

WELCOME TO THE

# Critical Incident | Remediation Training

HFS Guidelines

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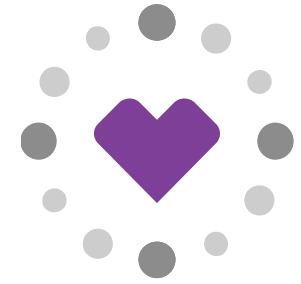
# Critical Incident | Remediation Training

HFS Guidelines



August 2020

# Your Training Facilitators



## Quality Department

- **Roxanne LaCroix**

## Care Management Leadership

- **Saranya Reddy, Operations Manager LTC**
- **Pat Smith-Huntoon, Clinical Manager, Region 3**

## Care Management Staff

- **Teri Stangle, Program Specialist 1, Region 3**

# Remediation Training Approach



# Agenda

## **When and how to report CI internally**

Saranya Reddy and Teri Stangle

## **Common CI Processing Errors**

Saranya Reddy

## **SharePoint Demonstration**

Pat Smith-Huntoon

## **TruCare Demonstration**

Teri Stangle

# Training Video Learning Objective



*By the end of this training, you should be able to:*

- **Follow the exact compliant steps for tracking, reporting and closing the process for critical incidents.**

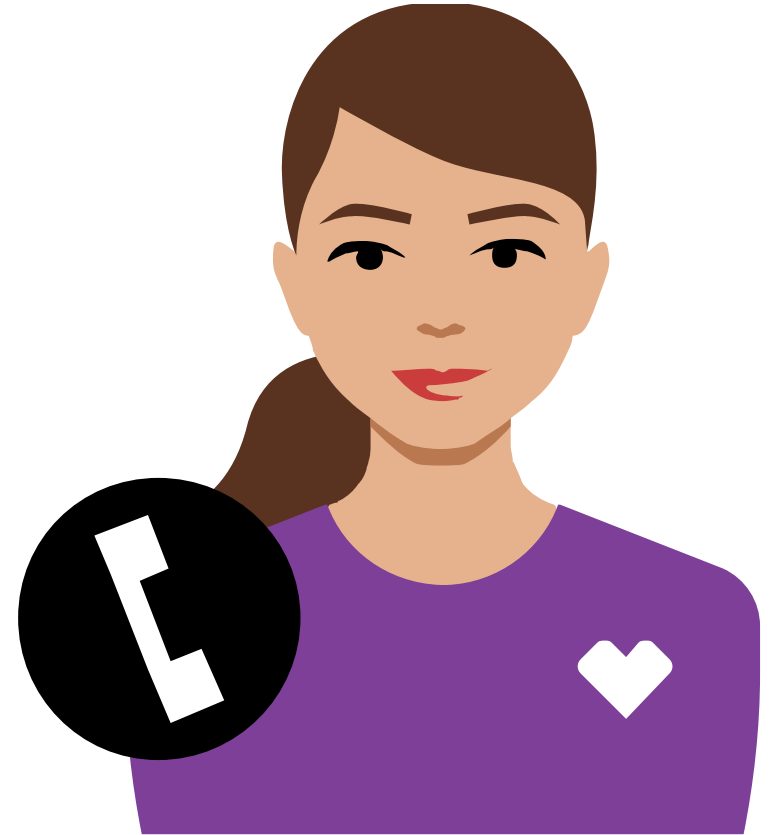
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# When and how to report CI Internally

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# When and how to report CI internally

**Critical Incidents should be documented on SharePoint within 1 business day from the time the event is identified by the plan, or the next business day.**



