

ADMINISTRATIVE SUPPLEMENTAL

NOTE: This document was developed with input from a broad group of stakeholders representing constituent organizations with diverse perspectives and technical expertise. The purpose of eliciting a wide range of input was to ensure the information contained in this document was as comprehensive and as sound as possible.

Although the individuals referenced and the organizations they represent have provided many constructive comments, information and suggestions, they were neither asked nor did they agree to endorse the conclusions or recommendations represented here or in subsequent iterations.

The supplemental documents on the following pages are presented in the order that they are referred to in the Administrative Work Group Output Document posted on the Stakeholder Portal. The reference guide below will help you navigate between the two files.

Administrative Supplemental Reference Guide

Supplemental Document	Administrative Work Group Output Document Location
1. Sample Medical Record Form	Between pages 8 and 9
2. AT A GLANCE - May I disclose protected health information for public health emergency preparedness purposes?	Between pages 12 and 13
3. DMS All Risk Triage Tag Basics	Between pages 14 and 15
4. Disaster Victim / Patient Tracking Form	Between pages 16 and 17
5. Emergency Department Procedure Charge Sheet	After page 25
6. Emergency Department Acuity Charge Sheet	Before page 26
7. UB-04 Form	After page 26
8. CMS 1500 Form	Before page 27
9. Facility Reporting Requirements	After page 35

