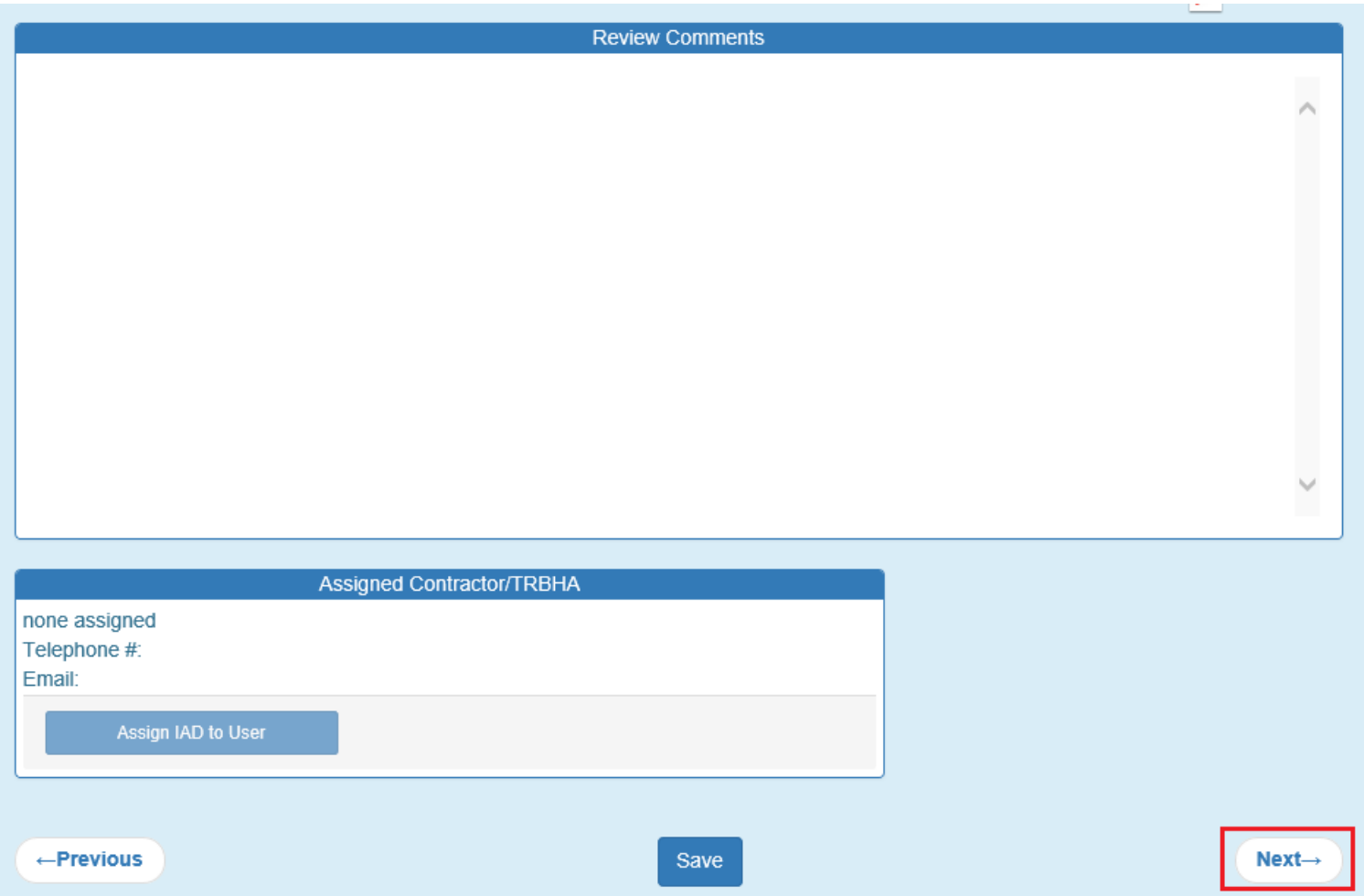
15. Clinical Director Review Step

This step is disabled for a Preparer and to continue this case, the preparer will need to click Next.



