

STD. 400 (REV. 01-2013)

OAL FILE NUMBER	NOTICE FILE NUMBER Z-2015-0326-01	REGULATORY ACTION NUMBER 2015-0612-03C	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

<p>NOTICE</p>	<p>REGULATIONS</p>
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ENDORSED - FILED
 In the office of the Secretary of State
 of the State of California

JUL 23 2015

2:17 pm

AGENCY WITH RULEMAKING AUTHORITY Office of Statewide Health Planning and Development	AGENCY FILE NUMBER (If any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY: <input checked="" type="checkbox"/> ACTION ON PROPOSED NOTICE Approved/Granted <input type="checkbox"/> Approved/Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2015-152	PUBLICATION DATE 4/10/2015

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Patient Data Transmission Standards	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2015-0203-07 E
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.) ADOPT AMEND 97177.15, 97244 REPEAL TITLE(S) 22
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3. TYPE OF FILING	<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input checked="" type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only
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4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY		
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal

7. CONTACT PERSON Beth Herse	TELEPHONE NUMBER 916-326-3613	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) beth.herse@oshpd.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Stephen Pollitt</i>	DATE 2015-06-11
TYPED NAME AND TITLE OF SIGNATORY Stephen Pollitt, ISO, Office of Statewide Health Planning and Development	

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ENDORSED APPROVED

JUL 23 2015

Office of Administrative Law

Regulation Text

§ 97177.15. Method of Data Transmission.

For discharges beginning January 1, 2009:

A hospital shall use the CORC system for transmitting reports, utilizing a Microsoft supported version of the Internet Explorer web browser through either:

- (a) Online transmission of a report as an electronic data file, or
- (b) Online entry of individual records as a batch submission.

Authority cited: Section 128810, Health and Safety Code.

Reference: Section 128745, Health and Safety Code.

§ 97244. Method of Submission.

(a) Reporting facilities shall use the MIRCAl system for submitting reports. Data shall be reported utilizing a Microsoft supported version of the Internet Explorer web browser through either:

- (1) Online transmission of data reports as electronic data files, or
- (2) Online entry of individual records.

Authority cited: Section 128755, Health and Safety Code.

Reference: Sections 128735, 128736 and 128737, Health and Safety Code.