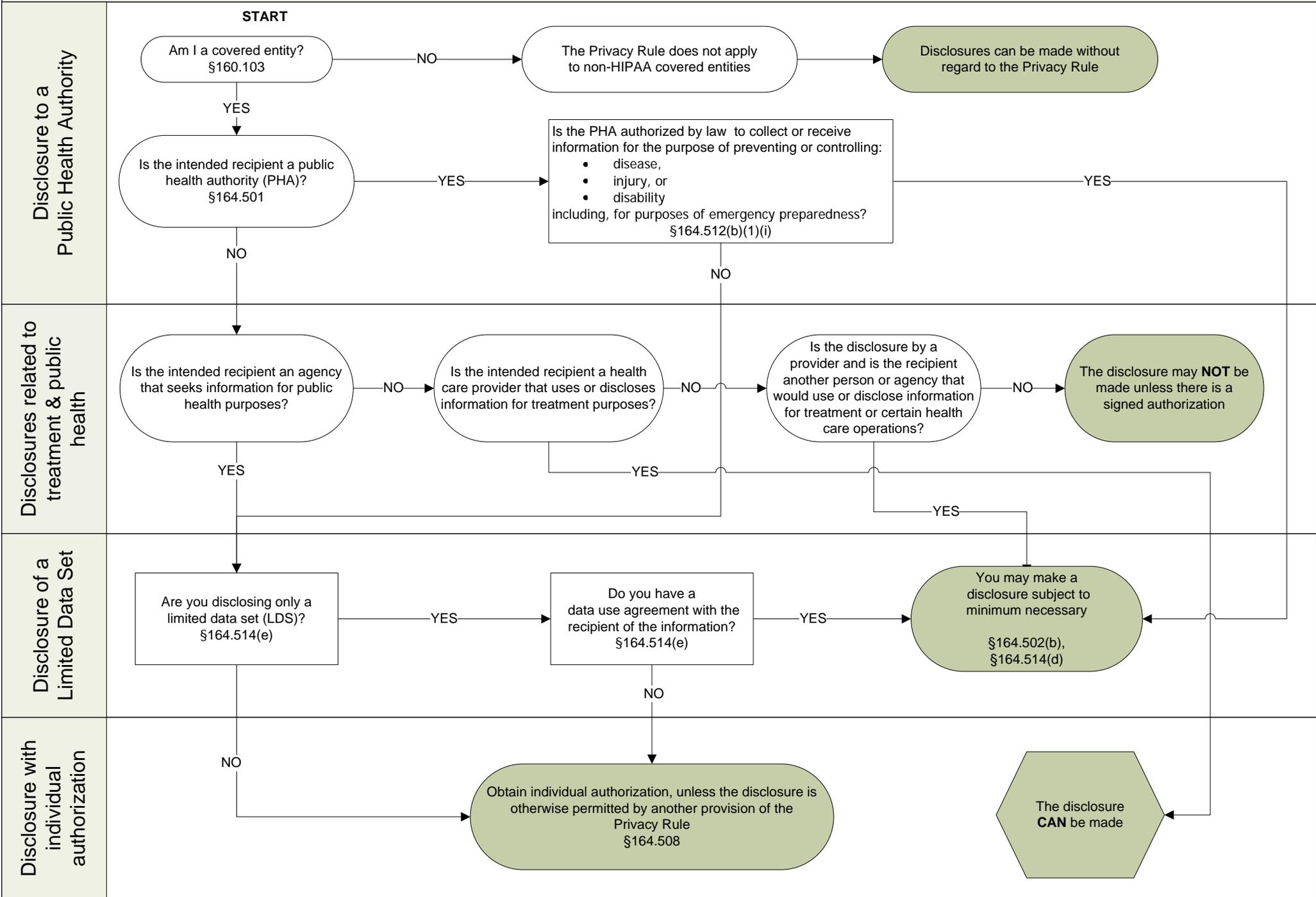
Sample Medical Record Form

Demographic	Patient Name: _____ DOB/Age: _____ Parent / Guardian: _____ Primary Physician: _____ DIN: _____ MRN: _____ Allergies: _____ <input type="checkbox"/> NKA																																																			
History	Chief Complaint: _____ Significant Medical History: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Glasgow Coma Scale</th> </tr> <tr> <td style="width: 30%;">Eye</td> <td style="width: 70%;"></td> </tr> <tr> <td>Motor</td> <td></td> </tr> <tr> <td>Verbal</td> <td></td> </tr> <tr> <td>Total</td> <td></td> </tr> </table> Field Triage Category: _____ Site Triage Category: _____ Pupil Size L: _____ Reactive: <input type="checkbox"/> Yes <input type="checkbox"/> No Pupil Size R: _____ Reactive: <input type="checkbox"/> Yes <input type="checkbox"/> No Circle pain (Adult): 0 (no pain) 1 2 3 4 5 6 7 8 9 10 (worst pain) Circle pain ¹ (Child/Other) <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"> 0 NO HURT</td> <td style="text-align: center;"> 1 HURTS LITTLE BIT</td> <td style="text-align: center;"> 2 HURTS LITTLE MORE</td> <td style="text-align: center;"> 3 HURTS EVEN MORE</td> <td style="text-align: center;"> 4 HURTS WHOLE LOT</td> <td style="text-align: center;"> 5 HURTS WORST</td> </tr> </table>		Glasgow Coma Scale		Eye		Motor		Verbal		Total		 0 NO HURT	 1 HURTS LITTLE BIT	 2 HURTS LITTLE MORE	 3 HURTS EVEN MORE	 4 HURTS WHOLE LOT	 5 HURTS WORST																																		
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Total		Total																																																		
	Special Dietary Needs: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Medications</th> </tr> <tr> <th style="width: 50%;">Name</th> <th style="width: 15%;">Route</th> <th style="width: 15%;">Dose</th> <th style="width: 20%;">Time Frequency</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Medications				Name	Route	Dose	Time Frequency																																										
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	Physician initials: _____ Nurse initials: _____ Other initials: _____																																																			
Physical Exam	Cardiovascular: _____ Pulmonary: _____ Neurological: _____ Other Significant Findings: _____ Physician initials: _____																																																			
Re-Assessment	Date: _____ Time: _____ System Review: Temp: _____ Pulse: _____ Respiration: _____ Blood Pressure: _____ Lab Results: _____ X-ray Results: _____ Physician initials: _____ Nurse initials: _____ Other initials: _____																																																			
Procedure / Disposition	Pre-Procedure DX: _____ Post-Procedure DX: _____ Procedure: _____ Findings: _____ Condition of Patient Post Procedure: <input type="checkbox"/> Critical <input type="checkbox"/> Guarded <input type="checkbox"/> Stable Discharge Instructions (YES/NO): Written _____ Verbal _____ Diet: <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Liquid <input type="checkbox"/> Other: _____ Activities: <input type="checkbox"/> No Restrictions <input type="checkbox"/> Restrictions as Follows: _____ Discharge Medications: _____ Follow-Up Visit: When _____ NA: _____ Condition at discharge: ___ Critical ___ Guarded ___ Stable ___ Fair ___ Deceased ___ Temp ___ Pulse ___ Respiration ___ Blood Pressure Discharge: <input type="checkbox"/> Home <input type="checkbox"/> Shelter <input type="checkbox"/> ACS <input type="checkbox"/> SNF <input type="checkbox"/> Deceased Date: _____ <input type="checkbox"/> Transfer: _____ <input type="checkbox"/> Other: _____ Time: _____ Admitted: <input type="checkbox"/> Time admitted: _____ Physician order: _____ Notes: _____ Physician initials: _____ Nurse initials: _____ Other initials: _____																																																			

Wong, DL, Hockenberry-Eaton M, Wilson D, Winkelstein ML, Schwartz P: *Wong's Essentials of Pediatric Nursing*, ed. 6, St. Louis, 2001, p.1301.

AT A GLANCE – May I disclose protected health information for public health emergency preparedness purposes?

(From the perspective of the source of the information)



DMS All Risk™ Triage Tag Basics

CONTAMINATED

EVIDENCE

FRONT

Personal Property Receipt/ Evidence Tag *1234567*

Destination: *1234567*

Via: *1234567*

All Risk™ TRIAGE TAG *1234567*

S L U D G E M
Salivation Lacrimation Urination Defecation G.I. Distress Emesis Miosis

AUTO INJECTOR TYPE: 1 2 3
AUTO INJECTOR TYPE: 1 2 3

Yes No Primary Decon
Yes No Secondary Decon

Solution

Blunt Trauma	<input type="checkbox"/>
Burn	<input type="checkbox"/>
C-Spine	<input type="checkbox"/>
Cardiac	<input type="checkbox"/>
Crushing	<input type="checkbox"/>
Fracture	<input type="checkbox"/>
Laceration	<input type="checkbox"/>
Penetrating Injury	<input type="checkbox"/>

Age: _____ Sex: Male Female

Other: _____

VITAL SIGNS

Time	B/P	Pulse	Respiration

Time	Drug Solution	Dose

MORGUE *1234567* **MORGUE** *1234567*

IMMEDIATE *1234567* **IMMEDIATE** *1234567*

DELAYED *1234567* **DELAYED** *1234567*

MINOR *1234567* **MINOR** *1234567*

EVIDENCE

"Contaminated" Tear-off. This is the magenta strip that:

- **MUST** be removed if the patient is not contaminated.
- If the patient is contaminated, when the patient's clothes are removed, **AND** decon procedures have commenced, the strip should be removed and placed in with the patient's clothes for evidence collection.