16. Contractor/TRBHA Review Step

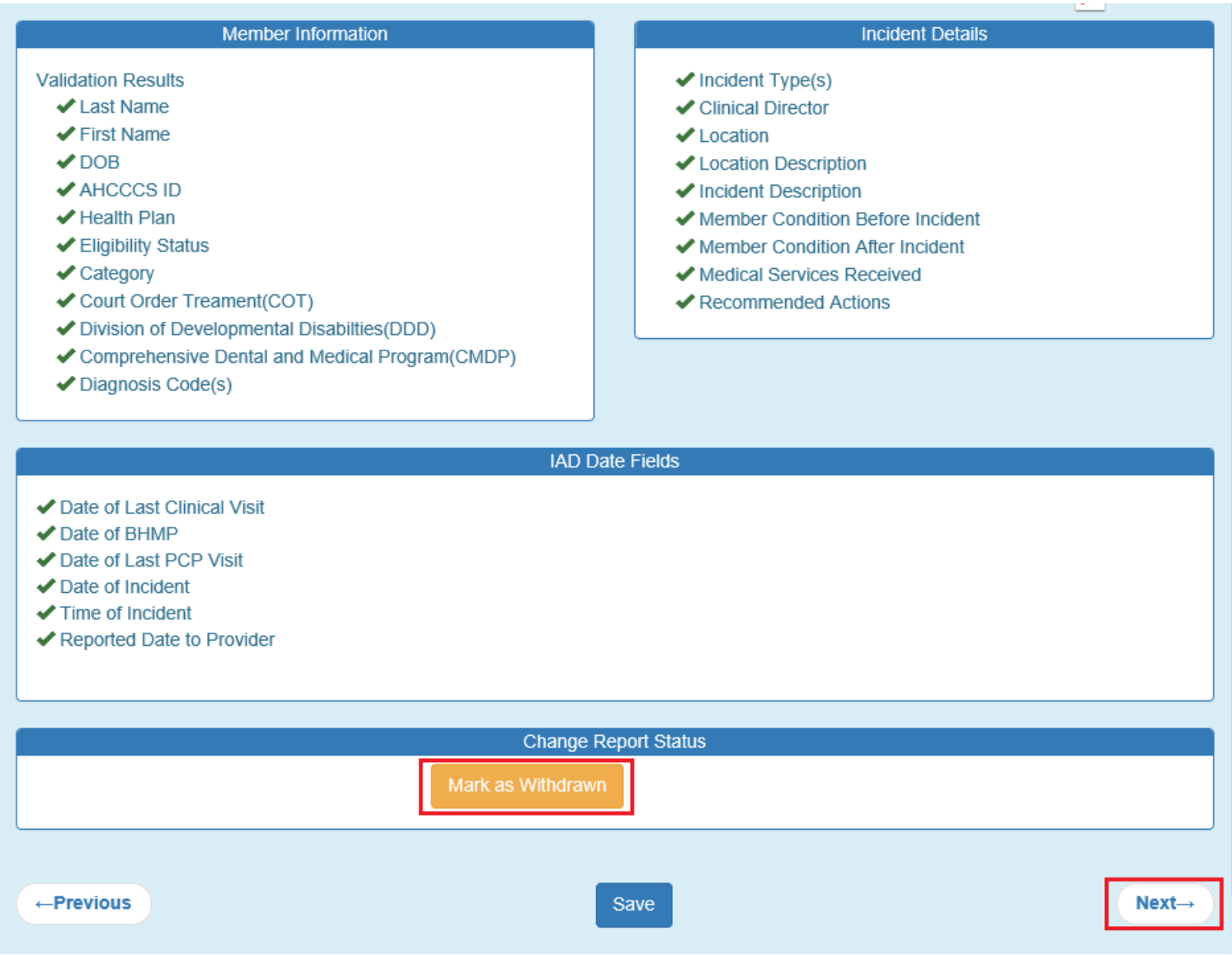
This step is disabled for a Preparer and to continue this case, can click Next.



