

POLICY AND PROCEDURE	
Policy # and TITLE: QM07 Reporting of diseases and conditions to Public Health Authorities	
Primary Policy owner: Quality Management	POLICY #: QM07
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input type="checkbox"/> All Departments 2) <input type="checkbox"/> Behavioral Health & Social Services (BH/SS) 3) <input type="checkbox"/> Benefits Administration (BA) 4) <input type="checkbox"/> Care Management (CM) 5) <input type="checkbox"/> Claims (CLMS) 6) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 7) <input type="checkbox"/> Compliance (CMP/HPA) 8) <input type="checkbox"/> Configuration (CFG) 9) <input type="checkbox"/> Provider Contracting (CONT) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> Finance (FIN) 14) <input type="checkbox"/> Human Resources (HR) 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Provider Networks (PRO) 18) <input checked="" type="checkbox"/> QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) <input type="checkbox"/> Utilization Management (UM) 20) <input type="checkbox"/> Procurement (PRM) 21) <input type="checkbox"/> Administration (SAF/BC/EM)
PRODUCT TYPE: <input checked="" type="checkbox"/> Medi-Cal	Supersedes Policy Number: N/A

I. PURPOSE

To ensure that the Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") is compliant with the contractual requirement to report any serious diseases or conditions to both local and State public health authorities and to implement directives from the public health authorities.

II. POLICY

The Health Plan complies with the regulations Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5- 2643.20, and §2800-2812 Reportable Diseases and Conditions and must ensure reportable serious diseases or conditions are reported to both local and State public health authorities and the directives from the public health authorities are implemented.

III. PROCEDURE

- A. The Health Plan has contractual agreement with the providers that the provider must report any communicable or non-communicable reportable conditions listed in section III.D to the public health authorities as per the timeline listed in section III.D and the provider must follow and implement the directives from the public health authorities.
- B. When a reportable condition is identified by a Health Plan staff which is not reported yet by the provider, the Health Plan staff ensures that the leadership in the department is made aware and Quality management team is informed. The Quality Management team works with the provider to ensure the condition is reported promptly to the public health authorities as per the requirement in section II.D. and the directives from the public health authorities are implemented.
- C. The Confidential Morbidity Report (CMR) must be used by health care providers and or Health Plan staff to report those diseases.
- D. List of reportable conditions:
 - 1. Reportable communicable diseases and urgency of reporting
 - a. Urgency on reporting:
(◆) = to be reported immediately by telephone.

(+) = to be reported by mailing a report, telephoning, or electronically transmitting a report within one (1) working day of identification of the case or suspected case.

(No diamond or cross symbol) = to be reported within seven (7) calendar days by mail, telephone, or electronic report from the time of identification.

(•) = when two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

Urgency	Disease/ condition
	Anaplasmosis
◆	Anthrax, human or animal
+	Babesiosis
◆	Botulism (Infant, Foodborne, Wound, Other)
◆	Brucellosis, human
	Brucellosis, animal (except infections due to <i>Brucella Canis</i>)
+	Campylobacteriosis
+	<i>Candida auris</i> , colonization or infection
	Chancroid
+	Chickenpox (Varicella) (outbreaks, hospitalizations, and deaths)
◆	Cholera
◆	Ciguatera Fish Poisoning
+	Chikungunya virus infection
	Coccidioidomycosis
+	Coronavirus disease 2019 (COVID-19)
	Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE)
+	Cryptosporidiosis
	Cyclosporiasis
	Cysticercosis or taeniasis
+	Dengue virus infection

