



# 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 Carelon ID or NPI (if known)**  
Click or tap here to enter text.

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

**Phone #** Click or tap here to enter text.

## D. Incident Information

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



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

## 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  <b>Note: This form is not applicable to MassHealth (Medicaid) or NH.</b> Please follow local notification process.	781-994-7642
Northeast 2	DC, DE, MD, NJ, NY  <b>Note: This form is not applicable to CT or PA.</b> 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  <b>Note: This form is not applicable to AR, CO, GA, or KS.</b> Please follow local notification processes.	General: 855-677-7672  FL: 305-722-3027
West	AK, AZ, CA, ID, MT, NM, NV, OR, UT, WY  <b>Note: This form is not applicable to WA or Carelon Behavioral Health of California, Inc. (BOC accounts).</b> 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