If the magenta strip is not removed, the patient is considered **CONTAMINATED**, and the Triage Tag will be used to record **DECONTAMINATION**.

The "Personal Property Receipt" is used when:

- Patient's valuables must be removed from the patient. The tag is removed and placed in a plastic zipper bag with the patient's belongings.

This tag provides a redundant tool for patient tracking. Write in the space provided:

- Hospital destination of patient.
- The transporting agency.

This tag is removed by the Ground Ambulance Coordinator for patient tracking.

Check appropriate boxes if any of the following symptoms exist such as Salivation, Lacrimation, Urination, Defecation, G.I. Distress, Emesis, and Miosis (pinpoint pupils).

Indicate type of Auto Injector and number of Auto Injectors administered.

Check agent if known:

- Radiological
- Biological
- Chemical

Decon Procedures:

- Primary (or gross) Decon
- Secondary Decon
- or both used

Write what decon solution used if known.

NEW TEAR-OFFS!! Now the triage category strips will be removed by tearing off only one-half of the strip. For example:

- Minor patients: Tear off half of the **MINOR** strip leaving the other half displayed.
- Delayed patients: Remove both **MINOR** strips and one **DELAYED** strip.
- The person retrieving category strips will know that the tag they received is actually the type of patient they have. In the past, they would have to realize that if they received a **MINOR** strip, the patient is actually delayed. This new method takes out the guess work.

The reverse side of the "Personal Property Receipt" is used for miscellaneous comments or information.

The patient's name should be documented on the reverse side of the patient tracking strip if time permits.

RPM:

- 30, 2, Can Do.
- Respirations, Perfusion, Mental Status

S.T.A.R.T. Triage Method

More detailed patient information can be documented here if time permits.



DISASTER MANAGEMENT SYSTEMS
2651 Pomona Blvd. • Pomona, CA 91768
909 594-9596 • 866 565-7597 • Fax 909 594-8894

BACK

Comments/Information

Patient's Name: _____

RESPIRATIONS: R Yes No PERFUSION: P + 2 Sec. - 2 Sec. MENTAL STATUS: M Can Do Can't Do

