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March 1, 2016

CHIEF'S MEMORANDUM

NO. 2016-015

TO: ALL PERSONNEL
FROM: DARREN J. ROSARIO, FIRE CHIEF
SUBJECT: **COMPLETION OF MEDICARE SIGNATURE FORMS FOR ELECTRONIC PATIENT CARE REPORTS (ePCR)**

As a reminder to all personnel, to comply with the State of Hawai'i Department of Health (DOH) Emergency Medical Services Injury Prevention Branch (EMSIPB) and the Centers for Medicare and Medicaid Services (CMS) mandates, the EMSIPB policies and procedures shall be complied with. Attached are the EMSIPB policies and procedures, which were sent out in November 2014 by the DOH EMSIPB via the EMSTAT message board. Chief's Memorandum No. 2015-067 was also sent out on November 3, 2015.

Times have changed significantly and Medicare/Medicaid signatures are now standard across the EMS industry and critical for insurance reimbursement. Attaining the appropriate Medicare signatures allows the State to be reimbursed for each ambulance transport. Each ambulance transport without a signed authorized signature results in uncollected funds. For the first 7 months of fiscal year 2015-2016 a total of 4633 Medicare Signature forms was unsigned. That's an average of approximately 662 unsigned Medicare Signature forms a month. This large number of unsigned forms have been scrutinized at the state level and it has been brought to our attention. As we are all well aware, sustainability and funding of programs have been looked at very carefully at every level; our EMS budget is no different.

Patient care is our primary concern and that should not be compromised at any time. However, our agency will comply with the appropriate Medicare Signature Form mandates to assure sustainability of our EMS program. The attached Policies from the DOH EMSIPB shall be reviewed and acknowledged by all personnel. If you have any questions, please call the EMS Bureau at 808-961-8319.

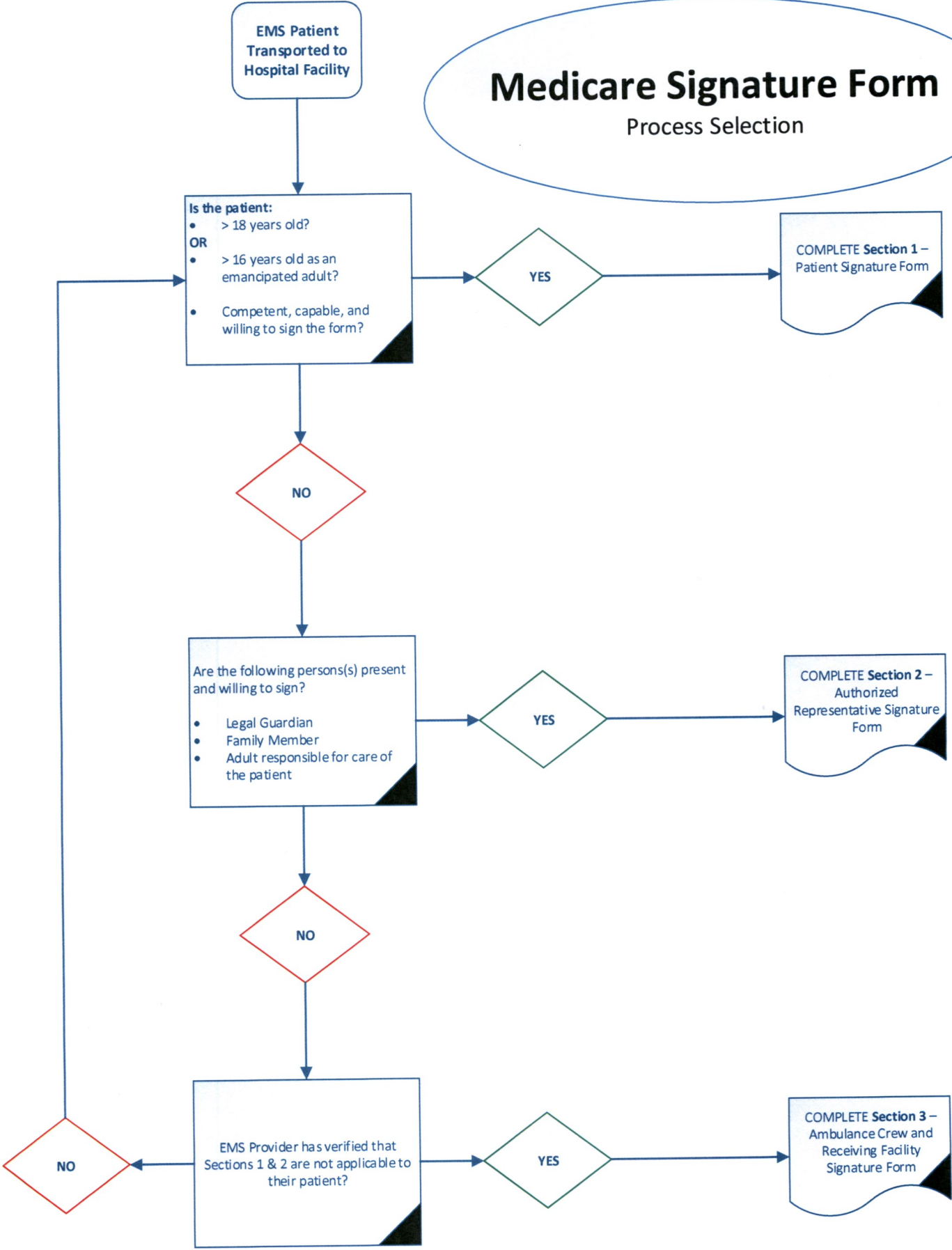
Respectfully,



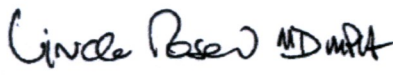
DARREN J. ROSARIO
Fire Chief

attachments



Medicare Signature Form Process Selection



 <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES AND INJURY PREVENTION SYSTEM BRANCH POLICIES AND PROCEDURES</p> 	POLICY NO. 003.00	NO of PAGES Page 1 of 18
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TITLE: COMPLETION OF MEDICARE SIGNATURE FORMS FOR ELECTRONIC PATIENT CARE REPORTS (ePCR)	APPROVED: 	

I. POLICY

- When an emergency ambulance response results in a patient being transported by Emergency Medical Services personnel, completion of the appropriate ePCR Medicare patient authorization Signature Form(s) is required.
- The EMS provider will complete the appropriate Medicare Patient Authorization Form for all patients, regardless of age, prior to their departure from the destination hospital or medical center.



