Blue Cross Community MMAI (Medicare-Medicaid Plan)™

Critical Incident Reporting Form for Members

Please fax this form to the Care Coordination Department at 312-946-3899
or call our Critical Incident Hotline with this information at 855-653-8127.

For help to translate or understand this letter, or request in alternative formats, Call Member Services at 1-877-723-7702 (TTY: 711). We are available seven (7) days a week. Our call center is open Monday-Friday 8:00 a.m. – 8:00 p.m. Central time. On weekends and Federal holidays, voice messaging is available. If you leave a voice message, a Member Services representative will return your call no later than the next business day. The call is free.

*Member Name (Last, First):	Member Medicaid Number:
*DOB:	Member BCBS ID Number:
Primary Care Provider (PCP):	*Plan Type: ☐ MMAI (Medicare Medicaid Alignment Initiative)℠

*Categories of Eligibility:

☐ Elderly ☐ Traumatic Brain Injury ☐ HIV/AIDS
☐ Physical Disabilities ☐ Supportive Living Facilities ☐ Aged, Blind Disabled
☐ Nursing Facility Services ☐ Assisted Living Program ☐ None of the above

*Referral Source (person or entity who is reporting the incident):

Name: _____
_____ Relationship to Member:
_____ Phone:
_____

*Indicate the Date and Time of Incident. Date: _____ Time: _____

*Location of Incident:

☐ Member's Home ☐ Nursing Home ☐ TFC ☐ Shelter Care
☐ Acute Inpatient ☐ Outpatient Facility ☐ Emergency Room ☐ Day Treatment
☐ Residential Treatment Facility ☐ Other

Address:

_____
_____ Phone:
_____

*Summary of Incident: (May use additional pages, if needed)

Name of all Individuals involved in Critical Incident:

_____

Name of Agency involved in Critical Incident, if applicable:

_____

*Suspected Abuse, Neglect or Exploitation critical incidents are required to be reported to the following State Agencies. *Please check the box to indicate which agency was notified.*

⇨*Indicate the date and time of notification. Date: _____ Time: _____

☐ For members age 18 and older: Illinois Department on Aging-Adult Protective Services Hotline Phone: 866-800-1409 (voice) TTY: 888-206-1327

☐ For members in Nursing Facilities: Department of Public Health Nursing Home Complaint Hotline Phone: 800-252-4343

☐ For members in Supportive Living Facilities: Department of Healthcare and Family Services SLF Complaint Hotline Phone: 800-226-0768

☐ Law Enforcement: 9-1-1 to reach the local law enforcement agency

(continued on page 2)

H0927_BENILMEMBERCIRF24

Critical Incident Reporting Form for Members, continued

Critical Incidents involving Fraud to the Medicaid System are required to be reported to the following:

- ☐ Illinois Office of the Inspector General Phone: 800-368-1463
- ☐ BCBS Special Investigations Fraud Abuse Hotline Phone: 800-543-0867

***Required information; field must be completed**

*****Type of Incident

☐ **Abuse**
- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Emotional / Verbal Abuse

☐ **Neglect**
- ☐ Passive Neglect
- ☐ Active / Wilful Neglect
- ☐ Self-Neglect

☐ **Exploitation**
- ☐ Misappropriation of property including theft of member property
- ☐ Financial
- ☐ Sexual Exploitation
- ☐ Other

☐ Medical/Psychiatric
- ☐ Medical / Psychiatric Emergency
- ☐ Self-inflicted Injury/Wound requiring medical attention

☐ Behavioral Issues
- ☐ Member is missing
- ☐ Member is in possession of a weapon
- ☐ Member displays physically aggressive behavior
- ☐ Suicide attempt by member
- ☐ Suicide ideation / threat by member
- ☐ Suspected alcohol or substance abuse by member
- ☐ Property damage by member of $50 or more
- ☐ Self-abuse

☐ Nursing Home
- ☐ Any crime that occurs on facility property
- ☐ Loss of electrical power in excess of an hour
- ☐ Evacuation of residents for any reason
- ☐ Physical injury to residents from a mechanical failure or force of nature
- ☐ Fire alarm activation with injuries or damage to the apartment

☐ Environmental Hazards
- ☐ Fire / Natural Disaster damaged or affected
- ☐ Other
- ☐ None

☐ Deaths
- ☐ Expected deaths
- ☐ Unexpected deaths
- ☐ Unusual death of member
- ☐ Death related to abuse, neglect or exploitation
- ☐ Death, other party

☐ Criminal Act / Law Enforcement
- ☐ Member arrested, charged with or convicted of a crime
- ☐ Provider arrested, charged with or convicted of a crime
- ☐ Placement into a correctional facility
- ☐ Fraudulent activities by member
- ☐ Fraudulent activities on the part of the provider
- ☐ Fraudulent activities of caregiver, ex. timesheet signed for hours not worked

☐ Other
- ☐ Media involvement / media inquiry
- ☐ Threats made against state agency / BCBS employee
- ☐ Falsification of credentials or records
- ☐ Report against state agency/ BCBS employee
- ☐ Bribery or attempted bribery of a state agency / BCBS employee
- ☐ Significant medical event for member or provider
- ☐ Theft of provider property by a member
- ☐ Restraint
- ☐ Seclusion/Confinement

☐ Caregiver
- ☐ Robbery / burglary on premises
- ☐ Hazardous / physical condition discovered
- ☐ Serious incident resulting in legal action

☐ Sexual Misconduct
- ☐ Sexual harassment
- ☐ Sexually problematic behavior

*****Name and phone number of individual completing form if different than referral source listed above:

Name: Phone:

*****Date form completed:

***Required information; field must be completed.**

Blue Cross Community MMAI (Medicare-Medicaid Plan)SM is provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-723-7702 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-723-7702 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-877-723-7702 (TTY: 711) 。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-877-723-7702 (TTY: 711) 。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-723-7702 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-723-7702 (TTY :711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-723-7702 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-723-7702 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-723-7702 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-723-7702 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية لإلجابة عن أي أسئلة تتعلق بالصحة أو جدول ألدوية لدينا.
للحصول على مترجم فوري، ليس عليك سوى االتصال بنا على 7702-723-877-1)711:TTY(.سيقوم
شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके ककसी भी प्रश्न के जवाब देने के किए हमारे पास मुफ्त दुभाकिया सेवाएँ उपिब्ध हैं. एक दुभाकिया प्राप्त करने के किए, बस हमें 1-877-723-7702 (TTY: 711) पर फोन करें. कोई व्यक्ति जो कहन्दी बोि ता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-723-7702 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-723-7702 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-723-7702 (TTY :711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-723-7702 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-877-723-7702 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。