Move the Walking Wounded **MINOR**

No Respirations After Head Tilt **MORGUE**

Respirations - Over 30 **IMMEDIATE**

Perfusion - Capillary Refill Over 2 Seconds **IMMEDIATE**

Mental Status - Unable to Follow Simple Commands **IMMEDIATE**

Otherwise **DELAYED**

PERSONAL INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
PHONE: _____
COMMENTS: _____ RELIGIOUS PREF.: _____

MORGUE Pulseless/Non-Breathing **MORGUE** Pulseless/Non-Breathing

IMMEDIATE Life Threatening Injury **IMMEDIATE** Life Threatening Injury

DELAYED Serious Non Life Threatening **DELAYED** Serious Non Life Threatening

MINOR Walking Wounded **MINOR** Walking Wounded

CONTAMINATED

EVIDENCE

EMERGENCY DEPARTMENT PROCEDURE CHARGE SHEET

INFUSIONS, INJECTIONS & BLOOD		I&D/FOREIGN BODY REMOVAL	
BLOOD TRANSFUSION		ARTHOCENTESIS-INTERMED JOINT	
INJECTION IM/SQ	x	ARTHOCENTESIS-MAJOR JOINT	
INJECTION IV PUSH	x	ARTHOCENTESIS-MINOR JOINT	
IV INFUSION INITIAL HOUR		DRN/INJ/JT/BURSA/LIG	
IV INFUSION EA ADD HOUR	x	EVAC OF SUBUNGUAL HEMATOMA	
TETANUS TOXOID IM ADMIN		FB RMVL EXT EAR CANAL/IMP1-2	
VENIPUNCTURE		FB RMVL EXT EYE	
TUBE PROCEDURES		FB RMVL EXTEYESUPERFICIAL	
INSERT EMERGENCY AIRWAY		FB RMVL EXTEYEWITHOTSLITLMP	
INSERTION OF CHEST TUBE		FB RMVL EXTEYEWITHSLITLAMP	
URINARY CATH COUDE		FB RMVL LARYNX NON-OPERATIV	
URINARY CATH FOLEY		FB RMVL NOSE	
URINARY CATH STRAIGHT		FB RMVL SQ	
FRACTURES / DISLOCATIONS		I&D DEEP ABS BURSA/HEMA	
CAST REPAIR		I&D SKIN ABS/PUNC ASPIR/G CYST	
LEVEL I STRAP/CAST/SPLINT/APP		PROCEDURES	
LEVEL II STRAP/CAST/SPLINT APP		ABDOMINAL PARACENTESIS	
NF FINGER/TOE SPLINT/STRAP		ANOSCOPE EXAM	
NF LONG ARM SPLINT/STRAP		APPLY CRANIAL TONGS	
NF LONG LEG SPLINT/STRAP		BLOOD PATCH	
NF SHORT AMR SPLINT/STRAP		BURR HOLE	
NF SHORT LEG SPLINT/STRAP		CENTRAL LINE REPLACEMENT	
TX FX/DISLOC W OR W/O MAN-SMP		CONTROL OF NOSE BLEED	
TX FX/DISLOC W OR W/O MAN-CPLX		CONTROL OROPHARYN BLEED	
WOUND		EAR IRRIGATION	
DEBRIDE SKIN/TISSUE/MUSCLE		FLOROSCOPY UP TO ONE HOUR	
DEBRIDE SKIN-PARTIAL & FULL		GASTRIC INTUBATION/LAVAGE	
PENETR, WOUND EXPLOR, EXTR		INTRAOSSEOUS PLACEMENT	
WD/LACERATION RPR-COMPLEX		LARYNGOSCOPY	
WD/LACERATION RPR-INTERM		RESUSCITATION & DEFRIBILLATION	
WD/LACERATION RPR-SIMPLE		SPINAL FLUID TAP - DX	
TX OF BURNS (S)		CARDIAC	
NAIL/FINGER		EXTERNAL FACING	
DEBRIDE NAIL 1-5		PERI CARDIOCENTESIS	
FB RMVL NAIL/FINGER TIP		SEDATION/PAIN BLOCKS	
REPAIR/RECONSTRUCT OF NAIL		NERVE BLOCK	

EMERGENCY DEPARTMENT ACUITY CHARGE SHEET

TYPE A INTERVENTIONS - COUNT AS ONE		X	TYPE B INTERVENTIONS - COUNT AS TWO		X
Dischg Instr. Intermed. (Prescriptions, All-scripts, Pre-packs)			Admission to Inpatient or Obs. (Includes Paperwork & Transport)		
Fetal Heart Tones (Obtain)			Assault Exam		
Orthostatic Vital Signs			Cardiac Monitoring (Therapeutic Purposes Only)		
Visual Acuity Test (Snellan Chart/wall chart)			Pulse Oximetry/Capnography (Therapeutic Purposes Only)		
MEDICATIONS			Discharge Instruct Complex (Lovenox/Wd Care/Dsg?Inj/Arrange testing)		
Med Administration (PO, SL, NG, Enteral), Contrast Admin			PT and RN Out of TX Room for Procedure (RN Monitoring)		
Med Administration (Topical, Suppository, Eye/Ear Drop)			Reassessments (After Meds, Change of Status, Neuro Checks)		
SPECIAL NEEDS			SPECIAL NEEDS		
Apply Buddy Tape, Ace Wrap, Cloth Arm Sling, Post-Op Shoe			2:1 or 1:1 Nursing Care (Any Age for more than 30 min)		
2+ Staff Assist with Procedure (older than 5 Years, over 10 min)			Coordination of Ancillary Supt <u>(On-site presence necessary)</u>		
Staff Assist w/ Pediatric Proc. (5 yrs or younger, over 10 min)			Ambulance Arrival-Accept Patient		
Breathalyzer			Assist Bathroom/Commode (Incontinent, Emesis, Ostomy, Bedpan)		
Telephone Consult <u>(Call only, no onsite presence)</u>			Behavioral Managemet (Combative/Confused)		
External Temperature Regulation (Cooling or Warming Blankets)			Chain of Custody Drug Scm (Evid coll/Handling & Identification)		
Fall Risk Assessment (High risk patients only)			Critical Care Transfers (w/Ambulance to Facility/ ED Staff on Transfer)		
Feed Patient/Obtain Meals/PO Challenge			Death (Certificate or Fetal Demise Packet, Prep PT, Support Family)		
First Aid Procedure (Control Minor Bleed, Apply Ice)			EMTALA Forms, Transfer to & or Back to Another Facility/SNF		
Jewelry Removal/Secure Belongings (Cut Off Rings/Earrings)			Enema or Remove Fecal Impaction		
Pelvic/Breasat/Rectal Exam/Hernia Manip. (Assist Physician)			Helicopter Arrival/Departure Assistance		
Removal Nasal Packing			Isolotoin (Contract/Airborne/Full)		
Road Test Patient			Prep Patient for OR/Cath Lab/GI Lab? Interventional Procedure		
Seizure Precautions			Restraint Monitoring		
Special Form Reporting (e.g. Dog Bite)			Suicide or Security Watch		
TOTAL POINTS			THERAPEUTIC		
Total A & B Points			Care of Device (Foley/NG/PEC/gastro-, ileo-, colo-, nephro-, tracheo-stomy)		
LEVEL		LVL	PICC/Mid-Line/Central Line Care (Flushes/Removal/Dressings)		
ER 0 No CHG		0	Core Temperature Regulation		
ER 1 0 Points		1	Decontamination/Hazardous Materials/Lice		
ER 2 1 Point		2	Foreign Body Removal (Vagina/Rectum Only) (Assist Physician)		
ER 3 2-4 Points		3	Initiate Full Spinal Immobilization		
ER 4 5-7 Points		4	Irrigate Ears (RN Only)		
ER 5 8+ Points		5	IV/Lock Start (Only mark if NO injections or infusions given)		
Critical Care 30-74 minutes			Morgan Lens/Irrigate Eyes		
Critical Care Ea addl 30 after 74 min.			O2 Application/Setup/Adjustment from baseline (By RN)		
Special Charges		LVL	Specimen Collect (Sputum, Qk Cath/Void Urine, Stool, Cultures, Nasal Wsh)		
Left AMA/with no points (Medicall screened by MD/NP)		1	Suction (Tonsil Tip, Oral, Bulb, Sterile)		
Elopement/with no points (Medically screened by MD/NP)		1	Treat Miscarriage (Non-Surgical Intervention)		
AMA/Elopement W/Points choose appropriate level			Tube Placement (NG/Gastrostomy/Supra-Pubic Replacement)		
Trauma Activation (Prior notification by DR or EMS)			Wd Care Cleanse, Dress, Steri-Strips (Only if not Asso w/ Procecd)		

