

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: <input type="checkbox"/> MMAI (Medicare Medicaid Alignment Initiative) SM
*Categories of Eligibility:	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Supportive Living Facilities
<input type="checkbox"/> Nursing Facility Services	<input type="checkbox"/> Assisted Living Program
	<input type="checkbox"/> HIV/AIDS
	<input type="checkbox"/> Aged, Blind Disabled
	<input type="checkbox"/> None of the above
*Referral Source (person or entity who is reporting the incident):	
Name: _____	
*Indicate the Date and Time of Incident. Date: _____ Time: _____	
*Location of Incident:	
<input type="checkbox"/> Member's Home	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Acute Inpatient	<input type="checkbox"/> Outpatient Facility
<input type="checkbox"/> Residential Treatment Facility	<input type="checkbox"/> TFC
	<input type="checkbox"/> Emergency Room
	<input type="checkbox"/> Shelter Care
	<input type="checkbox"/> Day Treatment
	<input type="checkbox"/> Other
Address: _____	
Phone: _____	
*Summary of Incident: (May use additional pages, if needed)	
Name of all Individuals involved in Critical Incident: _____	
*Suspected Abuse, Neglect or Exploitation critical incidents are required to be reported to the following State Agencies. <u>Please check the box to indicate which agency was notified.</u>	
☞ *Indicate the date and time of notification. Date: _____ Time: _____	
<input type="checkbox"/> For members age 18 and older: Illinois Department on Aging-Adult Protective Services Hotline Phone: 866-800-1409 (voice) TTY: 888-206-1327	
<input type="checkbox"/> For members in Nursing Facilities: Department of Public Health Nursing Home Complaint Hotline Phone: 800-252-4343	
<input type="checkbox"/> For members in Supportive Living Facilities: Department of Healthcare and Family Services SLF Complaint Hotline Phone: 800-226-0768	
<input type="checkbox"/> Law Enforcement: 9-1-1 to reach the local law enforcement agency	

(continued on page 2)

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		
<input type="checkbox"/> Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Emotional / Verbal Abuse	<input type="checkbox"/> Neglect <input type="checkbox"/> Passive Neglect <input type="checkbox"/> Active / Wilful Neglect <input type="checkbox"/> Self-Neglect	<input type="checkbox"/> Exploitation <input type="checkbox"/> Misappropriation of property including theft of member property <input type="checkbox"/> Financial <input type="checkbox"/> Sexual Exploitation <input type="checkbox"/> Other
<input type="checkbox"/> Medical/Psychiatric <input type="checkbox"/> Medical / Psychiatric Emergency <input type="checkbox"/> Self-inflicted Injury/Wound requiring medical attention	<input type="checkbox"/> Behavioral Issues <input type="checkbox"/> Member is missing <input type="checkbox"/> Member is in possession of a weapon <input type="checkbox"/> Member displays physically aggressive behavior <input type="checkbox"/> Suicide attempt by member <input type="checkbox"/> Suicide ideation / threat by member <input type="checkbox"/> Suspected alcohol or substance abuse by member <input type="checkbox"/> Property damage by member of \$50 or more <input type="checkbox"/> Self-abuse	<input type="checkbox"/> Nursing Home <input type="checkbox"/> Any crime that occurs on facility property <input type="checkbox"/> Loss of electrical power in excess of an hour <input type="checkbox"/> Evacuation of residents for any reason <input type="checkbox"/> Physical injury to residents from a mechanical failure or force of nature <input type="checkbox"/> Fire alarm activation with injuries or damage to the apartment
<input type="checkbox"/> Environmental Hazards <input type="checkbox"/> Fire / Natural Disaster damaged or affected <input type="checkbox"/> Other <input type="checkbox"/> None		<input type="checkbox"/> Criminal Act / Law Enforcement <input type="checkbox"/> Member arrested, charged with or convicted of a crime <input type="checkbox"/> Provider arrested, charged with or convicted of a crime <input type="checkbox"/> Placement into a correctional facility <input type="checkbox"/> Fraudulent activities by member <input type="checkbox"/> Fraudulent activities on the part of the provider <input type="checkbox"/> Fraudulent activities of caregiver, ex. timesheet signed for hours not worked
<input type="checkbox"/> Deaths <input type="checkbox"/> Expected deaths <input type="checkbox"/> Unexpected deaths <input type="checkbox"/> Unusual death of member <input type="checkbox"/> Death related to abuse, neglect or exploitation <input type="checkbox"/> Death, other party	<input type="checkbox"/> Sexual Misconduct <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Sexually problematic behavior	
<input type="checkbox"/> Caregiver <input type="checkbox"/> Robbery / burglary on premises <input type="checkbox"/> Hazardous / physical condition discovered <input type="checkbox"/> Serious incident resulting in legal action		
*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@hsc.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 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.

ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición sin costo alguno para usted. Llame al 1-877-723-7702 (TTY: 7-1-1). Atención disponible los siete (7) días de la semana. El horario de atención por teléfono es de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora del centro. Servicio de correo de voz disponible los fines de semana y los días feriados federales. Si deja un mensaje de voz, un representante de Atención al Asegurado le devolverá la llamada a más tardar el siguiente día hábil. La llamada es gratuita.

UWAGA: Osoby posługujące się językiem angielskim mogą bezpłatnie skorzystać z pomocy językowej. Prosimy zadzwonić do Działu Obsług Członków pod numer 1-877-723-7702 (TTY: 711). Jesteśmy dostępni siedem (7) dni w tygodniu. Nasza informacja telefoniczna jest czynna od poniedziałku do piątku, w godzinach od 8:00 a.m. do 8:00 p.m. czasu centralnego. W weekendy oraz święta federalne dostępna jest poczta głosowa. W przypadku pozostawienia takiej wiadomości przedstawiciel Działu Obsługi Członków skontaktuje się z Państwem najpóźniej następnego dnia roboczego. Połączenie jest bezpłatne.

注意：如果您說英語，則可以免費使用語言幫助服務。請致電會員服務部，電話：1-877-723-7702（聽障專線 (TTY)：711）。我們的上班時間每週七 (7) 天。我們的服務中心開放時間為週一至週五，上午 8 點至晚上 8 點（中部時間）。在週末和聯邦假日，可以使用語音訊息。如果您使用語音留言，會員服務部代表將在不遲於下一個工作日回電給您。這是免付費專線。

주의: 영어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-723-7702(TTY: 711)번으로 회원 서비스 부서에 전화하십시오. 전화 서비스는 주 칠(7)일 이용이 가능합니다. 당사의 콜센터는 월요일 ~ 금요일 오전 8시 ~ 오후 8시(중부 표준시)까지 영업합니다. 주말 및 연방 공휴일에는 음성 메시지를 남기실 수 있습니다. 음성 메시지를 남기시면 회원 서비스 안내 직원이 다음 영업일 내로 답신 전화를 드릴 것입니다. 이 통화는 무료입니다.

PAUNAWA: Kung nagsasalita kayo ng wikang Ingles, mayroon kayong makukuhang mga libreng serbisyo para sa tulong sa wika. Tumawag sa Member Services sa 1-877-723-7702 (TTY: 711). Matatawagan kami pitong (7) araw bawat linggo. Bukas ang aming call center ng Lunes-Biyernes 8:00 a.m. – 8:00 p.m. Central time. Kapag weekend at Pederal na pista-opisyal, may voice messaging. Kapag nag-iwan ka ng voice message, tatawagan ka ng kinatawan ng Member Services nang hindi lalagpas sa susunod na araw ng negosyo. Libre ang tawag.

انتباه: إذا كنت تتحدث اللغة الإنجليزية، فتتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل بقسم "خدمات الأعضاء" على الرقم 1-877-723-7702 (الهاتف النصي: 711). إننا نعمل سبعة (7) أيام في الأسبوع. مركز الاتصال متاح من الإثنين إلى الجمعة من الساعة 8 صباحًا إلى الساعة 8 مساءً بالتوقيت المركزي. في عطلات نهاية الأسبوع والعطلات الفيدرالية، تتوفر خدمة الرسائل الصوتية. إذا تركت رسالة صوتية، فسيرد ممثل خدمات الأعضاء على مكالمتك في موعد لا يتجاوز يوم العمل التالي. المكالمات مجانية.

ВНИМАНИЕ: Если вы говорите на русском языке, мы можем предоставить вам бесплатные услуги переводчика. Позвоните в отдел обслуживания участников по телефону: 1-877-723-7702 (TTY: 711). Мы работаем 7 (семь) дней в неделю. Наш колл-центр работает с понедельника по пятницу с 8:00 до 20:00 по центральному часовому поясу. По выходным и федеральным праздникам доступна запись голосовых сообщений. Если вы оставите голосовое сообщение, представитель отдела обслуживания участников перезвонит вам не позднее следующего рабочего дня. Звонок бесплатный.

توجه دیں: اگر آپ اردو بولتے ہیں تو، زبان سے متعلق امداد کی خدمات، مفت میں، آپ کے لیے دستیاب ہیں۔ پر ممبر سروسز کو کال کریں۔ ہم ہفتے میں سات (7) دن دستیاب ہیں۔ ہمارا کال سینٹر (TTY 711) 1-877-723-7702 پیر تا جمعہ سینٹرل ٹائم کے مطابق صبح 8:00 بجے سے شام 8:00 بجے تک کھلا رہتا ہے۔ اختتام ہفتہ اور وفاقی تعطیلات کے دن، صوتی پیغام رسانی دستیاب ہے۔ اگر آپ صوتی پیغام چھوڑتے ہیں، تو ممبر سروسز کا نمائندہ اگلے کاروباری دن سے پہلے آپ کو واپس کال کرے گا۔ یہ کال مفت ہے۔