◆	Diphtheria
◆	Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
	Ehrlichiosis
+	Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
+	<i>Escherichia coli</i> : Shiga toxin producing (STEC) including <i>E. coli</i> O157
◆	Flavivirus infection of undetermined species
+ •	Foodborne Disease
	Giardiasis
	Gonococcal Infections
+	<i>Haemophilus influenzae</i> , invasive disease, all serotypes (report an incident of less than five years of age)
+	Hantavirus Infections
◆	Hemolytic Uremic Syndrome
+	Hepatitis A, acute infection
	Hepatitis B (specify acute, chronic, or perinatal)
	Hepatitis C (specify acute, chronic, or perinatal)
	Hepatitis D (Delta) (specify acute case or chronic)
	Hepatitis E, acute infection
+	Human Immunodeficiency Virus (HIV), acute infection, (see (k) for additional reporting requirements)
	Human Immunodeficiency Virus (HIV) infection, any stage
	Human Immunodeficiency Virus (HIV) infection, progression to stage 3 (AIDS)
	Influenza-associated deaths in laboratory-confirmed cases less than 18 years of age
◆	Influenza due to novel strains (human)
	Legionellosis

	Leprosy (Hansen Disease)
	Leptospirosis
+	Listeriosis
	Lyme Disease
+	Malaria
◆	Measles (Rubeola)
+	Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
◆	Meningococcal Infections
◆	Middle East Respiratory Syndrome (MERS)
◆	Monkeypox or orthopox virus infection
	Mumps
◆	Novel coronavirus infections
◆	Novel virus infection with pandemic potential
◆	Paralytic Shellfish Poisoning
+	Paratyphoid Fever
+	Pertussis (Whooping Cough)
◆	Plague, human or animal
+	Poliovirus Infection
+	Psittacosis
+	Q Fever
◆	Rabies, human or animal
+	Relapsing Fever
	Respiratory syncytial virus-associated deaths in laboratory-confirmed cases less than five years of age
	Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like Illnesses
	Rocky Mountain Spotted Fever
	Rubella (German Measles)
	Rubella Syndrome, Congenital
+	Salmonellosis (Other than Typhoid Fever)
◆	Scombroid Fish Poisoning

◆	Shiga toxin (detected in feces)
+	Shigellosis
◆	Smallpox (Variola)
+	Syphilis (all stages, including congenital)
	Tetanus
+	Trichinosis
+	Tuberculosis
◆	Tularemia, human
	Tularemia, animal
+	Typhoid Fever, Cases and Carriers
+	<i>Vibrio</i> Infections
◆	Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses)
+	West Nile virus infection
+	Yellow Fever
+	Yersiniosis
+	Zika virus infection
◆	OCCURRENCE of ANY UNUSUAL DISEASE
◆	OUTBREAKS of ANY DISEASE (Including diseases not listed in Section 2500). Specify if institutional and/or open community.

2. Reportable non communicable diseases and conditions:
 - a. Disorders Characterized by Lapses of Consciousness
 - b. Pesticide-related illness or injury (known or suspected cases)
 - c. Cancer, including benign and borderline brain tumors (except (1) basal and squamous skin cancer unless occurring on genitalia, and (2) carcinoma in-situ and CIN III of the Cervix). The Confidential Physician Cancer Reporting Form may also be used.
3. HIV Reporting:
 - a. Human Immunodeficiency Virus (HIV) infection at all stages is reportable by traceable mail, person to-person transfer, or electronically within seven calendar days.

IV. ATTACHMENT(S)

- A. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- B. [Glossary of Terms Link](#)
- C. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

- A. DHCS 2024 contract
- B. Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800-2812
- C. California Department of Public Health's HIV Surveillance and Case Reporting
(https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_resources.aspx)

VI. REVISION HISTORY

**Version 001 as of 01/01/2023*

Version*	Revision Summary	Date
001	New Policy	5/10/2023
002		
Initial Effective Date: 5/10/2023		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	5/16/2024
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee		
• Audits & Oversight Committee		
• Policy Review	001	3/20/2024

Quality and Utilization Management		
• Quality Operations Committee		
• Grievance		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	MCOD Operational Readiness	001	5/26/2023
Department of Managed Care (DMHC)			

IX. Approval signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy