

22 CCR § 97170

§ 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.

22 CCR § 97172

§ 97172. Required Reporting.

(a) A hospital where coronary artery bypass graft (CABG) surgery is performed shall file a report semiannually with the Office. This Section shall not apply to a hospital where all CABG surgeries performed are on patients under 18 years of age on the date of surgery.

(b) A report shall contain a record for each CABG surgery patient 18 years or older on the date of surgery who was discharged from the hospital during the reporting period, pursuant to Section 97176.

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 \geq 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 - Myocardial 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.

22 CCR § 97176

§ 97176. Reporting Periods and Due Date.

(a) During each calendar year there are two reporting periods. The first reporting period is January 1 through June 30; the second period is July 1 through December 31.

(b) If there has been a change in the licensure of a hospital, the effective date of a change in licensee shall constitute the start of the reporting period for the new licensee, and this first reporting period shall end on June 30 or December 31, whichever occurs first. The final day of the reporting period for the previous licensee shall be the last day their licensure was effective.

(c) A hospital shall file a report by the date the report is due. The due date is 90 days after the end of a reporting period.

(d) When a report due date is a Saturday, Sunday, or a state observed holiday, a report shall be considered timely if filed on the next business day.

(e) When a hospital has been granted an extension to submit a report, the ending date of the extension shall constitute the new due date for that report.

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

22 CCR § 97177.10

§ 97177.10. Extensions to File Report.

For discharges beginning January 1, 2009:

(a) Extensions for additional time are available to a hospital that is unable to file a report by the due date. The Office shall grant extensions no more than a cumulative total of 28 days per report.

(b) Requests for extension shall be filed on or before the required due date of the report by using the extension request screen available through the CORC system to indicate the number of days requested or by submitting the Extension Request Form (OSH-CCORP 418 (Revised 06/17)) and hereby incorporated by reference.

(c) If a hospital files a report before an extended due date, the days not used will be applied to the number of available extension days for the report.

(d) The Office shall respond within 5 days of receipt of the extension request by either granting a hospital what is determined to be a reasonable extension or disapproving the request. Hospitals which are granted an extension shall be notified by the Office of the new due date for the report.

(e) If a report is rejected on, or within 7 days before, or at any time after, any due date established by Subsections (c) or (d), of Section 97176, the Office shall grant, if available, an extension of 7 days. If fewer than 7 days are available, all available extension days will be granted.

(f) Notices regarding extension days and revised due dates will be e-mailed to the primary CCORP data contact person designated by the hospital. These notices will also be available to hospital CORC users on the CORC Data Status page.

(g) If the Office determines that the CORC system was unavailable for data submission for one or more periods of 4 or more continuous supported hours during the 4 State working days before a due date established pursuant to Section 97176, the Office shall extend the due date by 7 days.

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

22 CCR § 97177.15

§ 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.

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

22 CCR § 97177.20

§ 97177.20. CORC System Training.

For discharges beginning January 1, 2009:

Hospitals shall ensure all CORC users have completed the Computer Based Training (CBT) for the CORC system provided on the OSHPD website prior to system use.

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

22 CCR § 97177.25

§ 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.

(ab) 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

22 CCR § 97177.30

§ 97177.30. Data Transmittal Requirements.

For discharges beginning January 1, 2009:

Hospitals submitting a report shall include the following information to transmit each report: the hospital name, the facility identification number, the report period, the number of records in the report and the following statement of certification:

I certify under penalty of perjury that I am an official of this hospital and am duly authorized to transmit these data; and that, to the extent of my knowledge and information the accompanying records are true and correct, and that the applicable definitions of the data elements as set forth in Article 7, of Chapter 10 of Division 7 of Title 22 of the California Code of Regulations, have been followed by this hospital.

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.

22 CCR § 97177.45
§ 97177.45. Data Testing.

For discharges beginning January 1, 2009:

Data entered through the CORC system for testing will not be accepted as a report.

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

22 CCR § 97177.50

§ 97177.50. Report Acceptance or Rejection.

For discharges beginning January 1, 2009:

(a) The Office shall accept or reject each report within 15 days of receipt. A report shall be considered not filed on the date that a hospital receives notice from the Office that a report has been rejected. Notification of acceptance or rejection of any report submitted online shall not take more than 15 days unless there is a documented CORC system failure.

(b) Notices regarding acceptance and rejection of a report will be emailed to the primary CCORP data contact person designated by the hospital. These notices will also be available to the hospital CORC users on the CORC Data Status page.

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

22 CCR § 97177.55

§ 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.

22 CCR § 97177.60

§ 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.

22 CCR § 97177.65
§ 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.

22 CCR § 97177.70

§ 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.

22 CCR § 97177.75

§ 97177.75. Failure to File a CABG Report.

For discharges beginning January 1, 2009:

(a) A civil penalty of one hundred dollars (\$100) per day shall be assessed to a hospital that does not file an online report as required by this Article by the date it is due. No penalty shall be imposed during an extension period as provided in Section 97177.10.

(b) Within 15 days after the date a report is due, unless an extension has been granted as specified in Section 97177.10, the Office shall notify a hospital that has not filed its online report of the penalties.

(c) Assessed penalties may be appealed pursuant to Section 97052 of Title 22 of the California Code of Regulations.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128745 and 128770, Health and Safety Code.

22 CCR § 97199

§ 97199. Audit Procedure.

(a) The Office may conduct periodic audits of a hospital's patient medical records for its CABG surgery patients. Audits may, at the Office's discretion, be performed at the hospital location.

(b) The Office shall notify a hospital a minimum of 2 weeks before the date of an audit. Upon notification that an audit is planned, a hospital shall designate a person to serve as the audit contact person. A hospital shall provide to the Office the contact person's name, title, telephone number, and electronic mail address.

(c) A hospital shall retrieve and make available the requested patient medical records for an audit, and if requested by the Office, provide a reasonable space in which the Office may conduct an audit.

(d) Data abstracted during an audit may, at the Office's discretion, replace data for a given record submitted in a report filed by a hospital. Replacement data shall be used in calculating risk-adjusted mortality rates for hospitals and physicians.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128745 and 128748, Health and Safety Code.

22 CCR § 97199.50

§ 97199.50. Hours of Operation.

The CORC System is designed for use 24 hours a day. System maintenance may cause intermittent CORC system unavailability. Contact CCORP's Hotline to report possible CORC transmission problems.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128745 and 128748, Health and Safety Code.

22 CCR § 97200
§ 97200. Contacts.

(a) Hospitals may use any of the following methods to communicate with CCORP:

(1) Hotline: 916-326-3865

(2) Email: CCORP@oshpd.ca.gov

(3) Fax: 916-445-7534

(b) The OSHPD website address is www.oshpd.ca.gov

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