All marked items have supporting documentation

RN Signature: _____

1		2		3a PAT. CNTL #		4 TYPE OF BILL	
				b. MED. REC. #			
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM	
						7 THROUGH	

8 PATIENT NAME		a		9 PATIENT ADDRESS		a	
b		b		c		d	
e							

10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION CODES 22 23 24 25 26 27 28		29 ACDT STATE		30	
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31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37	
a		b		c		d		e		f		g	

38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
a		b		c		d	
b		c		d		e	
c		d		e		f	
d		e		f		g	

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
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23							

PAGE ____ OF ____		CREATION DATE		TOTALS		0 : 00		0 : 00	
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50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A		B		C		D		E		F		G	
B		C		D		E		F		G		H	
C		D		E		F		G		H		I	

58 INSURED'S NAME		59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A		B		C		D		E	
B		C		D		E		F	
C		D		E		F		G	

63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
A		B		C	
B		C		D	
C		D		E	

66 DX		67		A		B		C		D		E		F		G		H		68	

69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73			
a		b		c		d		e			
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE DATE		b. OTHER PROCEDURE DATE		75		76 ATTENDING NPI		QUAL	
								LAST		FIRST	
c. OTHER PROCEDURE DATE		d. OTHER PROCEDURE DATE		e. OTHER PROCEDURE DATE				77 OPERATING NPI		QUAL	
								LAST		FIRST	

80 REMARKS		81CC a		b		c		d		78 OTHER NPI		QUAL	
										LAST		FIRST	
										79 OTHER NPI		QUAL	
										LAST		FIRST	

