

TEXT OF SECTION 100

CHANGES TO THE CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 7,  
CHAPTER 10, HEALTH FACILITY DATA

ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS

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

Effective with discharges on or after January 1, 1999, the patient's expected source of payment shall be reported using the following:

(1) Payer Category: The type of entity or organization which is expected to pay or did pay the greatest share of the patient's bill.

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

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

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

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

(E) County Indigent Programs. Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical

Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or Realignment Funds whether or not a bill is rendered.

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

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

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

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

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

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

(B) Managed Care - Other. Health care plans, except those in Subsection (a)(2)(A) of this section, which provide managed care to enrollees through a panel of providers on a

pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).

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

(3) Name of Plan.

For discharges occurring on or after January 1, 2010, report the names of those plans which are licensed under the Knox-Keene Health Care Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System. For Type of Coverage, Subsection (2)(A) of this section, report the plan code number representing the name of the Knox-Keene licensed plan or the Medi-Cal County Organized Health System as shown in Table 1.

Table 1. Plan Code Numbers for Knox-Keene Licensed Plans and Medi-Cal County Organized Health Systems:

For use with discharges occurring on or after January 1, 2010

Plan Names Plan Code Numbers

Aetna Health Plans of California, Inc. 0176

AIDS Healthcare Foundation 0432

Alameda Alliance for Health 0328

Alameda Alliance Joint Powers Authority (QIF) 0440

American Family Care 0322

Arcadian Health Plan, Inc. 0468

Arta Medicare Health Plan Inc. 0441

Association Health Care Management Inc. 0420  
Avante Behavioral Health Plan 0397  
Blue Cross of California 0303  
Blue Cross of California Partnership Plan (QIF) 0415  
Blue Shield of California 0043  
Caloptima (Orange County) 0394  
Care 1st Health Plan 0326  
Care 1st Health Plan Partner (QIF) 0443  
CareMore Insurance Services, Inc 0408  
CenCal Health 0400  
Central Coast Alliance For Health 0401  
(Santa Cruz County/Monterey County)  
Central Health Plan 0404  
Chinese Community Health Plan 0278  
CHG Foundation/Community Health Group 0431  
Partnership Plan (QIF)  
Choice Physicians Network Inc. 0470  
Cigna Behavioral Health of California 0298  
Cigna HealthCare of California, Inc. 0152  
Cigna HealthCare Pacific, Inc. 0325  
Community Health Group 0200  
Community Health Plan (County of Los Angeles) 0248  
Concern 0402  
Contra Costa Health Plan 0054  
Contra Costa County Medical Services (QIF) 0424

Easy Choice Health Plan, Inc. 0457  
Empathia Pacific, Inc. 0409  
EPIC Health Plan 0483  
Fresno-Kings-Madera Regional Health Authority 0484  
GemCare Health Plan, Inc. 0445  
Golden State Medicare Health Plan 0474  
Great-West Healthcare of California, Inc. 0325  
HAI, Hai-Ca 0292  
Health and Human Resource Center 0319  
Health Net of California, Inc. 0300  
Health Net Community Solutions Inc. (QIF) 0426  
Health Plan of America (HPA) 0126  
(The) Health Plan of San Joaquin 0338  
Health Plan of San Joaquin Joint Powers Authority 0442  
(QIF)  
Health Plan of San Mateo 0358  
Heritage Provider Network, Inc. 0357  
HHRC, Integrated Insights 0319  
Holman Professional Counseling Centers 0231  
Honored Citizens Choice Health Plan, Inc. 0414  
Horizon Health EAP – Behavioral Services 0319  
Humana Health Plan of California, Inc. 0476  
IEHP Health Access (QIF) 0428  
Inland Empire Health Plan (IEHP) 0346  
Inter Valley Health Plan 0151

Kaiser Foundation Health Plan, Inc. 0055  
Kern Health Systems Group Health Plan (QIF) 0425  
Kern Health Systems Inc 0335  
KP Cal, LLC (QIF) Kaiser 0438  
LA Care Health Plan 0355  
Magellan Health Services of California 0102  
Managed Health Network 0196  
MD Care, Inc. 0462  
Medcore HP 0390  
MediExcel Health Plan 0486  
Molina Healthcare of California 0322  
Molina Healthcare of California Partner Plan, Inc. 0427  
Monarch Health Plan 0453  
On Lok Senior Health Services 0385  
PacifiCare Behavioral Health of California 0301  
PacifiCare of California 0126  
Partnership HealthPlan of California 0416  
Premier Health Plan Services Inc.0473  
Primecare Medical Network, Inc. 0367  
Positive Healthcare 0432  
Robert T. Dorris & Associates 0409  
San Francisco Community Health Authority 0423  
San Francisco Community Health Authority (QIF) 0349  
San Mateo Community Health Plan (QIF) 0439  
San Miguel Health Plan 0459

Santa Barbara San Luis Obispo Regional Health Authority 0400  
Santa Clara Community Health Authority (QIF) 0444  
Santa Clara Family Health Plan 0351  
Santa Clara Valley Med. Ctr. 0236  
Satellite Health Plan, Inc. 0491  
SCAN Health Plan 0212  
Scripps Clinic Health Plan Services, Inc. 0377  
Secure Horizons 0126  
Sharp Health Plan 0310  
Simnsa Health Care 0393  
Sistemas Medicos Nacionales, S.A. De C.V. 0393  
The Capella Group, Inc 0463  
The Health Plan of San Joaquin 0338  
UHC (UnitedHealthcare) of California 0126  
UHP Healthcare 0008  
Universal Care 0209  
USA Healthcare Savings 0463  
U.S. Behavioral Health Plan, California 0259  
Valley Health Plan 0236  
ValueOptions of California, Inc. 0293  
Ventura County Health Care Plan 0344  
WATTSHealth Foundation, Inc. 0008  
Western Health Advantage 0348  
Western Health Advantage Community Health Plan-(QIF) 0429  
Other 8000

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