

## Other Provider Preventable Conditions (OPPC) Notification Form

**WAC 182-502-0022**

**Instructions:** Please complete the applicable section of this form. Mail or fax the completed form to:

Health Care Authority  
Attn: Section of Program Integrity  
626 – 8th Avenue Southeast  
PO Box 45503  
Olympia, WA 98504-5503

FAX: 360-586-0212

### Hospitals

Hospitals must notify the Health Care Authority (HCA) in writing within 45 days of filing an “Adverse Event” (DOH’s term for OPPCs<sup>1</sup>) report with the Department of Health (DOH) associated with a Medicaid client in accordance with chapter 70.56 RCW. Notification in writing must be addressed to HCA’s chief medical officer and include the PPC event, date of service, client identifier, attending provider, and the claim number if the facility submitted a claim to HCA.

Date submitted to HCA:	Hospital NPI:
Hospital name:	
Date of PPC:	Client ProviderOne ID:
TCN (claim number if applicable):	
Brief description of event:	
Additional information (optional):	

### Medical Professionals

Health care professionals responsible for or involved with an OPPC associated with a Medicaid client in accordance with chapter 70.56 RCW must notify HCA in writing within 45 days of the event. Notifications in writing must be addressed to HCA’s chief medical officer and include the OPPC, date of service, and client identifier.

Date submitted to HCA:	Provider NPI:
Provider name:	
Date of OPPC:	Client ProviderOne ID:
Brief description of the event:	
Additional information (optional):	

<sup>1</sup>-OPPCs See the list of Serious Reportable Events in Health Care as identified by the Department of Health in [WAC 246-302-030](#).