

**When to Submit a Report:** You must submit a report **within 24 business hours of becoming aware of the incident.**

In the event an incident occurs on a weekend or a holiday, submit the report the next business day.

**Use of a Cover Sheet When Faxing:** Please use a FAX Cover Sheet for HIPAA Privacy Compliance.



### HCA Medical Assistance Division (MAD) COEs

Submit directly to the online HCA MAD CI Portal: <https://criticalincident.hsd.state.nm.us>

Email [HCA-QB-CIR@hca.nm.gov](mailto:HCA-QB-CIR@hca.nm.gov) for a username and password or if you have any problems accessing the system.

|                |                                         |
|----------------|-----------------------------------------|
| 001            | SSI Aged                                |
| 003            | SSI Blind                               |
| 004            | SSI Disabled                            |
| 066            | Foster Care (IV-E)                      |
| 086            | (IV-E) Foster care out of state custody |
| 090            | HCBW - AIDS                             |
| 091            | HCBW Handicapped & Elderly              |
| 092            | HCBW – Brain Injury                     |
| 093            | HCBW – Blind, Handicapped & Elderly     |
| 094            | HCBW – Medically Fragile                |
| 100 with NFLOC | Other Adults                            |
| 200 with NFLOC | Parents & Caretaker Relatives           |

### HCA Division of Health Improvement (DHI) Waiver COEs

**Fax: 888-576-0012** To New Mexico HCA/Division of Health Improvement (DHI)/Incident Management Bureau, **Phone:** Call 24-hours per day **1-800-752-8649** for incidents of Abuse, Neglect, and Exploitation. Visit <https://www.hca.nm.gov/division-of-health-improvement/> for more details.

|     |                                 |
|-----|---------------------------------|
| 095 | Medically Fragile Waiver        |
| 096 | Developmentally Disabled Waiver |

### All Other COEs (NOT including Fee-for Service Members)

Email the Appendix A form directly to the consumer's Managed Care Organization (MCO) to report critical incidents  
[CIRReport\\_Form-PDF.pdf \(state.nm.us\)](#)

**Blue Cross Blue Shield**  
Fax: 505-816-5831  
Email: [BHQI\\_SPHI@bcbstx.com](mailto:BHQI_SPHI@bcbstx.com)

**Presbyterian HealthPlan**  
Fax: 505-843-3011  
Email: [criticalincident@phs.org](mailto:criticalincident@phs.org)

**Molina Health Care**  
Fax: 855-260-8737  
Email: [MolinaNewMexicoCIR@molinahealthcare.com](mailto:MolinaNewMexicoCIR@molinahealthcare.com)

**United HealthCare**  
Email: [Critical\\_incidents@uhc.com](mailto:Critical_incidents@uhc.com)

### HCA Behavioral Health Services Division (BHSD) Funded Services and Fee-For-Service Members Only

Use Appendix A form for BHSD funded services and fee-for-service CIRs: [CIRReport\\_Form-PDF.pdf \(state.nm.us\)](#)

Email [bh.qualityteam@hca.nm.gov](mailto:bh.qualityteam@hca.nm.gov) for access to the Falling Colors portal: <https://transfer.fallingcolors.com>

### Other Mandatory Reporting

Reporting critical incidents to HCA, BHSD and/or the MCOs does not relieve the provider, provider agency, or others from mandated reporting requirements. This includes but is not limited to the following:

#### Reporting Health Facilities: HCA Division of Health Improvement (DHI)

##### Providers, Consumers, Family Members, General Public

Call the Health Facility Complaints Hotline at **1-800-752-8649** OR complete and submit the [Health Facility Consumer Complaint Form](#) (Fax number and mailing address are in the form) and Print & Fax/Mail/or E-mail to: [Incident.Management@hca.nm.gov](mailto:Incident.Management@hca.nm.gov).

##### Health Facilities Self-Reporting

File a report online via the [Health Facility Reporting System](#) [Instructions on filing a report](#)

**Adult Protective Services: 866-654-3219** <https://www.aging.nm.gov/adult-protective-services/>

**Child Protective Services: 855-333-SAFE (7233)**

**Indian Child Welfare, Law Enforcement, Licensing and Accreditation Organizations, etc.**