

**Emergency Department and  
Ambulatory Surgery Data  
File Documentation**

**Public Version  
January – June 2010**

**SAS Version 9.2  
Comma-Delimited Text File**

**Emergency Department and Ambulatory Surgery Data  
File Documentation – Public Version**

**CONTENTS**

**Introduction**

General Information .....	3
Masked Variables .....	4
Modifications and Variant Action Reports.....	4
Changes to Reporting of Disposition .....	5
The Capen vs. Shewry Decision .....	5
Importing Notes.....	5
File Format.....	5

**File Documentation**

Facility Identification Number .....	6
Patient Type.....	6
License Type .....	6
Age in Years (at service date) .....	6
Age Range (20 categories) .....	7
Age Range (5 categories) .....	7
Gender.....	7
Ethnicity .....	8
Race .....	8
Patient ZIP Code.....	8
Patient County .....	9
Quarter of Service.....	9
Expected Source of Payment.....	10
Disposition .....	10
External Cause of Injury – Principal E-Code .....	11
External Cause of Injury – Other E-Codes (up to 4) .....	12
Principal Diagnosis .....	12
Other Diagnoses (up to 24).....	12
Principal Procedure.....	13
Other Procedures (up to 20).....	13

**Appendices**

Appendix A - Masked Variable Frequencies .....	A 1-6
Appendix B - Data Exceptions and Modifications.....	B 1
Appendix C - Emergency Department (ED) Encounters by Facility .....	C 1-8
Appendix D - Ambulatory Surgery (AS) Encounters by Facility .....	D 1-11
Appendix E - Expected Source of Payment Definitions.....	E 1-2
Appendix F - Disposition Definitions .....	F 1-3
Appendix G - Race and Ethnicity Definitions .....	G 1-2
Appendix H - Principal Language Spoken (PLS) (NOT AVAILABLE IN THE PUBLIC FILE) .....	H 1
Appendix I - Manual Abstract Reporting Form (ED).....	I 1-3
Appendix J - Manual Abstract Reporting Form (AS).....	J 1-3
Appendix K - County Names and Codes.....	K 1

# Emergency Department and Ambulatory Surgery Data

## File Documentation – Public Version

### INTRODUCTION

#### **General Information:**

The California Office of Statewide Health Planning and Development (OSHPD) provides public datasets of data collected from licensed emergency departments and ambulatory surgery facilities in California. Each record within the dataset consists of one outpatient encounter, also known as a service visit, for each time a patient is treated. Data collected for these encounters include demographic, clinical, payer, and facility information.

Ambulatory surgery (AS) data include encounters from general acute care hospitals and licensed freestanding ambulatory surgery clinics, during which at least one ambulatory surgery procedure is performed. While not all freestanding ambulatory surgery centers are required to be licensed by the Department of Public Health, the freestanding ambulatory surgery centers that are licensed by Department of Public Health as surgical clinics are required to report. The recent Capen decision affects these licensed entities and is discussed in more detail below under the heading The Capen vs. Shewry Decision.

An ambulatory surgery procedure is defined as those procedures performed on an outpatient basis in the general operating rooms, ambulatory surgery rooms, endoscopy units, or cardiac catheterization laboratories of a hospital or a freestanding ambulatory surgery clinic. If the procedure was done elsewhere such as radiology, OSHPD cannot mandate collection from those areas not specified in the law. If a hospital-based AS encounter resulted in a same-hospital admission, the hospital-based AS encounter would be combined with the inpatient record. A separate AS record would not be reported for that scenario. When analyzing hospital-based AS records, you may want to include the AS direct admission using the inpatient's source of admission's site for Ambulatory Surgery and licensure for "Admitting Hospital".

Emergency department (ED) data includes encounters from hospitals licensed to provide emergency medical services. ED services include basic, standby, or comprehensive. Urgent care should not be automatically considered an ED. Urgent care centers or clinics are licensed by the California Medical Board, and can be owned and operated by a physician or contracted out by a hospital, or acts as a drop-in for the ambulatory care clinic. Urgent care is not intended to be a replacement for ED. The ED encounter includes those patients who had a face-to-face contact with the provider. In the event of elopement or left without being seen, the patient did not have a face-to-face encounter with the provider and therefore the ED record was not reported. The provider is a person with primary responsibility for assessing and treating the condition of a patient at a given contact and exercises independent judgment in the care of the patient. This includes medical doctor, doctor of osteopathy, doctor of dental surgery, or a doctor of podiatric medicine. If the ED encounter resulted in a same-hospital admission, the ED encounter would be combined with the inpatient record. A separate ED record would not be reported for that scenario. When analyzing ED records, you may want to include the ED direct admissions by the inpatient's source of admission's route for ER.

For more details on the definitions of the data reported and reporting requirements, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual at [www.oshpd.ca.gov/HID/MIRCal/EDASManual.html](http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html).

## Emergency Department and Ambulatory Surgery Data File Documentation – Public Version

The public data is released twice a year by OSHPD once it has been screened by the automated reporting software (MIRCal) and corrected by the individual facilities. Separate public files are available for ED and AS center encounters. Because of its size, the ED data is divided into three separate files based on the geographic location of the facility as indicated below:

- Los Angeles County
- Southern California (Imperial, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, Ventura)
- Northern California (remaining counties)

### **Masked Variables:**

To protect patient confidentiality, records with unique combinations of certain demographic variables will have one or more of those variables masked to make sure the files are de-identified. In most cases masking involves defaulting the variable to blank or missing. Each unique record will have the minimum number of fields masked to ensure it is no longer unique.

The variable masking occurs in the following order:

ORDER OF MASKING	DATA FIELDS SUBJECT TO MASKING
1 <sup>st</sup>	Age in Years (at service date)
2 <sup>nd</sup>	Ethnicity
3 <sup>rd</sup>	Race
4 <sup>th</sup>	Sex
5 <sup>th</sup>	Age Range 20 (20 categories)
6 <sup>th</sup>	Age Range 5 (5 categories)
7 <sup>th</sup>	Quarter of Service
8 <sup>th</sup>	Patient ZIP Code (5-digit)*
9 <sup>th</sup>	Small County Groups**
10 <sup>th</sup>	Patient ZIP Code (3-digit)*
	<p>*Five-digit ZIP will be masked to three-digits; if record is still unique, ZIP will be totally masked with an asterisk.</p> <p>**Small counties with total populations of 30,000 or less are grouped into 3 categories: Central (CE), Northeastern (NE), and Northwestern (NW). Listings of small counties for each reporting year are provided in Appendix A along with the number of records that were masked by variable.</p>

### **Modifications and Variant Action Reports:**

Some facilities have applied for and been granted "modifications" to standard data reporting requirements. Other facilities were unable to complete specific fields as required and were deemed "non-compliant" at the time of reporting. See Appendix B - Data Exceptions and Modifications for a listing of all non-compliant facilities and those with approved modifications and their affected variables.

## **Emergency Department and Ambulatory Surgery Data File Documentation – Public Version**

### **Changes to Reporting of Disposition:**

The National Uniform Billing Committee has made changes to the reporting of Patient Discharge Status Codes (reported to OSHPD as “Disposition”). Although these changes are not yet reflected in regulation, OSHPD is accommodating the reporting of these new definitions, beginning with encounters after 04/01/2008. A new code, 70, has been added and an existing code, 05, has changed definition. Beginning with the second quarter 2008 encounter data and continuing with the 2009 data, Code 05 is defined as “discharged or transferred to a designated cancer center of children’s hospital”. The old definition “discharged or transferred to another type of healthcare institution not elsewhere coded” is now represented by a new code, 70.

### **The Capen vs. Shewry Decision:**

In the case *Capen vs. Shewry*, dated 09/19/2007, it was the opinion of the court that the Department of Public Health (CDPH) Licensing and Certification does not have the authority to issue licenses to physician-owned surgical clinics.

In an opinion filed on February 8, 2007, the California Court of Appeals, Third Appellate District, interpreted California clinic licensing law pursuant to Section 1200, et seq. of the California Health and Safety Code, that certain types of clinics and surgical clinics are eligible for licensure by CDPH. The Statute defines "surgical clinics" to exclude clinics that are owned and operated by one or more physicians, but expressly provides that physicians or dentists may, at their option, apply for licensure. CDPH had interpreted the Statute as excluding from mandatory licensure only clinics in which all of the physicians are owners, and requiring licensure of physician-owned clinics in which non-owner physicians practice. CDPH had also licensed physician-owned clinics that voluntarily requested it.

However, on September 19, 2007, the Third District Court of Appeals issued its decision in the *Capen vs. Shewry* lawsuit holding that all clinics that are owned by a physician or group of physicians are excluded from licensure by CDPH. According to the decision, physician-owned clinics are subject to licensure by the Medical Board of California, which licenses certain "outpatient surgery settings" that use anesthesia.

CDPH has interpreted the decision as stripping it of the authority to license or regulate any physician-owned surgical clinic, including the authority to issue licenses that physicians request voluntarily.

### **Importing Notes:**

There are several fields that although they appear to contain numeric data, should be treated as text. This is particularly important when working with diagnosis and procedure codes. These fields are comprised of ICD-9-CM (diagnosis) and CPT (procedure) codes. Diagnosis and procedure codes are stored without decimals and many contain leading zeros. For example, the ICD-9-CM code for Salmonella Gastroenteritis is “003.0” (implied decimal following the third digit from the left). If it is not formatted as text, the leading zeros may be dropped and the code will appear as an invalid diagnosis code of “30”.

### **File Format:**

In the comma-delimited set, the length of each field and the length of each record will vary according to the data reported. To assist you in using the comma-delimited, patient-level datasets, a header row identifying each data element is provided in the position of the first record. The SAS dataset was created using SAS version 9.2 for Windows.

The attributes for each data field is provided on the following pages.

**Emergency Department and Ambulatory Surgery Data  
File Documentation – Public Version**

**File Documentation**

**Facility Identification Number**

Field Name: fac\_id

Definition: A unique six-digit identifier assigned to each facility by the Office of Statewide Health Planning and Development. The first two digits indicate the county in which the facility is located. The last four digits are unique within each county. A list of facility numbers and their names and number of encounters are provided in Appendix C - Emergency Department Encounter by Facility and Appendix D - Ambulatory Surgery Encounter by Facility.