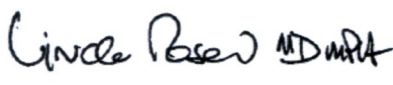
II. RATIONALE

- Hawaii State law mandates the EMSIPSB to collect fees for services rendered by EMS Providers. A signed authorization form notifies Medicare/Medicaid and any other authorized insurance carriers that the patient utilized emergency medical services.
- Department of Health and Human Services, Centers for Medicare & Medicaid Services, has mandated that all requests for payment must have a signed form verifying the Emergency Medical Services transport did occur.

III. SCOPE

- This policy applies to all provider agencies, including contracted agencies that provide pre-hospital patient care, in a supportive or back-up capacity to provider agency.

IV. PROCEDURE




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MEDICARE PATIENT AUTHORIZATION FORMS

There are three (3) State approved Medicare Patient Authorization Forms. Each is used as detailed below:

- SECTION 1 – PATIENT SIGNATURE FORM: A competent Patient has been transported by EMS and is willing and able to sign the Medicare form confirming that the EMS services were provided.
- SECTION 2 - AUTHORIZED REPRESENTATIVE SIGNATURE FORM: A patient, has been transported by EMS and is under aged or physically or mentally incapable of signing the form, and an authorized representative **IS** present to sign the Medicare form
- SECTION 3 - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES FORM: A patient, has been transported by EMS and is under aged or unwilling or physically or mentally incapable of signing the form and an authorized representative is **NOT** present

The EMS provider will choose and complete the Medicare Patient Authorization Form as follows:

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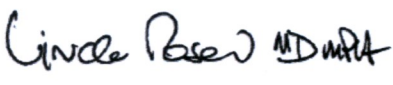
A) PATIENT IS ABLE TO SIGN

1) Retrieve Form:

- i) Retrieve the **MEDICARE PATIENT AUTHORIZATION FORM**:
 - Located on the **PATIENT** tab, **SIGNATURE** box (bottom left of screen)
 - ii) Click on drop down arrow (**Signature Form Selection** box)
 - iii) Choose **SECTION 1 – PATIENT SIGNATURE Form**, then **Signature** (right corner of screen)
-

2) Complete Form:




- i) Enter Patient's name in the **Patient name** box
 - Choose **Process Entries** box (right side of screen)
- ii) Enter current date in **Transport date** box
 - Choose **Process Entries** box (right side of screen)
- iii) Choose **OK** on statement box (right side of screen)
- iv) Have patient sign in the **Collect Patient Signature or mark** box
 - Choose **Process Signature** box (right side of screen)
- v) Choose **OK** on statement box (right side of screen)

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- vi) Type the witnesses name into the **Print your name** box and have the witness Sign his/her name in the **Collect Witness** box
 - Choose **Process Signature** box (right side of screen)
- vii) Choose **Save Form** (right side of screen)
- viii) Close the **Signature Form Selection** box (RED X in upper right corner)

3) **Complete Corresponding Electronic Patient Care Report:**

- i) **Complete an ePCR** as outlined in the Completion of Electronic Patient Care Reports (ePCR), Section F: PATIENT TRANSPORTED BY EMS, Policy and Procedure
- ii) Complete Mandatory field: "Signature Obtained"
 - To view go to Billing tab >> Primary tab >> Bottom of page – Signature Obtained
 - Choose 'YES' if the proper signature(s) has been obtained for the correct MEDICARE signature form
 - Choose 'NO' if unable to obtain the proper signature(s). Complete the "Why Not?" box with a brief explanation.

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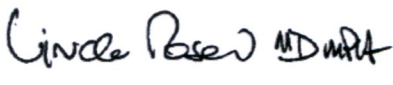
B) PATIENT IS UNWILLING TO SIGN

1) Retrieve Form:

- i) Retrieve the **Medicare Patient Authorization Form:**
 - Located on the **PATIENT** tab, **SIGNATURE** box (bottom left of screen)
 - ii) Click on drop down arrow (**Signature Form Selection** box)
 - iii) Choose **SECTION 3 – AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES Form**, then **Signature** (right corner of screen)
-

2) Complete Form:

- i) Enter Patient's name in the **Patient name** box
 - Choose **Process Entries** box (right side of screen)
- ii) Enter current date in **Transport date** box
 - Choose **Process Entries** box (right side of screen)
- iii) Choose **OK** on statement box (right side of screen)
- iv) Choose **Patient Refused to Sign** box (bottom-right of screen)
 - Choose **Process Signature** box (right side of screen)
- v) Choose **OK** on statement box

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vi) Type your name into the **Print your name** box and sign your name in the signature field



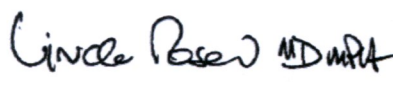
- Choose **Process Signature** box (right side of screen)

vii) Choose **Save Form** (right side of screen)

viii) Close the **Signature Form Selection** box (RED X in upper right corner)

3) **Complete Corresponding Electronic Patient Care Report:**

- i) **Complete an ePCR** as outlined in the Completion of Electronic Patient Care Reports (ePCR), Section F: PATIENT TRANSPORTED BY EMS, Policy and Procedure
- ii) Complete Mandatory field: "Signature Obtained"
 - To view go to Billing tab >> Primary tab >> Bottom of page – Signature Obtained
 - Choose 'YES' if the proper signature(s) has been obtained for the correct MEDICARE signature form
 - Choose 'NO' if unable to obtain the proper signature(s). Complete the "Why Not?" box with a brief explanation.

