

**State of California
Office of Administrative Law**

In re:
Office of Statewide Health Planning and
Development

Regulatory Action:

Title 22, California Code of Regulations

**Amend sections: 97215, 97218, 97219,
97232, 97244, 97253,
97255**

**NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,
Section 100**

OAL Matter Number: 2019-0322-04

OAL Matter Type: Nonsubstantive (N)

As changes without regulatory effect, the Office of Statewide Health Planning and Development is repealing obsolete regulations—including older versions of the Office's Format and File Specifications for MIRCal Online Transmission—and updating the list of licensed health care service plans for the Expected Source of Payment patient data element. Additionally, the Office is further defining the ZIP Code patient data element by specifying that the requirement to report the ZIP Code for the patient's usual residence means that the ZIP Code of the hospital, third-party payer, or billing address should not be reported if the latter ZIP Code is different from the ZIP Code of the patient's usual residence.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: May 2, 2019



Steven J. Escobar
Attorney

**Original: Robert David, Director
Copy: Kimberly Gustafson**

**For: Holly Pearson
Acting Director**

NONSUBSTANTIVE

(See instructions on reverse)

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 20 19-0 322-04 N	EMERGENCY NUMBER
-------------------------	---------------------------------	---	------------------

For use by Office of Administrative Law (OAL) only

2019 MAR 22 P 2: 52
OFFICE OF ADMINISTRATIVE LAW

ENDORSED - FILED
 in the office of the Secretary of State
 of the State of California

MAY 02 2019
 1:41PM

NOTICE	REGULATIONS
--------	-------------

AGENCY WITH RULEMAKING AUTHORITY
 Office of Statewide Health Planning and Development

AGENCY FILE NUMBER (if any)

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 type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER
			PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) OSHPD - Obsolete Language and Expected Source of Payment Update	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
---	--

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	ADOPT
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	AMEND
	97215, 97218, 97219, 97232, 97244, 97253, and 97255
	REPEAL
TITLE(S) 22	

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input 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"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

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 type="checkbox"/> Effective on filing with Secretary of State	<input checked="" 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"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Kimberly Gustafson	TELEPHONE NUMBER (916) 326-3939	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) kimberly.gustafson@oshpd.ca.gov
---	------------------------------------	-----------------------	--

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 	DATE 3-22-19
TYPED NAME AND TITLE OF SIGNATORY Robert P. David, Director, Office of Statewide Health Planning and Development	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAY 02 2019

Office of Administrative Law

OSHPD Office of Statewide Health Planning and Development**Information Services Division**

2020 West El Camino Avenue, Suite 1100

Sacramento, CA 95833

(916) 326-3800

(916) 324-9242 Fax

www.oshpd.ca.gov

**CHANGES WITHOUT REGULATORY EFFECT**

CALIFORNIA CODE OF REGULATIONS

TITLE 22, DIVISION 7, CHAPTER 10,
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS

§§ 97215, 97218, 97219, 97232, 97244, 97253, and 97255

97215. Format.

(a) ~~Hospital Discharge Abstract Data reports for discharges occurring on or after January 1, 2017, up to and including December 31, 2018, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Inpatient Data Version 3.0 as revised on January 30, 2015 and hereby incorporated by reference.~~ Hospital Discharge Abstract Data reports for discharges occurring on or after January 1, 2019, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Inpatient Data Version 4.0 as revised on May 1, 2017 and hereby incorporated by reference.

(b) ~~Emergency Care Data reports for encounters occurring on or after January 1, 2015, up to and including December 31, 2018, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Version 1.9, as revised on January 26, 2015 and hereby incorporated by reference.~~ Emergency Care Data reports for encounters occurring on or after January 1, 2019, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.0 as revised on May 1, 2017 and hereby incorporated by reference.

(c) ~~Ambulatory Surgery Data reports for encounters occurring on or after January 1, 2015, up to and including December 31, 2018, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Version 1.9, as revised on January 26, 2015 and hereby incorporated by reference.~~ Ambulatory Surgery Data reports for encounters occurring on or after January 1, 2019, shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.0 as revised on May 1, 2017 and hereby incorporated by reference.

