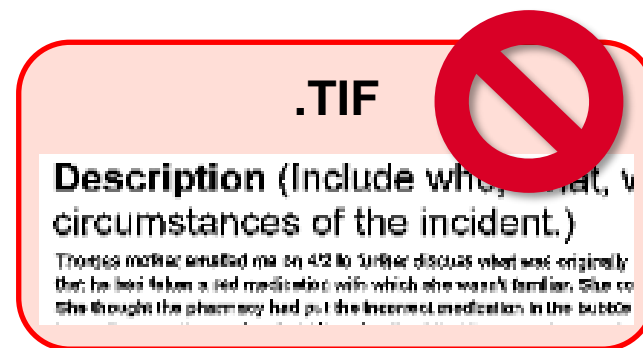
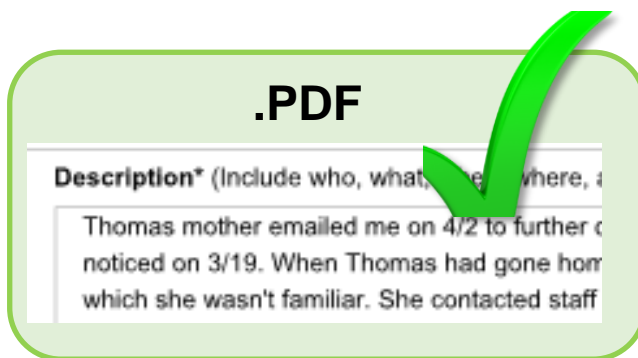


Provider critical incident process

Quality Management (QM) team
Amerigroup Iowa, Inc.

Overview

- Questions have not changed.
- The electronic form is preferred.
- Faxed forms are still accepted, but:
 - They MUST be complete.
 - They MUST be PDF or Word document formats. (TIF files are unreadable and cannot be accepted.)



Overview (cont.)

- ***Administrative Code and Rules* website:**
<http://dhs.iowa.gov/administrative-rules>
- ***Iowa Medicaid Portal Access (IMPA)* website:**
<https://secureapp.dhs.state.ia.us/impa>
- **IMPA Support email:**
impasupport@dhs.state.ia.us



Major critical incidents

- Major critical incidents include:
 - Physical injury.¹
 - Death.
 - Emergency mental health treatment.
 - Law enforcement.
 - Required abuse report.
 - Medication error.¹
 - Elopement.²

¹ Requires physician's treatment or hospitalization of patient.

² Location is unknown by staff assigned oversight.

Major critical incidents (cont.)

- Incidents should be reported to Amerigroup within 24 hours of discovery.
- The *Critical Incident Form* can be found on the provider website or in Availability.
- The Quality Management team will conduct an investigation of the incident.
- Providers are contractually required to cooperate with all requests related to an investigation.

