QM Dept. Case #

# ARIZONA COMPLETE HEALTH QUALITY OF CARE NOTIFICATION FORM

## MEMBER AND PROVIDER INFORMATION

| | | | |
|---|---|---|---|
| MEMBER FULL NAME: | | DOB: | |
| MEMBER ADDRESS: | | AHCCCS ID: | |
| MEMBER PHONE: | , AZ | Other Information: | |

| | | | | | | |
|---|---|---|---|---|---|---|
| PROVIDER TYPE: | ☐ SNF | ☐ HOSPITAL | ☐ CLINIC | ☐ BH | ☐ PCP | ☐ OTHER: |
| PROVIDER NAME: | | | | | PHONE #: | |
| PROVIDER ADDRESS: | | | | | FAX #: | |
| | , AZ | | | | PAR PROVIDER: | ☐ YES ☐ NO |

## SOURCE INFORMATION

| | | | |
|---|---|---|---|
| FULL NAME: | | | |
| RELATIONSHIP TO MEMBER: | | PHONE #: | |
| EXTERNAL SOURCE ADDRESS: | | PHONE EXT: | |
| | , AZ | | |

## SOURCE OF EVENT IDENTIFICATION

| | | | | | |
|---|---|---|---|---|---|
| INTERNAL SOURCE: | ☐ UM/CM | ☐ Provider Services | ☐ Member Services | ☐ Grievance | ☐ Other: |
| EXTERNAL SOURCE: | ☐ Member | ☐ Family/ Member Rep | ☐ Provider | ☐ AHCCCS | ☐ Other: |

## EVENT TYPE

| | | | |
|---|---|---|---|
| ☐ **MEMBER EVENT** | ☐ **FACILITY EVENT** | ☐ **PROVIDER EVENT** | ☐ **OTHER:** |

**Forward to Grievance / Appeals @ Email: A&G.AZ.MEDICAID@healthnet.com**

| | | | | |
|---|---|---|---|---|
| ☐ APPEAL OF ACTION | ☐ *Standard* | ☐ *Expedited* | ☐ *By Provider* | ☐ *By Member* |
| ☐ GRIEVANCE TYPE | ☐ *Access* | ☐ *Contractor Service Level* | ☐ *Transportation* | ☐ *Service Provision* |

**Forward to Quality Management @ Email: QOC-HN@centene.com**

| | | | |
|---|---|---|---|
| ☐ QUALITY OF CARE | ☐ BREACH OF PHI | ☐ AMA EVENT | ☐ UNPLANNED READMISSION |
| ☐ UNEXPECTED DEATH | ☐ FALL | ☐ *H*CAC/HAC/PPC/OPPC | ☐ *Attempted Suicide or Injury to Self while in Treatment* |
| ☐ SUSPECTED MISTREATMENT OF MEMBER *(incl. type)*: ☐ *Physical* ☐ *Sexual* ☐ *Verbal* ☐ *Exploitation* | ☐ *Nonmedically Necessary Delivery < 39 WKS* | ☐ SURGICAL EVENT | ☐ OTHER: |

## DESCRIPTION OF EVENT / ISSUE

***Instructions for Description of Event:*** **Include all of the following; How this event came to your attention, names and titles of all individuals involved, any known facts of the event. Do not include hearsay unless this is an external complaint, in which case you can document the complaint in the complainant's words and then include any known facts.** ATTACH SUPPORTING DOCUMENTATION **(CM face sheet/notes, facility notes etc.)**

| | | | | | |
|---|---|---|---|---|---|
| **Date(s) of Event:** | | **Location of Event:** | | **Date & Time Notified11/13/2017** | Date:<br>Time: |

## FORM COMPLETED BY

| | | | | | |
|---|---|---|---|---|---|
| NAME AND TITLE: | | EXT:67734 | | DATE: | |
| DIVISION: | | | | | |