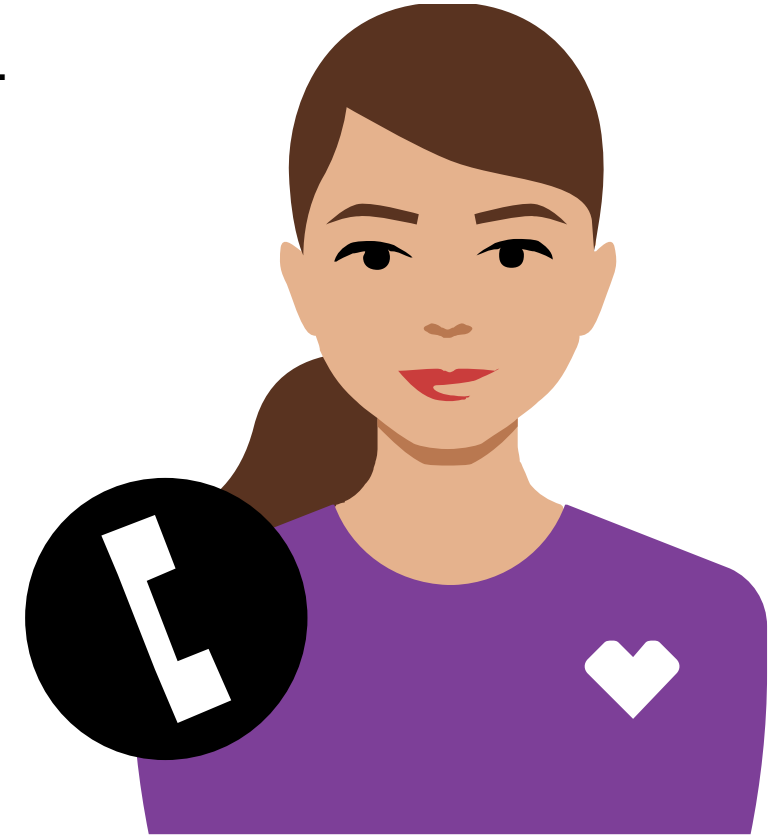


# Resolution Steps: *Initial processing*

**Case Management must document ALL actions taken to resolve the CI on SharePoint.**

**Examples include:**

- Care Plan Updated & ANE Education Provided (mandatory)
- Community resources deployed
- Member removed from location
- Member received medical treatment
- Law enforcement notified
- Referral Entity notified/Investigating Authority (IA)
- Case referred to Compliance for FWA
- Case referred to Quality as potential QOC incident



# Resolution Steps cont'd: *Documentation & Follow Up*

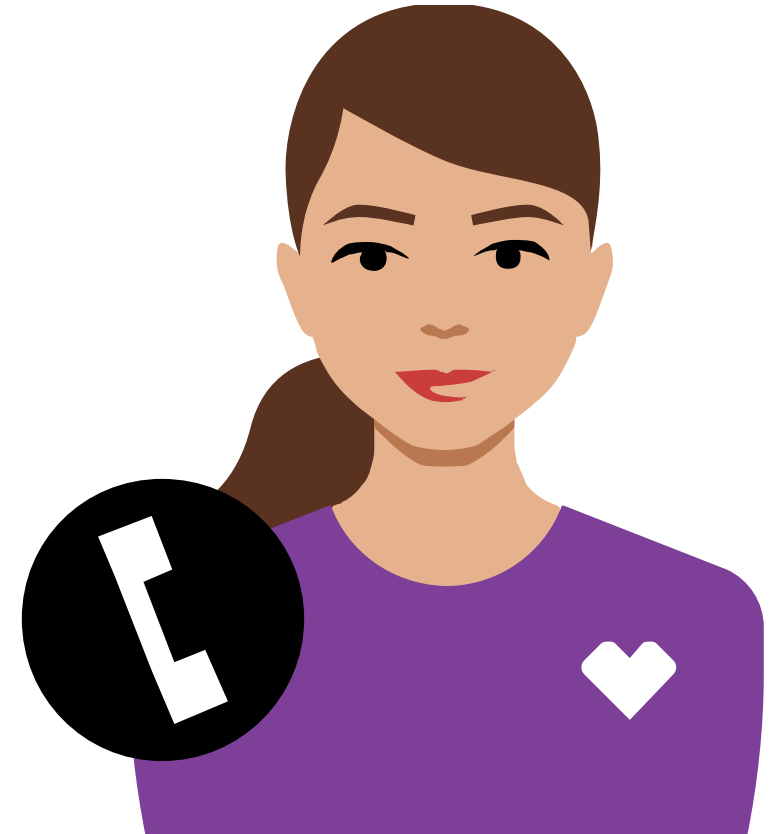
**A Critical Incident case is considered closed once Case Management has completed the following actions:**

1. Follow up with the member until resolution is achieved; or complete minimum of 3 outreach attempts if the member cannot be contacted. Resolution includes acting to ensure the safety of the member's health and services.  
*Example:* Enrollee's family unable to care for her, so enrollee was removed from home and placed in Nursing Home.
2. Follow up with any State agency notified/Investigating Authority (IA) of the incident.
3. Documentation of any recommendations made by the said agency are implemented; or complete minimum of 2 outreach attempts if State agency/Investigating Authority (IA) is not responding.
4. Document all follow-up in SharePoint and TruCare.

