Adverse Incident Reporting

Magellan HEALTHCARE®

Providers are required to notify Magellan within 24 hours of the occurrence of a reportable incident involving a HealthChoices member, whether it occurs at the provider's location or at another location.

If the incident qualifies as a Sentinel Event for a managed level of care, please indicate so on the Incident Report and alert Care Management of the occurrence (for managed levels of care).


Where to access the Incident Reporting Online Portal?

About Store

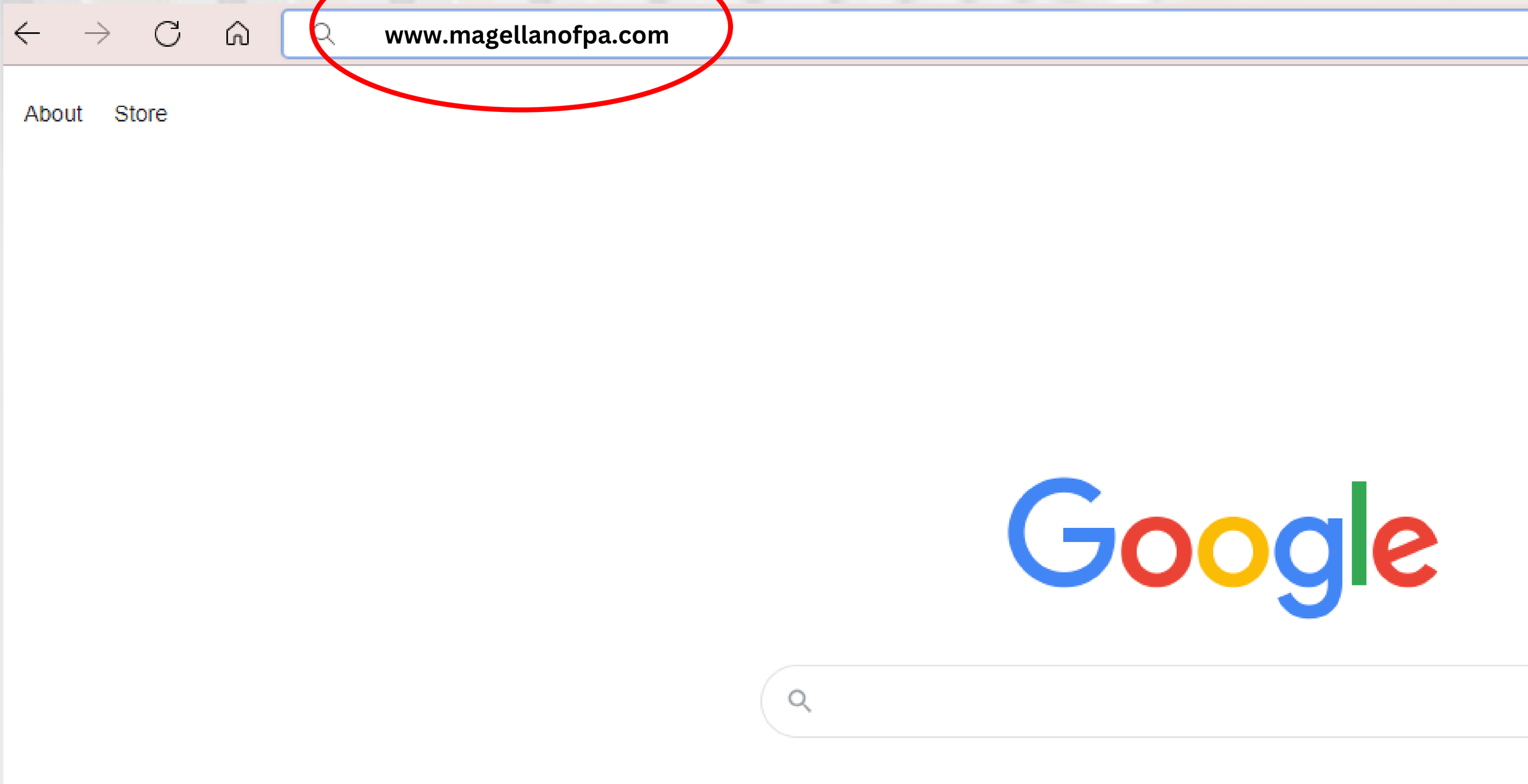
1.

Go to

www.magellanofpa.com

Google

Google Search I'm Feeling Lucky


www.magellanofpa.com
About
Store
Google

https://www.magellanofpa.com

Somerset-Bedford Information: Magellan is working with Behavioral Health Services of Somerset and Bedford Counties (BHSSBC) on an implementation plan with an effective date of Nov. 1, 2025. Current announcements and training materials will be updated frequently. General Information

Magellan HEALTHCARE.

