Simply Healthcare Plans, Inc.
Clear Health Alliance
Medicaid Managed Care

Provider Incident Report Form

Pursuant to *F.S 395.0197* and *641.55*, this report is confidential. Do not copy.

☐ Simply Healthcare Plans, Inc.	Date form received:
☐ Clear Health Alliance	Record number:

Section 1: Provider/vendor/facility information (to be completed by provider/vendor/facility)

Provider/vendor/facility name:	Phone:
Office or group name (if applicable):	Provider plan ID:
Address:	
Office contact person:	Phone:
Risk manager name:	Phone:
Risk manager email:	Fax:

Section 2: Member information (to be completed by provider/vendor/facility)

Line of business: ☐ Medicare Advantage ☐ Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) ☐ Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) ☐ Florida Healthy Kids (FHK) ☐ Comprehensive (MMA and LTC)

Member name:	Member ID:	Gender:
DOB:	Member Phone #:	Parent/guardian:
Member address:		County:
(If hospitalized) hospital name:		Phone #:
Address:		
Admission date:	Primary admitting diagnosis:	ICD-10 code:
Date of incident:	(If applicable) name of provider who caused incident:	
Provider address:		Provider phone #:
Name of PCP:		PCP phone #:

Section 3: Incident information (to be completed by provider/vendor/facility)

Type of facility or health care provider:

☐ Pharmacy	☐ Clinic
☐ Physician office	☐ Ambulatory surgical center
☐ Hospital — IP	☐ Assisted living facility (ALF)
☐ Hospital — OP	☐ Skilled nursing facility
☐ Emergency room	☐ Transportation
☐ Home health	☐ DME
☐ Nursing home	☐ Behavioral health facility
☐ Outpatient facility	☐ Laboratory
☐ Plan internal issue	☐ Other:

An **adverse incident** is an **injury** of an enrollee **occurring during delivery of covered services** that is associated in whole or in part with service provision rather than the condition for which such service provision occurred, and is **not consistent with or expected to be a consequence of service provision**. It could occur as a result of service provision to which the patient has not given informed consent, **or occur as the result of any other action or lack thereof on the part of the staff of the provider**.

https://provider.simplyhealthcareplans.com/florida-provider
https://provider.clearhealthalliance.com/florida-provider

Incident being reported (* Medicaid Contract, ATT II, Section VII.F)	**Incident being reported**
☐ Abuse ☐ Neglect ☐ Exploitation (suspected)* ☐ Delay in diagnosis ☐ Care/treatment ☐ Medication incident ☐ Incorrect administration of drug* ☐ Fall — ☐ With injury ☐ Without injury ☐ Attended ☐ Unattended ☐ Member death: suicide in facility* ☐ Member death: homicide in facility* ☐ Member attempt: suicide in facility* ☐ Member involvement with law enforcement* ☐ Member elopement ☐ Missing ☐ Escape from facility* ☐ Suspected unlicensed ALF or Adult Family Care Home * ☐ Sexual ☐ Physical assault ☐ Abuse ☐ Battery* ☐ Loss or destruction of enrollee records ☐ Maternal death ☐ Serious morbidity associated with labor and delivery ☐ Intravascular embolism resulting in death ☐ Neurological damage ☐ Hemolytic blood transfusion reaction from ABO incompatibility ☐ Infant discharge to wrong family ☐ Child abduction ☐ Altercations in facility requiring medical intervention* ☐ Transportation vendor — vehicle accident ☐ Other:	☐ Unexpected death ☐ Fetal death ☐ Severe brain damage ☐ Spinal damage ☐ Serious physical and psychological injury ☐ Performance of surgical procedure on wrong patient or wrong side ☐ Wrong surgical procedure performed ☐ Surgical repair of injuries from a planned surgical procedure ☐ Surgical procedure unrelated to diagnosis ☐ Suicide in an inpatient unit ☐ Performance of procedure to remove unplanned foreign objects remaining from previous surgery ☐ Surgery complication ☐ Unplanned transfer to ICU ☐ Unplanned return to surgery
Past medical history/diagnoses:	
Detailed incident description:	
Was incident preventable? ☐ Yes ☐ No If yes, how could the incident have been prevented?	
Note the names of all personnel and the capacity in which they were directly involved in this incident:	

Action(s) taken by provider/vendor/facility to mitigate the incident:	
ICD-10-CM codes (to be completed by RN or provider *only*) if applicable: Surgical, diagnostic or treatment procedure performed at time of incident (ICD-10 codes): Accident, event, circumstances or specific agent that caused the injury or event (ICD-10 E-codes): Resulting injury (ICD-10 codes):	
Full name of individual completing form:	Title:
Name of organization:	
Signature:	Date:

Section 4: Analysis and corrective action (to be completed by plan Risk Management staff)

Provider/vendor:
Submit MMA, FHK and comprehensive plan incidents within 48 hours of discovery, and submit LTC incidents within 24 hours of discovery via a *HIPAA* secured online portal to **https://provider.simplyhealthcareplans.com/florida-provider** for Simply Healthcare Plans, Inc. providers or **https://provider.clearhealthalliance.com/florida-provider** for Clear Health Alliance providers.

In lieu of submitting the report through the online portal, providers/vendors may submit the completed form via a *HIPAA* secured email to riskmanagement@simplyhealthcareplans.com.

Providers/vendors may also contact:

- Deborah L. Polynice, Healthcare Risk Manager:
  - dpolynice@simplyhealthcareplans.com
  - **1-786-423-3691**
- Maria Satchell, Healthcare Risk Manager:
  - maria.satchell-rahman@anthem.com
  - **1-813-523-0992**
- Lila Labarces, Dir II GBD Quality Management
  - llabarces@simplyhealthcareplans.com