



Reporting a Potential Quality of Care (PQOC) Concern: Provider Form

For instructions to submit or examples of PQOCs, see page 2.

A. Reporting Provider

Date Click or tap to enter a date.

Name Click or tap here to enter text.

Phone # Click or tap here to enter text.

Time Click or tap here to enter text.

Facility (if applicable) Click or tap here to enter text.

B. Member Information

Last Name Click or tap here to enter text.

ID Click or tap here to enter text.

Health Plan Click or tap here to enter text.

Line of Business Click or tap here to enter text.

First Name Click or tap here to enter text.

DOB Click or tap to enter a date.

Sex Click or tap here to enter text.

Diagnosis (if known) Click or tap here to enter text.

C. Treating Provider Information *(Complete Facility and/or Practitioner, as applicable)*

Facility Name Click or tap here to enter text.

Practitioner Name Click or tap here to enter text.

Address Click or tap here to enter text.

Facility Beacon ID or NPI (if known)
Click or tap here to enter text.

Provider Beacon ID or NPI (if known)
Click or tap here to enter text.

Phone # Click or tap here to enter text.

D. Incident Information

Date Click or tap to enter a date.	Time Click or tap here to enter text.
Mental Health Level of Care <i>(if other, note in the description section)</i> Choose an item.	Substance Use Level of Care <i>(if other, note in description)</i> Choose an item.
Description of the Incident Click or tap here to enter text.	
Steps Taken by the Provider or Beacon to Ensure the Safety of the Member Click or tap here to enter text.	

Instructions to Submit

- Reports of PQOCs should be sent to the appropriate quality team immediately and within 24 hours of a PQOC concern involving members (unless otherwise noted in the provider manual).
- Fax the form to the fax number below, based on the Region/State associated with the health plan (*Note: No need to fax page 2 - Instructions to Submit*)

Region/ Division	State of the Health Plan	Fax
Northeast 1	MA (Non-Medicaid), ME, RI, VT Note: This form is not applicable to MassHealth (Medicaid) or NH. Please follow local notification process.	781-994-7642
Northeast 2	DC, DE, MD, NJ, NY Note: This form is not applicable to CT or PA. Please follow local notification processes.	855-677-7672
Southeast/ Central	AL, FL, IA, IL, IN, KY, LA, MI, MN, MO, MS, NC, ND, NE, OH, OK, SC, SD, TN, TX, VA, WI, WV Note: This form is not applicable to AR, CO, GA, or KS. Please follow local notification processes.	General: 855-677-7672 FL: 305-722-3027
West	AK, AZ, CA, ID, MT, NM, NV, OR, UT, WY Note: This form is not applicable to WA or Beacon Of California (BOC accounts). Please follow local notification processes.	855-677-7672
Employer	Employer health plan for any state	855-677-7672

Examples of Potential Quality of Care (PQOC) Concerns (*May vary by client/state*)

- Death or injury (not suicide)
- Death (suicide) or attempted suicide
- Self-injurious behaviors
- Physical assault, sexual behavior or assault
- Accident or overdose
- Medication or treatment errors
- Falls
- Death due to natural causes, expected or unexpected
- Inappropriate use of restraint, seclusion, or restrictions
- Elopement, abduction, or leaving against medical advice (AMA)
- Concerns regarding clinical practice
- Concerns regarding attitude or service
- Provider unprofessional or inappropriate behavior
- Lack of discharge planning or coordination of care
- Failure to have or follow standards of care, including disaster management protocols and staff misconduct