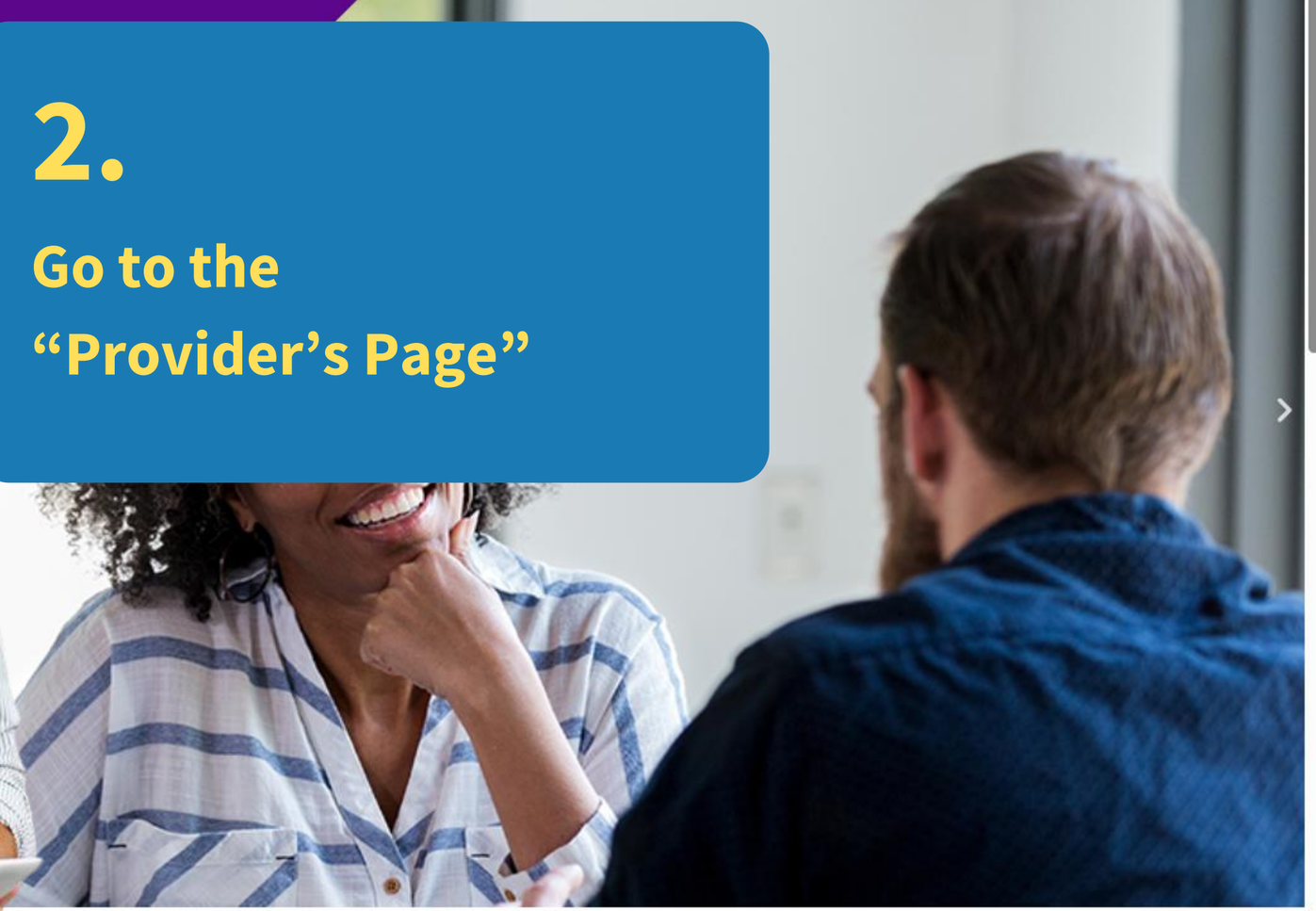
Contact

Home | Provider Search | Members Page | Providers Page | About Us | English | Español

Providers Page

Provider access to resources and information

Go to Providers Page →



2.

Go to the “Provider’s Page”

3.

Go to
Quality Improvement

Magellan Behavioral Health of Pennsylvania (Magellan) welcomes you as a "provider" in HealthChoices and to Magellan. In Pennsylvania, Magellan works with county partners in Bucks, Cambria, Lehigh, Montgomery and Northampton counties. As a Behavioral Health-Managed Care Organization (BH-MCO), Magellan manages members' benefits in coordination with you – our network providers. This makes it easier for members to get help for their mental health and drug or alcohol concerns.

All of the information and resources available to you are listed below, including provider resources, quality improvement information, county information, our services and programs, and community resources.

+ Provider Manual
+ Provider Announcements
+ Compliance Alerts
+ Member Newsletters
+ PA Member Handbook

Provider Resources →

Get connected with Magellan resources.

Quality Improvement →

Learn about best practices to improve the quality of services.

County Information →

Get connected with your local county resources.

Services & Programs →

Learn about all of the services and programs offered through Magellan.

Community →

There are many opportunities available to help you live a healthy, vibrant lifestyle.

