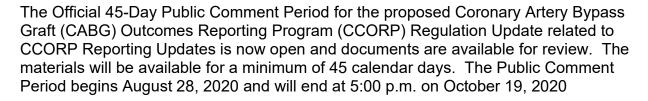# OSHPD Office of Statewide Health Planning and Development

Information Services Division
2020 West El Camino Avenue, Suite 1100
Sacramento, CA 95833
(916) 326-3800
(916) 324-9242 Fax
www.oshpd.ca.gov

August 21, 2020

Dear Colleague:

The Official 45-Day Public Comment Period for the proposed Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program (CCORP) Regulation Update related to CCORP Reporting Updates is now open and documents are available for review. The materials will be available for a minimum of 45 calendar days. The Public Comment Period begins August 28, 2020 and will end at 5:00 p.m. on October 19, 2020

- ➢ Notice

- ➢ Proposed Regulation Text

- ➢ Initial Statement of Reasons

Final Statement of Reasons will be posted following Office of Administrative Law (OAL) approval. Please check back.

We encourage your participation in the regulatory process. You are also urged to forward this information to anyone who may be interested in reviewing the documents. Any interested persons or his or her authorized representative may submit written comments, statements, arguments, or contentions relevant to the proposed regulatory action. All comments become part of the rulemaking file and may be publicly disclosed.

If you wish to comment on the proposed regulations, you must send it in writing to the Healthcare Analytics Branch of OSHPD by 5:00 p.m. on October 19, 2020, which is the close of the comment period. Comments may be submitted by email, fax, or postal mail. If comments are sent via email or fax, there is no need to send the same comments by postal delivery. Email is preferred. Please submit comments to:

Denise Stanton
CCORP Clinical Data Specialist
Denise.Stanton@oshpd.ca.gov
Fax: (916) 445-7534
Office of Statewide Health Planning and Development
Information Services Division-CCORP
2020 West El Camino, MS 11-100
Sacramento, CA 95833

or

Holly Hoegh
Manager, Clinical Data Group
Holly.Hoegh@oshpd.ca.gov
Fax: (916) 445-7534
Office of Statewide Health Planning and Development
Information Services Division-Healthcare Analytics Branch
2020 West El Camino, MS 11-100
Sacramento, CA 95833

When the entire Rulemaking File has been approved by the Office of Administrative Law (OAL), responses will be sent to everyone who commented. OAL has 30 working days to review the Rulemaking File. Shortly after OAL approval of the entire Rulemaking File, each commenter will be sent the link to the Final Statement of Reasons document posted on the website. This document will include all the comments and all the responses.

Sincerely,

Holly Hoegh, PhD
CCORP Manager

Office of Statewide Health Planning and Development
California Coronary Artery Bypass Graft Outcomes Reporting Program

NOTICE OF PROPOSED RULEMAKING

CALIFORNIA CODE OF REGULATIONS

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

NOTICE IS HEREBY GIVEN that the Office of Statewide Health Planning and Development (OSHPD) proposes to amend Sections 97170, 97174, 97177.25, 97177.35, 97177.55, 97177.60, 97177.65, 97177.67, and 97177.70 of Title 22 of the California Code of Regulations (CCR).

OSHPD proposes to amend Section 97174 to add, delete, revise, and rename certain hospital reported data elements in the California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program (CCORP) to conform to the national Society of Thoracic Surgeons (STS) database and to improve risk analysis and outcomes reporting.

OSHPD also proposes to incorporate by reference the revised CCORP Format and File Specifications and Data Element Specifications, which mirror the proposed changes to Section 97174.

OSHPD proposes to amend Sections 97177.55-97177.70 to provide hospitals options when transmitting documentation, signed surgeon certifications, and User Account Administrator Agreement forms to OSHPD. Hospitals will be allowed the additional options of uploading documentation securely in CORC (using the Cardiac Online Reporting for California system) or transmitting via email. OSHPD proposes to revise the Surgeon Certification Form to display the additional submission options and is incorporating the revised form by reference.

I. PUBLIC HEARING
OSHPD has not scheduled a public hearing. Any interested person, or his or her duly authorized representative, may submit a written request for a public hearing, pursuant to Section 11346.8(a) of the Government Code. The written request for a hearing must be received by OSHPD's contact person, designated below, no later than 15 days prior to the close of the written comment period.

II. WRITTEN COMMENT PERIOD AND CONTACT PERSON
Any interested person, or his or her authorized representative, may submit written comments relevant to the proposed regulatory action. All comments must be received by OSHPD no later than 5:00 p.m., PDT on October 19, 2020.

Inquiries and comments concerning the proposed regulations should be addressed to the primary contact person named below. Comments delivered by e-mail are preferred. Comments may also be faxed, hand delivered, or mailed to:

      Denise Stanton
      Clinical Data Specialist, Clinical Data Unit
      Information Services Division – Healthcare Analytics Branch
      Office of Statewide Health Planning and Development
      2020 W. El Camino, Suite 1100
      Sacramento, CA 95833
      Tel: (916) 326-3865, Fax: (916) 445-7534
      E-mail: Denise.Stanton@oshpd.ca.gov

Inquiries and comments may also be addressed to the backup contact person:

      Holly Hoegh, Ph.D.
      Manager, Clinical Data Unit
      Information Services Division - Healthcare Analytics Branch
      Office of Statewide Health Planning and Development
      2020 W. El Camino, Suite 1100
      Sacramento, CA 95833
      Tel: (916) 326-3868, Fax: (916) 445-7534
      E-mail: Holly.Hoegh@oshpd.ca.gov

Each comment may include the author's name, U.S. Postal Service address, and e-mail address, if applicable, so that the addressee may be included in future communications if the text of the currently proposed regulations changes.

III. AUTHORITY AND REFERENCE

Authority: California Health and Safety Code, Section 128810.
Reference: California Health and Safety Code, Section 128745.

IV. INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

1. Summary of Existing Laws and Regulations

Health and Safety Code Section 128745 requires that on an annual basis OSHPD prepare and publish risk-adjusted outcome reports for CABG surgeries performed in California hospitals. To produce these reports, OSHPD is mandated to collect certain data from these hospitals.

Section 97172, CCR mandates that every six (6) months, hospitals performing CABG surgeries file a report with OSHPD that contains certain patient level information. Known as CCORP, this program collects data from each hospital for each CABG patient.

Currently, CABG surgeries are performed in 121 hospitals in California. The reported data includes demographic and clinical data elements from the patient medical record. OSHPD analyzes the data, along with data collected from other sources, and prepares the risk-adjusted outcome reports that compare outcomes by hospital and, in every other year, by hospital and cardiac surgeon.

Health and Safety Code Sections 128745 and 128748 provide for the appointment of a nine (9) member Clinical Advisory Panel (CAP) to advise OSHPD on aspects of the CABG program. Upon recommendation of the CAP, OSHPD may add, delete or revise CCORP data elements, but shall add no more than a net of six elements not included in the Society of Thoracic Surgeons (STS) Adult Cardiac Database over any five-year period. STS is the industry leader in defining and establishing data elements related to adult cardiac surgery. Approximately 86 percent of CCORP hospitals submit data to STS. This proposal does not add any non-STS data elements.