17. Report Validation Step (required)

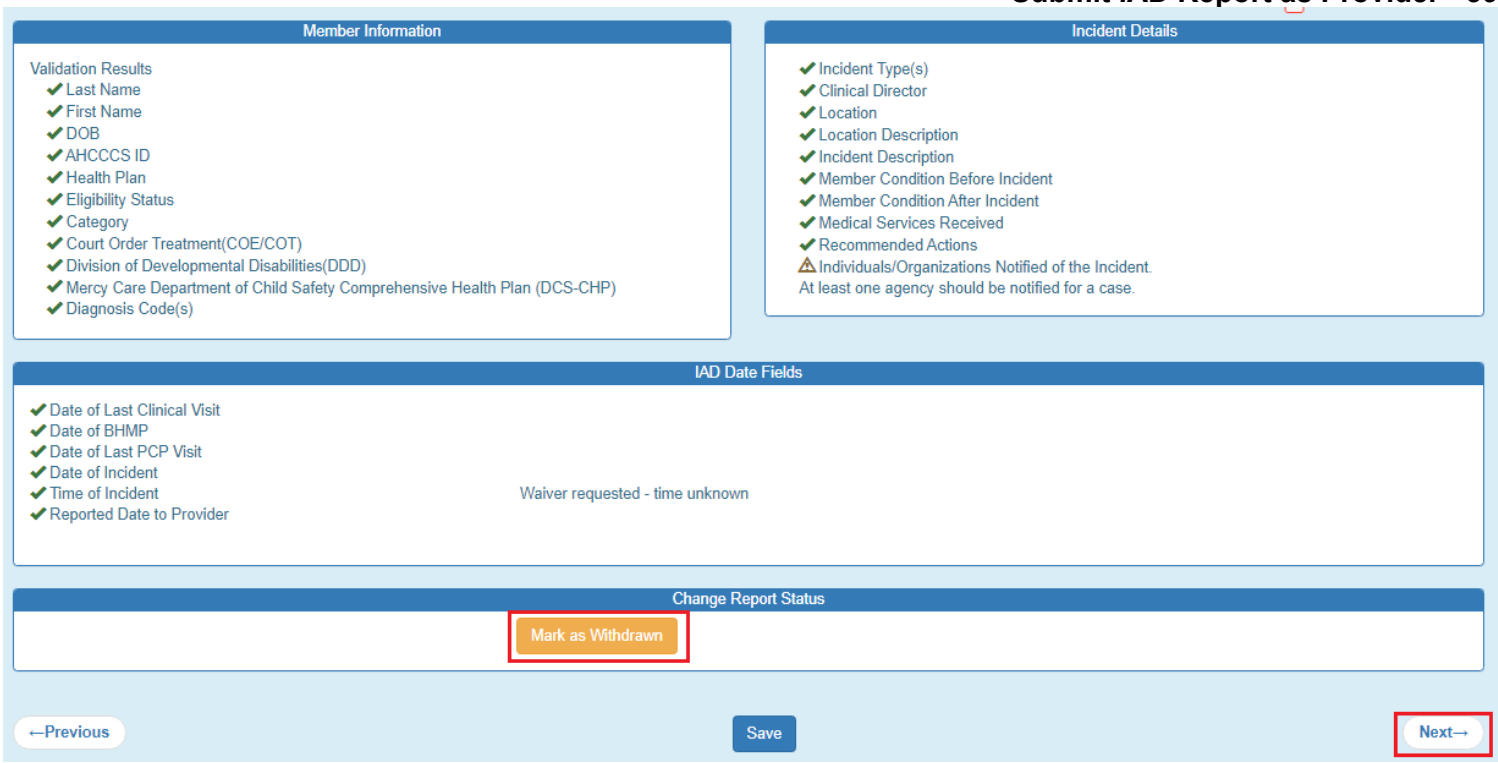
When a case goes through the workflow of the signing process:
Preparer -> Clinical Director -> Third-Level Reviewer (optional) -> TRBHA Review

The case needs to have all required information filled-out prior to signing as per the illustration below. The validation page provides a summary of the sections and whether the required information has been provided.