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C) PATIENT IS WILLING TO SIGN, BUT UNABLE TO SIGN



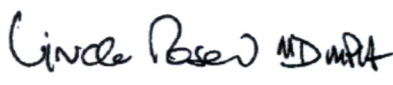
Patient is evaluated as competent by the EMS provider and willing to sign the form, BUT is physically unable to sign (e.g. prevented by injuries, physical limitations or impairment, etc.):

1) Retrieve Form:

- i) Retrieve the **Medicare Patient Authorization Form:**
 - Located on the **PATIENT** tab, **SIGNATURE** box (bottom left of screen)
- ii) Click on drop down arrow (**Signature Form Selection** box)
- iii) Choose **SECTION 3 – AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES Form**, then **Signature** (right corner of screen)

2) Complete Form:



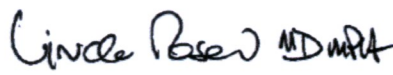
- i) Enter Patient's name in the **Patient name** box
 - Choose **Process Entries** box (right side of screen)
- ii) Enter current date in **Transport date** box
 - Choose **Process Entries** box (right side of screen)
- iii) Choose **OK** on statement box (right side of screen)
- iv) Choose **Patient unable to sign** box (bottom-left of screen)

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- v) In **Patient Unable to Sign** box, type the reason (e.g. injuries to hand, arthritis, etc.)
- vi) Choose **OK** on statement box (right side of screen)
- vii) Type the witnesses name into the **Print your name** box
 - Choose **Process Signature** box (right side of screen)
- viii) Choose **Save Form** (right side of screen)
- ix) Close the **Signature Form Selection** box (RED X in upper right corner)

3) **Complete Corresponding Electronic Patient Care Report:**

- i) Complete an ePCR as outlined in the Completion of Electronic Patient Care Reports (ePCR), Section F: PATIENT TRANSPORTED BY EMS, Policy and Procedure
- ii) Complete Mandatory field: "Signature Obtained"
 - To view go to Billing tab >> Primary tab >> Bottom of page – Signature Obtained
 - Choose 'YES' if the proper signature(s) has been obtained for the correct MEDICARE signature form
 - Choose 'NO' if unable to obtain the proper signature(s). Complete the "Why Not?" box with a brief explanation.

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D) AN AUTHORIZED REPRESENTATIVE FOR THE PATIENT IS PRESENT



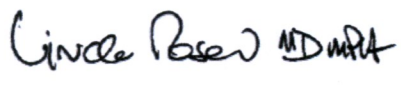
A person who is an authorized representative to the patient is present and willing to sign the Authorized representative signature form for the patient:

1) Retrieve Form:

- i) Retrieve the **Authorized Representative Signature Form**:
 - Located on the **PATIENT** tab, **SIGNATURE** box (bottom left of screen)
 - ii) Click on drop down arrow (**Signature Form Selection** box)
 - iii) Choose **SECTION 2 – AUTHORIZED REPRESENTATIVE SIGNATURE Form**, then **Signature** (right corner of screen)
-

2) Complete Form:



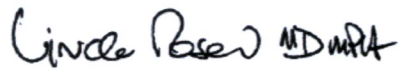
- i) Enter Patient's name in the **Patient name** box
 - Choose **Process Entries** box (right side of screen)
- ii) Enter current date in **Transport date** box
 - Choose **Process Entries** box (right side of screen)
- iii) Choose how the person is authorized to represent the patient
 - Choose **Process Checklist** box (right side of screen)
- iv) Choose **OK** on statement box (right side of screen)
- v) Type the representative's name into the **Print your name** box (bottom of screen)
- vi) Have the representative sign in the signature field

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- Choose **Process Signature** box (right side of screen)
 - vii) Choose **Save Form** (right side of screen)
 - viii) Close the **Signature Form Selection** box (RED X in upper right corner)
-

3) **Complete Corresponding Electronic Patient Care Report:**

- i) **Complete an ePCR** as outlined in the Completion of Electronic Patient Care Reports (ePCR), Section F: PATIENT TRANSPORTED BY EMS, Policy and Procedure
- ii) Complete Mandatory field: "Signature Obtained"
 - To view go to Billing tab >> Primary tab >> Bottom of page – Signature Obtained
 - Choose 'YES' if the proper signature(s) has been obtained for the correct MEDICARE signature form
 - Choose 'NO' if unable to obtain the proper signature(s). Complete the "Why Not?" box with a brief explanation.

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E) NO AUTHORIZED REPRESENTATIVE IS PRESENT

The patient is under aged or physically or mentally incapable of signing the Medicare form and an authorized representative is also not present, the transporting EMS providers will complete the Ambulance Crew and Receiving Facility Form.



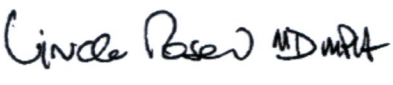
The **Ambulance Crew and Receiving Facility Form** requires the EMS provider's signature and the signature of a receiving facility representative (e.g. hospital or emergency clinic unit secretary, receiving nurse, M.D., etc.)

1) Retrieve Form:

- i) Retrieve the Medicare Ambulance Crew & Facility Form:
 - Located on the **PATIENT** tab, **SIGNATURE** box (bottom left of screen)
- ii) Click on drop down arrow (**Signature Form Selection** box)
- iii) Choose **SECTION 3 – AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES Form**, then **Signature** (right corner of screen)

2) Complete Form:

- i) Enter Patient's name in the **Patient name** box
 - Choose **Process Entries** box (right side of screen)
- ii) Enter current date in **Transport date** box
 - Choose **Process Entries** box (right side of screen)
- iii) Enter reason(s) why the patient or the authorized representative is unable to sign either the *Medicare Representative Form* or the *Medicare Patient Authorization Form*

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- Choose **Process Entries** box (right side of screen)

- iv) Enter the name and location of the receiving facility (hospital or emergency clinic)
 - Choose **Process Entries** box (right side of screen)

- v) Enter the time that you arrived at the receiving facility (hospital or emergency clinic)
 - Choose **Process Entries** box (right side of screen)

- vi) Choose **OK** on statement box (right side of screen)

- vii) Type Your Name (EMS provider) into the **Print your name** box (bottom of screen)



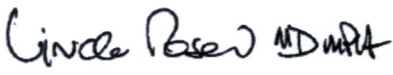
- viii) Sign Your Name in the signature field
 - Choose **Process Signature** box (right side of screen)

- ix) Choose **OK** on statement box (right side of screen)

- x) Type the name of a representative for the referring facility (hospital or emergency clinic) into the **Print your name** box (bottom of screen)

- xi) Have the representative sign his/her name in the signature field
 - Choose **Process Signature** box (right side of screen)

- xii) Choose **Save Form** (right side of screen)




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xiii) Close the **Signature Form Selection** box (RED X in upper right corner)

3) *Complete Corresponding Electronic Patient Care Report:*

- i) **Complete an ePCR** as outlined in the *Completion of Electronic Patient Care Reports (ePCR)*, Section F: PATIENT TRANSPORTED BY EMS, Policy and Procedure

- ii) Complete Mandatory field: "Signature Obtained"
 - To view go to Billing tab >> Primary tab >> Bottom of page – Signature Obtained
 - Choose 'YES' if the proper signature(s) has been obtained for the correct MEDICARE signature form
 - Choose 'NO' if unable to obtain the proper signature(s). Complete the "Why Not?" box with a brief explanation.