4.
Go to Patient Safety

Quality Improvement

- Accreditation
- Center for Recovery and Resiliency
- Cultural Competency
- Discharge Planning
- Evidence Based Practices
- Health & Wellness Library
- HEDIS
- Magellan Explorer
- Member Experience
- Outcomes & Screeners
- Patient Safety
- Provider Performance
- Quality Improvement Library

County Information

Services & Programs

Community

Quality Improvement

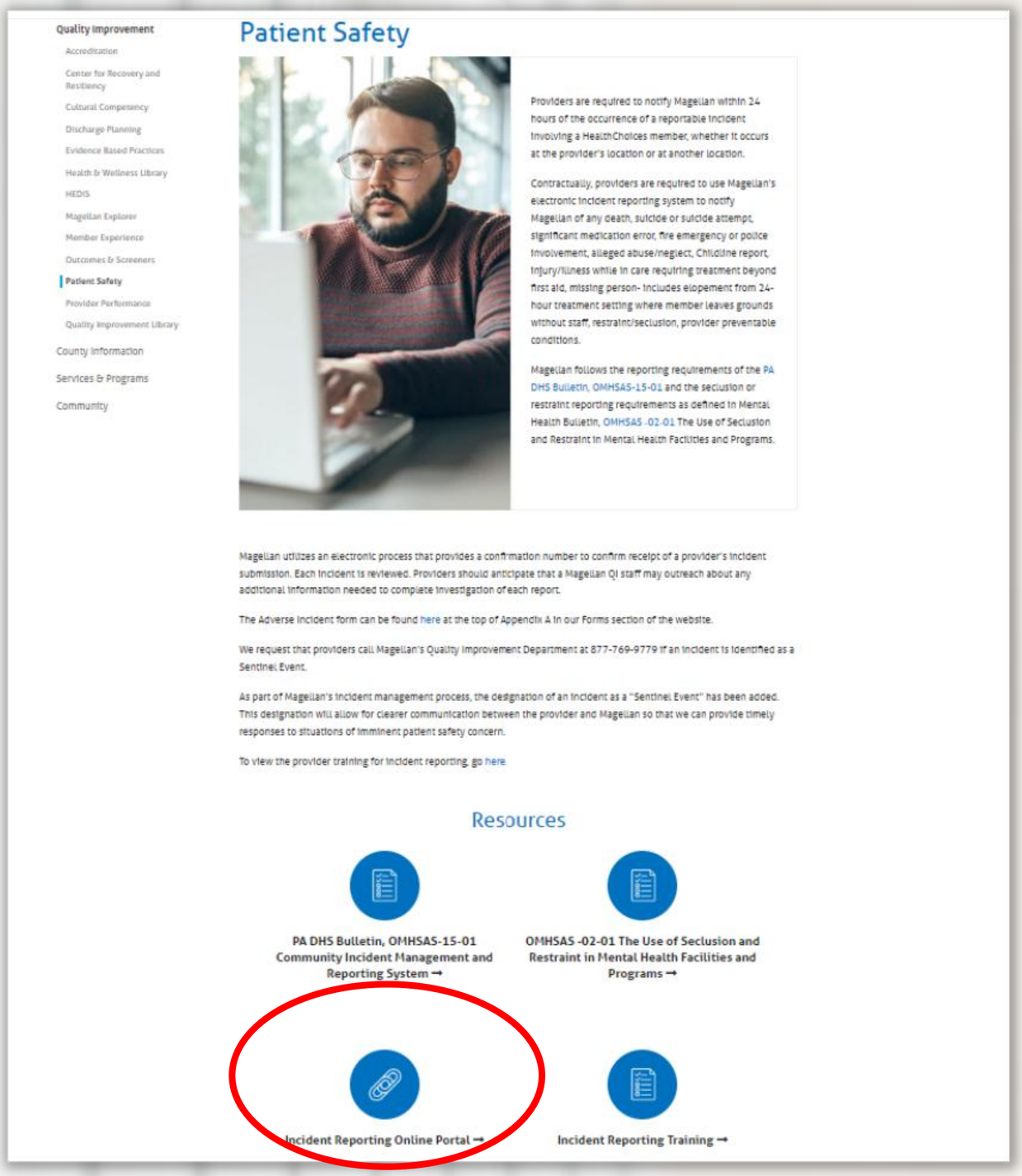
Quality care for our members and their families is important to us. We constantly measure the quality of our member services. We are proud of the care that Magellan members receive today and we are always looking to improve the delivery of our services when possible.

Quality Improvement Resources

- Accreditation
- Center for Recovery & Resiliency
- Cultural Competency
- Discharge Planning
- Evidence Based Practices
- Health & Wellness Library
- HEDIS
- Magellan Explorer
- Member Experience
- Outcomes & Screeners
- Patient Safety
- Provider Performance
- Quality Improvement Library

5.

Go to Incident Reporting Online Portal



Essential Information to Complete Reporting

- **Program specific MIS number**
- **Member Medical Assistance Recipient Identification Number**

The member’s Medical Assistance Recipient ID number is a 10-digit number assigned by the State

How to complete a report?