CCORP CAP held a public meeting on December 3, 2019 and unanimously approved the proposed additions, deletions, and revisions to Section 97174 Required Data Elements, except for the COVID-19 data element. COVID-19 emerged as a worldwide health concern after the December CAP meeting. In early 2020, STS added the COVID-19 data element to their data. COVID-19 can cause heart and lung damage and may be a major risk factor for CABG surgery outcomes. On June 29, 2020 the CCORP CAP held a public meeting and unanimously approved adding the COVID-19 data element.

CCORP data elements are defined in Section 97174. OSHPD proposes to amend this section to add, delete, and revise the data elements that hospitals report. The changes will update CCORP data and make it consistent with changes in the STS database.

Hospitals that submit their CABG surgery data to CCORP must comply with OSHPD's Format and File Specifications and Data Element Specifications to submit data to the Cardiac Online Reporting for California (CORC) database. Section 97174 and 97177.25, incorporate by reference these specifications. OSHPD proposes to update this section with the current Format and File Specifications version and Data Element Specifications to make it consistent with the proposed revisions to the CCORP data elements.

The requirements in the current regulations will continue to apply for patients discharged between January 1, 2018 and June 30, 2020. Implementation of the proposed revisions will apply for patients discharged on or after July 1, 2020.

Hospitals that submit their CABG surgery data to CCORP shall provide documentation to support data element values as required by the OSHPD. Documentation shall be faxed to OSHPD. This proposal amends Sections 97177.55-97177.65 to add the option for hospitals to upload documentation securely in CORC.

Within the 30-day period specified in Section 97177.65, each hospital shall complete correction of its report and notify CORC that its last accepted report is its final report. Each surgeon identified as a responsible surgeon in a final hospital report shall attest to the accuracy of the data for his or her CABG surgeries in that report by completing a Surgeon Certification Form. A hospital shall file with the OSHPD, via fax, all completed and signed Surgeon Certification Forms. This proposal amends Section 97177.67 to add the option for hospitals to email or upload signed Surgeon Certification Forms securely in CORC and incorporates the surgeon certification form by reference.

Hospitals that submit their CABG surgery data to CCORP shall have up to three (3) User Account Administrators (UAA) responsible for maintaining the hospital's CORC user accounts and user account contact information. For each UAA there must be a signed CORC UAA Form submitted to CCORP. This proposal amends Section 97177.70 to add the option for hospitals to fax, email, or upload signed UAA Forms securely through the CORC system.

2. <u>Policy Statement Overview/Specific Benefits of Proposed Regulation</u>

An objective of the proposed amendment to the regulation is to: 1) update ten (10) CCORP data elements to align with STS definitions, found in their Adult Cardiac Surgery Database, version 4.20; 2) add ten (10) STS data elements to the CCORP database; 3) delete one (1) data element, and 4) rename twelve (12) data elements to align with STS revised data element names. It does not add any non-STS data elements. In addition, OSHPD will update the CCORP Format and File Specifications and Data Element Specifications documents to accommodate these changes.

The benefit of this revision is to lessen the burden to hospitals that report to both CCORP and STS by decreasing manual data abstraction and data entry. Updating and expanding the data elements OSHPD collects on CABG surgery will enable improved and expanded risk-adjusted outcomes analysis and reporting for mortality and complications of CABG surgeries. It will also allow OSHPD to continue to compare California outcomes to other state and national outcomes. These changes will enrich the CCORP public outcomes reports by providing a better reflection on the quality of care delivered by hospitals and surgeons, which may benefit the health and welfare of California residents.

A second objective of the proposed amendment to the regulation is to allow hospitals additional options for submitting documentation to the OSHPD such as via fax or upload through the CORC system. OSHPD also proposes to amend the regulations to submit signed surgeon certification forms via email or upload through the CORC system. Lastly, OSHPD proposes to amend the regulations to allow hospitals to submit UAA forms via fax, email, or upload through the CORC system.

The benefit of allowing hospitals additional ways to submit documentation, surgeon certification forms, and UAA forms is to assist hospitals in meeting their regulatory requirements. OSHPD would also receive these items more quickly and the change would allow hospitals to be able to choose the most efficient method of document transmission. As technology has advanced, hospitals do not have as many fax machines as in the past. It is more difficult for hospital data contacts to find a fax to transmit the information to OSHPD. Some hospital data contacts work from home and do not have access to a fax but do have access to a scanner on a home printer. Allowing hospitals the flexibility of uploading their documentation, signed surgeon certifications, and UAA forms securely through the CORC system, by fax, or email will assist hospitals in meeting regulatory requirements more efficiently.

OSHPD proposes to amend the surgeon certification form to display the new transmission options; fax and upload in CORC. OSHPD also proposes to remove the surgeon unavailable checkbox while retaining the other checkbox. Surgeons who are unavailable may use the other checkbox and state unavailable.

3. <u>Determination of Inconsistency/Incompatibility with Existing State Regulations</u>

As required by Government Code Section 11346.5, subsection (a)(3)(D), OSHPD evaluated the language contained in the proposed amendment. OSHPD has determined that these proposed regulations are not inconsistent with or incompatible with existing state regulations. These regulations make minor modifications to an existing program.

4. <u>Documents Incorporated by Reference</u>

Format and File Specifications for California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program Version 8.3 dated June 29, 2020

Data Element Specifications for California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program Version 8.3 dated June 29, 2020

Surgeon Certification Form OSH-CCORP 415 revised 3.2.2020

V. DISCLOSURES REGARDING THE PROPOSED ACTION

OSHPD has made the following initial determinations:

1. Mandate on local agencies and school districts: None

2. Cost or savings to any state agency: The estimated cost to OSHPD for programming the online reporting system is absorbable.

3. Costs to any local agency or school district that are required to be reimbursed by the state in accordance with Government Code Sections 17500 through 17630: None

4. Other non-discretionary cost or savings imposed on local agencies: None

5. Cost or savings in federal funding to the state: None

6. Cost impact on representative persons or businesses: While some hospitals will realize a minor cost for the revision, the majority of hospitals will experience a cost savings. Overall, OSHPD estimates an average annual cost savings of $5,335 per hospital.

7. Significant effect on housing costs: None

8. Significant statewide adverse economic impact directly affecting business: OSHPD has made an initial determination that the action would not have a significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with other businesses in other states.

9. Effect on Small Business: OSHPD has determined that the proposed amendment does not affect small business. The health care facilities affected by the action either have more than

150 beds or more than $1,500,000 in annual gross receipts. In accordance with Government Code Section 11342.610, these health care facilities are not defined as small businesses.

VI. STATEMENT OF THE RESULTS OF THE ECONOMIC IMPACT ASSESSMENT (EIA)

Revising, adding, deleting, and renaming these data elements and their definitions, and providing hospitals additional methods for submitting documents are anticipated to be beneficial to the reporting hospitals by reducing manual abstraction, and data processing, thereby reducing manual workload and administrative costs. It would also result in enhanced data quality, risk analysis, and outcomes reporting.

Therefore, OSHPD has concluded that this regulatory action would not affect the following:

(1) The creation of jobs within the state.

(2) The elimination of jobs within the State of California.

(3) The creation of new businesses within California.

(4) The elimination of existing businesses within California.

(5) The expansion of businesses currently doing business in the state.

(6) The benefit to the public is that more accurate and useful data will be available. Such data are used for understanding California's healthcare environment, which may benefit the health and welfare of California residents. Aligning the data elements with STS will be more efficient and less burdensome for facilities

VII. REASONABLE ALTERNATIVES STATEMENT

In accordance with Government Code Section 11346.5, subsection (a)(13), OSHPD must determine that no reasonable alternative it considered or that has otherwise been identified and brought to the attention of the agency would be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

VIII. AVAILABILITY OF EXPRESS TERMS, INITIAL STATEMENT OF REASONS, AND INFORMATION UPON WHICH PROPOSED RULEMAKING IS BASED

OSHPD will have the entire rulemaking file available for inspection and copying throughout the rulemaking process at its office at the address given for the contact persons. As of the date this notice is published in the Notice Register, the rulemaking file consists of this notice, the text of the proposed regulations, the initial statement of reasons, economic impact assessment contained in the initial statement of reasons, a letter from the Clinical Advisory Panel (CAP) Chair and all documents incorporated by reference.

In developing these regulations, OSHPD conducted a survey of affected hospitals and asked them to estimate the fiscal impact to their hospitals. Copies of the survey and survey results are included in the rulemaking file.

IX. AVAILABILITY OF SUBSTANTIAL CHANGES TO ORIGINAL PROPOSAL

After considering all timely and relevant comments received, OSHPD may adopt the proposed regulations substantially as described in this notice. If OSHPD makes modifications which are sufficiently related to the originally proposed text, it will make the modified text (with changes clearly indicated) available to the public for at least 15 days prior to the date OSHPD adopts the regulations as revised.

Please send requests for copies of the modified text to the listed contact person. The modified text will also be available on OSHPD's website at:

https://oshpd.ca.gov/about/laws-regulations/

OSHPD will accept written comments on the modified regulations for 15 days after the date on which they are made available.

X. AVAILABILITY OF FINAL STATEMENT OF REASONS AND RULEMAKING FILE

The Final Statement of Reasons and Rulemaking File including a summary of all comments and responses will be available, after its completion, through OSHPD's website at:

https://oshpd.ca.gov/about/laws-regulations/

The Final Statement of Reasons will also be available for review from the designated contact person.

XI. AVAILABILITY OF DOCUMENTS ON THE INTERNET

Copies of the Notice of Proposed Action, the Initial Statement of Reasons, and text of the proposed regulations in underline and strikeout can be accessed through our website at:

https://oshpd.ca.gov/about/laws-regulations/

**Office of Statewide Health Planning and Development California Coronary
Artery Bypass Graft Outcomes Reporting Program**

<u>INITIAL STATEMENT OF REASONS</u>

Title 22, California Code of Regulations
Sections 97170, 97174, 97177.25, 97177.35, 97177.55,
97177.60, 97177.65, 97177.67, and 97177.70

BACKGROUND INFORMATION

Health and Safety Code Section 128745 requires the Office of Statewide Health
Planning and Development (OSHPD) to prepare and publish annual risk-adjusted
outcome reports for Coronary Artery Bypass Graft (CABG) surgeries performed in
California hospitals. The California CABG Outcomes Reporting Program (CCORP)
collects data from each hospital that performs CABG surgeries and on each CABG
patient. Hospitals submit this data to CCORP in accordance with California Code of
Regulations (CCR), Title 22, Sections 97174 and 97177.25.

Hospitals are required to file certain patient-level information with OSHPD every
six (6) months. The data collected include demographic and clinical data from patient
records. OSHPD analyzes the data and prepares risk-adjusted outcome reports that
compare outcomes by hospital and, in every other year, by cardiac surgeon. These
hospitals submit their patient-level information for CABG surgeries using the Cardiac
Online Reporting for California (CORC) system, an online data-reporting tool.

The Society of Thoracic Surgeons (STS) is a national organization dedicated to
ensuring the best possible outcomes for surgeries of the heart and other surgical
procedures within the chest. STS devotes itself to developing and improving
risk-adjusted outcomes analysis and reporting for mortality and complications of
CABG surgery. Currently, one-hundred and four (104) California hospitals perform
CABG surgeries and submit data to STS. These hospitals are able to extract a
subset of CABG surgery data and use that subset to report their CABG surgeries to
CCORP. Seventeen (17) California hospitals that perform CABG surgeries do not
report data to STS. These hospitals must manually abstract data to report it to
CCORP.

Health and Safety Code Sections 128745 and 128748 provide for the appointment of
a nine (9) member Clinical Advisory Panel (CAP) to advise OSHPD on aspects of
the CABG program. OSHPD must seek the recommendations of CAP before
making changes to the data elements collected for CCORP. CAP may make
recommendations to OSHPD about the addition, deletion, or revision to any of the
data elements.

CCORP CAP held a public meeting on December 3, 2019 and unanimously approved

the proposed additions, deletions, and revisions to Section 97174 Required Data Elements, except for the COVID-19 data element. COVID-19 emerged as a worldwide health concern after the December CAP meeting. In early 2020, STS added the COVID-19 data element to their data. COVID-19 can cause heart and lung damage and may be a major risk factor for CABG surgery outcomes. On June 29, 2020 the CCORP CAP held a public meeting and unanimously approved adding the COVID-19 data element. A letter from the CAP Chair is included in the rulemaking file.

Hospitals that report CABG surgery data in CORC must submit their reports in compliance with OSHPD's Format and File Specifications (incorporated by reference) as outlined in Section 97177.25 and OSHPD's Data Element Specifications (incorporated by reference) as outlined in Section 97174. OSHPD proposes to update reference to the CCORP Format and File Specifications online document version, CCORP Data Element Specifications online document version, and to align with the proposed revisions to 97174.

Hospitals that submit their CABG surgery data to CCORP shall provide documentation to support data element values as required by the OSHPD. Documentation shall be faxed to OSHPD. This proposal amends Sections 97177.55, 97177.60, and 97177.65 to add the option for hospitals to upload documentation securely in CORC.