LUU Ý: Nếu quý vị không nói Tiếng Anh, luôn có các dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị. Hãy gọi cho Dịch vụ Hội viên theo số 1-877-723-7702 (TTY: 711). Chúng tôi làm việc bảy (7) ngày một tuần. Trung tâm chăm sóc của chúng tôi mở cửa từ Thứ Hai đến Thứ Sáu, 8 giờ sáng - 8 giờ tối theo giờ miền Trung. Vào các ngày cuối tuần và ngày lễ của Liên bang, sẽ có tính năng nhắn tin thoại. Nếu quý vị để lại tin nhắn thoại, nhân viên của bộ phận Dịch vụ Thành viên sẽ gọi lại cho quý vị không muộn hơn ngày làm việc tiếp theo. Cuộc gọi được miễn phí.

ATTENZIONE: se parla inglese, sono disponibili per Lei servizi gratuiti di assistenza linguistica. Chiami il Servizio per i membri al numero 1-877-723-7702 (TTY: 711). Siamo disponibili sette (7) giorni su sette. Il nostro centralino è aperto dal lunedì al venerdì dalle 8 alle 20 (fuso orario centrale degli Stati Uniti). Nei fine settimana e durante le festività federali, è disponibile un servizio di segreteria telefonica. Se lascia un messaggio vocale, un addetto del Servizio per i membri La ricontatterà entro il successivo giorno lavorativo. La chiamata è gratuita.

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो आप के लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। सदस्य सेवाओं को 1-877-723-7702 (TTY: 711) पर कॉल करें। हम सप्ताह में सातों (7) दिनों उपलब्ध हैं। हमारा कॉल सेंटर सोमवार-शुक्रवार सेंट्रल टाइम के अनुसार सुबह 8:00 बजे से शाम 8:00 बजे तक खुला रहता है। सप्ताहांतों और संघीय अवकाशों पर, वॉइस संदेश सेवा उपलब्ध है। यदि आप वॉइस संदेश छोड़ते हैं, तो सदस्य सेवाओं का एक प्रतिनिधि अगले व्यापार दिवस से पहले आपको वापस कॉल करेगा। यह कॉल निःशुल्क है।

ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au 1-877-723-7702 (service TTY : 711). Nous sommes disponibles sept (7) jours sur sept. Notre centre d'appels est ouvert du lundi au vendredi de 8 h 00 à 20 h 00, heure du Centre. Un service de messagerie vocale est disponible les week-ends et jours fériés. Si vous laissez un message vocal, un représentant du Service adhérents vous rappellera au plus tard le jour ouvrable suivant. L'appel est gratuit.

ACHTUNG: Wenn Sie Englisch sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst an unter 1-877-723-7702 (TTY: 711). Wir sind rund um die Uhr sieben (7) Tage in der Woche für Sie da. Unser Call Center ist montags bis freitags von 8:00 – 20:00 Uhr Central Time geöffnet. An Wochenenden und gesetzlichen Feiertagen können Sprachnachrichten hinterlassen werden. Wenn Sie eine Sprachnachricht hinterlassen, werden Sie spätestens am nächsten Werktag von einem Mitarbeiter des Mitgliederdienstes zurückgerufen. Der Anruf ist kostenlos.

ATANSYON: Si ou pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele Sèvis Manm nan 1-877-723-7702 (TTY: 711). Nou disponib sèt (7) jou sou sèt. Sant dapèl nou an louvri Lendi-Vandredi 8:00 a.m. – 8:00 p.m. Lè zòn santral. Nan wikenn ak jou ferye Federal, gen mesaj vwa disponib. Si w kite yon mesaj vwa, yon reprezantan Sèvis Manm ap retounen w apèl la oplita nan pwochen jou ouvrab la. Apèl la gratis.

お知らせ: 日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。メンバーサービスまで1-877-723-7702 (TTY: 711)にお電話ください。週7日ご利用いただけます。コールセンターの営業時間は月～金曜日の午前8:00～午後8:00(米国中部時間)です。週末と連邦祝日には、音声メッセージサービスをご利用いただけます。音声メッセージを残していただければ、メンバーサービスの担当者が遅くても翌営業日に折り返しご連絡いたします。通話料は無料です。

ATENÇÃO: Se fala inglês, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Ligue para o Serviço de Apoio a Associados através do número 1-877-723-7702 (TTY: 711). Estamos disponíveis sete (7) dias por semana. A nossa central de atendimento está aberta de segunda a sexta-feira, das 8 h às 20 h, horário central dos E.U.A. Aos fins de semana e feriados federais, estão disponíveis mensagens de voz. Se deixar uma mensagem de voz, um representante do Serviço de Apoio a Associados irá devolver a sua chamada o mais tardar no dia útil seguinte. A chamada é gratuita.