Variable Type: Character

Variable Length: 6

**Patient Type**

Field Name: pat\_type

Definition: A one character field that indicates the type of facility where a particular patient encounter occurred.

A = Ambulatory Surgery

E = Emergency Department

Variable Type: Character

Variable Length: 1

**License Type**

Field Name: lic\_type

Definition: The license type of the reporting facility. For Ambulatory Surgery data, this variable can be used to distinguish between freestanding ambulatory surgery centers and hospital-based ambulatory surgery.

C = Clinic

H = Hospital

Variable Type: Character

Variable Length: 1

**Age in Years (at service date)**

Field Name: age\_yrs

Definition: Age of the patient at the time of service. This is based on the reported service date and patient's date of birth. If the date of birth is unknown or invalid, the age in years is set to "0".

Variable Type: Numeric

Variable Length: 3

**Emergency Department and Ambulatory Surgery Data  
File Documentation – Public Version**

**Age Range (20 categories)**

Field Name: agecat20

Definition: Age range of the patient at the time of service, in five-year increments.

01 = Under 1 year	11 = 45-49 years
02 = 1-4 years	12 = 50-54 years
03 = 5-9 years	13 = 55-59 years
04 = 10-14 years	14 = 60-64 years
05 = 15-19 years	15 = 65-69 years
06 = 20-24 years	16 = 70-74 years
07 = 25-29 years	17 = 75-79 years
08 = 30-34 years	18 = 80-84 years
09 = 35-39 years	19 = 85 years or greater
10 = 40-44 years	00 = Unknown age

Variable Type: Character

Variable Length: 2

**Age Range (5 categories)**

Field Name: agecat5

Definition: Broader age range of the patient at the time of service.

1 = Under 1 year	4 = 35-64 years
2 = 1-17 years	5 = 65 years or greater
3 = 18-34 years	0 = Unknown age

Variable Type: Character

Variable Length: 1

**Gender**

Field Name: sex

Definition: Gender of the patient at time of service. "Unknown" includes undetermined sex, congenital abnormalities that obscure sex identification and sex change operations, including any procedure related to a sex change operation, and that the patient's gender was not available from the medical record. Reported invalid and missing values for sex were defaulted to "U".

M = Male
F = Female
U = Unknown/Invalid

Variable Type: Character

Variable Length: 1

## Emergency Department and Ambulatory Surgery Data File Documentation – Public Version

### **Ethnicity**

Field Name: eth

Definition: Ethnicity (self-reported) of the patient. Reported invalid and missing values for ethnicity were defaulted to “99”. Detailed definitions of Race and Ethnicity are provided in Appendix G - Race and Ethnicity Definitions.

E1 = Hispanic

E2 = Non-Hispanic

99 = Unknown/Invalid/Blank

Variable Type: Character

Variable Length: 2

### **Race**

Field Name: race

Definition: Patient’s racial background (self-reported). Facilities are instructed to report race as “unknown” if a patient cannot or refuses to declare their race. Reported invalid or missing values for race were defaulted to “99”. Detailed definitions of Race and Ethnicity are provided in Appendix G - Race and Ethnicity Definitions.

R1 = American Indian/Alaskan Native

R2 = Asian

R3 = Black/African American

R4 = Native Hawaiian/Other Pacific Islander

R5 = White

R9 = Other Race

99 = Unknown/Invalid/Blank

Variable Type: Character

Variable Length: 2

### **Patient ZIP Code**

Field Name: patzip

Definition: The patient’s 5-digit ZIP Code of residence. If the ZIP Code is unknown, it is assigned a value of 99999. In the masking process, the ZIP Code may be masked at the 3-digit level (i.e., first 3 digits)

Variable Type: Character

Variable Length: 5

## Emergency Department and Ambulatory Surgery Data

### File Documentation – Public Version

#### Patient County

Field Name: patco

Definition: The patient's county of residence. OSHPD assigns the county of residence based on the patient's reported ZIP Code. Invalid, blank and unknown ZIP Codes and patients residing outside of California are assigned a county code value of 00. Counties with populations of less than 30,000 residents are assigned to one of three small county codes.

01 = Alameda	21 = Marin	42 = Santa Barbara
03 = Amador	23 = Mendocino	43 = Santa Clara
04 = Butte	24 = Merced	44 = Santa Cruz
05 = Calaveras	27 = Monterey	45 = Shasta
07 = Contra Costa	28 = Napa	47 = Siskiyou
08 = Del Norte	29 = Nevada	48 = Solano
09 = El Dorado	30 = Orange	49 = Sonoma
10 = Fresno	31 = Placer	50 = Stanislaus
11 = Glenn	33 = Riverside	51 = Sutter
12 = Humboldt	34 = Sacramento	52 = Tehama
13 = Imperial	35 = San Benito	54 = Tulare
15 = Kern	36 = San Bernardino	55 = Tuolumne
16 = Kings	37 = San Diego	56 = Ventura
17 = Lake	38 = San Francisco	57 = Yolo
18 = Lassen	39 = San Joaquin	58 = Yuba
19 = Los Angeles	40 = San Luis Obispo	00 = Not a California county
20 = Madera	41 = San Mateo	
CE = Alpine, Inyo, Mariposa and Mono counties combined		
NE = Modoc, Plumas and Sierra counties combined		
NW = Colusa and Trinity counties combined		

Variable Type: Character

Variable Length: 2

#### Quarter of Service

Field Name: serv\_q

Definition: The calendar quarter when service was provided to the patient. This was based on the service date. The service date is the start of care date provided in the ED or AS, whichever occurred first.

- 1 = January - March
- 2 = April - June
- 3 = July - September
- 4 = October - December

Variable Type: Character

Variable Length: 1

**Emergency Department and Ambulatory Surgery Data  
File Documentation – Public Version**

**Expected Source of Payment**

Field Name: payer

Definition: The type of entity or organization expected to pay the greatest share of the patient's bill. For a complete list of definitions for these payers, see Appendix E - Expected Source of Payment. Reported invalid and missing values for expected source of payment were defaulted to "99".

09 = Self Pay  
11 = Other Non-federal Programs  
12 = Preferred Provider Organization (PPO)  
13 = Point of Service (POS)  
14 = Exclusive Provider Organization (EPO)  
16 = Health Maintenance Organization (HMO) Medicare Risk  
AM = Automobile Medical  
BL = Blue Cross/Blue Shield  
CH = CHAMPUS (TRICARE)  
CI = Commercial Insurance Company  
DS = Disability  
HM = Health Maintenance Organization  
MA = Medicare Part A  
MB = Medicare Part B  
MC = Medicaid (California's Medi-Cal program)  
OF = Other Federal Program  
TV = Title V  
VA = Veterans Affairs Plan  
WC = Workers' Compensation Health Claim  
00 = Other  
99 = Invalid/Unknown

Variable Type: Character

Variable Length: 2

**Disposition**

Field Name: dispn

Definition: The consequent arrangement or event ending a patient's encounter in the reporting facility. Beginning on 4/1/2008, The National Uniform Billing Committee has made changes to the reporting of this element. Although these changes are not yet reflected in regulation, OSHPD is accommodating the reporting of these new definitions. Only two codes are affected, a new code, 70, has been added and an existing code, 05, has changed definition. For detailed definitions, see Appendix F - Disposition Definitions. For various scenarios, facilities are instructed to refer to the National Uniform Billing Committee's (NUBC) Web site or manual on Frequently Asked Questions for this data element. Reported invalid and missing values for disposition were defaulted to "99".

01 = Discharged to home or self care (routine discharge)  
02 = Discharged/Transferred to a short-term general care hospital for inpatient care

## Emergency Department and Ambulatory Surgery Data

### File Documentation – Public Version

- 03 = Discharged/Transferred to a skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 = Discharged/Transferred to an intermediate care facility (ICF)
- 05 = **Before 4/1/08** - Discharged/Transferred to another type of institution not defined elsewhere on this code list
- 05 = **On and After 4/1/08** - Discharged/Transferred to a designated cancer center of children's hospital
- 06 = Discharged/Transferred home under the care of organized home health service organization in anticipation of covered skilled care
- 07 = Left against medical advice or discontinued care
- 20 = Expired
- 21 = Discharged/Transferred to a court/law enforcement
- 43 = Discharged/Transferred to a federal healthcare facility
- 50 = Discharged home with hospice care
- 51 = Discharged to a medical facility with hospice care
- 61 = Discharged/Transferred to a hospital-based Medicare approved swing bed
- 62 = Discharged/Transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 = Discharged/Transferred to a Medicare certified long-term care hospital (LTCH)
- 64 = Discharged/Transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 = Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 = Discharged/Transferred to a critical access hospital (CAH)
- 70 = **On and After 4/1/08** - Discharged/Transferred to another type of institution not defined elsewhere on this code list
- 00 = Other
- 99 = Invalid/Blank

Variable Type: Character  
Variable Length: 2

### **External Cause of Injury – Principal E-Code**

Field Name: ec\_prin

Definition: The external cause of injury or poisoning or adverse effect code (E800-E999) which describes the mechanism that resulted in the most severe injury, poisoning, or adverse effect related to the encounter. An E-Code is to be included for the first reportable episode of care during which the injury, poisoning, or adverse effect was diagnosed and/or treated. If a patient was first diagnosed in a doctor's office and then sent to an ED or AS facility, the E-Code was reported on the ED or AS record. If the E-Code has been previously reported on a discharge or encounter, the E-Code will not be reported again on the encounter record. They are coded according to the ICD-9-CM. E870-E879 for misadventures and abnormal reactions are not required for reporting.

Variable Type: Character (implied decimal after the 4<sup>th</sup> character from the left)  
Variable Length: 5 (7 for SAS datasets)

**Emergency Department and Ambulatory Surgery Data  
File Documentation – Public Version**

**External Cause of Injury – Other E-Codes (up to 4)**

Field Name(s): ec1-ec4

Definition: The additional external cause of injury or poisoning or adverse effect codes (E800-E999) that completely describe the mechanisms that contributed to, or the causal events surrounding, any injury, poisoning, or adverse effect. Up to 4 other E-Codes should be included for the first reportable episode of care during which the injury, poisoning, or adverse effect was first diagnosed and/or treated. If a patient was diagnosed in a doctor's office and then sent to an ED or AS facility, the E-Code was reported on the ED or AS record. If the E-Code has been previously reported on a discharge or encounter, the E-Code will not be reported again on the encounter record. They are coded according to the ICD-9-CM. E870-E879 for misadventures and abnormal reactions are not required for reporting.