Within the 30-day period specified in Section 97177.65, each hospital shall complete correction of its report and notify CORC that its last accepted report is its final report. Each surgeon identified as a responsible surgeon in a final hospital report shall attest to the accuracy of the data for his or her CABG surgeries in that report by completing a Surgeon Certification Form (incorporated by reference). A hospital shall file with the OSHPD, via fax, all completed and signed Surgeon Certification Forms as outlined in Section 97177.67. This proposal amends Section 97177.67 to add the option for hospitals to email or upload signed Surgeon Certification Forms securely in CORC. This proposal also amends the Surgeon Certification Form to display the additional submission methods and remove the surgeon unavailable checkbox.

Hospitals that submit their CABG surgery data to CCORP shall have up to three (3) User Account Administrators (UAA) responsible for maintaining the hospital's CORC user accounts and user account contact information. For each UAA there must be a signed CORC UAA Form submitted to CCORP. This proposal amends Section 97177.70 to add the option for hospitals to fax, email, or upload signed UAA Forms securely through the CORC system.

THE PROBLEM TO BE ADDRESSED

STS revised their data elements and definitions for CABG surgery. If OSHPD does not align the CCORP data elements and definitions with STS, hospitals that report to both STS and CCORP will have to separately abstract and manually enter CABG surgery data in CCORP's data entry system, CORC. Not aligning the data elements

may affect the quality of the data and compliance with prescribed deadlines.

Expert's research suggests that some outcome measures, such as readmissions, can be improved by being risk-adjusted for socioeconomic status (SES). CCORP data elements currently include limited information to evaluate patient SES, so OSHPD has not included SES in their risk-adjustment methods in the past.

Currently hospitals are not allowed the option of uploading their documentation and signed surgeon certification forms securely through the CORC system. Hospitals are allowed to fax their surgeon certification forms and documents to OSHPD's secure fax only. UAA forms must be mailed to OSHPD.

PURPOSE AND BENEFITS OF THIS REGULATORY ACTION

Aligning CCORP data elements with STS revisions benefits California hospitals by reducing the need for manual data abstraction, and the state benefits by improving data accuracy and quality.

Purpose: OSHPD proposes to amend the regulations to revise CCORP data elements for discharges on or after July 1, 2020, to: 1) revise ten (10) CCORP definitions to align with STS revised definitions, found in their Adult Cardiac Surgery Database, version 4.20; 2) add ten (10) new STS data elements to the CCORP database; 3) delete one (1) data element; and 4) rename twelve (12) data elements to align with STS revised data element names.

The CCORP Format and File Specifications document and CCORP Data Element Specifications document instruct hospitals on how to submit their CABG surgery data in CORC. To incorporate the data element revisions, OSHPD must adopt a new Format and File Specifications document and new Data Element Specifications document to use for data submitted under the new standards.

Benefits: The benefit of revising the data elements and specifications is to lessen the burden to hospitals that report to both STS and CCORP by decreasing manual data abstraction and data entry. In addition, updating and adding to the data elements collected on CABG surgery will, based on STS experience developing and analyzing these revisions, enable improved and expanded risk-adjusted outcomes analysis and reporting for mortality and complications of CABG surgery.

Research has shown that payor information may serve as a proxy for measuring lower economic status, especially for patients with primary payor Medicare and secondary payor Medi-Cal known as dual eligibles. CCORP needs to add primary payor and secondary payor data elements to evaluate SES as a potential risk-factor that may improve the risk models for CABG surgery outcomes. Furthermore, revising the data elements better allow OSHPD to compare California outcomes to other state and national outcomes.

While some hospitals will realize a minor cost for the revision, the majority of hospitals will experience a cost savings. Overall, OSHPD estimates an average annual cost savings of $5,335 per hospital.

OSHPD can absorb the one-time cost of the necessary programming changes to CORC.

The data elements and definitions in the current regulations will continue to apply for CABG surgery patients discharged between January 1, 2018 and June 30, 2020.

Purpose: OSHPD proposes to amend the regulations to allow hospitals to submit documentation to the OSHPD via fax or upload through the CORC system. OSHPD also proposes to amend the regulations to submit signed Surgeon Certification Forms via email or upload through the CORC system. OSHPD proposes to revise the surgeon certification form to display the new submission options by email and upload via CORC and remove the surgeon unavailable checkbox. Lastly, OSHPD proposes to amend the regulations to allow hospitals to submit UAA forms via fax, email, or upload through the CORC system.

Benefits: The benefit of allowing hospitals additional ways to submit documentation, surgeon certification forms, and UAA forms is to assist hospitals in meeting their regulatory requirements. OSHPD would also receive these items quicker and would allow hospitals to be able to choose the most efficient method of document transmission. As technology has advanced, hospitals do not have as many fax machines as in the past. It is more difficult for hospital data contacts to find a fax to transmit the information to OSHPD. Some hospital data contacts work from home and do not have access to a fax but do have access to a scanner on a home printer. Allowing hospitals the flexibility of uploading their documentation, signed Surgeon Certification Forms, and UAA forms securely through the CORC system, by fax, or email will assist hospitals in meeting regulatory requirements more quickly. There may be a cost savings to hospitals. Revising the Surgeon Certification Form to display the new submission options of email and CORC upload will assist hospitals in determining the most efficient method of document transmission to OSHPD. While the surgeon unavailable checkbox will be removed from the Surgeon Certification Form, the other fill-in area will be retained. This will encourage surgeons to sign the form instead of having hospitals simply check the unavailable box.

NECESSITY

These amendments are necessary because they align CCORP data definitions with STS revisions for discharges on or after July 1, 2020. Aligning CCORP data definitions with the STS revisions reduces the need for hospitals to separately abstract and manually enter CABG surgery data into CCORP's data entry system, CORC. Adding new data elements and aligning existing data elements will allow for continued development and enhancement of CCORP and the risk-adjusted outcomes reports for CABG surgery. In addition, ensures compliance with prescribed reporting deadlines.

These amendments also allow hospitals the flexibility of uploading their documentation, signed Surgeon Certification form, and UAA forms securely through the CORC system, by fax, or email. The revisions to the Surgeon Certification Form will provide hospitals the information on the emailing and CORC upload submission options. This will aid hospitals in meeting regulatory requirements more quickly and more efficiently.

THE SPECIFIC PURPOSE OF EACH AMENDMENT

22 CCR 97170 Definitions, as Used in this Article

The definition of Coronary Artery Bypass Graft (CABG) surgery is amended to include all of Section 97174.

22 CCR 97174 Required Data Elements

The required data elements identified below are changing:

- Add Primary Payor data element and definition.

- Add Secondary (Supplemental) Payor data element and definition.

- Revise data element Date of Discharge to read Hospital Discharge Date.

- Revise Discharge / Mortality Status to read Status at Hospital Discharge. Revise data element and definition.

- Add Patient Transfer to Another Acute Hospital data element and definition.

- Add Patient Transfer to Another Acute Hospital – Date data element and definition.

- Add Mort – Status at 30 Days After Surgery (Either Discharged or In-hospital) data element and definition.

- Add Pneumonia data element and definition.

- Revise Immunocompromise to read Immunocompromised Present.

- Add COVID-19 data element and definition.

