



# PROVIDER ALERT



Alert #10 – 2007 – June 8 – HCAL, HCYAB, HCNC, HCNE, HCCH, HCCMP, WBH

## Important Time Frame Change for Reporting Significant Member Incidents

A Significant Member Incident (SMI) or sentinel event is an unexpected and undesirable outcome that has an adverse impact on the outcome of a member’s care. SMIs include critical events, provider-member centered incidents and medical incidents.

- Providers may use their own internal incident form for reporting or Community Care will provide one upon request.
- Every network provider is required to report the types of incidents Community Care considers reportable.
- Incidents must be reported to Community Care ***within 24 hours\**** of the incident occurring or ***within 24 hours\**** of the provider learning of the incident.

***\*This is a new reporting time frame.***

Providers may report Significant Member Incidents the following ways:

- Calling the Community Care Provider Line at 1-888-251-2224.
- Calling your individual Care Manager at Community Care.
- Faxing the incident form to Community Care’s Quality Management Department.

For your convenience Community Care office fax numbers are listed below.

Allegheny	1-888-251-0087 FAX
Capital (Adams, Berks and York Counties)	1-866-418-0366 FAX
Chester	1-888-589-6559 FAX
North Central offices:	
• DuBois (Cameron, Clarion, Clearfield, Elk, Forest Jefferson, McKean, Potter and Warren Counties)	1-866-294-1142 FAX
• Moosic (Bradford, Columbia, Montour, Northumberland, Schuylkill, Snyder, Sullivan, Tioga, Union and Wayne Counties)	1-866-558-2618 FAX
• State College (Centre, Huntingdon, Juniata and Mifflin Counties)	1-866-294-4134 FAX
Northeast (Lackawanna, Luzerne, Susquehanna and Wyoming Counties)	1-866-284-9184 FAX
Western Behavioral Health	1-888-251-0087 FAX

For more information about SMIs, including reportable incident types, please refer to section III.G of your Provider Manual. The Provider Manual is available at [www.ccbh.com](http://www.ccbh.com), click on “Provider Resources”