Variable Type: Character (implied decimal after the 4<sup>th</sup> character from the left)

Variable Length: 5 (7 for SAS datasets)

**Principal Diagnosis**

Field Name: dx\_prin

Definition: The condition, problem, or other reason established to be the chief cause of the encounter. Diagnoses are coded according to the ICD-9-CM. If the reported principal diagnosis code is blank or invalid and is not corrected by the reporting facility after it is identified by OSHPD as an error, the principal diagnosis was defaulted to 799.9, in accordance with Health and Safety Code Section 97248.

Variable Type: Character (implied decimal after the 3<sup>rd</sup> character from the left)

Variable Length: 5 (7 for SAS datasets)

**Other Diagnoses (up to 24)**

Field Name(s): odx1-odx24

Definition: All conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. Diagnoses are coded according to the ICD-9-CM.

Variable Type: Character (implied decimal after the 3<sup>rd</sup> character from the left)

Variable Length: 5 (7 for SAS datasets)

**Emergency Department and Ambulatory Surgery Data  
File Documentation – Public Version**

**Principal Procedure**

Field Name: pr\_prin

Definition: The procedure that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk and is most closely related to the principal diagnosis, as the chief reason for the encounter. Procedures are coded according to the Current Procedural Terminology (CPT-4). Category II CPT-4 codes and modifiers are not accepted by OSHPD. If no principal procedure is reported then an asterisk (\*) is assigned. Invalid codes are defaulted to a dash (-). For more information on the risks and cancelled surgeries, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual (<http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>).

Variable Type: Character

Variable Length: 5

**Other Procedures (up to 20)**

Field Name(s): opr1-opr20

Definition: All other procedures, related to the encounter, which are surgical in nature, carry a procedural risk, or carry an anesthetic risk. Procedures are coded according to the Current Procedural Terminology (CPT-4). Category II CPT-4 codes and modifiers are not accepted by OSHPD. For more information on the risks and cancelled surgeries, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual (<http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>).

Variable Type: Character

Variable Length: 5

# Appendix A

## Masked Variable Frequencies

### January – June 2010

Sex		Ambulatory Surgery Center			Emergency Department		
		Records Before Masking	Records Masked	Percent Masked	Records Before Masking	Records Masked	Percent Masked
TOTAL RECORDS		1,106,671	305,514	28	4,872,877	428,180	9
Female	F	610,184	156,155	26	2,651,586	214,447	8
Male	M	496,448	149,322	30	2,221,156	213,626	10
Unknown	U	39	37	95	135	107	79

Race		Ambulatory Surgery Center			Emergency Department		
		Records Before Masking	Records Masked	Percent Masked	Records Before Masking	Records Masked	Percent Masked
TOTAL RECORDS		1,106,671	432,285	39	4,872,877	710,669	15
Unknown / Invalid / Blank	99	38,487	22,434	58	98,274	37,503	38
American Indian/ Alaskan Native	R1	4,449	3,433	77	21,340	10,833	51
Asian	R2	84,506	46,730	55	220,871	76,911	35
Black / African American	R3	59,413	37,844	64	569,998	104,607	18
Native Hawaiian/ Pacific Islander	R4	6,704	5,028	75	29,152	14,638	50
White	R5	736,509	230,305	31	2,897,474	324,824	11
Other Race	R9	176,603	86,511	49	1,035,768	141,353	14

Ethnicity		Ambulatory Surgery Center			Emergency Department		
		Records Before Masking	Records Masked	Percent Masked	Records Before Masking	Records Masked	Percent Masked
TOTAL RECORDS		1,106,671	477,604	43	4,872,877	852,202	17
Unknown / Blank	99	71,580	38,622	54	150,541	61,952	41
Hispanic	E1	243,249	125,344	52	1,720,056	239,832	14
Non-Hispanic	E2	791,842	313,638	40	3,002,280	550,418	18

Age Category 5		Ambulatory Surgery Center			Emergency Department		
		Records Before Masking	Records Masked	Percent Masked	Records Before Masking	Records Masked	Percent Masked
TOTAL RECORDS		1,106,671	89,669	8	4,872,877	196,403	4
Unknown Age	0	14	10	71	223	72	32
Under 1 year	1	4,812	2,201	46	187,129	9,549	5
1-17 years	2	91,936	11,923	13	1,130,796	33,797	3
18-34 years	3	118,187	19,674	17	1,293,177	60,406	5
35-64 years	4	531,550	33,026	6	1,660,060	63,729	4
65 years +	5	360,172	22,835	6	601,492	28,850	5

# Appendix A

## Masked Variable Frequencies

### January – June 2010

#### Age Category 20

Data Element Value	
TOTAL RECORDS	
Unknown Age	00
Under 1 year	1
1-4 years	2
5-9 years	3
10-14 years	4
15-19 years	5
20-24 years	6
25-29 years	7
30-34 years	8
35-39 years	9
40-44 years	10
45-49 years	11
50-54 years	12
55-59 years	13
60-64 years	14
65-69 years	15
70-74 years	16
75-79 years	17
80-84 years	18
85 years +	19

#### Ambulatory Surgery Center

Records Before Masking	Records Masked	Percent Masked
1,106,671	213,899	19
14	10	71
4,812	2,201	46
35,126	6,703	19
25,242	6,288	25
15,891	5,893	37
26,703	12,199	46
27,753	9,856	36
35,977	10,982	31
43,431	11,923	27
52,829	12,727	24
64,494	14,060	22
83,481	15,641	19
116,343	17,025	15
109,054	16,924	16
105,349	16,316	15
104,513	15,108	14
88,276	12,923	15
74,307	10,967	15
53,941	9,014	17
39,135	7,139	18

#### Emergency Department

Records Before Masking	Records Masked	Percent Masked
4,872,877	325,877	7
223	72	32
187,129	9,549	5
473,886	18,537	4
255,522	12,514	5
218,164	12,470	6
347,064	28,061	8
410,245	30,133	7
384,590	25,475	7
334,502	22,658	7
303,750	20,795	7
310,637	20,932	7
322,664	21,042	7
298,554	20,551	7
238,767	18,269	8
185,688	15,609	8
140,461	13,279	9
116,622	10,969	9
109,524	9,269	8
103,710	7,833	8
131,175	7,860	6

#### Age in Years

Data Element Value	
TOTAL RECORDS	
0	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

#### Ambulatory Surgery Center

Records Before Masking	Records Masked	Percent Masked
1,106,671	721,300	65
4,826	3,473	72
8,090	5,683	70
8,246	5,513	67
9,425	6,032	64
9,365	6,004	64
7,610	5,395	71
5,878	4,480	76
4,545	3,619	80
3,856	3,152	82
3,353	2,767	83
3,034	2,610	86

#### Emergency Department

Records Before Masking	Records Masked	Percent Masked
4,872,877	1,539,102	32
187,352	29,565	16
176,053	30,332	17
125,776	26,127	21
96,318	23,121	24
75,739	20,393	27
65,080	18,662	29
55,487	17,063	31
47,817	15,896	33
44,348	15,355	35
42,790	15,304	36
41,599	14,894	36

# Appendix A

## Masked Variable Frequencies

### January – June 2010

Age in Years		Ambulatory Surgery Center			Emergency Department		
Data Element Value		Records Before Masking	Records Masked	Percent Masked	Records Before Masking	Records Masked	Percent Masked
11		2,923	2,497	85	41,319	15,256	37
12		2,920	2520	86	41,154	15,091	37
13		3,264	2,787	85	44,315	16,131	36
14		3,750	3,228	86	49,777	17,067	34
15		4,464	3,790	85	56,260	18,246	32
16		5,292	4,397	83	61,725	19,302	31
17		5,921	4,910	83	65,239	20,123	31
18		5,805	4,720	81	78,472	23,512	30
19		5,221	4,220	81	85,368	25,319	30
20		5,534	4,432	80	86,560	25,449	29
21		5,185	4,185	81	82,841	25,417	31
22		5,569	4,411	79	81,470	24,894	31
23		5,406	4,351	80	79,623	24,487	31
24		6,059	4,742	78	79,751	24,132	30
25		6,251	5,064	81	78,306	23,788	30
26		6,699	5,284	79	77,620	23,787	31
27		7,356	5,737	78	77,082	23,688	31
28		7,706	6,008	78	76,574	23,501	31
29		7,965	6,195	78	75,008	23,530	31
30		8,260	6,553	79	72,312	22,824	32
31		8,323	6,569	79	69,254	22,366	32
32		8,647	6,725	78	67,130	22,114	33
33		9,000	7,003	78	63,440	21,423	34
34		9,201	7,075	77	62,366	20,853	33
35		9,612	7,395	77	61,135	21,064	34
36		9,672	7,462	77	58,569	20,289	35
37		10,298	7,859	76	59,351	20,227	34
38		11,085	8,477	76	60,544	20,583	34
39		12,162	9,027	74	64,151	21,038	33
40		12,665	9,416	74	65,117	21,574	33
41		12,540	9,168	73	62,473	20,763	33
42		12,557	9,309	74	60,282	20,300	34
43		12,851	9,369	73	60,377	20,245	34
44		13,881	10,170	73	62,388	20,373	33
45		15,042	10,841	72	63,634	20,801	33
46		15,891	11,120	70	64,667	21,046	33
47		16,734	11,522	69	65,201	21,037	32
48		17,600	11,993	68	64,202	20,773	32
49		18,214	12,329	68	64,960	20,710	32