- Add Cancer Within 5 Years data element and definition.

- Revise Peripheral Arterial Disease to read Peripheral Artery Disease.

- Revise CVD to read Cerebrovascular Disease.

- Add Sodium data element and definition.

- Revise Cardiac Arrhythmia Atrial Fibrillation Type to read Atrial Fibrillation – Type. Revise data element definition.

- Revise Number of Diseased Vessels to read Number Diseased Vessels.

- Revise Percent Stenosis Left Main to read Left Main Stenosis >= 50% Known. Revise data element definition.

- Revise Ejection Fraction Done to read Hemo Data EF Done.

- Revise Ejection Fraction to read Hemo Data EF.

- Add Mitral Valve Regurgitation data element and definition.

- Revise Insufficiency Mitral to read Mitral Regurgitation. Revise data element definition.

- Revise Urgent or Emergent Reason to read Urgent / Emergent / Emergent Salvage Reason. Revise data element definition.

- Revise CPB Utilization to read Perfusion Strategy. Revise data element definition.

- Revise IMA Used to read Internal Mammary Artery Used.

- Revise Reason for No IMA data element and definition.

- Revise Aortic Valve Procedure data element and definition.

- Revise Mitral Valve Procedure data element and definition.

- Revise Reoperation for Bleed to read Reoperation for Bleed / Tampanade.

- Revise Reintervention – Myocardial Ischemia to read Unplanned Coronary Artery Intervention.

- Revise Reintervention – Myocardial Ischemia Vessel to read Unplanned Coronary Artery Intervention Vessels.

- Revise Deep Sternal Infection / Mediastinitis to read Deep Sternal.

- Revise Neuro-Stroke Permanent data element and definition.

- Delete Percent Native Artery Stenosis Known data element and definition.

22 CCR 97177.25 Report Format

The Format and File Specifications document and Data Element Specifications document instruct facilities on how to submit their CABG surgery data to CCORP. For inpatient hospital discharges on or after July 1, 2020, OSHPD must adopt revised Format and File Specifications and Data Element Specifications that incorporate the data element changes for hospitals to use when submitting data.

22 CCR 97177.35 Report Acceptance Criteria

All records must include valid values for data elements specified in either 97174(b)(1) or 97174(d)(1) as applicable for report acceptance.

22 CCR 97177.55 Report Supplemental Documents

Hospital documentation shall be submitted to the Office via fax or secure upload through CORC.

22 CCR 97177.60 Correction of Data

Hospital documentation shall be submitted to the Office via fax or secure upload through CORC.

22 CCR 97177.65 Final Correction

Hospital documentation shall be submitted to the Office via fax or secure upload through CORC.

22 CCR 97177.67 Final Report and Surgeon Certification

Each surgeon identified as a responsible surgeon in a final hospital report shall attest to the accuracy of the data for his or her CABG surgeries in that report by completing a Surgeon Certification Form. The signed Surgeon Certification Form (OSH-CCORP 415) must be submitted to the Office via fax, email or secure upload through CORC.

22 CCR 97177.70 Hospital Data Contact Person, User Account Administrator

Each hospital shall designate up to three (3) User Account Administrators. For each User Account Administrator there must be a signed CORC User Account Administrator Agreement Form (OSH-CCORP 757) submitted to the Office via fax, email or secure upload through CORC.

ECONOMIC IMPACT ASSESSMENT (Government Code Section 11346.3(b))

Purpose:

OSHPD proposes to amend California Code of Regulations (CCR) Section 97174 to revise, add, and delete CCORP data elements to conform to revised STS data elements to minimize the burden to hospitals of manual entry of CCORP data, improve risk analysis, and improve outcomes reporting. OSHPD also proposes to update the CCORP Format and File Specifications, incorporated by reference in Section 97177.25, to reflect the changes to Section 97174 and the CCORP Data Element Specifications, incorporated by reference in Section 97174. Lastly, OSHPD proposes to amend CCR Section 97177 to allow hospitals to submit documentation, signed Surgeon Certification Forms, and User Account Administrator Agreement Forms via fax, email, and secure upload through CORC. OSHPD will revise the Surgeon Certification Form to reflect these changes.

The Creation or Elimination of Jobs Within the State of California

These regulations ensure the quality and accuracy of the data OSHPD collects from hospitals that perform CABG surgery and uses to produce risk-adjusted outcomes reports on an annual basis. These regulations also identify the Format and File Specifications document version and Data Element Specifications document that hospitals are required to use when submitting their data to OSHPD's online reporting system. The revision to the regulations will only affect current hospitals that perform CABG surgeries and OSHPD staff. OSHPD has determined that this regulatory proposal will not have an impact on the creation or elimination of jobs in the State of California.

The Creation of New Businesses or the Elimination of Existing Businesses Within the State of California

These regulations ensure the quality and accuracy of the data OSHPD collects from hospitals that perform CABG surgery and uses to produce risk-adjusted outcomes reports on an annual basis. These regulations also identify the Format and File Specifications document version and Data Element Specifications Document version that hospitals are required to use when submitting their data to OSHPD's online reporting system. The revision to the regulations will only affect current hospitals that perform CABG surgeries and OSHPD staff. OSHPD has determined that this regulatory proposal will not have a significant adverse impact on the creation of new businesses or the elimination of existing businesses in the State of California.

The Expansion of Businesses Currently Doing Business Within the State of California

These regulations ensure the quality and accuracy of the data OSHPD collects from hospitals that perform CABG surgery and uses to produce risk-adjusted outcomes reports on an annual basis. These regulations also reference OSHPD's Format and

Files Specifications document version and Data Element Specifications Document version that hospitals are required to use when submitting their data to OSHPD's online reporting system. The revision to the regulations will only affect current hospitals that perform CABG surgeries and OSHPD staff. OSHPD has determined that this regulatory proposal will not have a significant adverse impact on the expansion of businesses in the State of California.

<u>Benefits of the Regulations to the Health and Welfare of California Residents, Worker Safety, and the State's Environment</u>

The benefit of changing these regulations is to improve the quality and accuracy of the data OSHPD collects from hospitals that perform CABG surgery and uses to produce risk-adjusted outcomes reports on an annual basis and could indirectly benefit the health and welfare of California residents who may use such data to understand California's healthcare environment. OSHPD has determined that these regulations do not benefit worker safety and the state's environment.

TECHNICAL, THEORETICAL, AND EMPIRICAL STUDY, REPORTS OR SIMILAR DOCUMENTS RELIED UPON

OSHPD relied upon the Society of Thoracic Surgeons (STS), Adult Cardiac Surgery Database Specifications version 4.20. These are publicly available at: www.sts.org

REASONABLE ALTERNATIVES

OSHPD has not identified any alternatives to the proposed regulation that would be less burdensome and equally effective in achieving the purposes of the regulation, and no alternatives have otherwise been identified and brought to the attention of OSHPD.

