



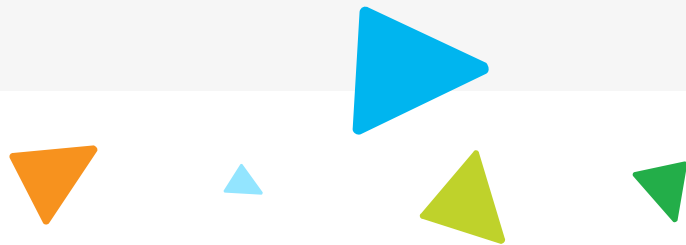
Critical Incident Reporting and Quality-of-Care Concerns

Idaho Residential and Inpatient Provider Training



Objectives

- » Provide an overview of Magellan's Quality Improvement department
- » Orient you to the critical incident reporting process
- » Share the purpose and use of critical incident reporting
- » Review occurrences that are considered reportable critical incidents
- » Review your and Magellan's responsibilities regarding critical incident reporting
- » Discuss the relationship between critical incident reporting and quality-of-care concerns (QoCCs)
- » Orient you to the QoCC process



Agenda

- » Welcome & introductions
- » Functions of the Quality Improvement department
- » Contract requirements
- » Critical incidents: what, why, who, when, where
- » HIPAA and critical incident reporting
- » Best practices & common reporting errors
- » Quality-of-care concerns (QoCCs)

Meet your Magellan team

Quality Improvement

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Clinical Trainer



Magellan's Quality Improvement department



The QI department has many functions and tasks, including:

- ✓ Complaints/grievances
- ✓ Appeals/state fair hearings
- ✓ Quality-of-care investigations
- ✓ Critical incident investigation & reporting
- ✓ Treatment record reviews
- ✓ Quality Improvement Committee
- ✓ Initiate QI activities (QIAs) & performance improvement plans (PIPs)
- ✓ Site visits, as needed
- ✓ NCQA preparation and ongoing monitoring
- ✓ Internal quality audits/reviews
- ✓ Member experience survey analysis & intervention
- ✓ Key performance indicator reporting & monitoring
- ✓ Policy & procedure development & updates
- ✓ Produce annual trilogy documents



Requirements:

What does the contract say about critical incidents?



- ✓ Magellan is contractually required to report critical incidents (CI) to the **Idaho Department of Health and Welfare (IDHW)**, by health and safety incident categories affecting a member.
- ✓ Definitions are approved by IDHW.
- ✓ IDHW will report information to the **Idaho Department of Juvenile Corrections (IDJC)** as necessary and appropriate.
- ✓ Magellan will have a system for receiving and addressing CIs involving members.
- ✓ Magellan will have a designated staff member to conduct a reasonable and prompt investigation or inquiry into the CI.
- ✓ Magellan will act as necessary to address all confirmed CI.
- ✓ Magellan will collaborate with IDHW to review confirmed CI and address issues using a continuous quality improvement approach.
- ✓ Network providers will log a CI if either observed or noted.

Requirements:

What does the contract say about quality-of-care concerns?



- ✓ Ensure quality-of-care concerns (QoCCs) are substantiated and/or resolved.
- ✓ Magellan must conduct a reasonable investigation or inquiry into the QoCC and give due consideration and deliberation to all information submitted by or on behalf of the members.

Magellan must maintain the following QoCC documentation:

1. **A summary** of the QoCC, including a statement of the issues raised and pertinent facts determined by the investigation
2. **A statement** of the specific coverage or policy or procedure provisions that apply
3. **A decision or resolution** of the QoCC, including a reasoned statement explaining the basis for the decision or resolution



HIPAA and behavioral health critical incident reporting

Protecting the privacy of members' personal health information (PHI) is a core responsibility that the IDHW takes very seriously. IDHW is committed to complying with all federal and state laws regarding the privacy and security of members' PHI and electronic PHI (ePHI) as outlined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