(d) The Office's Format and File Specifications for MIRCal Online Transmission as named in (a), (b), and (c) are available for download from the OSHPD website. The Office will make a hardcopy of either set of Format and File Specifications for MIRCal Online Transmission available to a reporting facility or designated agent upon request.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97218. Definition of Data Element for Inpatients - Race.

~~(a) Effective with discharges on January 1, 1995, up to and including December 31, 2018, the patient's ethnic and racial background shall be reported as one choice from the following list of alternatives under ethnicity and one choice from the following list of alternatives under race:~~

~~(1) Ethnicity:~~

~~(A) Hispanic. A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.~~

~~(B) Non-Hispanic~~

~~(C) Unknown~~

~~(2) Race:~~

~~(A) White. A person having origins in or who identifies with any of the original caucasian peoples of Europe, North Africa, or the Middle East.~~

~~(B) Black. A person having origins in or who identifies with any of the black racial groups of Africa.~~

~~(C) Native American/Eskimo/Aleut. A person having origins in or who identifies with any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.~~

~~(D) Asian/Pacific Islander. A person having origins in or who identifies with any of the original oriental peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. Includes Hawaii, Laos, Vietnam, Cambodia, Hong Kong, Taiwan, China, India, Japan, Korea, the Philippine Islands, and Samoa.~~

~~(E) Other. Any possible options not covered in the above categories.~~

~~(F) Unknown.~~

~~(b) Effective with discharges on or after January 1, 2019, the patient's ethnic and racial background shall be reported as one choice from the following list of alternatives under ethnicity and up to five choices from the following list of alternatives under race:~~

~~(1) Ethnicity:~~

~~(A) Hispanic or Latino Ethnicity~~

~~(B) Non Hispanic or Latino Ethnicity~~

(C) Unknown

(2) Race:

(A) American Indian or Alaska Native

(B) Asian

(C) Black or African American

(D) Native Hawaiian or Other Pacific Islander

(E) White

(F) Other Race

(G) Unknown

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97219. Definition of Data Element for Inpatients - ZIP Code.

~~(a) Effective with discharges on January 1, 1995, up to and including December 31, 2018, the "ZIP Code," a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient's usual residence shall be reported for each patient discharge. Foreign residents shall be reported as "YYYYY" and unknown ZIP Codes shall be reported as "XXXXX." If the city of residence is known, but not the street address, report the first three digits of the ZIP Code, and the last two digits as zeros. Hospitals shall distinguish the "homeless" (patients who lack a residence) from other patients lacking a numeric ZIP Code of residence by reporting the ZIP Code of homeless patients as "ZZZZZ." If the patient has a 9-digit ZIP Code, only the first five digits shall be reported.~~

~~(b) Effective with discharges on or after January 1, 2019, the "ZIP code," a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient's usual residence shall be reported for each patient discharge. If the patient has a 9-digit ZIP code, only the first five digits shall be reported. Do not report the ZIP Code of the hospital, third party payer, or billing address if it is different from the usual residence of the patient.~~

(1) If the city of residence is known, but not the street address, report the first three digits of the ZIP code, and the last two digits as zeros.

(2) Unknown ZIP codes shall be reported as "XXXXX."

(3) ZIP codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

(4) ZIP codes for persons who are "homeless" (patients who at admission lack a residence) shall be reported as "ZZZZZ."

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, Health and Safety Code.

97232. Definition of Data Element for Inpatients - Expected Source of Payment.

Effective with discharges on or after January 1, 1999, the patient's expected source of payment - the entity or organization which is expected to pay or did pay the greatest share of the patient's bill - shall be reported using the following:

(1) Payer Category. Select one of the following:

(A) Medicare. A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.

(B) Medi-Cal. A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.

(C) Private Coverage. Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners.

(D) Workers' Compensation. Payment from workers' compensation insurance, government or privately sponsored.

(E) County Indigent Programs. Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or Realignment Funds whether or not a bill is rendered.

(F) Other Government. Any form of payment from government agencies, whether local, state, federal, or foreign, except those in Subsections (1)(A), (1)(B), (1)(D), or (1)(E) of this section. Includes funds received through the California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.

(G) Other Indigent. Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy. Includes indigent patients, except those described in Subsection (1)(E) of this section.

(H) Self Pay. Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of the patient's bill is not expected to be paid by any form of insurance or other health plan.