# Appendix A

## Masked Variable Frequencies

### January – June 2010

Age in Years		Ambulatory Surgery Center			Emergency Department		
Data Element Value		Records Before Masking	Records Masked	Percent Masked	Records Before Masking	Records Masked	Percent Masked
50		25,363	15,411	61	63,899	20,703	32
51		23,574	14,613	62	61,259	20,343	33
52		22,878	14,482	63	60,733	19,943	33
53		22,360	14,217	64	57,875	19,350	33
54		22,168	14,045	63	54,788	18,914	35
55		22,401	14,131	63	53,311	18,682	35
56		22,331	14,088	63	49,958	17,893	36
57		21,837	13,770	63	48,211	17,648	37
58		21,304	13,445	63	44,537	17,128	38
59		21,181	13,440	63	42,750	16,463	39
60		21,846	13,674	63	40,944	15,844	39
61		21,509	13,361	62	39,590	15,783	40
62		21,982	13,536	62	38,498	15,046	39
63		22,274	13,379	60	36,533	14,692	40
64		17,738	11,471	65	30,123	12,915	43
65		22,372	13,323	60	29,866	12,731	43
66		21,699	12,966	60	29,640	12,587	42
67		21,901	12,669	58	29,141	12,182	42
68		19,868	11,840	60	26,270	11,662	44
69		18,673	11,303	61	25,544	11,217	44
70		18,486	10,953	59	24,243	10,808	45
71		18,370	10,884	59	24,080	10,712	44
72		17,764	10,418	59	23,184	10,227	44
73		17,042	10,030	59	22,561	9,997	44
74		16,614	9,680	58	22,554	9,704	43
75		16,221	9,228	57	22,162	9,760	44
76		15,028	8,743	58	21,456	9,125	43
77		14,658	8,532	58	21,849	8,967	41
78		14,275	8,184	57	21,529	8,803	41
79		14,125	8,030	57	22,528	8,928	40
80		12,761	7,435	58	21,668	8,564	40
81		11,517	6,759	59	21,046	8,116	39
82		10,925	6,277	57	20,989	7,901	38
83		9,673	5,651	58	20,305	7,778	38
84		9,065	5,410	60	19,702	7,362	37
85 +		39,135	14,334	37	131,175	20,789	16

# Appendix A

## Masked Variable Frequencies

### January – June 2010

Service Quarter		Ambulatory Surgery Center			Emergency Department		
Data Element Value		Records Before Masking	Records Masked	Percent Masked	Records Before Masking	Records Masked	Percent Masked
TOTAL RECORDS		1,106,671	45,896	4	4,872,877	124,356	3
Jan - March	3	550,941	23,245	4	2,447,018	59,234	2
April - June	4	555,730	22,651	4	2,425,859	65,122	3

### Patient County

County	Code	Annual Population	Small County	Observations in the 2010 AS 1 <sup>st</sup> Half	Observations in the 2010 ED 1 <sup>st</sup> Half
Alpine	02	1,369	CE	27	41
Colusa	06	23,787	NW	891	3,005
Inyo	14	19,183	CE	788	3,586
Mariposa	22	19,108	CE	906	2,708
Modoc	25	10,809	NE	205	2,434
Mono	26	14,833	CE	289	1,413
Plumas	32	21,824	NE	897	4,170
Sierra	46	3,628	NE	74	343
Trinity	53	15,172	NW	477	2,526
Totals		129,713		4,554	20,226

### Ambulatory Surgery Center

Description of Observations	Numbers of small counties	Percentage of small counties
Percentage of observations in 2010 AS 1 <sup>st</sup> Half assigned to a small county		0.41%
Number of small county observations masked	184	
Percentage of small county observations masked		4.04%

### Emergency Department

Description of Observations	Numbers of small counties	Percentage of small counties
Percentage of observations in 2009 ED assigned to a small county		0.42%
Number of small county observations masked	313	
Percentage of small county observations masked		1.55%

# Appendix A

## Masked Variable Frequencies

### January – June 2010

#### Patient ZIP Code

##### Ambulatory Surgery Data

ZIP Code Category	Number of Records in Source File	Number of Records in Public File	Number of Records Masked or Defaulted	Percent Masked or Defaulted (Note: percentages are percentages of the total records in the file)
Missing (1)	526	0	526	0.05
99999	769	1,210		
5-Digit	1,105,376	1,075,333	30,043	2.71
3-Digit	0	24,335	24,335	2.72
Masked 3-Digit	0	5,793		0.52
Total Observations	1,106,671	1,106,671		
<b>Number of Identifiable ZIP Code Values</b>				
5-Digit	5,453	2,875		
3-Digit	0	191		

##### Emergency Department Data

ZIP Code Category	Number of Records in Source File	Number of Records in Public File	Number of Records Masked or Defaulted	Percent Masked or Defaulted (Note: percentages are percentages of the total records in the file)
Missing (1)	5,912	0	5,912	0.12
99999	38,208	44,118		
5-Digit	4,828,757	4,733,158	95,599	1.96
3-Digit	0	72,636	72,636	1.49
Masked 3-Digit	0	22,965		0.47
Total Observations	4,872,877	4,872,877		
<b>Number of Identifiable ZIP Code Values</b>				
5-Digit	15,314	6,201		
3-Digit	0	623		

(1) Missing ZIP Codes defaulted to “99999”

Appendix B  
 Data Exceptions and Modifications  
 Ambulatory Surgery Center and Emergency Department

Facility Number	Facility Name	Start Date	End Date	Data Element	Notes
'196175'	Tarzana Surgery Center, Inc.	4/1/2010	6/30/2010	Disposition of Patient	<b>Facility closed on 6/30/2010.</b> They entered data earlier representing all encounters within the report period but they had no staff available upon the time of submittal (by OSHPD staff). Since the one record with an invalid disposition was over ETL, they received a noncompliance.

**Appendix C**  
**Emergency Department Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Encounters
106301098	AHMC ANAHEIM REGIONAL MEDICAL CENTER	16,155
106010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	34,552
106010735	ALAMEDA HOSPITAL	6,320
106190017	ALHAMBRA HOSPITAL	4,203
106010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	17,093
106010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	15,848
106370652	ALVARADO HOSPITAL	9,834
106301097	ANAHEIM GENERAL HOSPITAL	3,083
106190034	ANTELOPE VALLEY HOSPITAL	48,403
106364231	ARROWHEAD REGIONAL MEDICAL CENTER	54,056
106400466	ARROYO GRANDE COMMUNITY HOSPITAL	9,302
106154101	BAKERSFIELD HEART HOSPITAL	3,150
106150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	24,167
106184008	BANNER LASSEN MEDICAL CENTER	4,929
106361105	BARSTOW COMMUNITY HOSPITAL	10,115
106090793	BARTON MEMORIAL HOSPITAL	7,521
106361110	BEAR VALLEY COMMUNITY HOSPITAL	4,716
106190066	BELLFLOWER MEDICAL CENTER	4,592
106190081	BEVERLY HOSPITAL	12,363
106040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	3,588
106190110	BROTMAN MEDICAL CENTER	8,748
106190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	22,550
106380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	20,440
106380964	CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS	12,052
106190045	CATALINA ISLAND MEDICAL CENTER	587
106190555	CEDARS SINAI MEDICAL CENTER	25,588
106190148	CENTINELA HOSPITAL MEDICAL CENTER	21,016
106160787	CENTRAL VALLEY GENERAL HOSPITAL	8,809
106301140	CHAPMAN MEDICAL CENTER	4,325
106010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	23,440
106304113	CHILDREN'S HOSPITAL AT MISSION	7,560
106204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	30,330
106190170	CHILDREN'S HOSPITAL OF LOS ANGELES	29,036
106300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	24,386
106382715	CHINESE HOSPITAL	2,108
106361144	CHINO VALLEY MEDICAL CENTER	15,358
106190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	5,346
106190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	19,173
106100005	CLOVIS COMMUNITY MEDICAL CENTER	14,777
106100697	COALINGA REGIONAL MEDICAL CENTER	4,233
106301258	COASTAL COMMUNITIES HOSPITAL	9,859
106190766	COAST PLAZA DOCTORS HOSPITAL	4,533
106361458	COLORADO RIVER MEDICAL CENTER	5,461

**Appendix C**  
**Emergency Department Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Encounters
106060870	COLUSA REGIONAL MEDICAL CENTER	2,635
106190197	COMMUNITY AND MISSION HSP OF HNTG PK - SLAUSON	12,180
106270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	19,135
106190475	COMMUNITY HOSPITAL OF LONG BEACH	9,141
106361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	18,042
106560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	13,885
106100717	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	40,419
106070924	CONTRA COSTA REGIONAL MEDICAL CENTER	27,991
106160702	CORCORAN DISTRICT HOSPITAL	2,873
106331152	CORONA REGIONAL MEDICAL CENTER-MAIN	18,614
106390846	DAMERON HOSPITAL	15,938
106150706	DELANO REGIONAL MEDICAL CENTER	9,321
106331164	DESERT REGIONAL MEDICAL CENTER	26,274
106364144	DESERT VALLEY HOSPITAL	11,633
106392287	DOCTORS HOSPITAL OF MANTECA	10,940
106500852	DOCTORS MEDICAL CENTER	31,612
106070904	DOCTORS MEDICAL CENTER - SAN PABLO	16,546
106440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	16,831
106190243	DOWNEY REGIONAL MEDICAL CENTER	19,558
106320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	1,595
106190256	EAST LOS ANGELES DOCTORS HOSPITAL	7,637
106190328	EAST VALLEY HOSPITAL MEDICAL CENTER	1,399
106010805	EDEN MEDICAL CENTER	13,574
106331168	EISENHOWER MEDICAL CENTER	22,768
106430763	EL CAMINO HOSPITAL	21,279
106130699	EL CENTRO REGIONAL MEDICAL CENTER	20,256
106500867	EMANUEL MEDICAL CENTER, INC	25,965
106190280	ENCINO HOSPITAL MEDICAL CENTER	4,006
106040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	14,171
106474007	FAIRCHILD MEDICAL CENTER	5,436
106370705	FALLBROOK HOSPITAL DISTRICT	4,585
106040875	FEATHER RIVER HOSPITAL	7,756
106190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	10,037
106301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	14,020
106230949	FRANK R HOWARD MEMORIAL HOSPITAL	4,404
106400480	FRENCH HOSPITAL MEDICAL CENTER	6,822
106301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	10,765
106190315	GARFIELD MEDICAL CENTER	7,200
106270777	GEORGE L MEE MEMORIAL HOSPITAL	4,700
106190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	13,518
106190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	10,854
106110889	GLENN MEDICAL CENTER	2,244
106420483	GOLETA VALLEY COTTAGE HOSPITAL	8,127