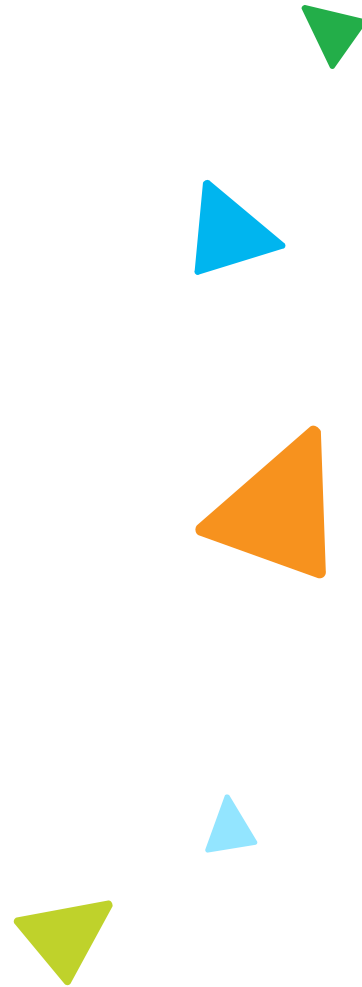
Privacy and security rules

- ✓ **All end users of the critical incident reporting (CIR) information must comply** with the federal and state information security and privacy regulations as directed through the IDHW contract with Magellan.

- ✓ **The MCOs and their subcontractors, consultants, representatives, providers and agents must comply** with all applicable statutes, rules and regulations regarding information security.

- ✓ **IDHW expects that agencies contracted as Medicaid providers will comply** with the federal and state information security regulations as outlined in their contracts with Magellan.

- ✓ **Idaho state employees accessing the CIR information will comply** with federal and state information security regulations in accordance with the Idaho state-employee-required HIPAA training.



Critical incidents

Who regulates critical incidents?

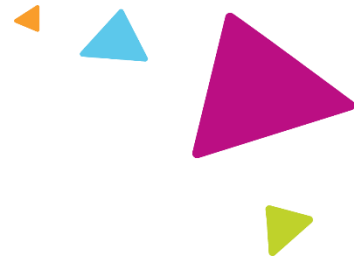
- ✓ Centers for Medicare and Medicaid Services (CMS)

- ✓ Idaho Department of Health and Welfare (IDHW)

- ✓ Each has statutes and regulations regarding the required filing of critical incident reports.



Critical incident reports matter



Expedites actions to help meet the member's needs



Presents an opportunity for the member's circumstances to change for the better



Addresses potential gaps in the member's care



Helps to ensure that everyone assisting the member has the most current information



IDHW evaluates critical incidents to address gaps in care and how Magellan and providers respond to critical incident reports