Note: If a preparer selects the "Mark as Withdrawn" option they will be required to select a reason for withdrawing the case. Once a case is withdrawn it cannot move forward in the process. This option is used if a preparer or Clinical Director determine that the incident is not reportable (See AMPM 961) or the incident is a duplicate that was already submitted by another Preparer.

If all the validation criteria are met, the Preparer can click on the "Next" button to navigate to the next step.

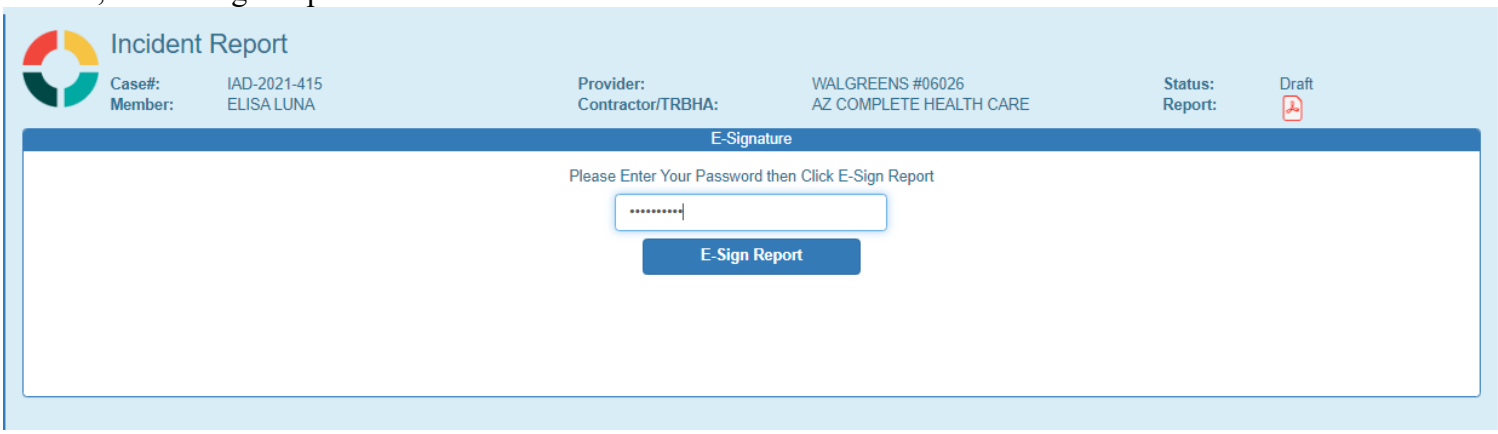

Member Information
Validation Results
Last Name
First Name
DOB
AHCCCS ID
Health Plan
Eligibility Status
Category
Court Order Treatment(COE/COT)
Division of Developmental Disabilities(DDD)
Mercy Care Department of Child Safety Comprehensive Health Plan (DCS-CHP)
Diagnosis Code(s)
Incident Details
Incident Type(s)
Clinical Director
Location
Location Description
Incident Description
Member Condition Before Incident
Member Condition After Incident
Medical Services Received
Recommended Actions
Individuals/Organizations Notified of the Incident.
At least one agency should be notified for a case.
IAD Date Fields
Date of Last Clinical Visit
Date of BHMP
Date of Last PCP Visit
Date of Incident
Time of Incident
Reported Date to Provider
Waiver requested - time unknown
Change Report Status
Mark as Withdrawn
←Previous
Save
Next→