OSHPD has not identified any reasonable alternatives to the proposed regulatory action, including alternatives that would lessen any adverse impact on small business. The regulation as proposed would have no impact on small business.

EVIDENCE SUPPORTING FINDING OF NO SIGNIFICANT ADVERSE ECONOMIC IMPACT ON BUSINESS

OSHPD surveyed CCORP hospital data managers to determine the estimated costs of data extraction and data entry with or without these changes. The calculations used to quantify the cost of implementing these changes differentiated between hospitals that do or do not submit CABG surgery data to STS. It is estimated that adoption of this regulation would result in a minor cost savings to the approximately 86 percent of California hospitals that report CABG surgery data to both STS and CCORP. There will be minor costs to the remaining 14 percent of hospitals that report to only CCORP.   Allowing hospitals the flexibility of uploading their documentation, signed surgeon certifications, and UAA forms securely through the

CORC system, by fax, or by email will allow them to choose the most efficient method of document transmission.

§ 97170. Definitions, as Used in this Article.

(a) California CABG Outcomes Reporting Program (CCORP). California CABG Outcomes Reporting Program means the Office's program charged with collecting coronary artery bypass graft (CABG) surgery data and publishing reports on the risk-adjusted outcomes for the procedure.

(b) Cardiac Online Reporting for California (CORC). CORC means the OSHPD Cardiac Online Reporting for California system that is the online transmission system through which reports are submitted using an Internet web browser either by file transfer or data entry. It is a secure means of electronic transmission of data in an automated environment.

(c) Computer system date. Computer system date means the date that exists on the computer system used for data automation at the time of data entry.

(d) Coronary artery bypass graft (CABG) surgery. CABG surgery means a procedure performed to bypass blockages or obstructions of the coronary arteries, and includes both isolated CABG surgeries and non-isolated CABG surgeries, as defined by ~~Subsection (a)(2) of~~ Section 97174.

(e) Days. Days are defined as calendar days unless otherwise specified.

(f) Designee. Designee means the person authorized by the Chief Executive Officer of the hospital to sign the CCORP Hospital Certification Form (OSH-CCORP 416 (New 10/02).

(g) Discharge. A discharge means a person who was formally admitted to a hospital as an inpatient for observation, diagnosis, or treatment, with the expectation of remaining overnight or longer, and who is released from the hospital under one of the following circumstances:

(1) is formally released from the care of the hospital and leaves the hospital,

(2) transfers within the hospital from one type of care to another type of care, as defined in Section 97212 of Title 22 of the California Code of Regulations, or

(3) has died.

(h) Facility identification number. Facility identification number means a unique six-digit number assigned to each hospital by CCORP.

(i) Licensee. Licensee means an entity that has been issued a license to operate a hospital, as defined in the Health and Safety Code Section 128700.

(j) Record. Record means the set of data elements required to be reported for each CABG surgery, as set forth in Section 97174.

(k) Report. Report means the collection of all required records filed by a hospital for a reporting period, pursuant to Section 97172.

(l) Responsible surgeon. Responsible surgeon means the principle surgeon who performs a coronary artery bypass procedure. If a trainee performs this procedure, then the responsible surgeon is the physician responsible for supervising this procedure performed by the trainee. In situations in which a responsible surgeon cannot otherwise be determined, the responsible surgeon is the surgeon who bills for the coronary artery bypass procedure.

(m) User Account Administrator. A hospital representative responsible for maintaining the hospital's CORC user accounts and user account contact information.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code.

§ 97174. Required Data Elements.

(a) For patients discharged on or after July 1, 2020, a hospital shall submit the following data elements for each CABG surgery in compliance with the California CABG Outcomes Reporting Program (CCORP) Data Element Specifications Version 8.3, dated June 29, 2020, hereby incorporated by reference. This document is available for download from the OSHPD website. The office will make a hardcopy available on request. For all data elements categorized as postoperative events, with the exception of Deep Sternal, report only if the postoperative event occurred during the hospitalization for CABG surgery.

(1) Medical Record Number,
(2) Type of CABG,
(3) Date of Surgery,
(4) Date of Birth,
(5) Patient Age,
(6) Sex,
(7) Primary Payor,
(8) Secondary (Supplemental) Payor,
(9) Race Documented,
(10) Race – White,
(11) Race - Black/African American,
(12) Race – Asian,
(13) Race - American Indian/Alaskan Native,
(14) Race - Native Hawaiian/Pacific Islander,
(15) Race – Other,
(16) Hispanic or Latino or Spanish Ethnicity,
(17) Hospital Discharge Date,
(19) Patient Transfer to Another Acute Hospital,
(20) Patient Transferred to Acute Hospital – Date,
(21) Mortality Date,
(22) Mort – Status at 30 Days After Surgery (either discharged or in-hospital),
(23) Responsible Surgeon Name (3 separate fields),
(24) Responsible Surgeon CA License Number,
(25) Height (cm),
(26) Weight (kg),
(27) Diabetes,
(28) Diabetes Control,
(29) Dialysis,
(30) Hypertension,
(31) Endocarditis,
(32) Infectious Endocarditis Type,
(33) Chronic Lung Disease,
(34) Pneumonia,
(35) Liver Disease,
(36) Immunocompromised Present,
(37) COVID-19

(38) Cancer within 5 years,
(39) Peripheral Artery Disease,
(40) Cerebrovascular Disease,
(41) Prior CVA,
(42) Prior CVA When,
(43) CVD TIA,
(44) CVD – Carotid Stenosis,
(45) CVD Carotid Stenosis – Right,
(46) CVD Carotid Stenosis – Left,
(47) CVD Prior Carotid Surgery,
(48) Last Creatinine Level,
(49) Total Albumin,
(50) Total Bilirubin,
(51) INR,
(52) Sodium,
(53) Previous CABG,
(54) Previous Valve,
(55) Previous PCI,
(56) Previous PCI – Interval,
(57) Prior MI,
(58) MI – When,
(59) Heart Failure,
(60) Heart Failure Timing,
(61) Classification – NYHA,
(62) Cardiogenic Shock,
(63) Resuscitation,
(64) Cardiac Arrhythmia,
(65) Cardiac Arrhythmia - Vtach/Vfib,
(66) Cardiac Arrhythmia – Aflutter,
(67) Cardiac Arrhythmia - Third Degree Heart Block,
(68) Cardiac Arrhythmia - Atrial Fibrillation,
(69) Atrial Fibrillation-Type,
(70) Warfarin Use (within 5 days),
(71) Coronary Anatomy/Disease Known,
(72) Number Diseased Vessels,
(73) Left Main Stenosis >= 50% Known,
(74) Hemo Data EF Done,
(75) Hemo Data EF,
(76) PA Systolic Pressure Measured,
(77) PA Systolic Pressure,
(78) Mitral Valve Regurgitation,
(79) Mitral Regurgitation,
(80) Incidence,
(81) Status,
(82) Urgent / Emergent/Emergent Salvage Reason,
(83) Perfusion Strategy,

(84) CPB Utilization – Combination Plan,
(85) Internal Mammary Artery Used,
(86) Reason for No IMA,
(87) Valve,
(88) Aortic Valve,
(89) Aortic Valve Procedure Performed,
(90) Mitral Valve,
(91) Mitral Valve Procedure,
(92) Tricuspid Valve,
(93) Pulmonic Valve,
(94) Reoperation for Bleed/ Tampanade,
(95) Unplanned Coronary Artery Intervention,
(96) Unplanned Coronary Artery Intervention-Vessels,
(97) Deep Sternal,
(98) Neuro-Stroke Permanent,
(99) Pulm – Ventilation Prolonged,
(100) Renal - Renal Failure,
(101) Renal - Dialysis Requirement,
(102) Other - A Fib,
(103) Facility Identification Number

(b) If a value for a data element, other than data elements specified in Subsection (b)(1), is unknown or not applicable, a hospital may submit the record without a valid value for that data element.