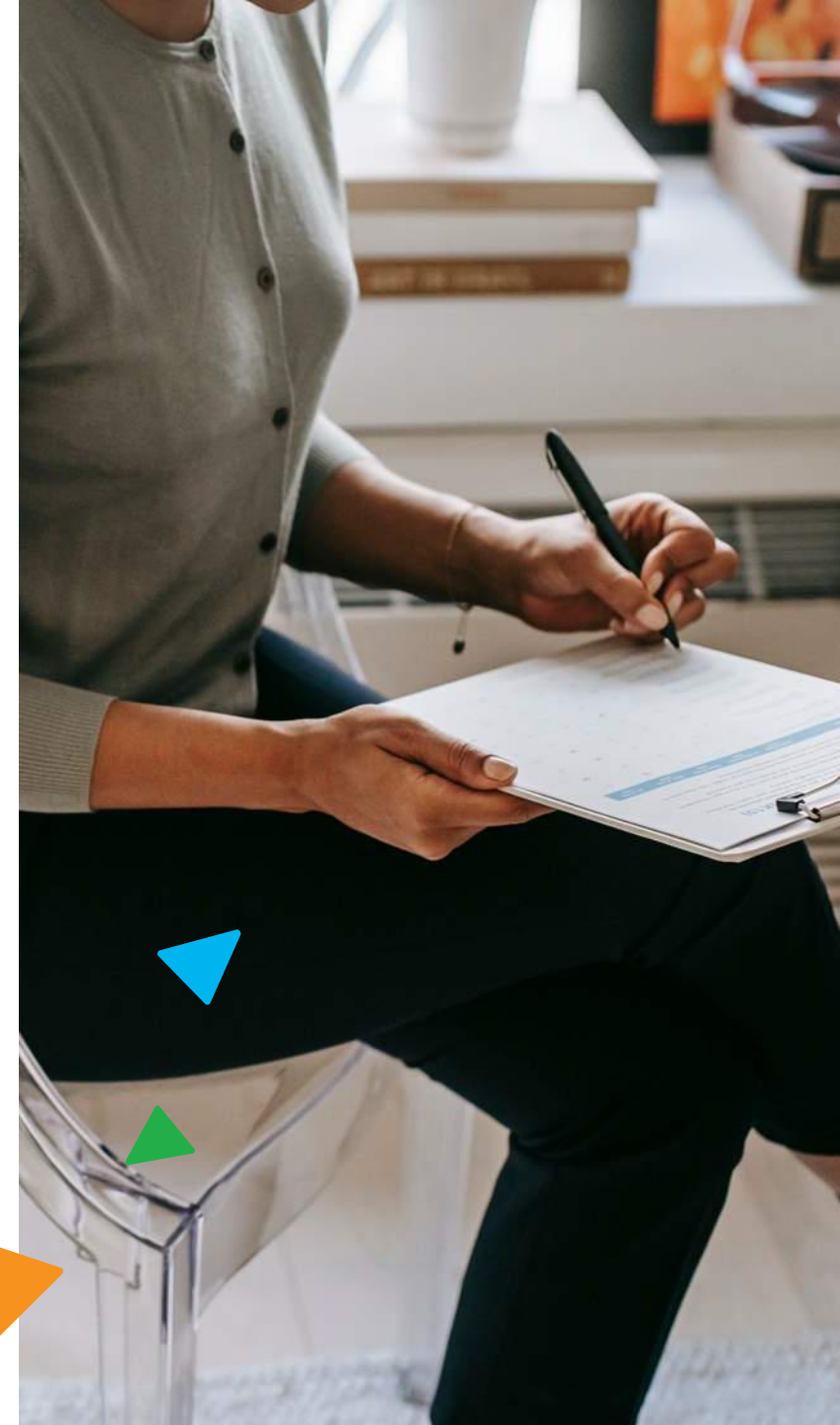
Critical incident defined

Critical incident

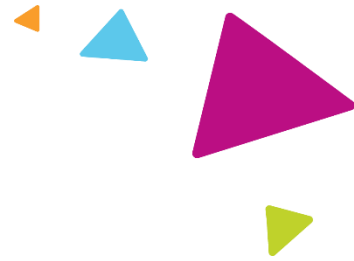
Any event involving members, providers or contractor staff that causes, or is alleged to cause, an actual risk of physical or mental harm, to themselves or others

Includes:

- ☑ Events that otherwise significantly hinder access to medical care on the part of the provider or agency providing services
- ☑ Has detrimental effects on the member, including death or serious disability, that occurs during, or subsequent to, a member receiving behavioral health treatment
- ☑ Example situations that may qualify as critical incidents is included here, and the IDHW reserves the right to designate any incident that negatively affects a member as a critical incident by providing notice to the contractor



Critical incident definitions



Unexpected death

Death of a member that occurred while the member was engaged in treatment services at any level of care or within 60 calendar days of a member having received treatment services

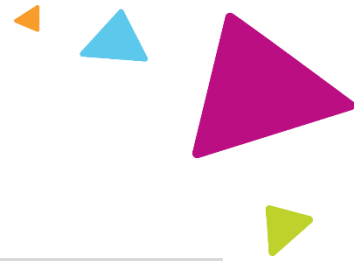
Serious suicide attempt

A member who was engaged in treatment services at any level of care that required an overnight admission to a hospital medical unit

Completed suicide

A member who was engaged in treatment services at any level of care at the time of the death or within the previous 60 calendar days

Critical incident definitions



Member injury

Any physical injury sustained by a member while using Medicaid services, whether accidental or intentional, up to and including death

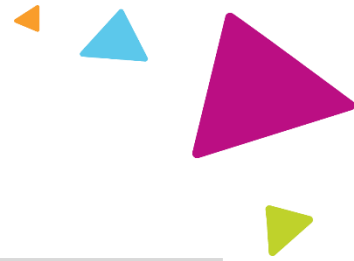
Serious Injury

An injury of a member that required an overnight admission to a hospital medical unit that occurred on an agency's premises or in the community at the time that the member was receiving treatment services at any level of care, including home-based services