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V. DEFINITIONS

“Authorized Representative” means a person who says they are authorized to act on behalf of another for the following reasons:

- Patient’s legal guardian
- Patient’s health care power of attorney
- An Interested person(s)
- An acting surrogate

“BAR” means the DOH-EMSIPSB approved Brief Ambulance Report

“Capacity” means a patient’s ability to understand the significant benefits, risks, and alternatives to proposed mental health care or treatment and to make and communicate a mental health care decision.

“Competent” describes a person aged 18 or older or an emancipated minor (>15 years of age) who is alert and oriented and has the capacity to understand the circumstances surrounding his/her illness or impairment and the risks associated with refusing treatment and/or transport.




“Completed ePCR” refer to the DOH-EMSIPSB policy & procedure, *Electronic Patient Care Reports (ePCR) Completion Defined.*

“Care” is inclusive of all invasive and non-invasive evaluations conducted by the EMS provider at the 911 dispatched scene.

“DOH” means Hawai’i Department of Health

“Emergency Dispatched Call” means any Emergency Medical Services response coordinated by a 911 dispatcher

“EMSIPSB” means Emergency Medical Services and Injury Prevention Systems Branch, Hawai’i Department of Health

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“EMS Provider” is inclusive of any Paramedic (NRP), Advanced Emergency Medical Technician (AEMT) and/or any Emergency Medical Technician (EMT) with the responsibility of completing an ePCR.

“ePCR” means Electronic Patient Care Report for documentation of the prehospital emergency medical incident as recorded by the Emergency Medical Services personnel. It is a legal and medical document, and constitutes a patient’s medical record.

“Guardian” means a judicially appointed guardian having authority to make a health-care decision for an individual



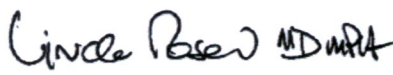
“Hawaii Emergency Medical Services Information System (HEMSIS)” means the web based data component of the State comprehensive emergency medical services system. It is inclusive of the electronic patient care report (ePCR), WEBCUR (the web-based data repository) EMS registry, and all EMSIPSB sponsored internet access points.

“Interested Persons” means the patient’s spouse, unless legally separated or estranged, a reciprocal beneficiary, any adult child, either parent of the patient, an adult sibling or adult grandchild of the patient, or any adult who has exhibited special care and concern for the patient and who is familiar with the patient’s personal values.

“Misconduct” means the intentional fabrication or falsification of data, observed events, statements made or heard, research procedures, or data analysis or other fraudulent activities associated with the completion of an Electronic Patient Care Report (ePCR). It is important to distinguish misconduct from the honest error and the ambiguities of interpretation that are inherent in the practice of health care and health care related research.

"Patient" means any person who receives a medical assessment, care and/or treatment from an EMS Provider.

"Provider Agency" is an entity or any necessary component thereof, under contract with the DOH-EMSIPSB to provide emergency medical services.

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"Rapid Response Unit" is an approved patient care vehicle, staffed by a State Certified MICT/EMT providing ALS/BLS emergency care. It is a non-transport vehicle and is directed by a 911 dispatcher. The Rapid Response Unit(s) is stationed at specific locations and have specific response boundaries but, may be moved as necessary.

"Surrogate" means an individual, other than a patient's agent or guardian, authorized to make a health-care decision for the patient.

"Webcur" refers to the DOH-EMSIPSB Data Repository.




"Web-faxed" refers to an ePCR that has been locked and faxed to the destination hospital or medical center using the current DOH-EMSIPSB issued charting program.

VI. MONITORING AND ENFORCEMENT

- a. The DOH-EMSIPSB has the right to monitor, review, audit, and/or disclose any and all of the aspects of a Provider Agency(s) ePCR usage including but not limited to, monitoring and surveying its usage in hospitals and medical centers, and viewing the contents of the completed ePCR.
- b. The DOH-EMSIPSB has the right to authorize monitoring and enforcement responsibilities, as deemed appropriate, to the administrator(s) of Provider Agency(s).

VII. AMENDMENTS AND REVISIONS OF THIS POLICY

- a. The DOH-EMSIPSB reserves the right to amend or revise this policy from time to time, as the need arises.

 <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES AND INJURY PREVENTION SYSTEM BRANCH POLICIES AND PROCEDURES</p> 	POLICY NO. 003.00	NO of PAGES Page 17 of 18
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TITLE: COMPLETION OF MEDICARE SIGNATURE FORMS FOR ELECTRONIC PATIENT CARE REPORTS (ePCR)	APPROVED: 	

VIII. RESPONSIBILITIES

I. EMS PROVIDERS' RESPONSIBILITIES



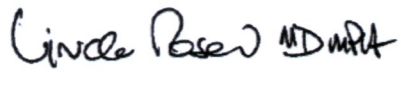
1. Familiarity with Policies

- a. All EMS Providers shall become familiar with this and other supporting and applicable documentation policies. Questions related to the applicability or operational aspects of this policy may be directed to the EMS Provider's Administrator or Designee.

2. Duty to Act Lawfully, Ethically, Respectfully, and Responsibly. It shall be the EMS Provider's responsibility to:

- i. Act lawfully, ethically, respectfully, and responsibly with the use of the DOH-EMSIPSB approved IT resources and access into the E5 program and Webcur;
- ii. Maintain the privacy of a patient's medical data and personal health information included in an ePCR or Webcur;
- iii. Transmit or disclose a patient's ePCR, including the medical data and personal health information, only to another party who is authorized to receive or view such information;

3. Duty to ensure that proper documentation is completed for all patients transported to a hospital or medical center's emergency department and for all responded 911 dispatched calls.

