

RESERVED.¹

CONTRACTOR: _____

QUARTER: 1 2 3 4

PERSON SUBMITTING: _____

DATE: _____

PHONE NUMBER: _____

LINE OF BUSINESS: _____

CATEGORY	NUMBER OF CASES CLOSED:	NUMBER OF CASES SUBSTANTIATED:	NUMBER OF CASES UNSUBSTANTIATED	NUMBER OF CASES UNABLE TO SUBSTANTIATE
1. ABUSE				
a. Physical Abuse	---	---	---	---
b. Sexual Abuse	---	---	---	---
c. Verbal Abuse	---	---	---	---
d. Emotional Abuse	---	---	---	---
e. Unauthorized Physical or Chemical Restraint	---	---	---	---
2. AVAILABILITY, ACCESSIBILITY, ADEQUACY (AAA)				
a. Accessibility Issues	---	---	---	---
b. Availability Issues	---	---	---	---
c. Phone Lines	---	---	---	---
d. Wait Times	---	---	---	---
e. Delays in Service	---	---	---	---
f. Transportation	---	---	---	---
g. Durable Medical Equipment (DME)	---	---	---	---
h. Environmental Modifications	---	---	---	---
i. Car Seat Problems	---	---	---	---
j. Provider Refuses to Treat Member	---	---	---	---
3. DENIAL OR DECREASE OF COVERED BENEFITS				

¹ Attachment is being reserved information can be reported through the AHCCCS Data Warehouse

a. Denials – Medical Necessity	---	---	---	---
b. Denial of Service – No Prior Authorization	---	---	---	---
c. Denials – Non-Covered Service	---	---	---	---
d. Decrease from Previously Covered Service	---	---	---	---
e. Eligibility Issues	---	---	---	---
f. Co-Pay Issues	---	---	---	---
4. EFFECTIVENESS, APPROPRIATENESS OF CARE (E/A)				
a. Inappropriate Treatment	---	---	---	---
b. Inappropriate Procedure	---	---	---	---
c. Discrepancies in Initial/Final Diagnosis	---	---	---	---
d. Inappropriate Treatment Plan	---	---	---	---
e. Ineffective/Inappropriate Case Management	---	---	---	---
f. Post Procedure Complication Plan	---	---	---	---
g. Re-Admission	---	---	---	---
h. Delays in Treatment Caused Complications	---	---	---	---
i. Complications in Procedure/Treatment	---	---	---	---
j. Referrals not Requested/Ordered	---	---	---	---
k. Coordination of Care Issues	---	---	---	---
l. Continuity of Care	---	---	---	---
m. Ineffective/Below Standards of Medical Care	---	---	---	---
n. Lack of Provider/Practitioner Follow-Up	---	---	---	---
o. Ineffective Discharge Planning	---	---	---	---
p. Missed Diagnosis	---	---	---	---
q. Unexpected Transfers (e.g. ICU)	---	---	---	---
r. Delivery/Post-Deliver Complications	---	---	---	---
5. EXPLOITATION				
a. Monetary Exploitation	---	---	---	---
b. Emotional Exploitation	---	---	---	---
6. FRAUD, MEMBER OR PROVIDER (FRAUD)				
a. Services Not Provided	---	---	---	---
b. Licensure/Certification	---	---	---	---
c. Inappropriate Billing	---	---	---	---

d. Altered Medical Record Related to Fraudulent Action	---	---	---	---
7. HEALTHCARE ACQUIRED CONDITION (HCAC)				
a. Health Care Acquired Conditions (HCAC)	---	---	---	---
b. Member Choice	---	---	---	---
8. MEMBER RIGHTS/RESPECT AND CARING (MR)				
a. Cultural Competency	---	---	---	---
b. Advanced Directives	---	---	---	---
c. Disrespectful/Unprofessional Conduct by a Provider	---	---	---	---
d. Disrespectful/Inappropriate Conduct by a Member	---	---	---	---
e. Not Including A Member in Plan of Care	---	---	---	---
f. Physical or Chemical Restraint	---	---	---	---
g. Confidentiality	---	---	---	---
h. Staffing Issues (Provider/Practitioner)	---	---	---	---
i. AMA	---	---	---	---
j. No Access to Medical Records	---	---	---	---
k. No Grievance Process Information Provided	---	---	---	---
l. Continuity of Care/Re-Engagement of Member	---	---	---	---
9. NEGLECT				
a. Environmental Exposure	---	---	---	---
b. Refusal to Provide Care	---	---	---	---
c. Not Providing Care *e.g. ADL's, Nutrition, Treatment, Medication, Follow UP)	---	---	---	---
d. Staffing Issues (Provider/Practitioner)	---	---	---	---
10. OTHER PROVIDER PREVENTABLE CONDITIONS (OPPC)				
a. Other Provider Preventable Conditions (OPPC)	---	---	---	---
11. UNEXPECTED DEATH				
a. Suicide	---	---	---	---
b. Accidental Overdose	---	---	---	---
c. Choking	---	---	---	---
d. Delays in Treatment Caused Complications	---	---	---	---
e. Complications in Procedure/Treatment	---	---	---	---
f. Referrals not Requested/Ordered	---	---	---	---

g. Lack of Coordination of Care	---	---	---	---
h. Lack of Provider/Practitioner Follow-Up	---	---	---	---
i. Ineffective Discharge Planning	---	---	---	---
j. Missed Diagnosis	---	---	---	---
k. Delivery/Post-Delivery Complications	---	---	---	---
l. Medication Errors	---	---	---	---
m. Injury/Accident (e.g. MVA, GSW, SIDS)	---	---	---	---
n. Undetermined Cause	---	---	---	---
o. Suicide, Opioid or Multi-Drug Toxicity	---	---	---	---
p. Suicide, Due to Other Cause	---	---	---	---
12. SAFETY/RISK MANAGEMENT (SAFETY)				
a. Pharmacy Prescription Error	---	---	---	---
b. Medication Error	---	---	---	---
c. Equipment/Supply Issues	---	---	---	---
d. Provider Contract Compliance	---	---	---	---
e. Falls	---	---	---	---
f. Injuries	---	---	---	---
g. Unsafe Environment	---	---	---	---
h. Documentation	---	---	---	---
i. Discharge AMA	---	---	---	---
j. Hygiene	---	---	---	---
k. Skin Integrity/Pressure Ulcers	---	---	---	---
l. Attempted Suicide	---	---	---	---
13. NON-QUALITY OF CARE (NON-QOC)	---	---	---	---
TOTAL	---	---	---	---