Homicide

Is attributed to a member who was engaged in treatment services at any level of care at the time of the homicide or within the previous 60 calendar days

Critical incident definitions



Serious physical assault

A report of a serious physical assault of a member that occurred on an agency's premises or in the community at the time that the member was receiving treatment services at any level of care, including home-based services

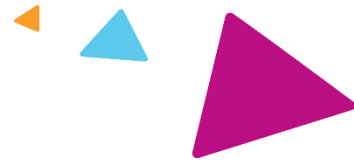
Abandonment

Includes any incident where a member who requires an attendant, other supervision, or has special healthcare needs is left alone for any period during service delivery

Physical abuse

Includes any incident of physical violence or unwelcome physical contact on or by a member, regardless of who perpetrated the physical violence or contact at any level of care

Critical incident definitions



Verbal abuse

Includes any abusive or hurtful language, including threats of violence and any comments deemed to be offensive regarding a person's race, sex, sexual orientation, gender identity, color, national origin, religion, age, appearance, or mental or physical disability when a member is present at any level of care

Abduction

Abduction of a member that occurred on an agency's premises or in the community at the time that the member was receiving treatment services at any level of care, including home-based services

Abuse, neglect, or exploitation

A report of allegations, threats or instances of abuse, neglect or exploitation of a member that occurred on an agency's premises, by agency staff, or in the community at the time that the member was receiving treatment services at any level of care, including home-based services

Critical incident definitions



Impersonation

Someone impersonating a physician, nurse, or other healthcare professional

Critical delays

Failure to inform the parent or guardian of a member requiring an attendant or other supervision, of the delay, location, and updated estimated time of arrival of a member when arrival at appointment or drop off is delayed by more than 15 minutes

Elopement

Any instance of elopement that occurred on an agency's premises at the time the member was receiving treatment services at any level of care

When to report



Once you are aware that a critical incident has occurred, file a report **within 24 hours**.



If the critical incident occurs on a weekend or holiday, file the CIR **on the next business day**.



There is **no statute of limitation** for critical incident reporting.

Who submits a critical incident report?

- ✓ **The best person to submit** the CIR is the first-hand witness, or person who heard about the event firsthand.
- ✓ **If they cannot submit** the CIR, the information can be supplied to another party to submit the CIR.
- ✓ **Any reporting in good faith** regarding abuse, neglect or exploitation will be free from any form of retaliation; this includes reports of incidents or allegations.





General provider reporting requirements

Include all the following information when notifying Magellan of a critical incident:

- ✓ Member's name, DOB, and Medicaid ID (MID) number or Claim Identifier (CID) number, if not on Medicaid
- ✓ Member diagnosis – where applicable, behavioral health and physical health diagnoses
- ✓ Facility/provider name, address and National Provider Identifier (NPI)
- ✓ Category or type of event
- ✓ Name(s) of staff involved (if applicable)
- ✓ Detailed description of the incident, including the date and location of the incident
- ✓ Outcome, including the person(s) notified
- ✓ Current location and status of the member
- ✓ Steps taken to ensure continued member safety

Critical incident contact *(effective July 1, 2024)*

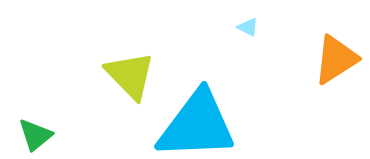
 IdahoQualityDepartment@MagellanHealth.com

 1-855-202-0983

Submit reports to Magellan within **24 hours** of knowledge of the incident. If the incident occurs on a weekend or holiday, submit the following business day.



Critical incidents: how to access reporting



We will post a Critical Incident Reporting form on the Magellan of Idaho website. Go to **Magellanofidaho.com** and select **“For Providers”** to access forms and other network provider resources.

(effective July 1, 2024)

Magellan has IDHW-approved processes and procedures to investigate and address critical incidents.

Magellan providers are contractually required to cooperate with critical incident investigations.

Call Magellan of Idaho Member Services Line at 1-855-202-0983 to report the incident.

Best practice for filing a CIR

Verify

the member's name, date of birth, and category of eligibility.

Ensure

all staff are trained in critical incident reporting.

Report

a CI within 24 hours of knowledge of the incident.