Magellan HEALTHCARE

Magellan Behavioral Health of Pennsylvania, Inc. Incident Report Form

Submit this shortform to report an incident.

Requirements:

1. Providers are required to report as much information as possible within 24 hours the incident. In the event an incident occurs on a weekend or holiday, report the incident on the next business day.
2. Magellan of PA only accepts incident reports submitted electronically.
3. Please have available the applicable 9-digit **provider MIS Number** and the **member's Medicaid ID Number** when entering the incident report.

For questions, please contact:

Email: dmpreohaurin@magellanhealth.com

Phone: (314)394-8456

Next →

Please attend to the introductory page where “Requirements” are listed. You must have your correct Provider MIS number for your organization, as well as the member’s Medicaid ID number. Your incident report will not be accepted by the system if either of these numbers is missing or invalid.

Enter the provider's information.

Please note that fields with asterisk are required fields.

Enter your organization’s Provider MIS number and click “Verify.”

If your program under that MIS# has one address, this will appear. Click the address. If there are multiple addresses associated with that MIS number, please click the search box to view the drop-down list, and click the correct address. Now you can click “Next.”

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Provider Information

Provide the following information about the provider reporting the critical incident

* Required

Provider MIS*

123456789 | Verify

9-digit number

← Back | Next →

Enter the reporter's information.

Please note that fields with asterisk are required fields.

You are the “reporter.” Enter your first name, last name, title/position, phone number, and e-mail address. If you are not the person that Magellan should follow up with, please enter the email address of the contact person we should use. Click “Next.”

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Reporter Information

Provide the following information about the person reporting this incident report