 <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES AND INJURY PREVENTION SYSTEM BRANCH POLICIES AND PROCEDURES</p> 	POLICY NO. 003.00	NO of PAGES Page 18 of 18
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IX. GENERAL STATEMENT

- These DOH-EMSIPSB policy and procedures are designed to provide guidance for the EMS provider, to establish a standard of care and to facilitate a more cohesive working relationship with his/her supervisory staff and co-worker's of their organization.
- These DOH-EMSIPSB policy and procedures are not intended to cover every possible situation or be in order of severity or seriousness. Further rules may be added from time to time.
- Administrators may issue additional policy and procedures for their respective staff, provided their policy and procedures are not in conflict with the DOH-EMSIPSB policy and procedures.



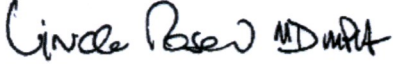
X. AUTHORITIES AND REFERENCES

A. AUTHORITIES

- Hawaii Administrative Rules, Title 11, Chapter 72, *State Comprehensive Emergency Medical Services System*
- Hawaii Revised Statutes, Ch0321, Part XVIII, State Comprehensive Emergency Medical Services System.
- Hawaii Revised Statutes, Ch0453, PART II. *Emergency Medical Service Personnel*
- Federal Register/ Vol. 72. No. 227/Tuesday, November 27, 2007/ Rules and Regulations: section N."Beneficiary Signature for Ambulance Transport Services" and §424.36 Signature requirements

B. REFERENCES

- State of Hawaii Department of Health Mobile Intensive Care Technician Adult and Pediatric Standing Orders, August 2010.
- Hawaii Administrative Rules, Chapter 572, MARRIAGE, PART 1,
- Hawaii Revised Statutes, Ch327E, Uniform Health-Care Decisions Act (Modified)
- Hawaii Revised Statutes, Ch327G, Advance Mental Health Care Directives

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I. POLICY



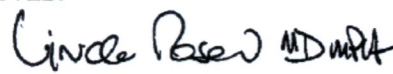
- A DOH-EMSIPSB approved Non-Digitized Medicare signature form will be utilized by EMS Provider Agency(s) in the event that their EMS Provider(s) is/are unable to access a digitized form using their assigned computer / laptop / tablet due to the following:
 1. The EMS provider experiences a hardware malfunction with their assigned computer / laptop / tablet
 2. The EMS provider's electronic charting system experiences a software issue or corruption, or
 3. An on scene situation and/or event precludes the use of the EMS assigned computer / laptop / tablet.
- Any data recorded, collected, or evaluated for the DOH-EMSIPSB approved non-digitized Medicare form shall comply with applicable federal and state guidelines and statutes relating to the privacy of medical data and personal health information.

II. RATIONALE

- Hawaii State law mandates the EMSIPSB to collect fees for services rendered by EMS Providers. A signed authorization form notifies Medicare/Medicaid and any other authorized insurance carriers that the patient utilized emergency medical services.
- Department of Health and Human Services, Centers for Medicare & Medicaid Services, has mandated that all requests for payment must have a signed form verifying the Emergency Medical Services transport did occur.

III. SCOPE

- This policy applies to all provider agencies, including contracted agencies that provide pre-hospital patient care, in a supportive or back-up capacity to provider agency.

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IV. RESPONSIBILITIES



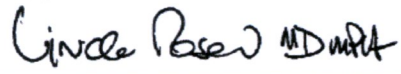
A. PROVIDER AGENCY ADMINISTRATORS

1. Development of Acceptable Use:

- Administrator(s) may choose to develop and enforce their own non-digitized Medicare form acceptable use policies to further define the use of the non-digitized Medicare form within their own provider agency, so long as their agency's policies do not establish practices that are below the standards as stated in any DOH-EMSIPSB policies.
- Should a conflict exist, this Acceptable Usage of non-digitized Medicare form policy shall take precedence over all policies and/or procedures that were developed and approved by any provider agency's administrator(s).

2. Authorization and Supervision



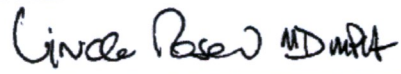
- Provider Agency's administrator(s) or their designee(s) shall be responsible for:
 - a. Implementing the use of a DOH-EMSIPSB approved non-digitized Medicare form into their agency's daily operations;
 - b. Disseminating this policy and any amendments hereto;
 - c. Ensuring that EMS Providers are familiar with the provisions of this policy and any amendments hereto, including developing procedures to ensure that all affected employees are aware of this policy and any amendments hereto;
 - d. Supervising the use of the non-digitized Medicare form, including taking reasonable precautions to safeguard the completed and/or copied non-digitized Medicare form against unauthorized access, use, disclosure, modification, duplication or destruction;
 - e. Enforcing this policy and any amendments hereto;
 - f. Taking appropriate corrective action for violations of this policy and any amendments hereto; and

 <p style="text-align: center;">STATE OF HAWAII DEPARTMENT OF HEALTH EMERGENCY MEDICAL SERVICES AND INJURY PREVENTION SYSTEM BRANCH POLICIES AND PROCEDURES</p> 	POLICY NO. 009.00	NO of PAGES Page 3 of 9
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- g. Developing a non-digitized Medicare form management process that ensures that all non-digitized Medicare forms are completed appropriately, including but not limited to:
 - i. Assuring the non-digitized Medicare form is properly signed and completed before the EMS Provider leaves the hospital or medical center,
 - ii. Assuring that prior to the end of the providers' work shift, the non-digitized Medicare form is properly collected and accounted for in an organized manner consistent with DOH-EMSIPSB policy(s).
 - iii. To ensure that the collected non-digitized Medicare form(s) are correctly scanned and electronically attached to the corresponding ePCR; and
 - iv. All copy(s) of completed non-digitized Medicare form(s) are accounted for and maintained or destroyed in a manner that is consistent with current State HIPPA regulations.