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Form with multiple sections: 1. MEDICARE/MEDICAID/TRICARE/CHAMPVA/OTHER; 2. PATIENT'S NAME; 3. PATIENT'S BIRTH DATE; 4. INSURED'S NAME; 5. PATIENT'S ADDRESS; 6. PATIENT RELATIONSHIP TO INSURED; 7. INSURED'S ADDRESS; 8. PATIENT STATUS; 9. OTHER INSURED'S NAME; 10. IS PATIENT'S CONDITION RELATED TO; 11. INSURED'S POLICY GROUP OR FECA NUMBER; 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE; 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE; 14. DATE OF CURRENT ILLNESS; 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS; 16. DATES PATIENT UNABLE TO WORK; 17. NAME OF REFERRING PROVIDER; 18. HOSPITALIZATION DATES; 19. RESERVED FOR LOCAL USE; 20. OUTSIDE LAB?; 21. DIAGNOSIS OR NATURE OF ILLNESS; 22. MEDICAID RESUBMISSION; 23. PRIOR AUTHORIZATION NUMBER; 24. A. DATE(S) OF SERVICE; B. PLACE OF SERVICE; C. EMG; D. PROCEDURES, SERVICES, OR SUPPLIES; E. DIAGNOSIS POINTER; F. \$ CHARGES; G. DAYS OR UNITS; H. EPSDT Family Plan; I. ID. QUAL.; J. RENDERING PROVIDER ID. #; 25. FEDERAL TAX I.D. NUMBER; 26. PATIENT'S ACCOUNT NO.; 27. ACCEPT ASSIGNMENT?; 28. TOTAL CHARGE; 29. AMOUNT PAID; 30. BALANCE DUE; 31. SIGNATURE OF PHYSICIAN OR SUPPLIER; 32. SERVICE FACILITY LOCATION INFORMATION; 33. BILLING PROVIDER INFO & PH #.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Facility Reporting Requirement	Time Requirement	Penalty	Receiving Entity	Analysis
Health Response Reporting				
Disease Reporting/Notification				
a) 17 CCR 2500(b),(h),(j) b) H&S 120130, 120176, 120185, 120190, 120250 Anthrax, Botulism (Infant, Food borne, Wound, Other), Brucellosis, Cholera, Ciguatera Fish Poisoning, Dengue, Diarrhea of the Newborn-Outbreaks, Diphtheria, Domoic Acid Poisoning (Amnesic Shellfish Poisoning), Escherichia coli O157:H7 Infection, Hantavirus Infections, Hemolytic Uremic Syndrome, Meningococcal Infections, Paralytic Shellfish Poisoning, Plague-Human or Animal, Rabies-Human or Animal, Scombroid Fish Poisoning, Severe Acute Respiratory Infection (SARS), Shiga toxin (detected in feces), Smallpox (Variola), Tularemia, Varicella (deaths only), Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa and Margurg viruses), Yellow fever, Occurrence of any unusual disease, Outbreaks of any disease (including diseases not listed in §2500)	Immediate	Per H&S 120130, no penalty unless published in regulation 6 months prior to implementing penalty. Note that Local Health Officer may take whatever action required to control the spread of disease. Also, disease reporting is required as a condition of licensure by 22 CCR 70737. Failure to report may result in suspension or revocation of license.	Local Health Officer	Disease reporting is a regulatory statute. Consequently, it can be waived under Government Code section 8571. However, it is unlikely that this requirement would be waived.
Amebiasis, Anisakiasis, Babesiosis, Campylobacteriosis, Colorado Tick Fever, Conjunctivitis, Cryptosporidiosis, Encephalitis, Specify etiology: viral, bacterial, fungal, parasitic, foodborne disease, haemophilus influenzae, invasive disease, hepatitis A, Listeriosis, lymphocytic choriomeningitis, malaria, measles (rubeola), meningitis, specify etiology, viral, bacterial, fungal, parasitic, pertussis (whooping cough), poliomyelitis, paralytic, psittacosis, Q fever, relapsing fever, salmonellosis (other than typhoid fever), shigellosis, streptococcal infections (outbreaks and individual cases in food handlers and dairy workers), swimmer's itch, syphilis, trichinosis, tuberculosis, typhoid fever, typhus fever, vibrio infections, water associated disease, west nile virus infection, yersiniosis.	1 Day	Per H&S 120130, no penalty unless published in regulation 6 months prior to implementing penalty. No such regulatory penalty identified. Note that Local Health Officer may take whatever action required to control the spread of disease. Also, disease reporting is required as a condition of licensure by 22 CCR 70737. Failure to report may result in suspension or revocation of license.	Local Health Officer	
Chancroid, Chlamydial Infections, Coccidioidomycosis, Cysticercosis, Echinococcosis (Hydatid Disease), Ehrlichiosis, Giardiasis, Gonococcal Infections, Hepatitis, Viral, Hepatitis B (specify acute or chronic), Hepatitis C (specify acute or chronic), Hepatitis D (Delta), Hepatitis (other, acute), Kawasaki Syndrome, Legionellosis, Leprosy (Hansen Disease), Leptospirosis, Lyme Disease, Mumps, Non-Gonococcal Urethritis (excluding lab confirmed Chlamydial infections), Pelvic Inflammatory Disease, Reye Syndrome, Rheumatic Fever, Acute, Rocky Mountain Spotted Fever, Rubella (German Measles) Rubella Syndrome, Congenital, Tetanus, Toxic Shock Syndrome, Toxoplasmosis, Typhus Fever.	7 Day	Per H&S 120130, no penalty unless published in regulation 6 months prior to implementing penalty. Note that Local Health Officer may take whatever action required to control the spread of disease. Also, disease reporting is required as a condition of licensure by 22 CCR 70737. Failure to report may result in suspension or revocation of license.	Local Health Officer	
Birth and Death Reporting				
a) Birth Reporting (H&S 102400 <i>et seq.</i>)	10 days from DOB	Misdemeanor (H&S 103775)	Local registrar	The birth and death reporting requirement is a regulatory statute. Consequently, it can be waived under Government Code section 8571. However, it is unlikely that this requirement would be waived in its entirety.
b) Death Reporting (H&S 102775 <i>et seq.</i>)	8 calendar days after death and prior to disposition of human remains	Misdemeanor (H&S 103775)	Local registrar	
c) Mass Fatalities (H&S 103450)	None identified	Misdemeanor (H&S 103775)	County Superior Court	