(I) Other Payer. Any third party payment not included in Subsections (1)(A) through (1)(H) of this section. Included are cases where no payment will be required by the facility, such as special research or courtesy patients.

(2) Type of Coverage. For each Payer Category, Subsections (1)(A) through (1)(F) of this section, select one of the following Types of Coverage:

(A) Managed Care - Knox-Keene/Medi-Cal County Organized Health System. Health care service plans, including Health Maintenance Organizations (HMO), licensed by the Department of ~~Corporations~~ Managed Health Care under the Knox-Keene Health Care Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems.

(B) Managed Care - Other. Health care plans, except those in Subsection (2)(A) of this section, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).

(C) Traditional Coverage. All other forms of health care coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.

(3) Name of Plan. Report the names of those plans which are licensed under the Knox-Keene Health Care Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System. For Type of Coverage, Subsection (2)(A) of this section, report the plan code number representing the name of the Knox-Keene licensed plan or the Medi-Cal County Organized Health System as shown in the following list of alternatives.

Plan Names	Plan Code Numbers
Access Senior HealthCare, Inc.	0506
Adventist Health Plan, Inc.	0508
Aetna Better Health of California Inc.	0521
Aetna Health of California, Inc.	0176
Aetna Resources for Living	0319
AIDS Healthcare Foundation (Positive Healthcare)	0432
Alameda Alliance for Health	0328
Alameda Alliance Joint Powers Authority (QIF)	0440
Alignment Health Plan	0414
<u>AltaMed Health Network, Inc.</u>	<u>0492</u>
AmericasHealth Plan, Inc.	0485
Arcadian Health Plan, Inc.	0468
Aspire Health Plan	0496
Bay Area Accountable Care Network, Inc. (Canopy Health)	0519
Blue Cross of California	0303
Blue Cross of California Partnership <u>Plan, LLC</u> (QIF)	0415
Blue Shield of California	0043
<u>Blue Shield of California Promise Health Plan</u>	<u>0326</u>
Brown and Toland Health Services	0494

California Health and Wellness Plan	0493
CalOptima (Orange County)	0394
Care 1st Health Plan	0326
CareMore Health Plan	0408
CenCal Health (Santa Barbara County/San Luis Obispo County)	0400
Central California Alliance For Health (Santa Cruz County/Monterey County/Merced County)	0401
Central Health Plan of California, Inc.	0404
CHG Foundation/Community Health Group Partnership Plan (QIF)	0431
Chinese Community Health Plan	0278
Choice Physicians Network, Inc.	0470
Cigna Behavioral Health of California, Inc.	0298
Cigna HealthCare of California, Inc.	0152
Claremont Behavioral Services, Inc.	0514
Community Care Health Plan, Inc.	0487
Community Health Group	0200
Community Health Plan (County of Los Angeles)	0248
<u>Concern: Employee Assistance Program</u>	0402
Contra Costa County Medical <u>Services-Community Plan</u> (QIF)	0424
Contra Costa Health Plan	0054
DaVita Health Plan of California, Inc.	0498
Dignity Health Provider Resources, Inc.	0515
Easy Choice Health Plan, Inc.	0457
Empathia Pacific, Inc. (LifeMatters EAP)	0409
EPIC Health Plan	0483
Fresno-Kings-Madera Regional Health Authority (CalViva Health)	0484
<u>Global Health Plan, Inc.</u>	<u>0529</u>
Golden State Medicare Health Plan	0474
Health Advocate West, Inc.	0502
Health Net Community Solutions, Inc.	0426
Health Net Medicare of California	0539
Health Net of California, Inc.	0300
(The) Health Plan of San Joaquin	0338
Health Plan of San Joaquin Joint Powers Authority (QIF)	0442
Health Plan of San Mateo	0358
Heritage Provider Network, Inc.	0357
Holman Professional Counseling Centers	0231
Human Affairs International of California (HAI; HAI-CA)	0292
Humana EAP and Work-Life Services of California Inc.	0512
Humana Health Plan of California, Inc.	0476