**Appendix C**  
**Emergency Department Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Encounters
106190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	11,758
106430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	17,329
106190352	GREATER EL MONTE COMMUNITY HOSPITAL	7,283
106370714	GROSSMONT HOSPITAL	32,541
106160725	HANFORD COMMUNITY MEDICAL CENTER	32,529
106350784	HAZEL HAWKINS MEMORIAL HOSPITAL	6,773
106490964	HEALDSBURG DISTRICT HOSPITAL	4,543
106331194	HEMET VALLEY MEDICAL CENTER	16,101
106190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	18,012
106362041	HI-DESERT MEDICAL CENTER	9,078
106301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	27,804
106190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	12,872
106301209	HUNTINGTON BEACH HOSPITAL	7,382
106190400	HUNTINGTON MEMORIAL HOSPITAL	21,725
106121031	JEROLD PHELPS COMMUNITY HOSPITAL	1,262
106220733	JOHN C FREMONT HEALTHCARE DISTRICT	2,235
106331216	JOHN F KENNEDY MEMORIAL HOSPITAL	17,427
106071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	19,247
106070988	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	17,931
106301132	KAISER FND HOSP - ANAHEIM	32,452
106196035	KAISER FND HOSP - BALDWIN PARK	31,089
106361223	KAISER FND HOSP - FONTANA	36,432
106104062	KAISER FND HOSP - FRESNO	10,584
106190431	KAISER FND HOSP - HARBOR CITY	22,923
106010858	KAISER FND HOSP - HAYWARD	33,473
106334048	KAISER FND HOSPITAL - MORENO VALLEY	13,215
106394009	KAISER FND HOSP-MANTECA	22,621
106010856	KAISER FND HOSP - OAKLAND CAMPUS	33,875
106190432	KAISER FND HOSP - PANORAMA CITY	21,045
106410804	KAISER FND HOSP - REDWOOD CITY	10,915
106480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	18,358
106334025	KAISER FND HOSP - RIVERSIDE	15,853
106340913	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-MORSE	66,035
106370730	KAISER FND HOSP - SAN DIEGO	40,228
106380857	KAISER FND HOSP - SAN FRANCISCO	12,384
106431506	KAISER FND HOSP - SAN JOSE	18,885
106210992	KAISER FND HOSP - SAN RAFAEL	10,898
106434153	KAISER FND HOSP - SANTA CLARA	24,319
106494019	KAISER FND HOSP - SANTA ROSA	17,690
106342344	KAISER FND HOSP - SOUTH SACRAMENTO	33,970
106410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	14,975
106190429	KAISER FND HOSP - SUNSET	28,972
106070990	KAISER FND HOSP - WALNUT CREEK	21,381

**Appendix C**  
**Emergency Department Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Encounters
106190434	KAISER FND HOSP - WEST LA	26,731
106191450	KAISER FND HOSP - WOODLAND HILLS	15,700
106196403	KAISER FOUNDATION HOSPITAL - DOWNEY	38,042
106484044	KAISER FOUNDATION HOSPITAL - VACAVILLE	14,055
106074097	KAISER FOUND HSP-ANTIOCH	16,760
106540734	KAWEAH DELTA MEDICAL CENTER	30,042
106150736	KERN MEDICAL CENTER	20,529
106150737	KERN VALLEY HEALTHCARE DISTRICT	2,862
106191227	LAC/HARBOR-UCLA MEDICAL CENTER	26,333
106191228	LAC+USC MEDICAL CENTER	55,406
106190240	LAKESWOOD REGIONAL MEDICAL CENTER	15,795
106190455	LANCASTER COMMUNITY HOSPITAL	9,077
106301234	LA PALMA INTERCOMMUNITY HOSPITAL	5,690
106390923	LODI MEMORIAL HOSPITAL	10,065
106361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	22,336
106420491	LOMPOC VALLEY MEDICAL CENTER	7,938
106190525	LONG BEACH MEMORIAL MEDICAL CENTER	30,255
106301248	LOS ALAMITOS MEDICAL CENTER	11,674
106190198	LOS ANGELES COMMUNITY HOSPITAL	4,221
106191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	20,790
106190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	3,044
106560492	LOS ROBLES HOSPITAL & MEDICAL CENTER	13,528
106201281	MADERA COMMUNITY HOSPITAL	20,676
106121002	MAD RIVER COMMUNITY HOSPITAL	6,817
106260011	MAMMOTH HOSPITAL	4,269
106420493	MARIAN MEDICAL CENTER	22,779
106190500	MARINA DEL REY HOSPITAL	8,846
106211006	MARIN GENERAL HOSPITAL	13,826
106050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	4,312
106090933	MARSHALL MEDICAL CENTER (1-RH)	8,862
106450936	MAYERS MEMORIAL HOSPITAL	1,853
106240924	MEMORIAL HOSPITAL LOS BANOS	11,410
106500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	28,906
106190521	MEMORIAL HOSPITAL OF GARDENA	12,433
106231013	MENDOCINO COAST DISTRICT HOSPITAL	4,396
106334018	MENIFEE VALLEY MEDICAL CENTER	7,914
106340947	MERCY GENERAL HOSPITAL	13,831
106150761	MERCY HOSPITAL - BAKERSFIELD	25,466
106344029	MERCY HOSPITAL - FOLSOM	11,968
106240942	MERCY MEDICAL CENTER - MERCED	25,380
106470871	MERCY MEDICAL CENTER MT. SHASTA	3,358
106450949	MERCY MEDICAL CENTER - REDDING	20,420
106340950	MERCY SAN JUAN HOSPITAL	23,579

**Appendix C**  
**Emergency Department Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Encounters
106340951	METHODIST HOSPITAL OF SACRAMENTO	23,891
106190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	15,193
106190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	5,864
106301337	MISSION HOSPITAL LAGUNA BEACH	4,197
106301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	14,113
106250956	MODOC MEDICAL CENTER	2,112
106361166	MONTCLAIR HOSPITAL MEDICAL CENTER	7,731
106190547	MONTEREY PARK HOSPITAL	4,533
106361266	MOUNTAINS COMMUNITY HOSPITAL	2,585
106274043	NATIVIDAD MEDICAL CENTER	19,023
106481357	NORTH BAY MEDICAL CENTER	16,426
106484001	NORTH BAY VACAVALLEY HOSPITAL	9,836
106141273	NORTHERN INYO HOSPITAL	3,327
106190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	19,728
106190570	NORWALK COMMUNITY HOSPITAL	3,156
106214034	NOVATO COMMUNITY HOSPITAL	6,863
106500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	8,174
106430837	O'CONNOR HOSPITAL - SAN JOSE	22,161
106560501	OJAI VALLEY COMMUNITY HOSPITAL	3,042
106190534	OLYMPIA MEDICAL CENTER	8,404
106300225	ORANGE COAST MEMORIAL MEDICAL CENTER	9,032
106040937	OROVILLE HOSPITAL	11,071
106190696	PACIFICA HOSPITAL OF THE VALLEY	6,397
106190587	PACIFIC HOSPITAL OF LONG BEACH	4,563
106491338	PALM DRIVE HOSPITAL	3,619
106370755	PALOMAR MEDICAL CENTER	23,800
106331288	PALO VERDE HOSPITAL	4,344
106370759	PARADISE VALLEY HOSPITAL	11,912
106331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	17,778
106410852	PENINSULA MEDICAL CENTER	17,544
106491001	PETALUMA VALLEY HOSPITAL	7,523
106130760	PIONEERS MEMORIAL HOSPITAL	19,293
106301297	PLACENTIA LINDA HOSPITAL	9,194
106320986	PLUMAS DISTRICT HOSPITAL	2,056
106370977	POMERADO HOSPITAL	11,260
106190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	33,140
106190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	26,394
106190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	29,868
106190680	PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	14,256
106190470	PROVIDENCE LITTLE COMPANY OF MARY MC - TORRANCE	23,204
106190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	23,058
106190517	PROVIDENCE TARZANA MEDICAL CENTER	11,632
106281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	12,583

**Appendix C**  
**Emergency Department Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Encounters
106370673	RADY CHILDREN'S HOSPITAL - SAN DIEGO	30,086
106361308	REDLANDS COMMUNITY HOSPITAL	15,799
106121051	REDWOOD MEMORIAL HOSPITAL	5,539
106430705	REGIONAL MEDICAL OF SAN JOSE	24,791
106580996	RIDEOUT MEMORIAL HOSPITAL	23,602
106150782	RIDGECREST REGIONAL HOSPITAL	9,904
106331312	RIVERSIDE COMMUNITY HOSPITAL	33,953
106334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	42,625
106190796	RONALD REAGAN UCLA MEDICAL CENTER	15,182
106301317	SADDLEBACK MEMORIAL MEDICAL CENTER	18,706
106270875	SALINAS VALLEY MEMORIAL HOSPITAL	18,080
106361318	SAN ANTONIO COMMUNITY HOSPITAL	28,763
106190673	SAN DIMAS COMMUNITY HOSPITAL	5,320
106380939	SAN FRANCISCO GENERAL HOSPITAL	20,296
106190200	SAN GABRIEL VALLEY MEDICAL CENTER	9,337
106331326	SAN GORGONIO MEMORIAL HOSPITAL	12,467
106150788	SAN JOAQUIN COMMUNITY HOSPITAL	20,490
106391010	SAN JOAQUIN GENERAL HOSPITAL	21,606
106013619	SAN LEANDRO HOSPITAL	11,705
106410782	SAN MATEO MEDICAL CENTER	16,683
106074017	SAN RAMON REGIONAL MEDICAL CENTER	6,640
106420514	SANTA BARBARA COTTAGE HOSPITAL	15,415
106430883	SANTA CLARA VALLEY MEDICAL CENTER	36,206
106190687	SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL	14,296
106491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	13,951
106420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	2,838
106371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	14,298
106370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	10,445
106370744	SCRIPPS MERCY HOSPITAL	36,699
106321016	SENECA HEALTHCARE DISTRICT	1,344
106410891	SEQUOIA HOSPITAL	9,185
106410817	SETON MEDICAL CENTER	10,328
106410828	SETON MEDICAL CENTER - COASTSIDE	1,655
106370875	SHARP CHULA VISTA MEDICAL CENTER	20,265
106370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	5,391
106370694	SHARP MEMORIAL HOSPITAL	22,072
106450940	SHASTA REGIONAL MEDICAL CENTER	12,252
106190708	SHERMAN OAKS HOSPITAL	7,481
106100797	SIERRA KINGS DISTRICT HOSPITAL	7,050
106291023	SIERRA NEVADA MEMORIAL HOSPITAL	12,602
106540798	SIERRA VIEW DISTRICT HOSPITAL	14,005
106400524	SIERRA VISTA REGIONAL MEDICAL CENTER	8,742
106560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	10,813

