HSD Portal as a Reporting Tool

Important Web Sites & E-Mails

HSD CI Reporting Portal Web Address:
https://criticalincident.hsd.state.nm.us

NM Medicaid Portal Web Address:
https://nmmedicaid.acs-inc.com/webportal/home

HSD Contact E-Mail Address:
HSD-QB-CIR@state.nm.us

Purpose of HSD E-Mail?

1. Request new user access.
2. Assistance with usernames and passwords.
3. Notify HSD of any employee with Portal access who is no longer associated with organization.
4. Report Portal technical issues.

HSD Portal Categories of Eligibility

Categories of Eligibility (COEs) that are reported into the HSD CI reporting portal are as follows:

SSI	
	001 (SSI Aged)
	003 (SSI Blind)
	004 (SSI Disabled)
Institutional	
	081 (Institutional Aged)
	083 (Institutional Blind)
	084 (Institutional Disabled)
Home and Community-Based Services	
	090 (HIV/AIDS)
	091 (Home and Community Based Waiver–Aged)
	092 (HCBS-Brain Injury)
	093 (HCBS-Aged and Disabled)
	094 (HCBS-Disabled)
	095 (Medically Fragile Waiver)
	100 w/NFLOC
	200 w/NFLOC

NFLOC = Nursing Facility Level of Care

Submitting an Incident Report (Recap)

- Submit incident reports for Members of Centennial Care through the HSD Critical Incident Reporting Website.

  Once again here is the HSD Portal website:
  https://criticalincident.hsd.state.nm.us

- Remember there is a limited list of accepted COEs.

- Incidents must be reported within 24 hours of knowledge of the incident.

- Accuracy is important.

HSD Critical Incident Reporting Portal

HSD Portal – Log In

HSD CI Reporting Portal Web Address:
https://criticalincident.hsd.state.nm.us

To submit a Critical Incident Report using the HSD CI Reporting portal the person in your office who is designated to submit critical incident reports must have a username and password to log in.

Reminder: HSD issues and manages all usernames and passwords for the CI Reporting Portal. If assistance is needed with passwords or usernames send an e-mail to:
HSD-QB-CIR@state.nm.us

HSD Portal – CI Reporting Form

» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting

Click on
Critical Incident
Reporting Form
on the Menu Bar
to access the
online form.

HSD Portal – Menu Bar

The Menu Bar is used to navigate through the HSD Portal

» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting

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HSD Portal – List CI Reports

» Home » Critical Incident Reporting Form » List CI Reports » Ad-Hoc Reporting

To get a list of Critical Incident reports submitted by you or your agency click on List CI Reports on the menu bar.

The result will be a listing of Critical Incidents submitted that can be sorted by various factors including name, incident type, date, and more.

Incident Report Listing

HSD Portal – Ad-Hoc Reporting

To run a report or view an existing Critical Incident click on **Ad-Hoc Reporting** on the menu bar. Specifically this allows the user to:

- Search for a specific Incident using Consumer and or Incident Information.

- Download Incident Reports information into an Excel spreadsheet.

Completing and Submitting a CI Report on the HSD Portal

HSD - Resources

- HSD makes CI reporting resources available online.
- The "Critical Incident Training Guide" is located under Documentation on the dropdown menu above.

Use the NM Medicaid Portal to Correctly Complete a CIR

Use the NM Medicaid Portal to locate the most current and accurate information on the Member in order to complete the CIR.

Link: https://nmmedicaid.acs-inc.com/webportal/home

HSD Portal – CI Reporting Form Section I

In the Critical Incident Report data entry form, the yellow highlighted fields are required and must be completed in order to successfully submit the form and create an Incident Report number; however, all information is important whether required or not.

Critical Incident Report

HSD Portal – CI Reporting Form Section I (continued)

Physical Address – The physical address must be entered. Abuse, Neglect, or Exploitation critical incidents are referred out to other state agencies for follow up and they must know where to locate the client.

If the Member is homeless, enter "Homeless" and be prepared to answer a question about the last known address where services were provided. Please inform the service coordinator if any Member is transient or homeless as services may need to be amended.

If the Member does not have an actual physical address, enter the directions on how to find the residence.
Example: "Two miles past the Council House, pass big cedar tree."

"Unknown" implies a provider/agency does not know where the person is and raises questions about delivery of services. Be prepared for a phone call requesting more information.

City, County and ZIP – Enter the City, County (from dropdown menu). Use the zip code for the area the Member resides, if unknown, the Zip code can be verified using the Postal Service website: www.usps.com

Phone Number – Enter the Member contact phone number; if none enter "None."

HSD Portal – CI Reporting Form Section I

CONSUMER INFORMATION

First Name, Middle Initial, Last Name – Accuracy is important. Correctly spelling the Members' name will ensure the ability to find and identify the Member.