18. Electronically Sign Report Step (required)

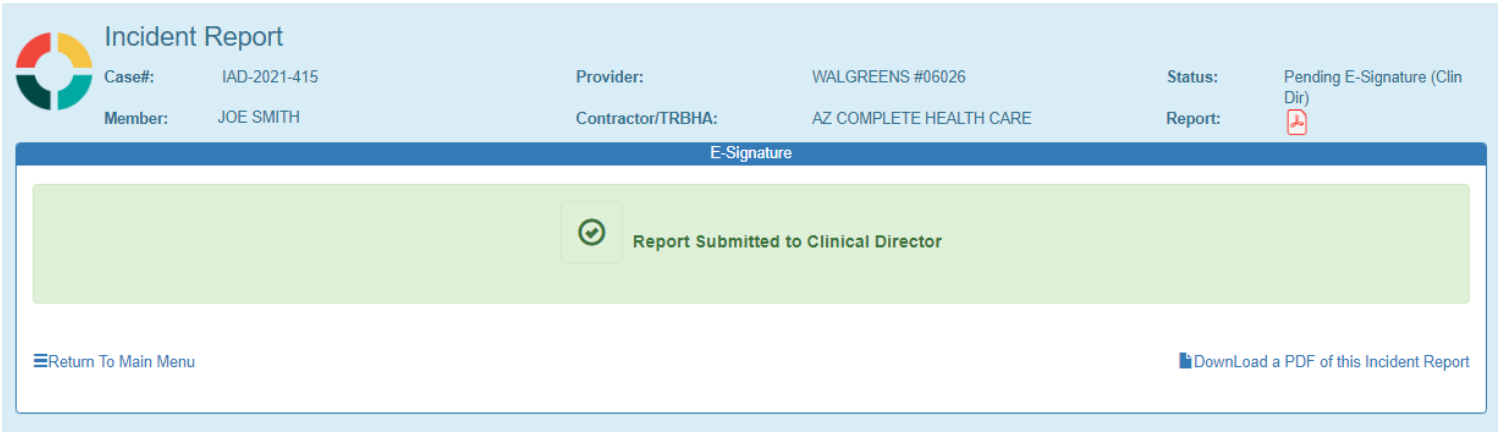
Note: In navigating to the next step, the Report Signatures page was skipped. Initially there are no signatures yet for a case that hasn't been signed. The application moves to the electronically sign step or e-signature step.

Note 2: Notice that there is no Previous, Save and Next buttons here on this step.

The credentials used to initially sign-in to the QM Portal are needed here for the password. Once the password is entered, the "E-Sign Report" button can be clicked.



Once the case/report has been signed as a Preparer, a successful validation message will be displayed noting that the case can now be reviewed by the assigned Clinical Director for the case/report.:



Arizona Health Care Cost Containment System

QuickStart Guide

Incident, Accident and Death Reporting

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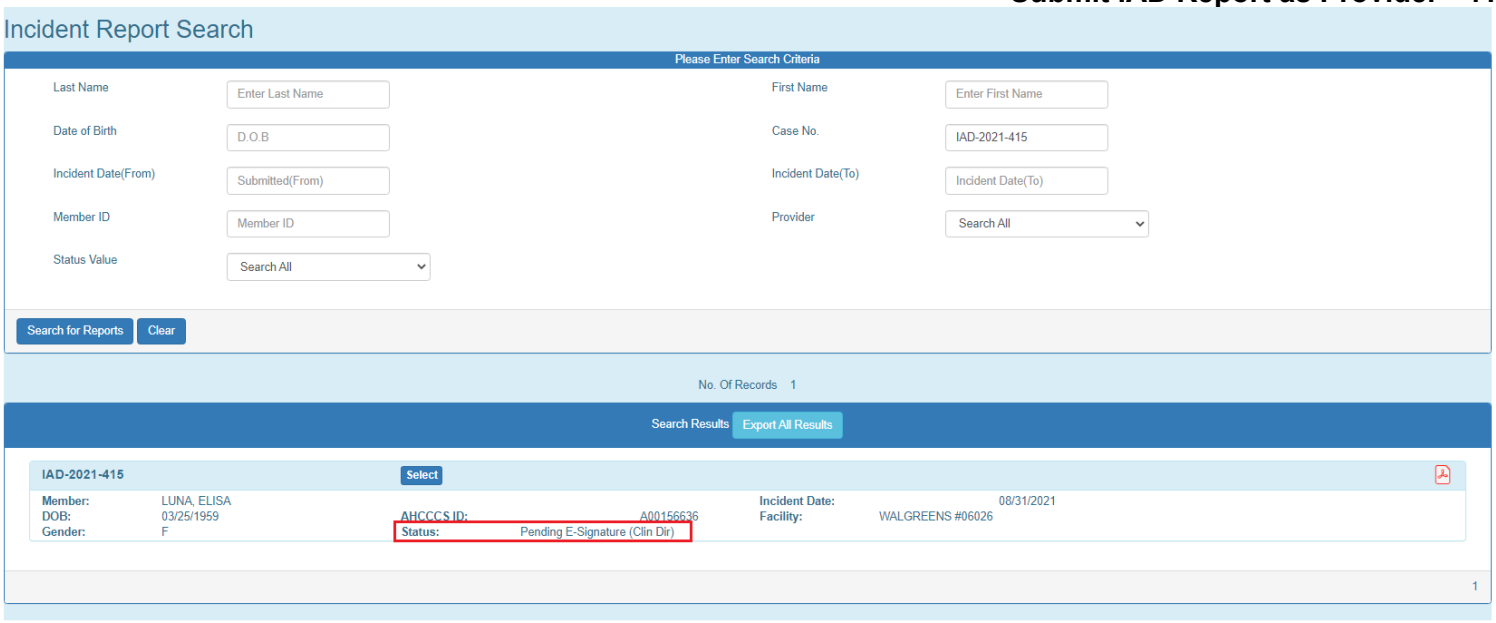