Document

that the member's health and safety have been addressed, and how they were addressed.

Be accurate,

comprehensive and factual with the narrative of the CIR.

Inaccurate information slows response to the issues and may violate HIPAA regulations.



Common reporting errors



Not submitted
within required
timeframe



Inaccurate information,
or inaccurate or missing
diagnosis



Inaccurate or missing
member demographics
such as date of birth



Filing multiple incidents
on one CIR form; include
only *one* date/incident
per CIR



Choosing to gather more
information over
submitting within 24
hours



Listing the date of the
report as the date of the
incident

Critical incident reporting



The Quality Improvement department presents all its activities to committees and boards through a multitude of analyses and reports.

The information is reviewed by our Care Management Center leadership, executive leadership, members, providers, stakeholders, government officials and representatives, etc.

How are critical incidents reported or shared?

- ✓ Organizational network providers may receive an overview of incidents in a provider dashboard
- ✓ In Magellan's annual program evaluation
- ✓ Through routine sharing with primary contractors, no less frequent than monthly
- ✓ As needed for credentialing activities or other quality improvement oversight monitoring
- ✓ IDHW reports information to the IDJC as necessary and appropriate
- ✓ Magellan will participate with IDHW in a review of CI and address issues utilizing a quality improvement approach



Critical incidents can become quality-of-care concerns

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Quality-of-care concerns (QoCCs) overview

- ✓ A key function within the Quality department is investigating QoCCs.
- ✓ IDHW-approved policies and procedures guide investigations.
- ✓ QoCCs and critical incidents (CIs) often cross paths.
- ✓ An investigation of a CI may uncover a potential QoCC issue.
- ✓ QoCCs are received through the complaint process, CI reporting, medical director, treatment record reviews, care coordination and utilization management.
- ✓ QoCC reviews provide Magellan with vital information pertaining to our provider network performance.

QoCCs overview (continued)



- ✓ The reviews allow us to identify areas of improvement that we can share with our providers to enhance their service to members.
- ✓ They also provide valuable information for us to share internally, allowing us to improve overall service to members.
- ✓ **QoCC investigations are conducted by licensed professionals with medical director oversight.**
- ✓ Professionals review documentation and medication records, claims, and policies and procedures.
- ✓ In some instances, onsite reviews occur.



The QoCC process is designed with member safety as the priority.

Our goal is to support providers in improving service quality.



Contract requirements for quality of care



Leading members to
healthy, vibrant lives

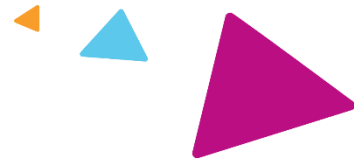


Magellan must conduct a reasonable investigation or inquiry into the QoCC.



Magellan must provide complainants with written notification of resolutions in alignment with state and federal laws and regulations.

Quality-of-care concerns



A QoCC is a concern that care provided did not meet a professionally recognized standard of healthcare

Examples of possible QoCCs

- Treatment that seems inappropriate for the member's age, diagnosis, etc.
- Treatment that appears inconsistent with standards of good practice
- Provider actions that could potentially harm the health, well-being or recovery of the member

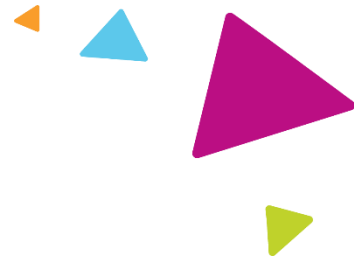
Who can report a QoCC?

- **Anyone can report a QoCC**
- May be identified by Magellan care management staff or may be referred to Magellan by someone in the community (a member, family member, provider or concerned citizen)
- Community members reporting QoCCs have the option to remain anonymous

How to submit a QoCC

- Orally through Member Services or in writing
- QoCCs are typically referred from the Complaints department, the Critical Incident department, the care coordination staff, the Special Investigations Unit, or medical director review of medications
- Determinations are based on the actual harm or risk for harm to the member