B. EMS PROVIDERS' RESPONSIBILITIES

1. Familiarity with Policies
 - All EMS Providers shall become familiar with this and other supporting and applicable documentation policies. Questions related to the applicability or operational aspects of this policy may be directed to the EMS Provider's Administrator or Designee.
2. Duty to Act Lawfully, Ethically, Respectfully, and Responsibly. It shall be the EMS Provider's responsibility to:
 - a. Act lawfully, ethically, respectfully, and responsibly with the use of the DOH-EMSIPSB approved non-digitized Medicare form;
 - b. Maintain the privacy of a patient's medical data and personal health information included on a non-digitized Medicare form;
 - c. Transmit or disclose a patient's non-digitized Medicare form, including the medical data and personal health information, only to another party who is authorized to receive or view such information;

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3. Duty to Ensure that proper documentation is completed for all patients transported to a hospital or medical center's emergency department
 - It shall be the EMS Provider's responsibility to:
 - a. Utilize the non-digitized Medicare form only if you are unable to access the digitized form prior to your departure from the destination hospital or medical center due to any or all of the approved reason stated in this policy; and
 - b. To assure the signed non-digitized Medicare form remains in a secured location at all times and is only shared and/or released in a manner consistent with this DOH-EMSIPSB policy; and
 - c. Attach a scanned copy of the completed non-digitized Medicare form into the corresponding ePCR.
 - i. *View attachment 1 of this policy for step-by-step instructions to complete task.*
 - ii. May be omitted if agency Administrator(s) have established policy(s) that direct this responsibility away from the EMS Provider

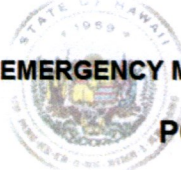


V. DEFINITIONS

"Authorized Representative" means a person who says they are authorized to act on behalf of another for the following reasons:

- Patient's legal guardian
- Patient's health care power of attorney
- An Interested person(s)
- An acting surrogate

"BAR" means the DOH-EMSIPSB approved Brief Ambulance Report

"Capacity" means a patient's ability to understand the significant benefits, risks, and alternatives to proposed mental health care or treatment and to make and communicate a mental health care decision.

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“Competent” describes a person aged 18 or older or an emancipated minor (>15 years of age) who is alert and oriented and has the capacity to understand the circumstances surrounding his/her illness or impairment and the risks associated with refusing treatment and/or transport.

“Completed ePCR” refer to the DOH-EMSIPSB policy & procedure, Electronic Patient Care Reports (ePCR) Completion Defined.

“Care” is inclusive of all invasive and non-invasive evaluations conducted by the EMS provider at the 911 dispatched scene.

“DOH” means Hawai’i Department of Health

“Emergency Dispatched Call” means any Emergency Medical Services response coordinated by a 911 dispatcher

“EMSIPSB” means Emergency Medical Services and Injury Prevention Systems Branch, Hawai’i Department of Health



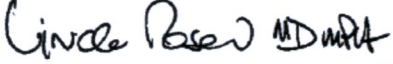
“EMS Provider” is inclusive of any Paramedic (NRP), Advanced Emergency Medical Technician (AEMT) and/or any Emergency Medical Technician (EMT) with the responsibility of completing an ePCR.

“ePCR” means Electronic Patient Care Report for documentation of the prehospital emergency medical incident as recorded by the Emergency Medical Services personnel. It is a legal and medical document, and constitutes a patient’s medical record.

“Guardian” means a judicially appointed guardian having authority to make a health-care decision for an individual

“Hawaii Emergency Medical Services Information System (HEMSIS)” means the web based data component of the State comprehensive emergency medical services system. It is inclusive of the electronic patient care report (ePCR), WEBCUR (the web-based data repository) EMS registry, and all EMSIPSB sponsored internet access points.

“Interested Persons” means the patient’s spouse, unless legally separated or estranged, a reciprocal beneficiary, any adult child, either parent of the patient, an adult sibling or adult grandchild of the patient, or any adult who has exhibited special care and concern for the patient and who is familiar with the patient’s personal values.

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"Misconduct" means the intentional fabrication or falsification of data, observed events, statements made or heard, research procedures, or data analysis or other fraudulent activities associated with the completion of an Electronic Patient Care Report (ePCR). It is important to distinguish misconduct from the honest error and the ambiguities of interpretation that are inherent in the practice of health care and health care related research.

"Patient" means any person who receives a medical assessment, care and/or treatment from an EMS Provider.



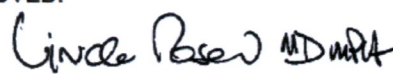
"Provider Agency" is an entity or any necessary component thereof, under contract with the DOH-EMSIPSB to provide emergency medical services.

"Rapid Response Unit" is an approved patient care vehicle, staffed by a State Certified MICT/EMT providing ALS/BLS emergency care. It is a non-transport vehicle and is directed by a 911 dispatcher. The Rapid Response Unit(s) is stationed at specific locations and have specific response boundaries but, may be moved as necessary.

"Surrogate" means an individual, other than a patient's agent or guardian, authorized to make a health-care decision for the patient.

"Webcur" refers to the DOH-EMSIPSB Data Repository.

"Web-faxed" refers to an ePCR that has been locked and faxed to the destination hospital or medical center using the current DOH-EMSIPSB issued charting program.

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VI. GENERAL PROVISIONS

A. PERMISSION AND ACCEPTANCE

- The use of a DOH-EMSIPSB approved non-digitized Medicare form implies that the EMS Agency authorizing the use of this form accepts and agrees to all the terms and conditions as contained in this policy.

B. DOH-EMSIPSB's APPROVAL REQUIRED

- Only a non-digitized Medicare form that has been approved for use by the DOH-EMSIPSB shall be utilized in conjunction with a completed ePCR when documenting 911 Emergency Dispatched patient cares.

C. MONITORING AND ENFORCEMENT



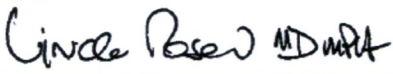
- The DOH-EMSIPSB has the right to monitor, review, audit, and/or disclose any and all of the aspects of a Provider Agency's non-digitized Medicare form usage including but not limited to, monitoring and surveying its usage in hospitals and medical centers, viewing the contents of the completed non-digitized Medicare form (s) and in comparing the completed non-digitized Medicare form to its corresponding ePCR.
- The DOH-EMSIPSB has the right to authorize monitoring and enforcement responsibilities, as deemed appropriate, to the administrator(s) of Provider Agency(s) utilizing the approved DOH-EMSIPSB non-digitized Medicare form(s).