Reporter First Name*

First Name

Reporter Last Name*

Last Name

Reporter Position/ Title*

Title or Position

Reporter Phone Number*

(123) 456-7890

Email address to report follow up*

reporter@mail.com

Or any available email adddress for follow up purposes

← Back

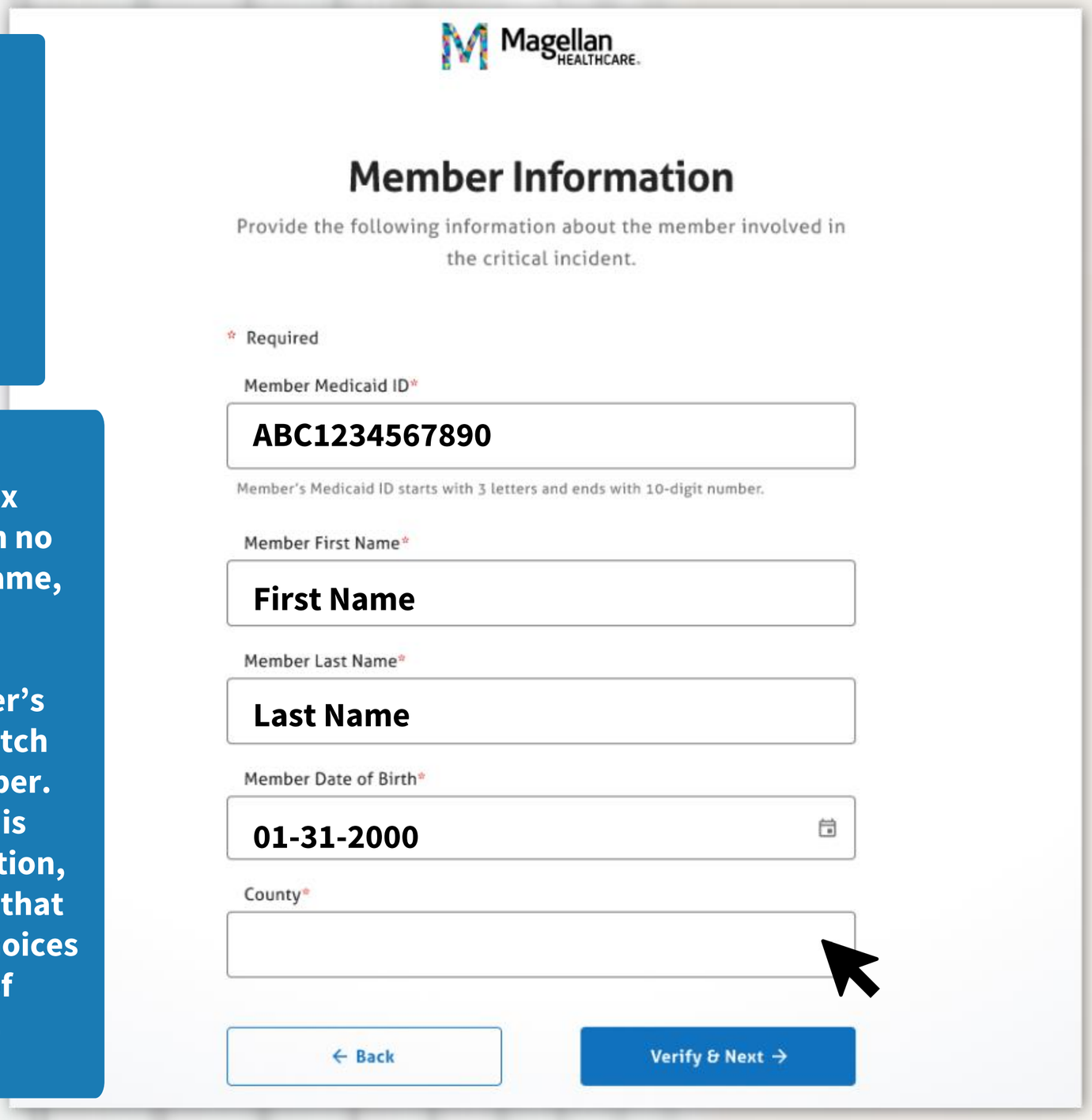
Next →

Enter the member's information.

Please note that fields with asterisk are required fields.

Enter the member’s Medicaid ID number. This will be a 3-letter prefix followed by a 10-digit number, with no dashes. Enter the member’s first name, last name, and date of birth.

Also enter the county of the member’s Medicaid eligibility. This should match the prefix of their Medicaid ID number. Click “Verify & Next.” If the system is not accepting the member information, please check your records to verify that the member is a Magellan HealthChoices member, the correct MA ID#, date of birth, and spelling of the member’s name.



Enter the incident information.

Please note that fields with asterisk are required fields.

Click Yes or No under “Is this a Sentinel Event?” If you need a reminder of which incidents qualify as a Sentinel Event, click the link to view the incident definitions.

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Incident Information

Provide the following information about the critical incident that you are reporting.

* Required

Is this a Sentinel Event? *

- ◯ Yes
- ◯ No

Which incidents are Sentinel Events?

Select the Level of Care*

Select

Select the Incident Location*

Select

Date and Time of Incident

Date of Incident*

MM/DD/YYYY

Time of Incident*

-- : -- --

Choose the appropriate Level of Care from the drop down menu.

Please note that fields with asterisk are required fields.

Select the level of care of the program where the member was receiving services when the incident occurred.

Incident Information

Provide the following information about the critical incident that you are reporting.

* Required

Is this a Sentinel Event? *

- ○ Yes
- ○ No

Which incidents are Sentinel Events?

Select the Level of Care *

Select

- Acute Inpatient Psychiatric Hospitalization (AIP)
- Center Of Excellence (Opiate COE)
- Clozapine (Clozaril) Support And Monitoring
- Community Behavioral Health Clinic (CCBHC)
- Community Residential Rehabilitation Host Homes (CRR HH)
- Community Treatment Teams (ACT/CTT/FACT)
- Community/Mobile Support (Crisis)
- Crisis Intervention Services (Walk-In)
- Crisis Residential Services
- Dual Diagnosis Treatment Team (DDTT)
- Extended Acute Inpatient (EAC)

Choose the Incident Location from the drop down menu.

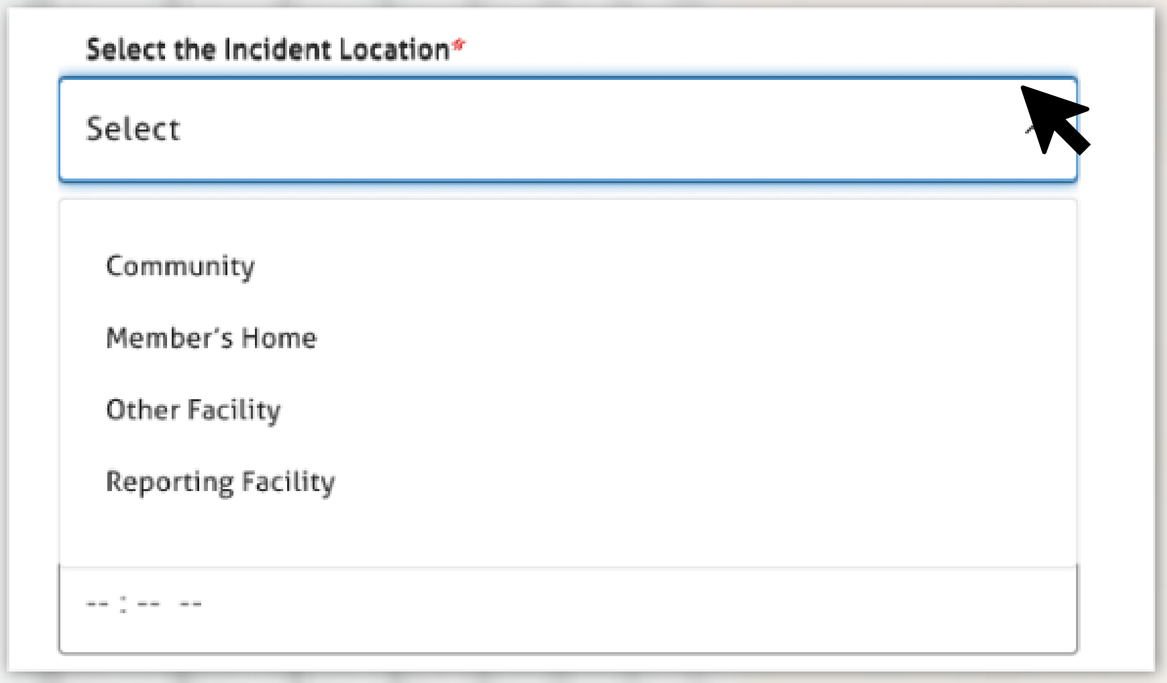
Please note that fields with asterisk are required fields.