Appendix A – Incident Categories and SubCategories

ALLEGATION_CATEGORY_DESCR	ALLEGATION_SUBCATEG_DESCR
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral
	Inadequate access to care and or services
	Inadequate access to medical records
	Organ Transplant Issues
	Transportation Issues
ABUSE	Emotional abuse on a member
	Physical abuse on a member
	Physical assault (i.e. battery) on a member
	Sexual abuse/assault on a member
	Sexual Abuse/assault on a member within or on the grounds of a healthcare setting
	Verbal abuse on a member
	Exploitation of a member
	Neglect of physical, medical, or behavioral needs of a member
Death - Member	Death - Suicide
	Death - Substance Use Disorder - ETOH
	Death - Substance Use Disorder - METHAMPHETAMINE
	Death - Substance Use Disorder - HEROIN
	Death - Substance Use Disorder -PRESCRIPTION OPIOID
	Death - Substance Use Disorder - POLY PHARMACY
	Death - Substance Use Disorder - OTHER
	Death - Unexpected
	Death - Other
	Member death associated with a missing person
	Member suicide Due to Opioid or Multi-Drug Toxicity
	Member death associated with a Medication Error
	Member death associated with a fall while being cared for in a healthcare setting
	Member death associated with the use of seclusion and/or restraints
	Death of a member resulting from a physical assault
Effectiveness/Appropriateness of Care	Inadequate or Inappropriate Discharge Planning
	Inadequate or Inappropriate Discharge Planning with a Readmission for Same Condition
	Lack of Continuity of Care
	Lack of Coordination of Care
	Delay in Diagnosis or Missed Diagnosis
	Inadequate Documentation; Example, ASAM Not Completed
	Ineffective or Inappropriate Case Management
	Lack of engagement/re-engagement of member
	Treatment Below Medical Standards/Ineffective Treatment
	Ineffective or Inadequate Service Plan and/or Treatment Plan

	Ineffective or Inappropriate Management of Substance Use Disorder (SUD)
	Ineffective or Inappropriate Management of Opioid Use Disorder - OVERDOSE
	Ineffective or Inappropriate Management of Opioid Use Disorder - MEDD greater than 90
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of MUSCLE RELAXANT
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of BENZODIAZEPINE
	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of LONG ACTING OP
FRAUD	Fraudulent actions - billing, documentation, services, licensure
	Fraudulent Utilization: Over utilization of covered services
	Fraudulent Utilization: Inappropriate utilization of covered services
OPPC-HCAC	Any Stage 1, Stage 2 pressure ulcers acquired after admission/presentation to a healthcare setting
	Avoidable Healthcare Associated Infection (HAI)
	Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a health care institution
	Avoidable Injury/Trauma: Fractures, Dislocations, Intracranial Injuries, Crushing Injuries, Burns, O
	Avoidable Complication & Other (Surgical Site Infections, Deep Vein Thrombosis, Pulmonary Embolism,
	Wrong Surgical or Other Invasive Procedure Performed on a Patient, Performed On The Wrong Body Part,
Member Rights/Respect and Caring	Inappropriate Use of Physical, Mechanical, Personal, Chemical Restraint, or Seclusion
	Cultural Competency Issue(s)
	Disrespectful/unprofessional conduct by provider
	HIPAA Breach
	Member dissatisfaction with treatment plan or care provided
Safety/Risk Management	Failure to Report a Change in Condition
	Failure to follow up or communicate laboratory, pathology, or radiology test results
	Missing person from secured setting (e.g. Dementia or memory care locked unit)
	Missing person from a licensed Facility
	Missing person not associated with a residential setting
	Unsafe environment
	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist,
	Attempted suicide
	Suicide attempt resulting in medical attention
	Self-harm, attempted and/or completed
	Avoidable Injury or Complication
	Discharge or release of a patient/resident of any age, who is unable to make decisions
	Failure /Delay or Inadequate Regulatory Agency Reporting
	Inadequate Staffing