Social Security Number – Accuracy is important. The agency; the MCO and the State (HSD) track incidents on members for several reasons, including the development of improvement plans. Errors in SSN affects the ability to verify the Member and the validity of the data.

Gender –Select Member's Gender (Male or Female).

DOB (Date of Birth) – Please be accurate. Incorrect DOB entry affects the ability to accurately identify the member.

HSD Portal – CI Reporting Form Section I (continued)

ADLs – If you do not have the experience with the member or information sufficient to complete this section, please check "unknown" and contact the service coordinator to acquire the information for future reports.

Verbal? – Means that the Member can communicate effectively with staff and family. It does not require that they speak. Language preference is not important for this item.

Diagnoses – If this information is available to you, please input it. This is important data to track and this information should be in client records. If agency/provider unable to answer this question, enter "unknown."

Medications – See direction for diagnoses. List no more than three or four. If there are a large number of medications (more than six) state e.g. "10 additional medications."

Name of Doctor & Doctor Phone – Enter the full name and contact phone number of the doctor.

HSD Portal – CI Reporting Form
Section 2

AGENCY/ELIGIBILITY INFORMATION

MCO – Please be accurate. Centennial Care has four (4) participating MCOs. The Critical Incident Report will automatically be reported to the MCO listed in this field. Inaccurate input will affect data validity and possibly violate HIPAA regulations.

Reporting Agency – This field will self populate with the agency logging in to the site (cannot be changed).

Category of Eligibility (COE) – the COE is available to you upon verification of eligibility. All providers are required to verify recipient eligibility prior to providing services and verify that the recipient remains eligible throughout periods of continued or extended services. Please Select the COE from the dropdown menu.

Self Directed? – select Yes or No. This is the Self Directed Community Benefit (SDCB) that replaced Mi Via as of 01/01/2014.

HSD Portal – CI Reporting Form
Section 2 (continued)

Incident Coordinator – The name entered here is the name of a person assigned to manage the incident reporting functions of the provider/agency office. Questions about the incident report may go to this person. In the case of various offices for an agency, the agency is to select the staff at the office serving the Member identified in the incident.

Office Location – Please enter the complete physical address of the reporting provider/agency (Address, City, State and Zip Code).

APS requires this information on any report of Abuse, Neglect and Exploitation.

Office Phone – Please provide the full 10 digit phone number, including the area code (example: 505-888-7777) of the reporting provider/agency. APS requires this information on any report of Abuse, Neglect and Exploitation.

HSD Portal – CI Reporting Form
Section 3

INCIDENT DETAILS

(Person with the most direct knowledge of the incident completes this section)

Incident Type/Subcategory – Select the primary Incident from the drop down menu that most accurately describes the type of incident which has occurred. The incident type is information reported and tracked by several different agencies. Your accuracy helps us to determine what further services may be needed or areas of concern that need to be addressed.

Secondary Incident Type/Subcategory (optional) – Select the 2nd incident and subcategory from the drop down menu if applicable, otherwise leave blank.

Does this incident involve alleged fraud? – Select Yes or No. If there is any reason to believe that fraud has been committed or that waste or abuse of Centennial Care funds are part of the incident, select "yes." Please provide sufficient information in the description of the incident to support the allegation that fraud may have been committed.

HSD Portal – CI Reporting Form
Section 3 (continued)

Did this incident occur during authorized service hours? Select yes or no.

Person Responsible for the Individual's care at the time of the incident? Select yes or no if the incident occurred during authorized service hours (meaning a caretaker was present).

If it happened outside of authorized hours, who was present? name, title or relationship, phone.

Enter the name, title or relationship and phone of the person responsible for care at the time of the incident if:

- The Member is the responsible person, enter "Self" and it is not necessary to enter name and phone.
- The person is expected to provide services to the Member for hours paid but services are not authorized please enter "Natural Supports."

HSD Portal – CI Reporting Form Section 3 (continued)

Was anyone else present at the time of the incident? – Select Yes or No. If yes, enter the name, title or relationship and phone. This data is required.

Name, Title or Relationship, Phone – Enter the name, the title or relationship and the phone number of the person(s) who was present at the time of the incident; up to three names can be entered.

Incident Date – A date must be entered. If the reporter does not know the actual date of the incident, enter the 1st day of the month and current year in which the report is being filed. For example: You are filing the report on September 15, but do not know the actual date the incident happened. Enter "09/01/2017" as the date of the incident. Use the narrative section to explain if the actual date is unknown and the "default" date was used.

Incident Time – Enter the time that the incident occurred. If the time is unknown, enter "unknown."

Date Provider Agency first had knowledge of the incident – Enter the date that the incident was reported to the provider/agency.