D. POLICY VIOLATION

- Violation of this policy by any employee(s) of an EMS Provider Agency(s) may result in immediate revocation of ePCR and WebCUR privileges, curtailment of the non-digitized Medicare form usage, disciplinary action that may include discharge from employment, and/or civil and criminal liability.

E. AMENDMENTS AND REVISIONS OF THIS POLICY

- The DOH-EMSIPSB reserves the right to amend or revise this policy from time to time, as the need arises.

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VII. AUTHORITIES AND REFERENCES

A. AUTHORITIES

- Hawaii Administrative Rules, Title 11, Chapter 72, *State Comprehensive Emergency Medical Services System*
- Hawaii Revised Statutes, Ch0321, Part XVIII, *State Comprehensive Emergency Medical Services System.*
- Hawaii Revised Statutes, Ch0453, PART II. *Emergency Medical Service Personnel*
- Federal Register/ Vol. 72. No. 227/Tuesday, November 27, 2007/ Rules and Regulations: section N."Beneficiary Signature for Ambulance Transport Services" and §424.36 Signature requirements

B. REFERENCES

- State of Hawaii Department of Health Mobile Intensive Care Technician Adult and Pediatric Standing Orders, August 2010.
- Hawaii Administrative Rules, Chapter 572, MARRIAGE, PART 1,
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ATTACHMENT 1: Attaching the completed non-digitized Medicare form into an ePCR:

a) Description assumes:

- That a desktop computer with an active E5 program attached to a working scanner will be utilized.
- That a designated "Scanned Documents" folder has been created on the desktop computer.

b) Attaching the completed non-digitized Medicare form to the corresponding ePCR

- (1) Save the scanned non-digitized Medicare form to the "Scanned Documents" folder on the computer desktop
- (2) Open or Start a corresponding ePCR.
- (3) **Complete the ePCR** as outlined in the *Completion of Electronic Patient Care Reports (ePCR)*, Section E: **PATIENT TRANSPORTED BY EMS**, Policy and Procedure
- (4) Choose > Narrative Tab
- (5) Choose "**Attach File**" button (bottom Left of Narrative Screen)
- (6) Answer "**Yes**" to "Do you want to attach a file?"
- (7) Locate the scanned Medicare form in "Scanned Documents" Folder on computer Desktop
- (8) Choose "**Upload**"
- (9) Close, Save, Lock and/or web FAX ePCR to appropriate destination hospital/medical center

Guidance on Beneficiary Signature Requirements for Ambulance Claims Calendar Year (CY) 2009 Update

I. Introduction

On November 27, 2007, CMS published the CY 2008 Medicare Physician Fee Schedule (PFS) Final Rule (CMS-1385-FC) in which changes were made to the beneficiary signature requirement at 42 C.F.R. §424.36(b)(6) for emergency ambulance transport services. On November 19, 2008, CMS published the CY 2009 Medicare PFS Final Rule (CMS-1403-FC) which amended §424.36(b)(6) to include non-emergency ambulance transport services.

In this CMS policy statement, we explain the important changes the CY 2008 PFS Final Rule made to the beneficiary signature requirement at §424.36(b)(6) for emergency ambulance transport services. We also affirm the requirements at §424.36(b)(4) as they pertain to the ability of ambulance providers and suppliers to rely on signatures from institutional providers acknowledging non-emergency and emergency transports. In addition, we explain the changes that the CY 2009 PFS Final Rule made to the beneficiary signature requirement at §424.36(b)(6) for non-emergency ambulance transport services.

II. New Regulatory Provisions for Emergency and Non-emergency Ambulance Transports

Medicare regulations at §424.36 require the beneficiary's own signature on the claim, unless the beneficiary has died or the provisions of paragraphs (b), (c) or (d) of this section apply. In the November 27, 2007 PFS Final Rule, effective for services rendered on or after January 1, 2008, CMS adopted a new exception to the beneficiary signature requirement that is intended to provide greater flexibility to ambulance providers in emergency situations. The new exception applies to any emergency ambulance transport where the beneficiary was physically or mentally incapable of signing a claim form at the time of transport, and none of the individuals listed in §424.36(b)(1) – (4) was available or willing to sign a claim on behalf of the beneficiary. Although ambulance providers and suppliers (like all providers and suppliers) are required to use reasonable efforts to obtain the beneficiary's signature before submitting the claim, when relying on the exceptions at §424.36(b)(1) – (5), the new exception at §424.36(b)(6) allows an ambulance provider or supplier to submit a claim without first making such efforts, if the documentation requirements of the new exception are met.

* Note that §424.36(b)(5) does not apply to ambulance suppliers.

To qualify for the new exception at §424.36(b)(6), the ambulance provider or supplier must obtain the following documentation, which must be kept in its files for a period of not less than 4 years from the date of service:

1. A signed contemporaneous statement, made by an ambulance employee present during the trip to the receiving facility, that the beneficiary was physically or mentally incapable of signing a claim form and that none of the individuals listed in §424.36(b)(1) through (b)(4) were available or willing to sign the claim form on behalf of the beneficiary at the time the service was provided; **and**
2. The date and time the beneficiary was transported, and the name and location of the facility where the beneficiary was received; **and**
3. **Either (a)** a signed contemporaneous statement from a representative of the facility that received the beneficiary, which documents the name of the beneficiary and the time and date that the beneficiary was received by that facility, **or (b)** the requested information from a representative of the facility using a secondary form of verification obtained at a later date, but prior to submitting the claim to Medicare for payment.

As we stated in the final rule, an ambulance provider/supplier can meet the signed contemporaneous statement requirement simply by adding an attestation clause and signature block to the trip report or using a separate form containing the required information. A representative of the receiving facility would then sign to confirm receipt of the patient at the time of transport.

Acceptable forms of such secondary verification include a copy of any of the following: a signed patient care/trip report, hospital registration/admissions sheet, the patient's medical record, hospital log, or other internal hospital records.