Facility Reporting Requirement	Time Requirement	Penalty	Receiving Entity	Analysis
Reporting Transfers of Patients				
a) Known violations (H&S 1317.4)	1 week	Policies and Procedures on transfer protocols are included as a Condition of Licensure (1317.3). Failure to have or implement P&Ps may give rise to \$1000 fine per day after 60 notice of noncompliance. A facility's failure to report subjects the facility to civil penalties not to exceed \$25,000 per violation, and revocation of its emergency medical service permit. Physicians subject to fines of up to \$5,000 per violation.	CDHS	The hospital transfer record-keeping and reporting requirement is a regulatory statute with underlying regulations. Consequently, it can be waived under Government Code section 8571. However, it seems unlikely that the requirement for record-keeping would be suspended.
b) Transfer records (H&S 1317.4)	Annually	Same as above	CDHS	
Inventories of Medical Supplies (H&S 120176)	Report upon request of the Local Health Officer	It is a misdemeanor to violate an order of the Local Health Officer related to or respecting quarantine or disinfection.	The Local Health Officer	The requirement to report inventories of critical supplies and pharmaceuticals is limited to an outbreak or imminent and proximate threat of an outbreak of communicable disease. It is unlikely that such a requirement would be suspended during an emergency. The Food and Drug Branch of DHS will likely assume control of all wholesale pharmaceutical and medical supply stocks under standby order No. 2.
Law Enforcement Reporting				
Suspicious Injury Reports (Penal Code 11160 <i>et seq.</i>)	Immediately or as soon as practically possible.	A misdemeanor subject to up to six months jail and/or \$1000 fine.	Local law enforcement	The suspicious injury reporting requirement is a regulatory statute. Consequently, it can be waived under Government Code section 8571. However, it is unlikely that this requirement would be waived.
Crime Scene/Evidence Collection Requirements (45 CFR 164.512 (f)(3),(5),(6) (describing permitted disclosures under HIPAA, in accordance with certain requirements)	Covered entities <i>may</i> disclose certain protected health information, but no timeframe for making a permitted disclosure is required.	Permissible disclosures; no penalty identified for failure to report.	Local law enforcement	This requirement is based on federal law and could not be waived by the Governor. However, it appears to be within the authority of the federal HHS Secretary to waive under 42 U.S.C. 1320b-5, which authorizes, among other things, a waiver of certain HIPAA requirements.
Crime Reporting/Law Enforcement				
a) Violence ag. hospital personnel (H&S 1257.7 (d))	Within 72 hours	Misdemeanor if knowingly interfering with or obstructing the lawful reporting process.	Local law enforcement	The violence against hospital personnel or community health worker reporting requirement is a regulatory statute. Consequently, it can be waived under Government Code section 8571. Whether it is waived may depend upon whether this is what the healthcare community wants.
b) Violence ag community healthcare worker (Labor code 6332)	None identified	Subject to surprise inspection, complaint based investigation, and fines.	Division of Labor Statistics and Research in the form and detail and within the time limits prescribed by the Division of Labor Statistics and Research.	

Facility Reporting Requirement	Time Requirement	Penalty	Receiving Entity	Analysis
c) Child abuse and neglect (Penal Code 11164 et seq.)	Immediately or as soon as practicably possible. Written report filed within 36 hours.	Misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars (\$1,000) or both.	Police department, sheriff's department, county designated probation department, or county welfare department.	
d) Elder and dependent adult abuse (W&I 15600 et seq.)	By telephone immediately or as soon as practicably possible, and by written report sent within two working days.	Facility type based (e.g., if SNF, to local ombudsman); or to the local law enforcement agency.	A misdemeanor, punishable by not more than six months in the county jail, by a fine of not more than one thousand dollars (\$1,000), or both.	
e) Facility neglect or abuse (Penal Code 11161.8)	Immediately or as soon as practicably possible.	confinement in a county jail or a fine of \$1,000 or both.	Local law enforcement	
Administrative Reporting				
Reportable "Unusual Occurrences" (22 CCR 70737, 71535)	By telephone as soon as reasonably practical	Condition of Licensure; subject to suspension or revocation of license.	Local Health Officer and CDHS District Office	Potential waiver under Government Code section 8571. However, it is unlikely that this requirement would be waived.
OSHPD Reporting Requirements (H&S 128675 et seq.)	ED data during disaster: reasonable time	Civil Penalty of \$100 per day (H&S 128770)	OSHPD	The OSHPD reporting requirement is a regulatory statute. Consequently, it can be waived under Government Code section 8571.
Cancer Registry (H&S 103875 et seq.)	None identified	No penalty identified for failure to report; subject to recoupment of all costs expended by the CDHS to obtain the information if the hospital fails to report.	To the department or the authorized representative of the department	The cancer registry reporting requirement is a regulatory statute. Consequently, it can be waived under Government Code section 8571.
Reporting Adverse Reactions to Vaccinations (42 USC 300aa-14, 42 USC 300aa-25)	None identified	The National Vaccine Program including the National Vaccine Injury Compensation Program that addresses compensation for injuries or deaths related to vaccinations. No penalty was identified for failing to report but program funds are tied to reporting.	Director appointed by Secretary of HHS.	This requirement is based on federal law and could not be waived by the Governor. In addition, it does not appear that a waiver of this requirement is authorized under 42 U.S.C. 1320b-5.
Reports Under the Safe Medical Device Act of 1990 (21 USC 360(i)(b), 21 CFR 803.10, 803.22, 803.19, 803.33)	Report as soon as practicable but not later than 10 working days after known death, serious injury or other significant adverse device experiences identified by the Secretary	Civil Money Penalty based on the type of infraction, and ranging from \$15,000 per infraction to \$1,000,000 aggregate. (21 USC 333 (g).)	Secretary of HHS or his/her designee.	This requirement is based on federal law and could not be waived by the Governor. In addition, it does not appear that a waiver of this requirement is authorized under 42 U.S.C. 1320b-5. Authorization for medical products during emergencies is address at 21 USC 360bbb-3.
Medication Errors (16 CCR 1711(a)(b); B&P 4125)	A pharmacy quality assurance program and record within 2 days of a medication error that is immediately retrievable by the Board of Pharmacy if requested.	Requirement of the Pharmacy; subject to loss of permit or license to operate.	Maintained by the hospital for one year after discovery of error and subject to review by Board, but protected as a deemed peer review document to promote quality.	The medication error reporting requirement is a regulatory statute with underlying regulations. Consequently, it can be waived under Government Code section 8571. It is possible that strict compliance with this section could hinder mitigating the effects of the emergency due to the burden of maintaining accurate pharmacy records and detecting and reporting errors. This would have to be demonstrated.