HSD Portal – CI Reporting Form Section 3 (continued)

Incident Location – Describe where the incident occurred, such as:

- Client's home.
- Grocery store.
- Doctors office, etc.
- Enter exact address if known.

Describe what you saw and/or heard in order of occurrence – There are three incident description boxes, Before, During, and After, all three boxes must be completed.

There is a 1000 character count limitation per box. This section also called the "Narrative" should be concise and complete. If HSD or the MCO does not understand what happened, the provider/agency will be asked to provide more information.

HSD Portal – CI Reporting Form Submission - Transmission

When the data entry is complete select the button "Submit Report" one time only and wait … (please do not select this button multiple times). Once you select the button there is no going back.

When all required fields are completed, the data entry form will close, a new window will open indicating the report was successfully submitted, generating an Incident Report #.

When all required fields are not completed, the data entry form will remain open showing the required fields in red that need to be completed.

Submit Report

Incident Report #01249 successfully submitted on 6/14/2013 at 3:55 PM.

HUMAN SERVICES

Critical Incident Reporting System

Critical Incident Report

When a report is successfully submitted, this is what happens:
1. The report is transmitted to the database and a date/time stamp is applied.
2. The report has been assigned a unique number (Report #).
3. The State (HSD) has access to the report.
4. The Member's MCO has access to the report.
5. The provider/agency has access to the report.

HSD Portal – CI Reporting Form Diary Entries

The "Diary Entry" is a free-text field that is used to enter more information, indicate a correction to the data entry or MCOs to enter updates on the case, etc.

To create a new Diary Entry:
1. Click on Ad-Hoc Reporting, located on the top menu bar.
2. Enter the Report # in the "View a specific incident ID" search box.
3. Select View (the case will appear in a new window).
4. To view existing diary entries select Expand All.
5. To enter a new diary, click in the white box New Diary Entry and type in your information (4000 character limit).

Diary Entries

New Diary Entry:

Submit Diary Entry

6. Once you have finished entering in the information, select the Submit Diary Entry button (when this happens, today's date auto populates as well as your log on ID).

NM Medicaid Portal

New Mexico Medicaid Portal

NM Medicaid Portal – Log In

1. Go to web site: https://nmmedicaid.acs-inc.com/webportal/home
2. Under Providers, click on link Log in to:
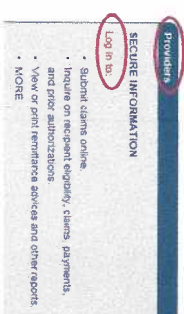
3. At the User Login section, enter the following:
   User ID: <enter your ID>
   Password: <enter your password>
   Provider Id/NPI: <enter the ID provided by State of NM>

4. Select Log In button.

NM Medicaid Portal – Search for Member Eligibility

1. Log in as instructed on previous slide.
2. To start the Member search, select the plus icon next to INQUIRIES.
3. Select Eligibility.
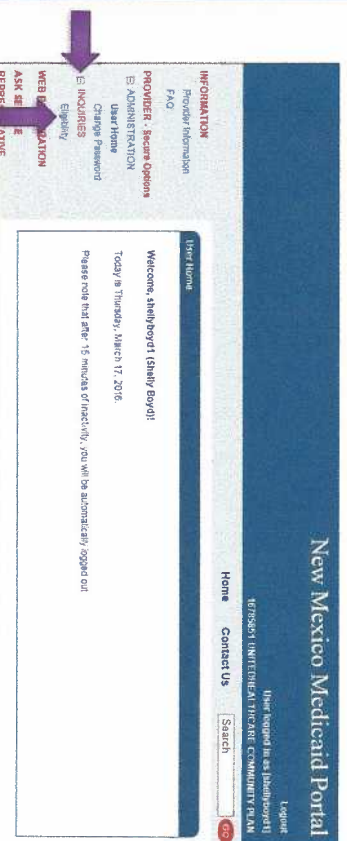
NM Medicaid Portal – Search for Member Eligibility (continued)

1. Enter the Date of Service (From); and (To); (use the Date of Incident).
2. There are four options to locate a Member under Recipient Inquiry:
   (1) Recipient ID
      or
   (2) Card ID
      or
   (3) SSN; and Date of Birth
      or
   (4) Last Name, First Name and Date of Birth
3. Select a radio button and enter the criteria in the grey box.
4. Select Submit button.

NM Medicaid Portal – Verify Member COE

To verify COE, scroll down the screen to section Category of Eligibility Information:

- Refer to the codes listed under COE Code.

- Look at the Begin Date and End Date to validate the date of incident falls within that same date period (the COE listed must be current for the date of incident).

- What if two acceptable/eligible COE Codes are listed? Go to next slide.....

