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

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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

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

☐ 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

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

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

☐ 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

☐ 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

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

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

☐ 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

☐ 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

*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 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, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, 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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-723-7702 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-723-7702 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-723-7702 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-723-7702（TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-723-7702 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-723-7702 (رقم هاتف الصم والبكم:711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-723-7702 (телетайп: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-723-7702 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-877-723-7702 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-723-7702 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-723-7702 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-723-7702 (TTY: 711) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-723-7702 (ATS: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-723-7702 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-723-7702 (TTY: 711).