	Inappropriate Use of Medical Equipment
	Medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong
	Medication Error occurring at a licensed residential Provider site i
	Pharmacological Management Issues
	Treatment rendered outside clinician scope of practice
	Injury occurring on the premises or during a registered Provider sponsored activity that requires me
	Injury resulting from the use of a personal, chemical, physical, mechanical restraint, or seclusion
	Serious injury associated with member disappearance (missing person)
	Attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare
	Serious injury associated with a Medication Error
	Serious injury associated with a fall while being cared for in a healthcare setting
	Serious injury associated with the use of seclusion and/or restraints
	Serious injury of a member resulting from a physical assault that occurs during the provision of ser
	Homicide committed by or allegedly committed by a member
	Alleged or Suspected Criminal Activity
	Police/Fire/EMS called to a licensed facility
Other	Other

Appendix A – New Categories

ALLEGATION_CATEGORY_DESCR	ALLEGATION_SUBCATEG_DESCR
Availability, Accessibility, Adequacy	Delay in treatment, service, or referral
Availability, Accessibility, Adequacy	Inadequate access to care and or services
Availability, Accessibility, Adequacy	Inadequate access to medical records
Availability, Accessibility, Adequacy	Organ Transplant Issues
Availability, Accessibility, Adequacy	Transportation Issues
ABUSE	Emotional abuse on a member
ABUSE	Physical abuse on a member
ABUSE	Physical assault (i.e. battery) on a member
ABUSE	Sexual abuse/assault on a member
ABUSE	Sexual Abuse/assault on a member within or on the grounds of a healthcare setting
ABUSE	Verbal abuse on a member
ABUSE	Exploitation of a member
ABUSE	Neglect of physical, medical, or behavioral needs of a member
Death - Member	Death - Suicide
Death - Member	Death - Substance Use Disorder - ETOH
Death - Member	Death - Substance Use Disorder - METHAMPHETAMINE
Death - Member	Death - Substance Use Disorder - HEROIN
Death - Member	Death - Substance Use Disorder -PRESCRIPTION OPIOID
Death - Member	Death - Substance Use Disorder - POLY PHARMACY
Death - Member	Death - Substance Use Disorder - OTHER
Death - Member	Death - Unexpected
Death - Member	Death - Other
Death - Member	Member death associated with a missing person
Death - Member	Member suicide Due to Opioid or Multi-Drug Toxicity
Death - Member	Member death associated with a Medication Error
Death - Member	Member death associated with a fall while being cared for in a healthcare setting
Death - Member	Member death associated with the use of seclusion and/or restraints
Death - Member	Death of a member resulting from a physical assault
Effectiveness/Appropriateness of Care	Inadequate or Inappropriate Discharge Planning
Effectiveness/Appropriateness of Care	Inadequate or Inappropriate Discharge Planning with a Readmission for Same Condition
Effectiveness/Appropriateness of Care	Lack of Continuity of Care
Effectiveness/Appropriateness of Care	Lack of Coordination of Care
Effectiveness/Appropriateness of Care	Delay in Diagnosis or Missed Diagnosis
Effectiveness/Appropriateness of Care	Inadequate Documentation; Example, ASAM Not Completed
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Case Management