(1) A valid value must be submitted for the following data elements: Medical Record Number, Type of CABG, Date of Surgery, Sex, Hospital Discharge Date, Status at Hospital Discharge, Responsible Surgeon Name, Responsible Surgeon CA License Number, Dialysis, Previous CABG, Previous PCI, Status, Reoperation for Bleed/ Tamponade, Unplanned Coronary Artery Intervention, Deep Sternal, Neuro - Stroke Permanent, Pulm - Ventilation Prolonged, Renal - Renal Failure, Renal - Dialysis Requirement, Other - A Fib, and Facility Identification Number.

(ac) For patients discharged on or after January 1, 2018 through June 30, 2020, a hospital shall submit the following data elements for each CABG surgery in compliance with the California CABG Outcomes Reporting Program (CCORP) Data Element Specifications Version 7.1, dated May 5, 2019, hereby incorporated by reference. This document is available for download from the OSHPD website. The office will make a hardcopy available on request. For all data elements categorized as postoperative events, with the exception of Deep Sternal Infection/Mediastinitis, report only if the postoperative event occurred during the hospitalization for CABG surgery.
(1) Medical Record Number,
(2) Type of Coronary Artery Bypass Graft (CABG),
(3) Date of Surgery,
(4) Date of Birth,
(5) Patient Age,
(6) Sex,

(7) Race Documented,
(8) Race - White,
(9) Race - Black/African American,
(10) Race - Asian,
(11) Race - American Indian/Alaskan Native,
(12) Race - Native Hawaiian/Pacific Islander,
(13) Race - Other,
(14) Hispanic or Latino or Spanish Ethnicity,
(15) Date of Discharge,
(16) Discharge/Mortality Status,
(17) Mortality Date,
(18) Responsible Surgeon Name (3 separate fields),
(19) Responsible Surgeon CA License Number,
(20) Height (cm),
(21) Weight (kg),
(22) Diabetes,
(23) Diabetes Control,
(24) Dialysis,
(25) Hypertension,
(26) Endocarditis,
(27) Infectious Endocarditis Type,
(28) Chronic Lung Disease,
(29) Liver Disease,
(30) Immunocompromise,
(31) Peripheral Arterial Disease,
(32) Cerebrovascular Disease,
(33) Prior CVA,
(34) Prior CVA - When,
(35) CVD TIA,
(36) CVD Carotid Stenosis,
(37) CVD Carotid Stenosis - Right,
(38) CVD Carotid Stenosis - Left,
(39) CVD Prior Carotid Surgery,
(40) Last Creatinine Level,
(41) Total Albumin,
(42) Total Bilirubin,
(43) INR,
(44) Previous CABG,
(45) Previous Valve,
(46) Previous PCI,
(47) Previous PCI - Interval,
(48) Prior MI,
(49) MI - When,
(50) Heart Failure,
(51) Heart Failure Timing,
(52) Classification - NYHA,

(53) Cardiogenic Shock,
(54) Resuscitation,
(55) Cardiac Arrhythmia,
(56) Cardiac Arrhythmia - VTach/VFib,
(57) Cardiac Arrhythmia - Aflutter,
(58) Cardiac Arrhythmia - Third Degree Heart Block,
(59) Cardiac Arrhythmia - Atrial fibrillation,
(60) Cardiac Arrhythmia - Atrial fibrillation Type,
(61) Warfarin Use (within 5 days),
(62) Coronary Anatomy/Disease Known,
(63) Number of Diseased Vessels,
(64) Percent Native Artery Stenosis Known,
(65) Percent Stenosis - Left Main,
(66) Ejection Fraction Done,
(67) Ejection Fraction (%),
(68) PA Systolic Pressure Measured,
(69) PA Systolic Pressure,
(70) Insufficiency - Mitral,
(71) Incidence,
(72) Status,
(73) Urgent Or Emergent Reason,
(74) CPB Utilization,
(75) CPB Utilization - Combination Plan,
(76) IMA Artery Used,
(77) Reason for No IMA,
(78) Valve,
(79) Aortic Valve,
(80) Aortic Valve Procedure,
(81) Mitral Valve,
(82) Mitral Valve Procedure,
(83) Tricuspid Valve,
(84) Pulmonic Valve,
(85) Reoperation for Bleed,
(86) Reintervention - Myocardial Ischemia,
(87) Reintervention - Myocardial Ischemia Vessel,
(88) Deep Sternal Infection/Mediastinitis,
(89) Neuro - Stroke Permanent,
(90) Pulm - Ventilation Prolonged,
(91) Renal - Renal Failure,
(92) Renal - Dialysis Requirement,
(93) Other - A Fib,
(94) Facility Identification Number,
(~~b~~d) If a value for a data element, other than data elements specified in Subsection
(~~b~~d)(1), is unknown or not applicable, a hospital may submit the record without a valid
value for that data element.

(1) A valid value must be submitted for the following data elements: Medical Record Number, Type of CABG, Date of Surgery, Sex, Date of Discharge, Discharge Status, Responsible Surgeon Name, Responsible Surgeon CA License Number, Dialysis, Previous PCI, Status, Reoperation for Bleed, Reintervention - Mycardial Ischemia, Reintervention - Myocardial Ischemia Vessel, Deep Sternal Infection/Mediastinitis, Neuro - Stroke Permanent, Pulm - Ventilation Prolonged, Renal - Renal Failure, Renal - Dialysis Requirement, Other - A Fib, and Facility Identification Number.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code.

§ 97177.25. Report Format.

(a) For discharges beginning July 1, 2020:
1. A hospital shall submit a report to the Office for discharges occurring on or after July 1, 2020 in compliance with the Office's Format and File Specifications for California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program (CCORP) Version 8.3 dated May 11, 2020 and hereby incorporated by reference.
2. The Office's Format and File Specifications are available for download from the OSHPD website. The Office will make a hardcopy available to a hospital on request.