Category of Eligibility Information

COE Code	Benefit Description	Begin Date	End Date	COE Add Date	Co-Pay
004	Full Medicaid benefits. A hospital may assess a copayment for non-emergent use of the ER. Unnecessary use of a brand name drug may be subject to a copayment.	02/01/2016	12/31/9999	01/05/2016	Click here for additional copay info

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NM Medicaid Portal – Verify Member MCO

1. Once you find the Member and enter the service date range as outlined in previous slides, scroll down to section Lock-In Information.

2. The MCO is listed under Provider Name (in this example, the MCO is UHC).

3. Look at the Begin Date and End Date to validate the Date of Incident falls within that same date period.

Note: Several MCOs could be listed as Member's term with one MCO and join another.

Lock-In Information

Lock-In Type	Provider Name		Begin Date	End Date
CENTENNIAL CARE ENROLLMENT	UNITED HEALTHCARE COMMUNITY PL	← MCO	01/01/2014	12/31/9999

NM Medicaid Portal – Verify Member COE (continued)

What to do when two or more eligible COEs are listed:

When two COEs are listed and both COEs are accepted on the HSD CIR Portal – refer to the Date of Incident and use (input) the COE listed with most recent date in the COE Add Date field.

- What if the COE Add Date is the same but the COE is different? - use (input) the Eligibility Code (COE) listed first.

- What if two COEs are listed and one is accepted and one is not – use (input) the COE that is acceptable on the HSD CIR Portal.

- What if the Member is eligible for two or more COEs on the Date of Incident and neither COE is accepted on the HSD CIR Portal? Contact the Member's MCO.

Eligibility Code	Benefit Information	Begin Date	End Date	COE Add Date	Co-Pay
041 ← COE	Medicaid benefits limited for paying for Medicare's coinsurance and deductible only.	01/01/2016	12/31/9999	12/14/2015	Click here for additional copay info
001	Full Medicaid benefits. A hospital may assess a copayment for non-emergent use of the ER. Unnecessary use of a brand name drug may be subject to a copayment	01/01/2016	12/31/9999	12/14/2015	

NM Medicaid Portal – Verify if Member has NFLOC

1. Once you find the Member and enter the service date range as outlined in previous slides, scroll down to section Long Term Care.

2. If the Member has NFLOC, it will be listed under Level of Care (in this example, the Member does have NFLOC).

3. Look at the Add Date to validate the Date of Incident falls on or after the date listed.

Note: When a Member has either COE 100 or 200, verify if the Member has NURSING FACILITY LEVEL:

- If yes, use the HSD CIR Portal to report the incident.
- If no, do not use the HSD CIR Portal.

Long Term Care Information

Level of Care	Begin Date	End Date	LOC		Setting of Care	Add Date
	12/01/2015	03/31/2016	NURSING FACILITY LEVEL	← NFLOC	SELF DIRECTED NO WAIVER	10/15/2015

NM Medicaid Portal – Verify if Member has Self Directed Waiver

1. Once you find the Member and enter the service date range as outlined in previous slides, scroll down to section Long Term Care Information.
2. If the Member has a SELF DIRECTED waiver, it will be listed under Setting of Care (in this example, the member is Self Directed).
3. Look at the Add Date to validate the Date of Incident falls on or after the date listed.

Note: If Member has Self Directed Waiver, select YES in the HSD CIR Portal form. (Change button to read YES)

Long Term Care Information					
Level of Care	Begin Date	End Date	LOC	Setting of Care	Add Date
Which One?	12/01/2015	03/31/2016	NURSING FACILITY LEVEL	SELF DIRECTED NO WAIVER	10/1/2015

Self Directed

Patient Liability		
Begin Date	End Date	Patient Liability

No Patient Liability Information on file for the requested date of service

Self Directed? ● Yes ○ No

HSD Portal Online Demonstration

I may need to file a Critical Incident, now what do I do?

- Do I have a reportable event?
  If Yes – go to next point.
  If No – you do not report the event using the HSD Portal.

- Do I have a reportable COE?
  If Yes – complete a CIR using the HSD Portal.
  If No – you do not need to file a CIR using the HSD Portal. However, you should thoroughly document the incident, possibly file with APS or CYFD per statutes and coordinate with the Member's MCO Care Coordinator.

(Reminder: Refer to NM Medicaid Portal to validate the Member's current COE).

Tips to a Successful Critical Incident Report

- **Submit the Report**
  In order to help your Member, HSD, the Support Brokers and Service Coordinators (MCOs) we need to know about any incident(s).

- **Be Accurate**
  - Accuracy and clarity are the keys! Go back and review your submission!
  (HSD/MCOs make no assumptions about the reports submitted; both HSD and the MCO are reviewing your submissions).
  - Inaccurate information slows response to the issue and may violate HIPAA regulations.
  - Have the correct information easily available to the reporter especially if it is not you.