

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-</b>	REGULATORY ACTION NUMBER <b>2014-0626-01N</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			2014 JUN 26 PM 4: 32
NOTICE			REGULATIONS

ENDORSED FILED IN THE OFFICE OF

2014 AUG -5 PM 1: 22

*Debra Bowen*  
DEBRA BOWEN  
SECRETARY OF STATE

2014 JUN 26 PM 4: 32  
OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY  
Office of Statewide Health Planning and Development

AGENCY FILE NUMBER (if any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

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 Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) OSHPD Patient Data Section Updates - Expected Source of Payment	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT
	AMEND
	97232
TITLE(S)	REPEAL
22	

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Irene Ogonna	TELEPHONE NUMBER (916) 326-3937	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Ran Spingarn</i>	DATE 6/26/14
TYPED NAME AND TITLE OF SIGNATORY Ran Spingarn, Deputy Director	

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**ENDORSED APPROVED**

**AUG 05 2014**

Office of Administrative Law

**State of California  
Office of Administrative Law**

In re:

Office of Statewide Health Planning and  
Development

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:

Amend sections: 97232

Repeal sections:

NOTICE OF APPROVAL OF CHANGES  
WITHOUT REGULATORY EFFECT

California Code of Regulations, Title 1,  
Section 100

OAL File No. 2014-0626-01 N

The Office of Statewide Health Planning and Development (OSHPD) submitted this action to make changes without regulatory effect by amending section 97232 of title 22 of the California Code of Regulations. Health and Safety Code section 128735 enumerates data elements that must be included in the record of each patient discharged from a California hospital, one data element of which is the expected source of payment. That data element is implemented in section 97232, which consists of three parts: payer category; type of coverage; and the plan code number that identifies the plan. OSHPD obtains the plan names and code numbers from the Department of Managed Health Care, the licensing entity. The number of plans licensed to operate in California is subject to change. The proposed action deletes the names of eleven plans that are no longer licensed, adds eight newly licensed plans, updates the names of six existing plan names, and reorganizes plan names to maintain the alphabetical order of plans as listed in section 97232.

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

Date: 8/5/2014



Richard L. Smith  
Senior Attorney

For: DEBRA M. CORNEZ  
Director

Original: Robert David  
Copy: Irene Ogbonna