Effectiveness/Appropriateness of Care	Lack of engagement/re-engagement of member
Effectiveness/Appropriateness of Care	Treatment Below Medical Standards/Ineffective Treatment
Effectiveness/Appropriateness of Care	Ineffective or Inadequate Service Plan and/or Treatment Plan
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Substance Use Disorder (SUD)
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - OVERDOSE
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - MEDD greater than 90
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of MUSCLE RELAXANT
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of BENZODIAZEPINE
Effectiveness/Appropriateness of Care	Ineffective or Inappropriate Management of Opioid Use Disorder - Co-Occurring use of LONG ACTING OP
FRAUD	Fraudulent actions - billing, documentation, services, licensure
FRAUD	Fraudulent Utilization: Over utilization of covered services
FRAUD	Fraudulent Utilization: Inappropriate utilization of covered services
OPPC-HCAC	Any Stage 1, Stage 2 pressure ulcers acquired after admission/presentation to a healthcare setting
OPPC-HCAC	Avoidable Healthcare Associated Infection (HAI)
OPPC-HCAC	Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a health care institution
OPPC-HCAC	Avoidable Injury/Trauma: Fractures, Dislocations, Intracranial Injuries, Crushing Injuries, Burns, O
OPPC-HCAC	Avoidable Complication & Other (Surgical Site Infections, Deep Vein Thrombosis, Pulmonary Embolism,
OPPC-HCAC	Wrong Surgical or Other Invasive Procedure Performed on a Patient, Performed on The Wrong Body Part,
Member Rights/Respect and Caring	Inappropriate Use of Physical, Mechanical, Personal, Chemical Restraint, or Seclusion
Member Rights/Respect and Caring	Cultural Competency Issue(s)
Member Rights/Respect and Caring	Disrespectful/unprofessional conduct by provider
Member Rights/Respect and Caring	HIPAA Breach
Member Rights/Respect and Caring	Member dissatisfaction with treatment plan or care provided
Safety/Risk Management	Failure to Report a Change in Condition
Safety/Risk Management	Failure to follow up or communicate laboratory, pathology, or radiology test results
Safety/Risk Management	Missing person from secured setting (e.g. Dementia or memory care locked unit)
Safety/Risk Management	Missing person from a licensed Facility
Safety/Risk Management	Missing person not associated with a residential setting
Safety/Risk Management	Unsafe environment
Safety/Risk Management	Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist,
Safety/Risk Management	Attempted suicide
Safety/Risk Management	Suicide attempt resulting in medical attention
Safety/Risk Management	Self-harm, attempted and/or completed

Safety/Risk Management	Avoidable Injury or Complication
Safety/Risk Management	Discharge or release of a patient/resident of any age, who is unable to make decisions
Safety/Risk Management	Failure /Delay or Inadequate Regulatory Agency Reporting
Safety/Risk Management	Inadequate Staffing
Safety/Risk Management	Inappropriate Use of Medical Equipment
Safety/Risk Management	Medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong
Safety/Risk Management	Medication Error occurring at a licensed residential Provider site i
Safety/Risk Management	Pharmacological Management Issues
Safety/Risk Management	Treatment rendered outside clinician scope of practice
Safety/Risk Management	Injury occurring on the premises or during a registered Provider sponsored activity that requires me
Safety/Risk Management	Injury resulting from the use of a personal, chemical, physical, mechanical restraint, or seclusion
Safety/Risk Management	Serious injury associated with member disappearance (missing person)
Safety/Risk Management	Attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare
Safety/Risk Management	Serious injury associated with a Medication Error
Safety/Risk Management	Serious injury associated with a fall while being cared for in a healthcare setting
Safety/Risk Management	Serious injury associated with the use of seclusion and/or restraints
Safety/Risk Management	Serious injury of a member resulting from a physical assault that occurs during the provision of ser
Safety/Risk Management	Homicide committed by or allegedly committed by a member
Safety/Risk Management	Alleged or Suspected Criminal Activity
Safety/Risk Management	Police/Fire/EMS called to a licensed facility
Other	Other