**Appendix C**  
**Emergency Department Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Encounters
106491076	SONOMA VALLEY HOSPITAL	3,679
106554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	10,875
106141338	SOUTHERN INYO HOSPITAL	637
106334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	29,428
106100899	ST. AGNES MEDICAL CENTER	28,539
106430905	STANFORD HOSPITAL	18,589
106361339	ST. BERNARDINE MEDICAL CENTER	26,113
106521041	ST. ELIZABETH COMMUNITY HOSPITAL	14,942
106190754	ST. FRANCIS MEDICAL CENTER	27,495
106380960	ST. FRANCIS MEMORIAL HOSPITAL	13,765
106281078	ST. HELENA HOSPITAL	2,477
106171049	ST. HELENA HOSPITAL - CLEARLAKE	7,632
106190756	ST. JOHN'S HEALTH CENTER	10,380
106560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	6,846
106560529	ST. JOHN'S REGIONAL MEDICAL CENTER	19,160
106121080	ST. JOSEPH HOSPITAL - EUREKA	10,153
106301340	ST. JOSEPH HOSPITAL - ORANGE	21,895
106391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	18,969
106301342	ST. JUDE MEDICAL CENTER	23,457
106434138	ST. LOUISE REGIONAL HOSPITAL	12,159
106190053	ST. MARY MEDICAL CENTER	20,397
106361343	ST. MARY REGIONAL MEDICAL CENTER	27,735
106380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	7,451
106010967	ST. ROSE HOSPITAL	15,133
106190762	ST. VINCENT MEDICAL CENTER	3,823
106250955	SURPRISE VALLEY COMMUNITY HOSPITAL	214
106034002	SUTTER AMADOR HOSPITAL	7,237
106310791	SUTTER AUBURN FAITH HOSPITAL	10,232
106084001	SUTTER COAST HOSPITAL	9,906
106574010	SUTTER DAVIS HOSPITAL	9,722
106070934	SUTTER DELTA MEDICAL CENTER	23,250
106341051	SUTTER GENERAL HOSPITAL	19,943
106171395	SUTTER LAKESIDE HOSPITAL	8,853
106490919	SUTTER MEDICAL CENTER OF SANTA ROSA	11,741
106341052	SUTTER MEMORIAL HOSPITAL	13,531
106311000	SUTTER ROSEVILLE MEDICAL CENTER	27,580
106481094	SUTTER SOLANO MEDICAL CENTER	15,567
106391056	SUTTER TRACY COMMUNITY HOSPITAL	15,393
106291053	TAHOE FOREST HOSPITAL	4,693
106150808	TEHACHAPI HOSPITAL	5,271
106190422	TORRANCE MEMORIAL MEDICAL CENTER	22,829
106370780	TRI-CITY MEDICAL CENTER	28,067
106190159	TRI-CITY REGIONAL MEDICAL CENTER	3,336

**Appendix C**  
**Emergency Department Encounters by Facility**  
**January - June 2010**

<b>Facility Number</b>	<b>Facility Name</b>	<b>Encounters</b>
106531059	TRINITY HOSPITAL	2,024
106540816	TULARE REGIONAL MEDICAL CENTER	14,137
106400548	TWIN CITIES COMMUNITY HOSPITAL	13,385
106381154	UCSF MEDICAL CENTER	13,356
106231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	11,490
106341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	19,352
106301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	13,796
106370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	24,445
106014050	VALLEYCARE MEDICAL CENTER	12,303
106190812	VALLEY PRESBYTERIAN HOSPITAL	22,310
106560481	VENTURA COUNTY MEDICAL CENTER	19,634
106190818	VERDUGO HILLS HOSPITAL	7,484
106361370	VICTOR VALLEY COMMUNITY HOSPITAL	16,059
106010987	WASHINGTON HOSPITAL - FREMONT	21,243
106444013	WATSONVILLE COMMUNITY HOSPITAL	13,257
106301379	WEST ANAHEIM MEDICAL CENTER	11,858
106301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	6,964
106301566	WESTERN MEDICAL CENTER - SANTA ANA	9,155
106190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	13,826
106190878	WHITE MEMORIAL MEDICAL CENTER	17,248
106190883	WHITTIER HOSPITAL MEDICAL CENTER	9,583
106571086	WOODLAND MEMORIAL HOSPITAL	9,118
	<b>Total Encounters:</b>	<b>4,872,877</b>

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
306244032	ADVANCED ENDOSCOPY CENTER	Clinic	697
306304093	AESTHETICARE OUTPATIENT SURGERY CENTER	Clinic	157
106301098	AHMC ANAHEIM REGIONAL MEDICAL CENTER	Hospital	3,013
106010846	ALAMEDA CO MED CTR - HIGHLAND CAMPUS	Hospital	1,877
106010735	ALAMEDA HOSPITAL	Hospital	1,226
106190017	ALHAMBRA HOSPITAL	Hospital	723
306154035	ALLIANCE SURGERY CENTER	Clinic	1,615
106010739	ALTA BATES SUMMIT MED CTR-ALTA BATES CAMPUS	Hospital	3,408
106010937	ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	Hospital	2,459
106370652	ALVARADO HOSPITAL	Hospital	2,523
306034003	AMADOR SURGERY CENTER	Clinic	983
306374139	AMBULATORY CARE SURGERY CENTER	Clinic	74
306394061	AMBULATORY SURGERY CENTER OF STOCKTON	Clinic	546
306194175	AMBULATORY SURGICAL CENTER OF SOUTHERN CALIFORNIA	Clinic	1,673
106190034	ANTELOPE VALLEY HOSPITAL	Hospital	5,175
306194300	ANTELOPE VALLEY SURGERY CENTER	Clinic	1,355
306334106	ARLINGTON PODIATRY SURGERY CENTER	Clinic	293
106364231	ARROWHEAD REGIONAL MEDICAL CENTER	Hospital	2,679
106400466	ARROYO GRANDE COMMUNITY HOSPITAL	Hospital	444
306564012	ASPEN OUTPATIENT CENTER	Clinic	883
106154101	BAKERSFIELD HEART HOSPITAL	Hospital	833
106150722	BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	Hospital	3,532
106184008	BANNER LASSEN MEDICAL CENTER	Hospital	397
106361105	BARSTOW COMMUNITY HOSPITAL	Hospital	532
106090793	BARTON MEMORIAL HOSPITAL	Hospital	1,452
306434211	BAY AREA DENTAL SURGERY CENTER	Clinic	148
306434170	BAY AREA SURGICAL GROUP	Clinic	1,014
306014174	BAY SURGERY CENTER	Clinic	782
306196821	BEACH DISTRICT SURGERY CENTER, L.P.	Clinic	1,442
106361110	BEAR VALLEY COMMUNITY HOSPITAL	Hospital	119
106190066	BELLFLOWER MEDICAL CENTER	Hospital	852
306364263	BENEFIT SURGERY CENTER	Clinic	665
306196049	BEVERLY HILLS CTR FOR ARTHROSCOPIC AND OUTPT SURGERY	Clinic	357
106190081	BEVERLY HOSPITAL	Hospital	2,003
106040802	BIGGS GRIDLEY MEMORIAL HOSPITAL	Hospital	339
306074127	BRENTWOOD SURGERY CENTER - BRENTWOOD	Clinic	1,065
106190110	BROTMAN MEDICAL CENTER	Hospital	895
106190125	CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	Hospital	2,054
106380929	CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	Hospital	9,716
106380964	CALIFORNIA PACIFIC MEDICAL CENTER - ST. LUKE'S CAMPUS	Hospital	1,345
306244030	CASTLE SURGICENTER, PARTNERSHIP	Clinic	1,842
306154098	CBCC PAIN MEDICINE AND SURGERY CENTER, INC.	Clinic	581
106190555	CEDARS SINAI MEDICAL CENTER	Hospital	12,930
106190148	CENTINELA HOSPITAL MEDICAL CENTER	Hospital	800
306444019	CENTRAL COAST SURGERY CENTER	Clinic	1,240
106160787	CENTRAL VALLEY GENERAL HOSPITAL	Hospital	498
306374074	CENTRE FOR SURGERY OF ENCINITAS	Clinic	1,824
306564037	CHANNEL ISLANDS SURGICENTER	Clinic	3,695

