

Other Provider Preventable Conditions (OPPC) Notification Form

WAC 182-502-0022

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

Health Care Authority
Attn: Division of Program Integrity
PO Box 45503
Olympia, WA 98504-5503

FAX: 360-586-0212

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Hospitals

Hospitals must notify the Health Care Authority (HCA) in writing within 45 days of filing an "Adverse Event" (DOH's term for OPPCs¹) 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)

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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)

¹ OPPCs See the list of Serious Reportable Events in Health Care as identified by the Department of Health in WAC 246-302-030.