In the November 19, 2008 PFS Final Rule, effective for services rendered on or after January 1, 2009, CMS amended §424.36(b)(6) to include non-emergency ambulance transports, when the beneficiary is physically or mentally incapable of signing a claim *at the time of transport*, and there is no one authorized to sign the claim on behalf of the beneficiary available or willing to sign. CMS also amended §424.36(a) to define "claim" for purposes of the beneficiary signature requirement, as the claim form itself, or a form that contains adequate notice to the beneficiary or other authorized individual that the purpose of the signature is to authorize a provider or supplier to submit a claim to Medicare for specified services furnished to the beneficiary. In addition, CMS revised §424.36(b)(6)(ii)(c)(2) to include secondary forms of verification from either a "hospital" or a "facility." Finally, CMS clarified that a facility signature would not be required on secondary forms of verification if the official hospital or facility record documents the beneficiary's name, date, and time the beneficiary was received by that facility.

III. Affirmation of Existing Regulatory Provisions

The existing Medicare regulation at §424.36(b)(4) permits an ambulance provider or supplier to submit a claim even in the absence of a beneficiary signature, where the ambulance provider/supplier, after making reasonable efforts+ to obtain the beneficiary's signature, has obtained the signature of an institutional provider reflecting that the transport was provided. Note that §424.36(b)(4) may be relied upon by ambulance providers and suppliers for both emergency and non-emergency transports.

Ambulance services are often provided to beneficiaries who are mentally or physically incompetent to provide their own signatures. Where an ambulance provider or supplier has a reasonable basis for believing that a beneficiary is physically or mentally incapable of signing the claim at the time of transport, and that this disability will continue indefinitely (for example, where the ambulance provider or supplier transports a patient who is known by it to have a significant form of dementia), the reasonable efforts requirement is satisfied.

We will allow an ambulance provider or supplier to submit a claim on behalf of a patient despite having been unable to obtain the patient's signature, in reliance on §424.36(b)(4), under the following conditions:

1. An employee or representative of the institutional provider has signed a form++ acknowledging: (a) the identity of the patient; (b) the fact that the patient was transported by the specified ambulance provider/supplier to the specified facility on the specified date; and (c) the purpose of the representative's signature is to enable the ambulance provider or supplier to submit a bill for that transport service; **and**
2. The beneficiary has received other care, services, or assistance from the institutional provider whose representative signs the form.

Because ambulance claims often are submitted electronically, it is not necessary for the institutional provider to sign an actual claim form (such as the CMS 1500 or the CMS 1450). Rather, the ambulance provider or supplier may furnish its own form for this purpose, or the facility may provide the form. In either event, the form should provide a space for the individual signing the form to print his/her name. The institutional provider should not sign if it knows, or reasonably should know, that the services alleged to have been furnished by the ambulance provider or supplier were in fact not furnished.

IV. No Financial Liability on Facility Signing on Behalf of the Beneficiary

We have received reports of reluctance on the part of transporting and receiving facilities to sign on behalf of the beneficiary because of uncertainty as to whether the facilities

would be financially liable for the transport. Under both provisions discussed above (42 C.F.R. §424.36 (b)(6) and (b)(4)), a signature provided by the facility representative to the ambulance provider/supplier acknowledging the transport simply authorizes the ambulance provider/supplier to submit a claim to Medicare for the ambulance transport. Such a signature does not impose financial responsibility by Medicare for the ambulance transport on the facility or its representative signing on behalf of the beneficiary in the event that Medicare initially allows but later denies it. Specifically, such a signature does not constitute a certification by the facility that ambulance transportation was medically necessary or otherwise in compliance with existing regulations regarding Medicare payment for ambulance services.

- **This paper provides guidance on beneficiary signature requirements for ambulance transport claims. It is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and manual instructions.**

Prepared by DTPP, CCPG, CMM, CMS - 1/15/2009

Hawaii County Fire Department Emergency Medical Services Department (HCFD)

Patient Name: _____ **Transport Date:** _____

Privacy Practices Acknowledgment: by signing below, the signer acknowledges that HCFD provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient.

A copy of this form is valid as an original

SECTION I - PATIENT SIGNATURE

The patient must sign here unless the patient is physically or mentally incapable of signing.
NOTE: if the patient is a minor, the parent or legal guardian should sign in this section.

I authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by HCFD now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by HCFD, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to HCFD any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to HCFD. I authorize HCFD to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical, insurance, billing or other relevant information about me to release such information to HCFD and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by HCFD, now, in the past, or in the future. I also authorize HCFD to obtain medical, insurance, billing and other relevant information about me from any party, database or other source that maintains such information.

If the patient signs with an "X" or other mark, a witness should sign below.

X _____ X _____
Patient Signature or Mark Date Witness Signature Date

Witness Address

SECTION II - AUTHORIZED REPRESENTATIVE SIGNATURE

Complete this section **only** if the patient is physically or mentally incapable of signing.

On the line below, explain the circumstances that make it impractical for the patient to sign:

I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by HCFD now or in the past, (or in the future, where permitted). By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Authorized representatives include **only** the following individuals:

- Patient's legal guardian
- Relative or other person who receives social security or other governmental benefits on behalf of the patient
- Relative or other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs
- Representative of an agency or institution that did not furnish the services for which payment is claimed (i.e., ambulance services) but furnished other care, services, or assistance to the patient

X _____
Representative Signature Date Printed Name and Address of Representative

SECTION III - AMBULANCE CREW AND RECEIVING FACILITY SIGNATURES

Complete this section **only** if: (1) the patient was physically or mentally incapable of signing, and (2) no authorized representative (Section II) was available or willing to sign on behalf of the patient at the time of service.

A. Ambulance Crew Member Statement (must be completed by crew member at time of transport)

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by HCFD. **My signature is not an acceptance of financial responsibility for the services rendered.**

On the line below, explain the circumstances that make it impractical for the patient to sign:

Name and Location of Receiving Facility: _____

Time at Receiving Facility: _____

X _____
Signature of Crewmember Date Printed Name and Title of Crewmember

B. Receiving Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated above. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by HCFD. **My signature is not an acceptance of financial responsibility for the services rendered.**

X _____
Signature of Receiving Facility Representative Date Printed Name and Title of Receiving Facility Representative