## Appendix D

### Ambulatory Surgery Encounters by Facility

#### January - June 2010

Facility Number	Facility Name	Facility Type	Encounters
106301140	CHAPMAN MEDICAL CENTER	Hospital	633
306394088	CHILDREN'S DENTAL SURGERY CENTER	Clinic	1,156
106010776	CHILDRENS HOSPITAL AND RESEARCH CTR AT OAKLAND	Hospital	3,180
106304113	CHILDREN'S HOSPITAL AT MISSION	Hospital	226
106204019	CHILDREN'S HOSPITAL CENTRAL CALIFORNIA	Hospital	3,426
106190170	CHILDREN'S HOSPITAL OF LOS ANGELES	Hospital	4,992
106300032	CHILDREN'S HOSPITAL OF ORANGE COUNTY	Hospital	4,203
106382715	CHINESE HOSPITAL	Hospital	2,049
106361144	CHINO VALLEY MEDICAL CENTER	Hospital	261
106190413	CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	Hospital	1,912
106190636	CITRUS VALLEY MEDICAL CENTER - QV CAMPUS	Hospital	2,303
106190176	CITY OF HOPE HELFORD CLINICAL RESEARCH HOSPITAL	Hospital	1,640
106100005	CLOVIS COMMUNITY MEDICAL CENTER	Hospital	5,855
106301258	COASTAL COMMUNITIES HOSPITAL	Hospital	1,171
106190766	COAST PLAZA DOCTORS HOSPITAL	Hospital	431
306374243	COAST SURGERY CENTER	Clinic	1,802
106361458	COLORADO RIVER MEDICAL CENTER	Hospital	147
106060870	COLUSA REGIONAL MEDICAL CENTER	Hospital	187
106270744	COMMUNITY HOSPITAL MONTEREY PENINSULA	Hospital	2,485
106190197	COMMUNITY HOSPITAL OF HUNTINGTON PARK	Hospital	408
106190475	COMMUNITY HOSPITAL OF LONG BEACH	Hospital	248
106361323	COMMUNITY HOSPITAL OF SAN BERNARDINO	Hospital	1,043
106560473	COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	Hospital	4,441
306105036	COMMUNITY OUTPATIENT SURGERY CENTER	Clinic	463
106100717	COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	Hospital	5,063
106070924	CONTRA COSTA REGIONAL MEDICAL CENTER	Hospital	1,924
106160702	CORCORAN DISTRICT HOSPITAL	Hospital	388
106331152	CORONA REGIONAL MEDICAL CENTER-MAIN	Hospital	1,137
106390846	DAMERON HOSPITAL	Hospital	1,083
306574016	DAVIS SURGERY CENTER	Clinic	808
106150706	DELANO REGIONAL MEDICAL CENTER	Hospital	1,212
306194815	DEL REY SURGERY CENTER	Clinic	24
106331164	DESERT REGIONAL MEDICAL CENTER	Hospital	5,847
106364144	DESERT VALLEY HOSPITAL	Hospital	699
106392287	DOCTORS HOSPITAL OF MANTECA	Hospital	2,408
106190857	DOCTORS HOSPITAL OF WEST COVINA, INC	Hospital	283
106500852	DOCTORS MEDICAL CENTER	Hospital	4,511
106070904	DOCTORS MEDICAL CENTER - SAN PABLO	Hospital	1,121
106440755	DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	Hospital	1,705
106190243	DOWNEY REGIONAL MEDICAL CENTER	Hospital	2,108
106196168	EARL AND LORRAINE MILLER CHILDRENS HOSPITAL	Hospital	1,823
106320859	EASTERN PLUMAS HOSPITAL-PORTOLA CAMPUS	Hospital	111
106190256	EAST LOS ANGELES DOCTORS HOSPITAL	Hospital	580
106190328	EAST VALLEY HOSPITAL MEDICAL CENTER	Hospital	154
106010805	EDEN MEDICAL CENTER	Hospital	1,002
106331168	EISENHOWER MEDICAL CENTER	Hospital	4,407
106430763	EL CAMINO HOSPITAL	Hospital	3,835
106130699	EL CENTRO REGIONAL MEDICAL CENTER	Hospital	1,927

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
306094021	EL DORADO SURGERY CENTER	Clinic	2,018
306334440	EL MIRADOR SURGICAL CENTER	Clinic	2,642
106500867	EMANUEL MEDICAL CENTER, INC	Hospital	1,527
106190280	ENCINO HOSPITAL MEDICAL CENTER	Hospital	86
306374181	ENDOSCOPY CENTER OF CHULA VISTA	Clinic	1,679
106040962	ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	Hospital	3,819
306074030	EYE CENTER OF NORTHERN CALIFORNIA SURGICENTER	Clinic	9
306374159	EYE SURGERY CENTER OF SOUTHERN CALIFORNIA, INC	Clinic	591
106474007	FAIRCHILD MEDICAL CENTER	Hospital	682
106370705	FALLBROOK HOSPITAL DISTRICT	Hospital	959
106040875	FEATHER RIVER HOSPITAL	Hospital	2,632
306364104	FOOTHILL AMBULATORY SURGERY CENTER	Clinic	194
106190298	FOOTHILL PRESBYTERIAN HOSPITAL-JOHNSTON MEMORIAL	Hospital	1,576
306196552	FOOTHILL SURGERY CENTER	Clinic	1,128
306344015	FORT SUTTER SURGERY CENTER	Clinic	5,239
106301175	FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	Hospital	5,109
306304287	FOUR SEASONS SURGERY CENTERS OF ANAHEIM	Clinic	226
306301540	FOUR SEASONS SURGERY CENTERS OF HUNTINGTON BEACH	Clinic	95
306364282	FOUR SEASONS SURGERY CENTERS OF ONTARIO	Clinic	2,901
106230949	FRANK R HOWARD MEMORIAL HOSPITAL	Hospital	374
306014125	FREMONT AMBULATORY SURGERY CENTER	Clinic	1,754
306014165	FREMONT SURGERY CENTER-NORTH	Clinic	742
106400480	FRENCH HOSPITAL MEDICAL CENTER	Hospital	2,381
306105047	FRESNO DENTAL SURGERY CENTER	Clinic	1,796
306105006	FRESNO ENDOSCOPY CENTER	Clinic	888
106105029	FRESNO HEART AND SURGICAL HOSPITAL	Hospital	1,831
106104047	FRESNO SURGICAL HOSPITAL	Hospital	3,205
106301283	GARDEN GROVE HOSPITAL AND MEDICAL CENTER	Hospital	813
106190315	GARFIELD MEDICAL CENTER	Hospital	2,608
306304141	GASTRODIAGNOSTIC, A MEDICAL GROUP	Clinic	1,692
106270777	GEORGE L MEE MEMORIAL HOSPITAL	Hospital	317
106190323	GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	Hospital	2,881
106190522	GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	Hospital	2,638
106110889	GLENN MEDICAL CENTER	Hospital	180
306334092	GLENWOOD SURGICAL CENTER, L P	Clinic	3,243
306334062	GOLDEN TRIANGLE SURGI-CENTER	Clinic	1,465
106420483	GOLETA VALLEY COTTAGE HOSPITAL	Hospital	774
106150775	GOOD SAMARITAN HOSPITAL-BAKERSFIELD	Hospital	78
106190392	GOOD SAMARITAN HOSPITAL-LOS ANGELES	Hospital	3,739
106430779	GOOD SAMARITAN HOSPITAL-SAN JOSE	Hospital	3,417
106190352	GREATER EL MONTE COMMUNITY HOSPITAL	Hospital	248
306194595	GREATER LONG BEACH ENDOSCOPY CENTER	Clinic	3,681
106370714	GROSSMONT HOSPITAL	Hospital	4,977
306371705	GROSSMONT SURGERY CENTER	Clinic	3,652
106160725	HANFORD COMMUNITY MEDICAL CENTER	Hospital	4,424
306234027	HARRY B. MATOSSIAN, M.D. ENDOSCOPY CENTER	Clinic	702
106350784	HAZEL HAWKINS MEMORIAL HOSPITAL	Hospital	763
106490964	HEALDSBURG DISTRICT HOSPITAL	Hospital	548

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
306374108	HEALTHSOUTH NORTH COAST SURGERY CENTER	Clinic	756
306374147	HEALTHSOUTH RANCHO BERNARDO SURGERY CENTER	Clinic	2,218
306404006	HEALTHSOUTH SURGERY CENTER	Clinic	1,106
106331194	HEMET VALLEY MEDICAL CENTER	Hospital	784
106190949	HENRY MAYO NEWHALL MEMORIAL HOSPITAL	Hospital	2,051
106362041	HI-DESERT MEDICAL CENTER	Hospital	584
306364095	HIGH DESERT ENDOSCOPY	Clinic	654
306196511	HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CTR.	Clinic	808
106301205	HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Hospital	13,361
106190380	HOLLYWOOD COMMUNITY HOSPITAL OF HOLLYWOOD	Hospital	39
106190382	HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	Hospital	3,050
106301209	HUNTINGTON BEACH HOSPITAL	Hospital	173
106190400	HUNTINGTON MEMORIAL HOSPITAL	Hospital	3,533
306334578	INDIO SURGERY CENTER INC.	Clinic	843
306304197	IRVINE MULTI-SPECIALITY SURGICAL CARE	Clinic	785
106220733	JOHN C FREMONT HEALTHCARE DISTRICT	Hospital	53
106331216	JOHN F KENNEDY MEMORIAL HOSPITAL	Hospital	3,764
106071018	JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	Hospital	2,179
106070988	JOHN MUIR MEDICAL CENTER-WALNUT CREEK CAMPUS	Hospital	1,459
106301132	KAISER FND HOSP - ANAHEIM	Hospital	6,618
106196035	KAISER FND HOSP - BALDWIN PARK	Hospital	7,844
106361223	KAISER FND HOSP - FONTANA	Hospital	11,250
106104062	KAISER FND HOSP - FRESNO	Hospital	5,170
106010858	KAISER FND HOSP - HAYWARD/FREMONT	Hospital	5,027
106334048	KAISER FND HOSPITAL - MORENO VALLEY	Hospital	985
106394009	KAISER FND HOSP-MANTECA	Hospital	3,227
106010856	KAISER FND HOSP - OAKLAND CAMPUS	Hospital	3,687
106190432	KAISER FND HOSP - PANORAMA CITY	Hospital	3,723
106410804	KAISER FND HOSP - REDWOOD CITY	Hospital	2,031
106480989	KAISER FND HOSP - REHABILITATION CENTER VALLEJO	Hospital	1,899
106334025	KAISER FND HOSP - RIVERSIDE	Hospital	2,922
106340913	KAISER FND HOSP - SACRAMENTO/ROSEVILLE-MORSE	Hospital	11,113
106370730	KAISER FND HOSP - SAN DIEGO	Hospital	8,383
106380857	KAISER FND HOSP - SAN FRANCISCO	Hospital	6,468
106431506	KAISER FND HOSP - SAN JOSE	Hospital	4,414
106210992	KAISER FND HOSP - SAN RAFAEL	Hospital	1,751
106434153	KAISER FND HOSP - SANTA CLARA	Hospital	7,115
106494019	KAISER FND HOSP - SANTA ROSA	Hospital	4,244
106190431	KAISER FND HOSP - SOUTH BAY	Hospital	4,417
106342344	KAISER FND HOSP - SOUTH SACRAMENTO	Hospital	4,041
106410806	KAISER FND HOSP - SOUTH SAN FRANCISCO	Hospital	1,636
106190429	KAISER FND HOSP - SUNSET	Hospital	8,410
106070990	KAISER FND HOSP - WALNUT CREEK	Hospital	4,343
106190434	KAISER FND HOSP - WEST LA	Hospital	3,749
106191450	KAISER FND HOSP - WOODLAND HILLS	Hospital	2,127
106196403	KAISER FOUNDATION HOSPITAL - DOWNEY	Hospital	4,673
106484044	KAISER FOUNDATION HOSPITAL - VACAVILLE	Hospital	2,166
106074097	KAISER FOUND HSP-ANTIOCH	Hospital	2,313