Choose “Reporting Facility” if the incident occurred on your program or facility’s premises.

Choose “Other facility” if the incident occurred in a treatment facility other than yours.

Choose Community if the incident occurred in a public place, or a place outside of the program, facility, or home.

Choose “Member’s home” if the incident occurred in the private home of the member. If the member resides in your facility, please choose “Reporting Facility” instead.”

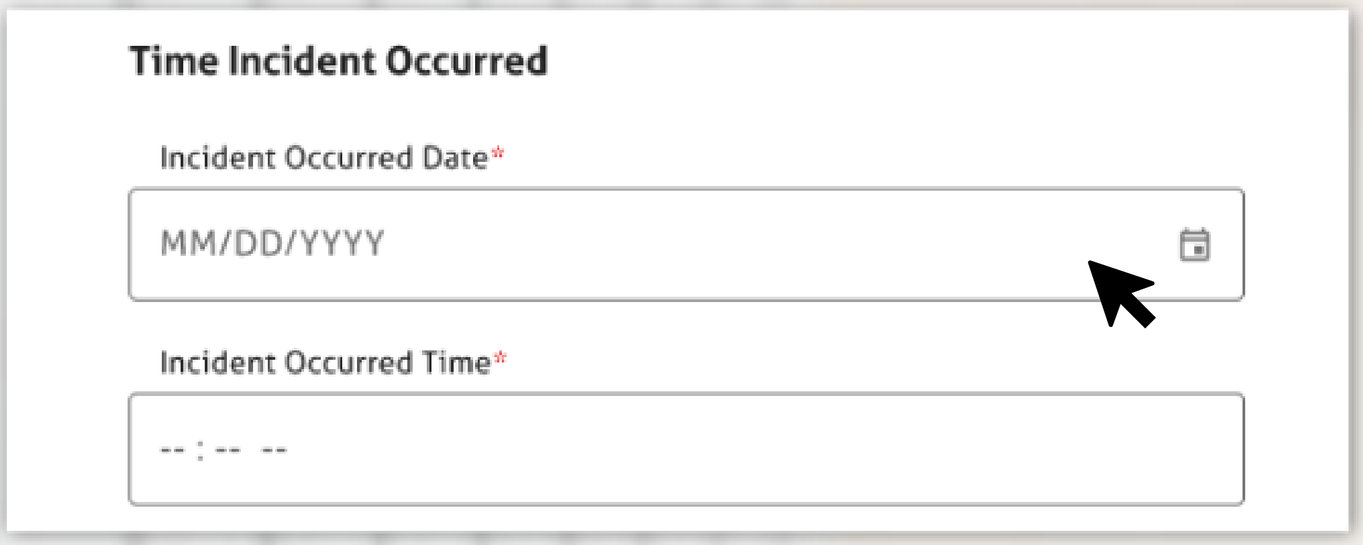


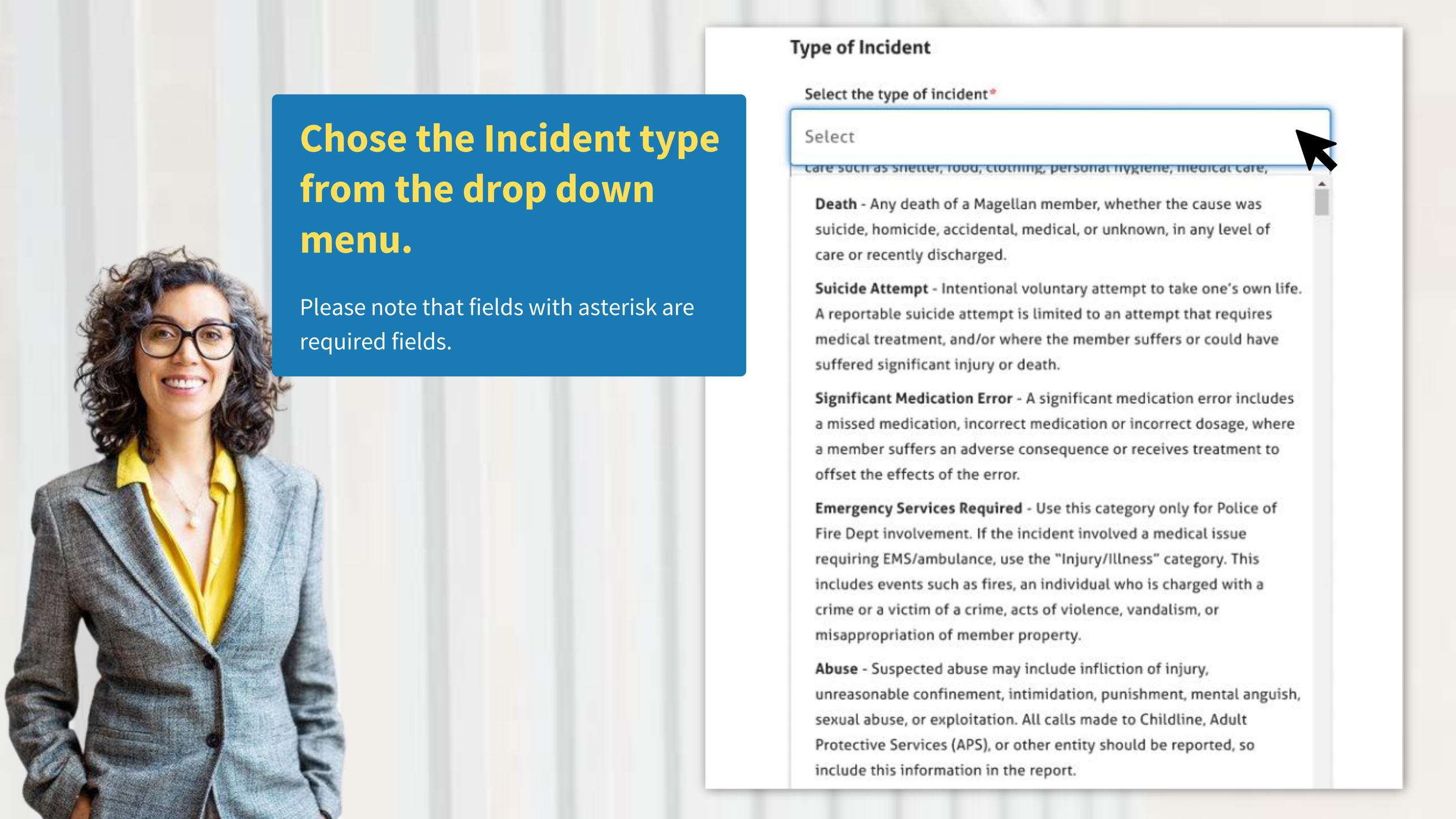
Enter the Incident date and time.

Please note that fields with asterisk are required fields.

Enter the date of the incident. You can type in the date in the format MM/DD/YYYY or by using the calendar function. Enter the time of the incident (time can be approximate)

Choose the Type of Incident from the drop-down menu. There are brief definitions there to assist you in choosing the correct incident type.





Chose the Incident type from the drop down menu.

Please note that fields with asterisk are required fields.

Type of Incident

Select the type of incident*

Select

care such as shelter, food, clothing, personal hygiene, medical care,

Death - Any death of a Magellan member, whether the cause was suicide, homicide, accidental, medical, or unknown, in any level of care or recently discharged.

Suicide Attempt - Intentional voluntary attempt to take one's own life. A reportable suicide attempt is limited to an attempt that requires medical treatment, and/or where the member suffers or could have suffered significant injury or death.

Significant Medication Error - A significant medication error includes a missed medication, incorrect medication or incorrect dosage, where a member suffers an adverse consequence or receives treatment to offset the effects of the error.

