***Please complete and submit this form within 24 hours of learning of a Reportable Incident to*** [***Lauren.Cramer@sphp.com***](mailto:Lauren.Cramer@sphp.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **Care Management Agency Information** | | | |
| **Care Management Agency:** |  | | |
| **Person Completing Form:** |  | | |
| **Phone:** |  | **Email:** |  |
| **Date Incident Discovered:** |  | **How was Incident Discovered?** | Choose an item |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Communication with Member** | | | | | | |
| **Date of Last Contact:** |  | | **Date of Last Face-to-face Contact:** | |  | |
| **Last contact Type:** | Choose an item | | | | | |
| **Complainant:**  *Person who reported the incident* | | Category:  Choose an item. | | First Name: | | Last Name: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Member Information** | | | |
| **Member Name:** |  | **Member CIN:** |  |
| **Member's Location at time of this report:** | Select Location | **Member DOB:** |  |
| **Date of HH Enrollment:** |  | **Current MCO:** | Select MCO |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Incident Information** | | | | |
| **Incident Type:** | Select Incident Type | | | |
| **Date Incident Occurred:** |  | | | |
| **Incident Description:** |  | | | |
| **Summary of Actions Taken to Date:** |  | | | |
| **Date of first Action Taken:** |  | | | |
| **Categories of Action Taken:**  *(select all that apply)* | Documentation of Incident / Complaint | Follow-up with Authorities / Obtain Outcome | Follow-up with Providers / Collaterals | Mandated Reported Compliance |
| Network / Organization Training | New Policy / Procedure Needed | Other – See Action Summary | Care Coordinator Training |
| Record Review / Audit | Referral to Another Service | Report to Authorities Concern | Review and Update Plan of Care |
| Safety of Member Follow-up | Timely Notification Issue | Update Services Already in Place | Updated Policy / Procedure |
| **Negative Impact to Member:** |  | | | |
| **Media Coverage:**  *If coverage, please provide links if possible* |  | | | |