(~~a~~b) For discharges beginning January 1, 2018 through June 30, 2020:
1. A hospital shall submit a report to the Office for discharges occurring on or after July 1, 2018 through June 30, 2020 in compliance with the Office's Format and File Specifications for California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program (CCORP) Version 7.0 dated May 31, 2017 and hereby incorporated by reference.
2. The Office's Format and File Specifications are available for download from the OSHPD website. The Office will make a hardcopy available to a hospital on request.
~~(b) For discharges beginning January 1, 2009:~~
~~1. A hospital shall submit a report to the Office for discharges occurring on or after January 1, 2009 in compliance with the Office's Format and File Specifications for California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program (CCORP) Version 4.0, dated July 20, 2009 and hereby incorporated by reference.~~
~~2. The Office's Format and File Specifications are available for download from the OSHPD website. The Office will make a hardcopy available to a hospital on request.~~
Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code

§ 97177.35. Report Acceptance Criteria.

For discharges beginning January 1, 2009:

The following requirements must be met for the Office to accept a report:

(a) Complete transmittal information must be submitted with each report, as required by Section 97177.30.

(b) The facility identification number in each of the records in the report must be consistent with the facility identification number stated in the transmittal information.

(c) The patient discharge date in each of the records in the report is consistent with the report period.

(d) The number of records stated in the transmittal information must be consistent with the number of records contained in the report.

(e) All records required to be reported pursuant to 97172 must be reported.

(f) The data must be reported in compliance with the format and file specifications in Section 97177.25.

(g) All records must include valid values for the data elements specified in either 97174(b)(1) or 97174(d)(1) as applicable.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code.

§ 97177.55. Report Supplemental Documents.

For discharges beginning January 1, 2009:

Hospitals shall provide documentation to support data element values as required by the office. Documentation shall be faxed to the Office or uploaded through the Cardiac Online Reporting for California (CORC) system.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code.

§ 97177.60. Correction of Data.

For discharges beginning January 1, 2009:
(a) After OSHPD completes the initial processing of reports for each report period, hospitals will be allowed a 21 day period to make report revisions. Hospitals will be notified by email of the beginning and end dates of this period.
(b) Hospitals shall use the CORC system for transmitting corrected reports. Each corrected report shall meet the acceptance criteria specified in section 97177.35.
(c) If a hospital fails to provide a valid value, or provides no value, for a data element for which, pursuant to either Section 97174(b)(1) or (d)(1) as applicable, a valid value is required, by the end of the 21-day period, the Office shall assign the data element in the record the lowest risk value as observed in the most current risk adjustment model. Hospitals shall provide documentation to support data element values as required by the office. Documentation shall be submitted faxed to the Office via fax or upload through the Cardiac Online Reporting for California (CORC) system.
Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code.

§ 97177.65. Final Correction.

~~For discharges beginning January 1, 2009:~~
(a) After the 21 day data correction period and before the Office determines which hospitals are selected for audit, hospitals will be allowed a 30-day period to make final corrections. Hospitals will be notified by email of the beginning and end dates of this period.
(b) Hospitals shall use the CORC system for transmitting corrected reports.
(1) Each corrected report shall meet the acceptance criteria specified in section 97177.35.
(2) If a hospital fails to provide a valid value or provides no value, for a data element for which, pursuant to either Section 97174(b)(1) or (d)(1) as applicable, a valid value is required, by the end of the 30-day period, the Office shall assign the data element in the record the lowest risk value as observed in the most current risk adjustment model. Hospitals shall provide documentation to support data element values as required by the office. Documentation shall be submitted ~~faxed~~ to the Office via fax or upload through the Cardiac Online Reporting for California (CORC) system.
Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code.

§ 97177.67. Final Report and Surgeon Certification.

 ~~For discharges beginning January 1, 2009:~~
(a) Within the 30-day period specified in section 97177.65, each hospital shall complete correction of its report and notify CORC that its last accepted report is its final report. Once a report has been designated as final, no further changes may be made by the hospital.
(b) Each surgeon identified as a responsible surgeon in a final hospital report shall attest to the accuracy of the data for his or her CABG surgeries in that report by completing a Surgeon Certification Form. Use (OSH-CCORP 415 (Revised ~~06/17~~ 03/02/20)) for reports of discharges beginning July 1, 2020 and for reports of discharges January 1, 2018-June 30, 2020 use OSH-CCORP 415 (Revised 06/17) and hereby incorporated by reference.
(1) A hospital shall file with the Office, via fax, email, or upload through the Cardiac Online Reporting for California (CORC) system, all completed and signed Surgeon Certification Forms. These shall also be filed within the 30-day period.
(2) The Surgeon Certification Form shall include the following information: the surgeon's name, the surgeon's California physician license number, the hospital name, the facility identification number, as defined in Section 97170, the reporting period's beginning and ending dates, the number of surgeon specific records in the report presented to them by the hospital. The statement portion of the certification is to be signed and dated by the surgeon prior to filing with the Office.
(3) The surgeon's name and physician license number specified on the Surgeon Certification Form shall be consistent with the surgeon's name and physician license number as provided in the submitted hospital records, and match the California Medical Board licensing information.
(4) If a surgeon does not sign a Surgeon Certification Form, the hospitals shall submit an unsigned surgeon certification form that includes the information identified in subsection (2). The hospital shall include the reason the form was unsigned.
(5) A hospital may obtain copies of the Surgeon Certification Form from the CORC system or on the OSHPD website.
(c) If a hospital does not designate a final report by the end of the 30-day period, the last accepted report for that hospital shall be considered the final report.
Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code.

§ 97177.70. Hospital Data Contact Person, User Account Administrator.

For discharges beginning January 1, 2009:

(a) Each hospital at which CABG surgeries are performed shall designate a primary CCORP data contact person. A hospital shall notify CCORP of the designation in writing, by electronic mail or through the Cardiac Online Reporting for California (CORC) system within 30 days of the effective date of this regulation or within 30 days of beginning or resuming operation. A notification shall include the designated person's name, title, telephone number(s), mailing address, and electronic mail address.

(b) A hospital shall notify CCORP in writing, by electronic mail or through the CORC system within 30 days after any change in the person designated as the primary CCORP data contact person, or in the title, telephone number(s), mailing address, or electronic mail address, of the individual.

(c) Each hospital shall designate up to three User Account Administrators pursuant to Subsection (l) of Section 97170. For each User Account Administrator there must be ~~an original~~ a signed CORC User Account Administrator Agreement Form (OSH-CCORP 757 (Rev. 06/17)) and hereby incorporated by reference, submitted to the Office via fax, email, or upload through the Cardiac Online Reporting for California (CORC) system. Each hospital shall notify CCORP in writing, by electronic mail or through the CORC system within 30 days after any change in a designated User Account Administrator's name, title, telephone number(s), mailing address, or electronic mail address.

(d) Each hospital is responsible for submitting its own online data report to CCORP. The hospital shall be responsible for ensuring compliance with regulations and reporting requirements when a third party vendor assists a hospital with CCORP data.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128745, Health and Safety Code.