

Critical Incident Report Form

Washington | Medicaid

Complete this form within one business day of your awareness of the incident and return to Wellpoint by secure email to QMNotification@wellpoint.com or by fax to **855-292-3770** (ATTN: Critical Incidents). You may be contacted by the critical incident manager for additional information to satisfy regulatory reporting requirements.

Reporter information		Incident information	
Reporter name:		Date of incident:	
Reporter email:		Time of incident:	
Reporter phone:		Location of incident:	
Report date:		Treating provider (if any):	
Incident category <i>(Check all that apply.)</i>			
Death or injury of enrollee <input type="checkbox"/> Suicide completion <input type="checkbox"/> Other unexpected death <input type="checkbox"/> Suicide attempt with serious injury <input type="checkbox"/> Other serious injury <i>(including assault)</i> <input type="checkbox"/> Abuse, neglect, exploitation of enrollee <input type="checkbox"/> Unauthorized leave of offender <i>(mentally ill or sexual or violent offender from a mental health facility or secure Community Transition Facility accepting involuntary admissions)</i> <input type="checkbox"/> Other <i>(not listed):</i>		Violent acts allegedly committed by enrollee <input type="checkbox"/> Homicide or attempted homicide <input type="checkbox"/> Arson <input type="checkbox"/> Assault resulting in serious bodily harm <input type="checkbox"/> Drive-by shooting <input type="checkbox"/> Extortion <input type="checkbox"/> Kidnapping <input type="checkbox"/> Rape, sexual assault, or indecent liberties <input type="checkbox"/> Robbery <input type="checkbox"/> Vehicular homicide <input type="checkbox"/> Other: <input type="checkbox"/> Media interest <i>(if known or suspected)</i>	
Persons involved <i>(List all known persons involved.)</i>			
Primary person name <i>(in other words, member):</i>		DOB:	
ProviderOne ID #:	Person type:	Category:	
Comments:			

Additional persons involved *(Include staff, other clients, family members if known; provide name, person's type, category, and description of involvement in the incident, etc.):*

Incident description *(Enter summary of events, involvement of other systems, follow-up actions and current status/location of involved members.)*

Comments (for Wellpoint reviewer or follow-up notes)