Facility Reporting Requirement	Time Requirement	Penalty	Receiving Entity	Analysis
Occupational Injuries and Illnesses (Labor Code 6409, 8 CCR 14003)	Within five days after the employer obtains knowledge of the injury or illness. In every case involving a serious injury or illness, or death, in addition to the report required by subdivision (a), a report shall be made immediately by the employer to the Division of Occupational Safety and Health by telephone or telegraph.	Penalties vary based on infraction, seriousness of injury and if a specific statute prescribes a penalty. For example, if failure to report a serious injury or death, a civil penalty of not less than five thousand dollars (\$5,000) applies. Other penalties are codified at Labor Code Section 6423 <i>et seq.</i>	Department of Industrial Relations, through its Division of Labor Statistics and Research	The occupational illness reporting requirement is a regulatory statute with underlying regulations. Consequently, it can be waived under Government Code section 8571. It is possible that strict compliance with this section could hinder mitigating the effects of the emergency due to the burden of reporting large numbers of disaster-related injuries occurring in the workplace. Suspension of this provision could depend on the nature of the emergency and the extent to which it causes injuries in the workplace.
Burns and Smoke Inhalation Injuries (H&S 13110.7)	Burn Centers: after treatment ends, discharge or death	None identified	State Fire Marshall	The burn and smoke inhalation injury registry reporting requirement is a regulatory statute with underlying regulations. Consequently, it can be waived under Government Code section 8571. It is possible that strict compliance with this section could hinder mitigating the effects of the emergency due to the burden of reporting large numbers of fire-related injuries. Suspension of this provision could depend on the nature of the emergency and the extent to which it causes injuries in the workplace.
JCAHO Sentinel Event Reporting (JCAHO Manual, SE-2, IV - Reviewable Sentinel Events; SE-5 - Required Response to a Reviewable Sentinel Event, Pl.1.10, Pl.2.20, Pl.2.30, Pl.3.10)	45 days	Subject to loss of accreditation	JCAHO	JCAHO requirements do not qualify as a regulatory statute for purposes of suspension by the Governor, nor as a federal law for purposes of the waiver provisions granted to the HHS Secretary.
Medicare Claims Processing Manual, Chapter 1 – General Billing Requirements, Exhibit 1 – Data Element Requirements Matrix (FI) (Rev. 145, 04-23-04) A3-3600, Addendum L	Within 1 year of the service date (Social Security Act Section 1848(g)(4))	Assigned claims submitted more than 1 year after the service date will be subject to a 10 percent payment reduction (Social Security Act Section 1848(g)(4))	CMS	It is possible for federal agencies charged with the administration of a Federal assistance program, if so requested by the applicant State or local authorities, to modify or waive, for a major disaster, such administrative conditions for assistance as would otherwise prevent the giving of assistance under such programs if the inability to meet such conditions is a result of the major disaster. (42 U.S.C. 5141.)
Medi-Cal Inpatient/Outpatient Provider Manual, Part 2 – Inpatient Services (IPS), UB-92 Completion: Inpatient Services, UB-92 Submission and Timeliness Instructions.	Original (or initial) Medi-Cal claims must be received by EDS within six months following the month in which services were rendered	Reduced rate or denial of payment. However, delay reason codes may be entered in cases of late submission and to avoid penalty	EDS	It is possible for federal agencies charged with the administration of a Federal assistance program, if so requested by the applicant State or local authorities, to modify or waive, for a major disaster, such administrative conditions for assistance as would otherwise prevent the giving of assistance under such programs if the inability to meet such conditions is a result of the major disaster. (42 U.S.C. 5141.)

Facility Reporting Requirement	Time Requirement	Penalty	Receiving Entity	Analysis
<p>Reporting Work-Connected Fatalities and Serious Fatalities: 8 CCR §342.</p> <p>Assessment of Civil Penalties: 8 CCR §337(a)(6).</p>	<p>Immediately means as soon as practically possible but not longer than 8 hours after the employer knows or with diligent inquiry would have known of the death or serious injury or illness. If the employer can demonstrate that exigent circumstances exist, the time frame for the report may be made no longer than 24 hours after the incident.</p>	<p>Minimum penalty of \$5,000</p>	<p>District Office of the Division of Occupational Safety and Health</p>	<p>CalOSHA requirements are intended to protect the welfare of employees by requiring employers to timely report serious injury or illness or death. This is consistent with federal OSHA requirements, and the reporting requirement is not likely to be waived or suspended. The sanction provision may be more conducive to suspension or waiver during a declared disaster.</p>