Emergency Services Required - Use this category only for Police of Fire Dept involvement. If the incident involved a medical issue requiring EMS/ambulance, use the "Injury/Illness" category. This includes events such as fires, an individual who is charged with a crime or a victim of a crime, acts of violence, vandalism, or misappropriation of member property.

Abuse - Suspected abuse may include infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse, or exploitation. All calls made to Childline, Adult Protective Services (APS), or other entity should be reported, so include this information in the report.

Enter Incident information.

Please note that fields with asterisk are required fields.

Choose Yes or No to indicate if the incident involved the presence of a weapon. If you choose Yes, click the drop-down for “Select type of Weapon.” If you choose “other” you will be required to explain that in the “Please specify the “other” weapon text box.

Does the incident involve the presence of a weapon?*

- ◯ Yes
- ◯ No

Description of event*

1000 characters left

Actions taken to ensure safety of all involved*

Including debrief efforts and steps to avoid similar future events.
1000 characters left

Enter Incident information.

Please note that fields with asterisk are required fields.

In the text box entitled "Description of Event" please briefly describe the incident. Please be succinct. If Magellan needs additional information or details, we will contact you.
In the text box entitled "Actions taken to ensure safety of all involved" enter the actions that have been taken by staff at your organization to respond to the incident.

Does the incident involve the presence of a weapon?*

- ○ Yes
- ○ No

Description of event*

Provide a brief but clear description of the incident.