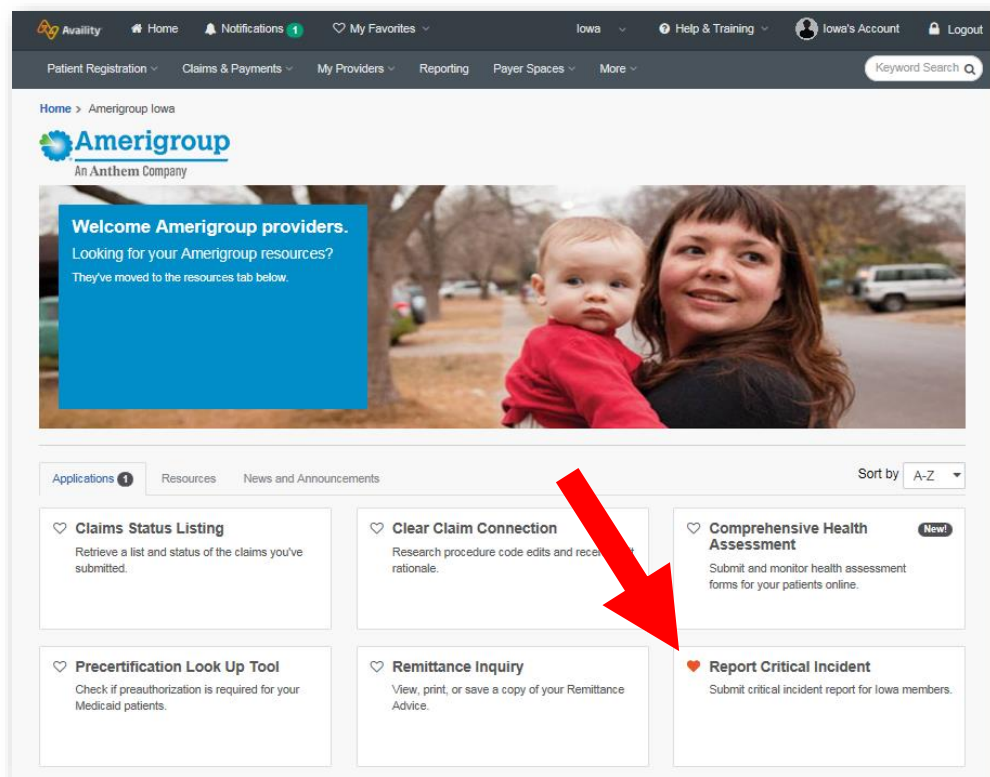
Minor incidents

- Minor incidents include:
 - First aid.
 - Bruising.
 - Seizure.
 - Injury to self, others or property.*
 - Medication error.*
- Keep in mind: *if in doubt, fill it out!*

* No physician or hospital treatment needed.
Process according to provider internal policy.

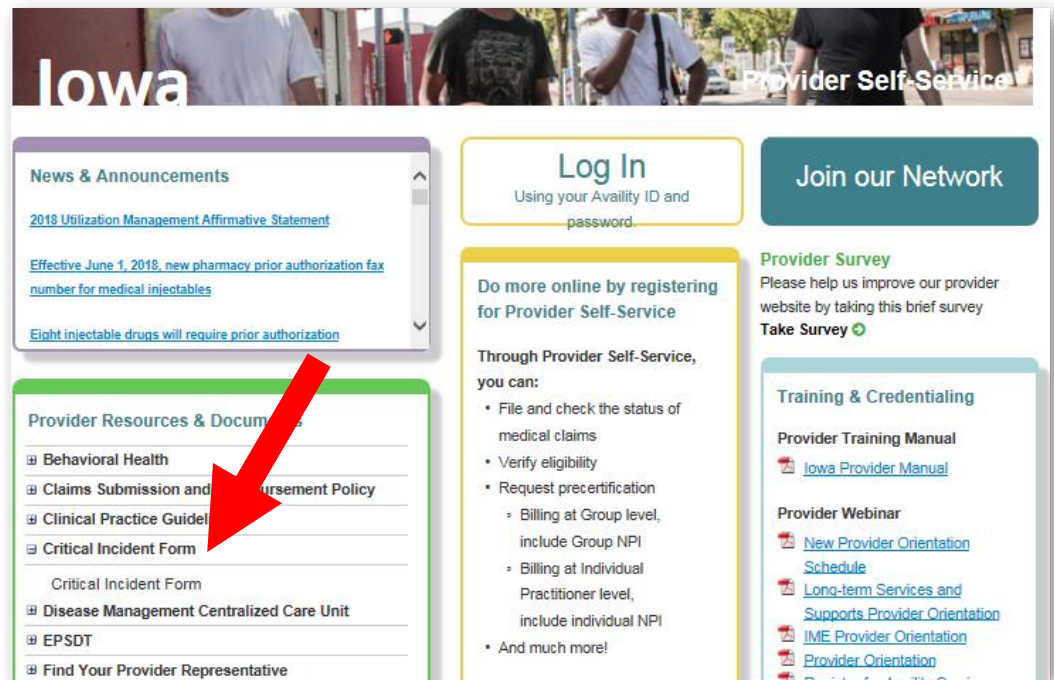
Submitting incidents via Availity

1. Log in to Availity at <https://www.availity.com>.
2. Search for **Iowa**.
3. Select **Amerigroup** in *Payer Spaces*.
4. Select **Report Critical Incident**.
5. Complete the form.