Provider responsibilities



#1



Respond timely

#2



**Provide records
within 5 days of the
records request**

#3



**Provide your
response
to the QoCC**

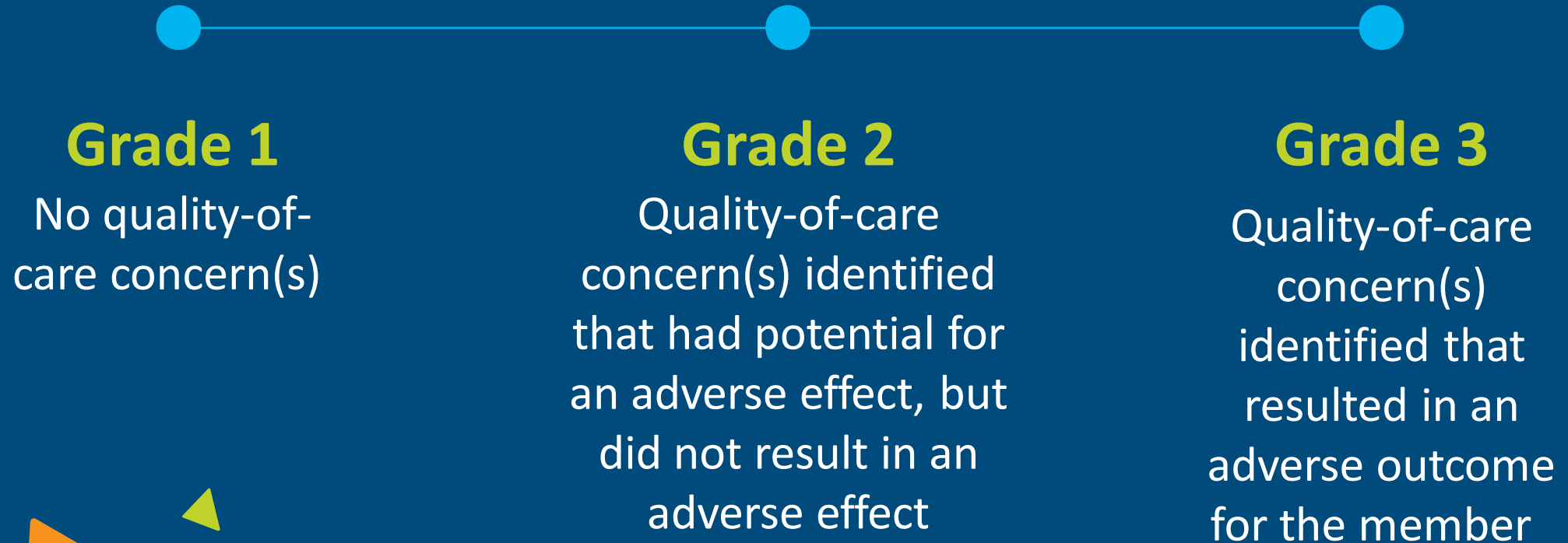
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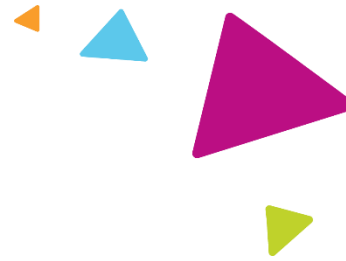
**Work with
QoCC investigator
to resolve the
performance issue in a
timely manner**

Determination outcome levels

Quality-of-care/patient safety concerns categories:



QoCC referral submission



(Effective July 1, 2024)

Email

Email the form to
IdahoQualityDepartment@MagellanHealth.com

Website

www.MagellanofIdaho.com
> For Providers

Phone

Call the Magellan of Idaho Member Services
Line at 1-855-202-0983

The QoCC investigation



You can expect:

- ✓ A reasonable and thoughtful investigation of the issue by licensed professionals, with medical director and quality director oversight
- ✓ The QoCC reviewer to work with you to resolve the performance issue identified
- ✓ To receive notification of an investigation and a request for records
- ✓ Determinations to be made based on state and federal standards of clinical practice guidelines and documentation criteria
- ✓ To receive a determination letter



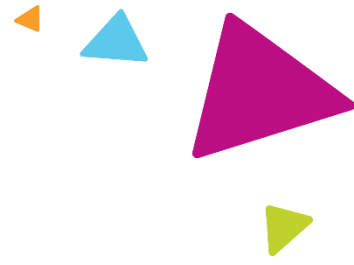
Thank You!

QUESTIONS?

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