1000 characters left

Actions taken to ensure safety of all involved*

Provide information on the actions taken to ensure safety.

Including debrief efforts and steps to avoid similar future events.
1000 characters left

Choose the applicable follow up actions taken.

Please note that fields with asterisk are required fields.

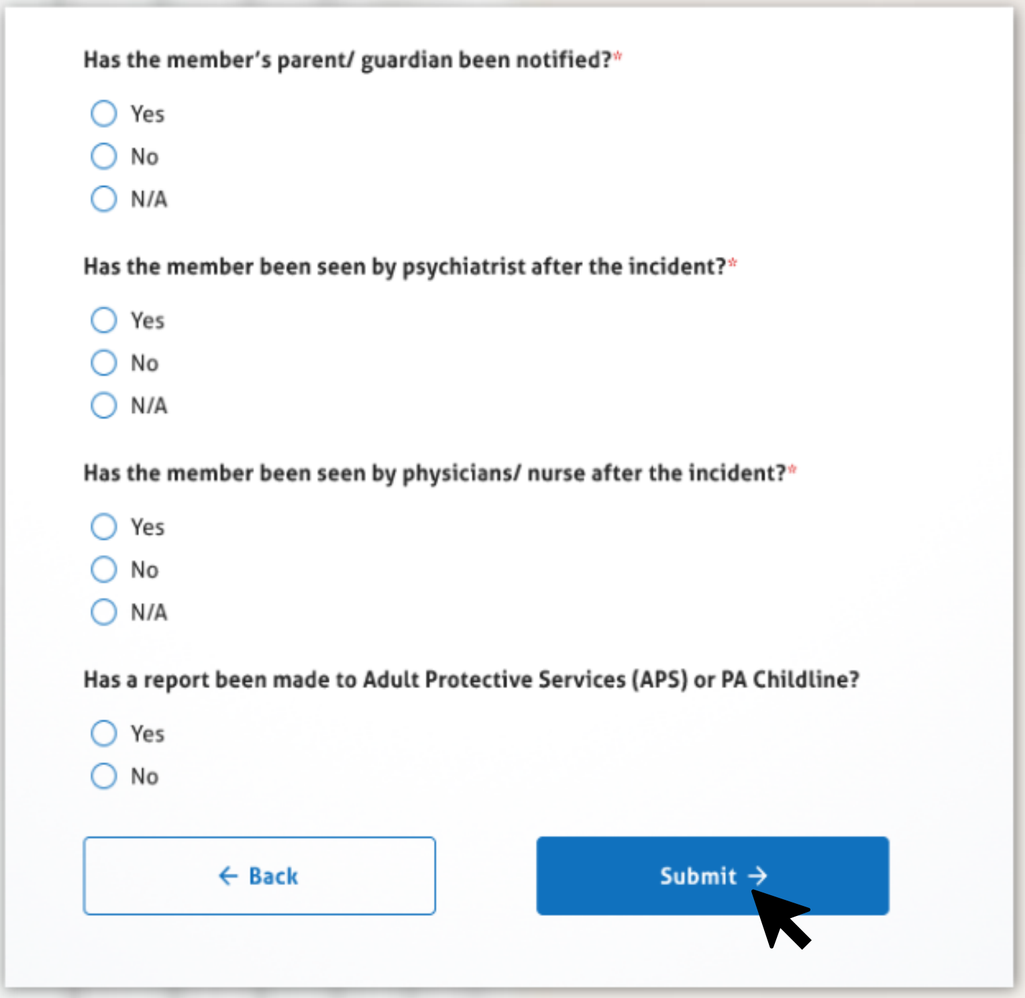
Choose Yes, No, or NA to indicate whether the member's parent/guardian was notified. If you choose Yes, you will be required to enter the date and time the notification occurred.

Choose Yes, No, or NA to indicate whether the member was seen by a psychiatrist after the incident. If you choose Yes, you will be required to describe what was done or recommended by the psychiatrist.

Choose Yes, No, or NA to indicate whether the member was seen by a physician or nurse after the incident. If you choose Yes, you will be required to describe what was done or recommended by the physician or nurse.

Choose Yes, No, or NA to indicate whether Adult Protective Services (APS) or ChildLine was contacted as a follow-up to the incident. If you choose Yes, enter the report number or name of person you spoke to, and the date the APS or Childline report was made.

Click Submit.



A message will appear to verify that your incident report has been entered. A confirmation number will be provided for the provider record.

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Submission Complete

Your incident report has been submitted and under review. Please keep track of your confirmation number for future inquiries:

Confirmation Number:

IR0001236

Return to Home

If you have questions about the incident reporting process, please call Magellan and request to speak to a Quality Specialist or email Dawn Haurin at DMPrenoHaurin@magellanhealth.com

Leading humanity to healthy, vibrant lives

MAKING A DIFFERENCE IN PEOPLE'S LIVES THROUGH:

- Complex Population Management
- Person-Centered Solutions
- Boundary-Pushing Innovations
- Insightful Employees

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