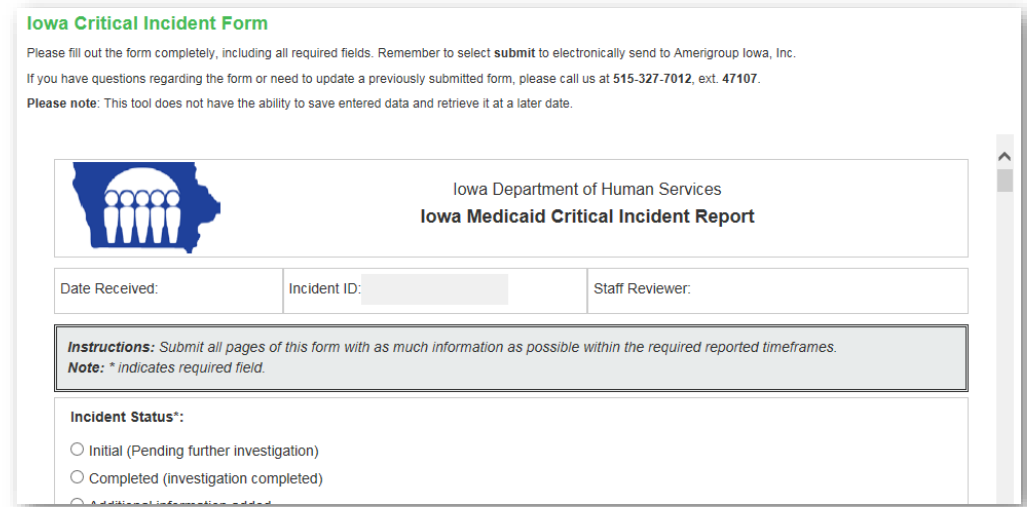
Submitting incidents via the provider website

1. Visit the provider site at: <https://providers.amerigroup.com/IA>.
2. Select **Critical Incident Form** under *Provider Resources & Documents*.
3. Select **Critical Incident Form**.
4. Complete the form.



The *Critical Incidents Form* on the provider website

- Please complete the form before closing your browser.
- Required fields are marked with an asterisk.
- Please format phone numbers:
 - Without an extension as 5553334444.
 - With an extension as 5553334444-222.




Iowa Critical Incident Form

Please fill out the form completely, including all required fields. Remember to select **submit** to electronically send to Amerigroup Iowa, Inc.

If you have questions regarding the form or need to update a previously submitted form, please call us at 515-327-7012, ext. 47107.

Please note: This tool does not have the ability to save entered data and retrieve it at a later date.



Iowa Department of Human Services
Iowa Medicaid Critical Incident Report

Date Received:	Incident ID:	Staff Reviewer:
----------------	--------------	-----------------

Instructions: Submit all pages of this form with as much information as possible within the required reported timeframes.

Note: * indicates required field.

Incident Status*:

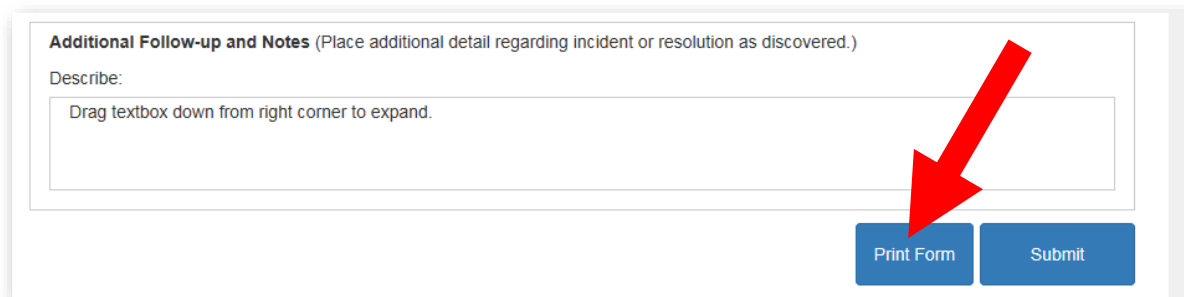
☐ Initial (Pending further investigation)

☐ Completed (Investigation completed)

☐ Additional information added

The *Critical Incidents Form* on the provider website (cont.)

- Completing the form:
 - **Print Form** button:
 - This button allows you to save your submission for your own records.
 - Choose the **Print Form** button BEFORE you choose **Submit**.
 - Print to PDF format to save it electronically for your reference.
 - Review your printer settings to ensure you are printing the appropriate size and format.



Additional Follow-up and Notes (Place additional detail regarding incident or resolution as discovered.)