IEHP Health Access (QIF)	0428
Imperial Health Plan of California, Inc.	0520
Inland Empire Health Plan (IEHP)	0346
Inter Valley Health Plan	0151
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems	0335
Kern Health Systems Group Health Plan (QIF)	0425
KP Cal, LLC (QIF) Kaiser	0438
L.A. Care Health Plan (Los Angeles County)	0355
L.A. Care Health Plan Joint Powers Authority (QIF)	0504
Magellan Health Services of California-Employer_Svc	0102
Managed Health Network	0196
Medcore HP	0528
MediExcel Health Plan	0486
Molina Healthcare of California	0322
Molina Healthcare of California Partner Plan, Inc. (QIF)	0427
Monarch Health Plan	0453
On Lok Senior Health Services	0385
Oscar Health Plan of California	0516
Partnership HealthPlan of California	0416
PIH Health Care Solutions	0501
Premier Health Plan Services, Inc.	0473
Primecare Medical Network, Inc.	0367
Prospect Health Plan, Inc.	0500
Providence Health Assurance	0533
Providence Health Network	0497
San Francisco Community Health Authority	0423
San Francisco Health Authority (QIF)	0349
San Mateo Community Health Plan Authority (QIF)	0439
Santa Clara Community Health Authority (QIF)	0444
Santa Clara Family Health Plan	0351
SCAN Health Plan	0212
Scripps Health Plan Services, Inc.	0377
Seaside Health Plan	0495
Sequoia Health Plan, Inc.	0526
Sharp Health Plan	0310
Sistemas Medicos Nacionales (SIMNSA Health Plan)	0393
Stanford Health Care Advantage	0507
Sutter Health Plan	0490
UHC (UnitedHealthcare) of California	0126

UnitedHealthcare Benefits Plan of California	0517
UnitedHealthcare Community Plan of California, Inc.	0499
Universal Care, Inc. (Brand New Day)	0209
U.S. Behavioral Health Plan, California (OptumHealth Behavioral Solutions)	0259
Valley Health Plan (Santa Clara County)	0236
ValueOptions of California, Inc.	0293
Ventura County Health Care Plan	0344
Vitality Health Plan of California, Inc.	0535
Western Health Advantage	0348
Western Health Advantage Community Health Plan (QIF) Plan (QIF)	0429
Other	8000

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, 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.

Note: Authority cited: Section 128755, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97253. Definition of Data Element for ED and AS - Race.

~~(a) Effective with encounters occurring on or after January 1, 2005, up to and including December 31, 2018, the race shall be as self-reported by the patient or patient's guardian in cases where the patient is not capable of providing the information. The patient's race shall be reported as one choice from the following list of alternatives under race:~~

- ~~(1) American Indian or Alaska Native~~
- ~~(2) Asian~~
- ~~(3) Black or African American~~
- ~~(4) Native Hawaiian or Other Pacific Islander~~
- ~~(5) White~~

~~(6) Other Race~~

~~(7) Unknown~~

~~(b) Effective with encounters occurring on and after January 1, 2019, the race shall be as self-reported by the patient or patient's guardian in cases where the patient is not capable of providing the information. The patient's race shall be reported as up to five choices from the following list of alternatives:~~

~~(1) American Indian or Alaska Native~~

~~(2) Asian~~

~~(3) Black or African American~~

~~(4) Native Hawaiian or Other Pacific Islander~~

~~(5) White~~

~~(6) Other Race~~

~~(7) Unknown~~

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128736 and 128737, Health and Safety Code.

97255. Definition of Data Element for ED and AS - ZIP Code.

The "ZIP Code," a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient's usual residence shall be reported for each record. If the patient has a 9-digit ZIP Code, only the first five digits shall be reported. Do not report the ZIP Code of the hospital, third party payer, or billing address if it is different from the usual residence of the patient.

~~(a) For encounters occurring on or after January 1, 2005, up to and including December 31, 2018, if the patient's ZIP Code is not recorded in the patient's medical record, the patient's ZIP Code shall be reported as "not in medical record," by reporting the unknown ZIP Code as "99999."~~

~~(b) For encounters occurring on or after January 1, 2019:~~

~~(1) If the city of residence is known, but not the street address, report the first three digits of the ZIP code, and the last two digits as zeros.~~

~~(2) Unknown ZIP codes shall be reported as "XXXXX."~~

~~(3) ZIP codes for persons who do not reside in the U.S. shall be reported as "YYYYY."~~

(4) ZIP codes for persons who are “homeless” (patients who at start of care lack a residence) shall be reported as “ZZZZZ.”

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128736 and 128737, Health and Safety Code.