**“Critical Huddle managers will review CI for resolutions and close once criteria is met.”**

# When to refer a Critical Incident to Quality

- Event meets the health plan definition of a Quality of Care (QOC) incident
  - Any alleged act or behavior that occurs during the provision of, or as a result of services provided that may be detrimental to the quality or safety of patient care, is not compliant with clinical evidence-based practice standards or that signals a potential sentinel event.
- A request to investigate a practitioner/provider for concerns **other than** QOC should be routed to Grievance & Appeals (G&A) and follow the G&A policies/procedures
- All QOC events, regardless of origin, are to be reported to the QI Department **within 1 business day** from the time the event is identified.

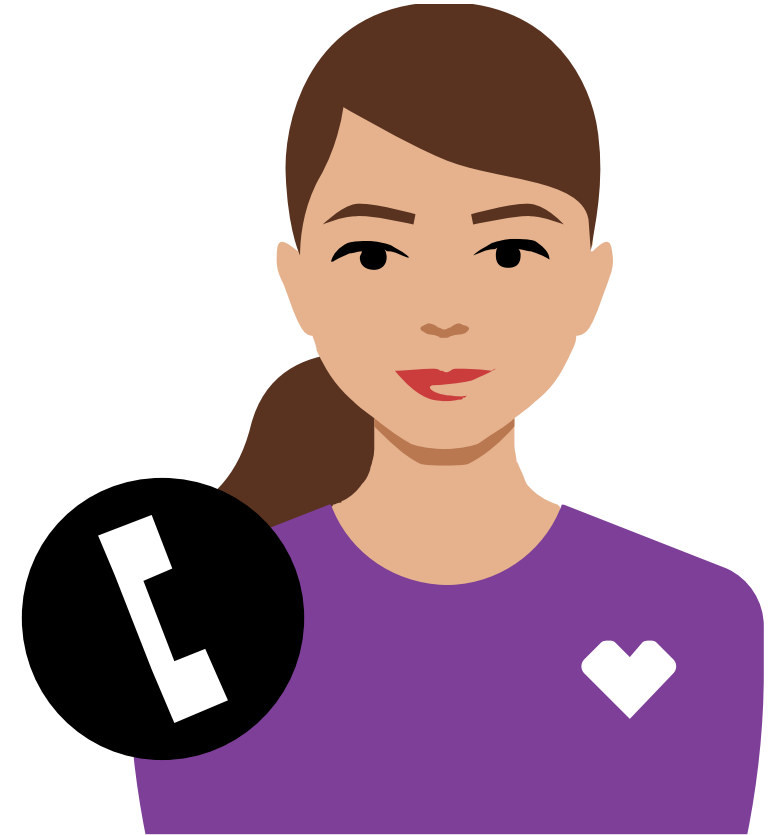


# When to refer a Critical Incident to Compliance

- ***The incident meets the Centene definition of Fraud, Waste and/or Abuse (FWA)***
  - **Fraud:** Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. 42 CFR § 455.2
  - **Waste:** Includes practices that, directly or indirectly, result in unnecessary costs to the Medicare/Medicaid Program, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources. 42 CFR § 455.2
  - **Abuse:** Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare/Medicaid Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment. 42 CFR § 455.2
- All suspected FWA activities, regardless of origin, are to be reported to Compliance immediately using the FWA Referral Form on SharePoint

# Errors Identified: The Health, Safety, and Welfare(HSW) Critical Incident (CI) Monitoring Audit Errors Identified:

- Critical incidents not reported to the appropriate Investigating Authorities (IA)
- Critical incidents lacked follow up with the investigating authority after the initial critical incident was reported.
- Critical incidents lacked clear documentation of steps taken to resolve the incident
- Inconsistencies found with closure dates within the CI reporter and TruCare
- Care plans missing updates when a change of condition and/or a need is identified.



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# How to Document using the CI Reporting Tracker on SharePoint and in TruCare Demonstrations

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# Learning Objectives

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# Training Video Learning Objective



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# Remediation Training Approach



Thank  
you for  
your  
time!