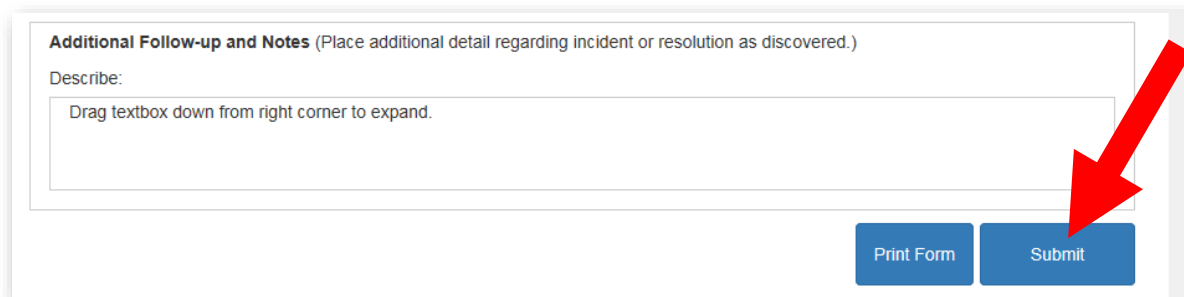
Describe:

Drag textbox down from right corner to expand.

Print Form Submit

The *Critical Incidents Form* on the provider website (cont.)

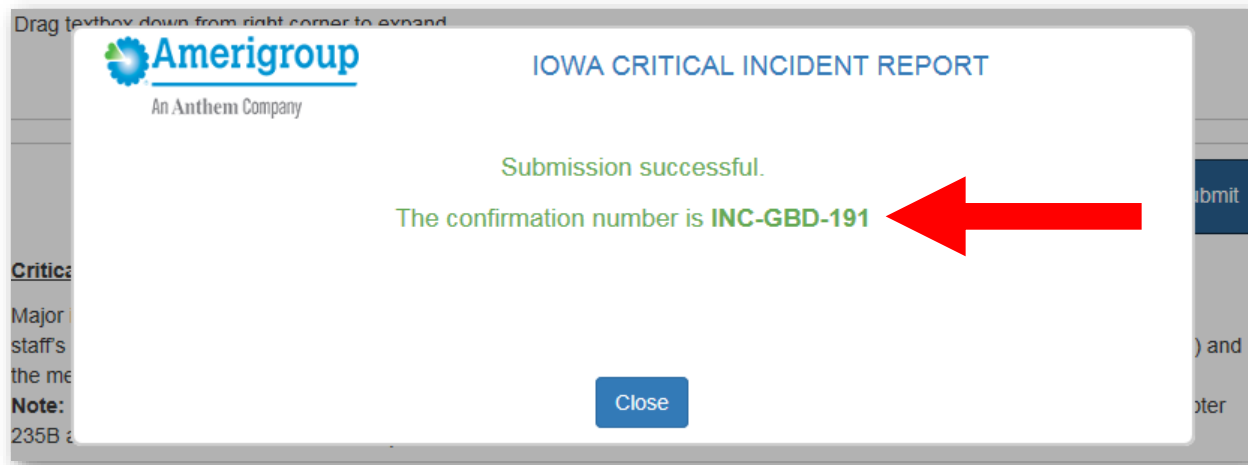
- Completing the form:
 - **Submit** button:
 - This button will send the report to Amerigroup.
 - You will not be allowed to return to your form once you choose **Submit**!
 - The **Submit** button will also provide you with a confirmation number for your records. (See next slide.)



The screenshot shows a web form titled "Additional Follow-up and Notes (Place additional detail regarding incident or resolution as discovered.)". Below the title is a text area labeled "Describe:" with a placeholder text "Drag textbox down from right corner to expand." At the bottom right of the form are two blue buttons: "Print Form" and "Submit". A large red arrow points to the "Submit" button.

Incident confirmation number

- Confirmation number:
 - The number is needed as a reference with Amerigroup.
 - The number cannot be found elsewhere once you close the successful submission pop-up window.
 - Write the confirmation number down!



Providing addition information

- You may provide additional or follow-up information about an existing critical incident record:
- Email: iaincidents@amerigroup.com
- Include:
 - The member's name.
 - The member's date of birth.
 - The member ID.
 - Your incident's confirmation number.
 - The additional information to be added to the record.

Other resources

- Quality Management department:
 - Phone: 515-327-7012, ext. 1061035185
 - Email: iaincidents@amerigroup.com
- *Report Abuse and Fraud:*
<http://dhs.iowa.gov/report-abuse-and-fraud>

Thank you!