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
106540734	KAWEAH DELTA MEDICAL CENTER	Hospital	3,475
306196069	KERLAN-JOBE SURGERY CENTER	Clinic	1,735
106150736	KERN MEDICAL CENTER	Hospital	2,254
106150737	KERN VALLEY HEALTHCARE DISTRICT	Hospital	224
106190049	KINDRED HOSPITAL BALDWIN PARK	Hospital	49
106364188	KINDRED HOSPITAL RANCHO	Hospital	416
106190196	KINDRED HOSPITAL SOUTH BAY	Hospital	157
106191227	LAC/HARBOR-UCLA MEDICAL CENTER	Hospital	2,912
106191306	LAC/RANCHO LOS AMIGOS NATIONAL REHAB CENTER	Hospital	354
106191228	LAC+USC MEDICAL CENTER	Hospital	1,863
306374288	LA JOLLA ORTHOPEDIC SURGERY CENTER	Clinic	2,391
106190240	LAKEWOOD REGIONAL MEDICAL CENTER	Hospital	2,458
106190455	LANCASTER COMMUNITY HOSPITAL	Hospital	977
106301234	LA PALMA INTERCOMMUNITY HOSPITAL	Hospital	303
306304130	LA VETA SURGICAL CTR., AN AFFILIATE OF HEALTHSOUTH	Clinic	1,275
106390923	LODI MEMORIAL HOSPITAL	Hospital	1,097
306364023	LOMA LINDA AMBULATORY SURGICAL CENTER	Clinic	20
106361246	LOMA LINDA UNIVERSITY MEDICAL CENTER	Hospital	11,596
106420491	LOMPOC VALLEY MEDICAL CENTER	Hospital	1,384
106190525	LONG BEACH MEMORIAL MEDICAL CENTER	Hospital	3,457
106301248	LOS ALAMITOS MEDICAL CENTER	Hospital	3,503
106190198	LOS ANGELES COMMUNITY HOSPITAL	Hospital	165
106191231	LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER	Hospital	1,843
106190854	LOS ANGELES METROPOLITAN MEDICAL CENTER	Hospital	342
106560492	LOS ROBLES HOSPITAL & MEDICAL CENTER	Hospital	1,894
106434040	LUCILE SALTER PACKARD CHILDREN'S HOSP. AT STANFORD	Hospital	2,118
106201281	MADERA COMMUNITY HOSPITAL	Hospital	1,060
106121002	MAD RIVER COMMUNITY HOSPITAL	Hospital	2,614
306334129	MAGNOLIA PLASTIC SURGERY CENTER	Clinic	225
106260011	MAMMOTH HOSPITAL	Hospital	371
106420493	MARIAN MEDICAL CENTER	Hospital	1,786
106190500	MARINA DEL REY HOSPITAL	Hospital	1,688
106211006	MARIN GENERAL HOSPITAL	Hospital	2,752
306214036	MARIN SPECIALTY SURGERY CENTER	Clinic	1,904
106050932	MARK TWAIN ST. JOSEPH'S HOSPITAL	Hospital	504
106090933	MARSHALL MEDICAL CENTER (1-RH)	Hospital	1,875
306197103	MARTIN LUTHER KING JR. AMBULATORY SURGERY CENTER	Clinic	1,251
106450936	MAYERS MEMORIAL HOSPITAL	Hospital	134
306544007	MEDICAL ARTS AMBULATORY SURGERY CENTER	Clinic	221
106240924	MEMORIAL HOSPITAL LOS BANOS	Hospital	572
106500939	MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	Hospital	7,548
106190521	MEMORIAL HOSPITAL OF GARDENA	Hospital	1,073
106231013	MENDOCINO COAST DISTRICT HOSPITAL	Hospital	907
106334018	MENIFEE VALLEY MEDICAL CENTER	Hospital	393
106414018	MENLO PARK SURGICAL HOSPITAL	Hospital	1,287
106340947	MERCY GENERAL HOSPITAL	Hospital	5,775
106150761	MERCY HOSPITAL - BAKERSFIELD	Hospital	2,517
106344029	MERCY HOSPITAL - FOLSOM	Hospital	1,266

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
106240942	MERCY MEDICAL CENTER - MERCED	Hospital	1,574
106240948	MERCY MEDICAL CENTER MERCED-DOMINICAN CAMPUS	Hospital	582
106470871	MERCY MEDICAL CENTER MT. SHASTA	Hospital	992
106450949	MERCY MEDICAL CENTER - REDDING	Hospital	2,358
106340950	MERCY SAN JUAN HOSPITAL	Hospital	4,693
106340951	METHODIST HOSPITAL OF SACRAMENTO	Hospital	2,708
106190529	METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	Hospital	1,553
306344118	MICHAEL J. FAZIO, MD. SURGERY CENTER	Clinic	431
306414063	MID-PENINSULA ENDOSCOPY CENTER	Clinic	1,328
106190681	MIRACLE MILE MEDICAL CENTER	Hospital	499
306334529	MIRAGE ENDOSCOPY CENTER L.P.	Clinic	2,763
106190524	MISSION COMMUNITY HOSPITAL - PANORAMA CAMPUS	Hospital	609
106301337	MISSION HOSPITAL LAGUNA BEACH	Hospital	994
106301262	MISSION HOSPITAL REGIONAL MEDICAL CENTER	Hospital	2,112
106250956	MODOC MEDICAL CENTER	Hospital	70
106190541	MONROVIA MEMORIAL HOSPITAL	Hospital	307
106361166	MONTCLAIR HOSPITAL MEDICAL CENTER	Hospital	329
106190547	MONTEREY PARK HOSPITAL	Hospital	1,332
306274033	MONTEREY PENINSULA SURGERY CENTER	Clinic	865
306274073	MONTEREY PENINSULA SURGERY CENTER RYAN RANCH	Clinic	875
106190552	MOTION PICTURE AND TELEVISION HOSPITAL	Hospital	1,981
106361266	MOUNTAINS COMMUNITY HOSPITAL	Hospital	259
306364140	MOUNTAIN VIEW SURGERY CENTER AND MEDICAL CLINIC	Clinic	2,229
306074121	MOUNT DIABLO SURGERY CENTER	Clinic	884
106274043	NATIVIDAD MEDICAL CENTER	Hospital	1,308
306304166	NEWPORT BEACH ORANGE COAST ENDOSCOPY CENTER	Clinic	2,348
306304264	NEWPORT COAST SURGERY CENTER, L.P.	Clinic	850
106301357	NEWPORT SPECIALTY HOSPITAL	Hospital	68
106481357	NORTH BAY MEDICAL CENTER	Hospital	785
106484001	NORTH BAY VACAVALLEY HOSPITAL	Hospital	59
306504047	NORTHERN CALIFORNIA SURGERY CENTER	Clinic	2,019
106141273	NORTHERN INYO HOSPITAL	Hospital	532
106190568	NORTHRIDGE HOSPITAL MEDICAL CENTER	Hospital	3,308
306044158	NORTH VALLEY ENDOSCOPY CENTER	Clinic	1,106
106190570	NORWALK COMMUNITY HOSPITAL	Hospital	4
106214034	NOVATO COMMUNITY HOSPITAL	Hospital	491
306196664	OAK TREE ASC	Clinic	669
106500967	OAK VALLEY DISTRICT HOSPITAL (2-RH)	Hospital	741
306374233	OASIS HEALTHSOUTH SURGERY CENTER	Clinic	680
106430837	O'CONNOR HOSPITAL - SAN JOSE	Hospital	3,140
106560501	OJAI VALLEY COMMUNITY HOSPITAL	Hospital	379
106190534	OLYMPIA MEDICAL CENTER	Hospital	1,843
306014080	OPTIMA OPHTHALMIC MEDICAL ASSOCIATES, INC.	Clinic	353
106300225	ORANGE COAST MEMORIAL MEDICAL CENTER	Hospital	5,462
306304300	ORANGE COAST SURGERY CENTER	Clinic	155
106040937	OROVILLE HOSPITAL	Hospital	2,143
306374383	OTAY LAKES SURGERY CENTER, LLC	Clinic	1,075
106190696	PACIFICA HOSPITAL OF THE VALLEY	Hospital	171

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
106190307	PACIFIC ALLIANCE MEDICAL CENTER, INC.	Hospital	931
306154095	PACIFIC COAST SURGICAL CENTER NO.7	Clinic	799
306364125	PACIFIC EYE INSTITUTE	Clinic	2,704
106190587	PACIFIC HOSPITAL OF LONG BEACH	Hospital	1,238
306374264	PACIFIC SURGICAL INSTITUTE OF PAIN MANAGEMENT	Clinic	303
106491338	PALM DRIVE HOSPITAL	Hospital	657
306434191	PALO ALTO MED. FDN. - CAMINO DIVISION SURGICENTER	Clinic	6,663
106370755	PALOMAR MEDICAL CENTER	Hospital	3,357
106331288	PALO VERDE HOSPITAL	Hospital	461
106370759	PARADISE VALLEY HOSPITAL	Hospital	672
106331293	PARKVIEW COMMUNITY HOSPITAL MEDICAL CENTER	Hospital	793
106454013	PATIENTS' HOSPITAL OF REDDING	Hospital	296
306494103	PDI SURGERY CENTER	Clinic	912
306434169	PENINSULA EYE SURGERY CENTER	Clinic	2,219
106410852	PENINSULA MEDICAL CENTER	Hospital	4,491
306414101	PENINSULA PROCEDURE CENTER, LP	Clinic	1,522
106491001	PETALUMA VALLEY HOSPITAL	Hospital	1,052
306154012	PHYSICIANS PLAZA SURGICAL CENTER	Clinic	1,867
106130760	PIONEERS MEMORIAL HOSPITAL	Hospital	1,481
106301297	PLACENTIA LINDA HOSPITAL	Hospital	2,988
106320986	PLUMAS DISTRICT HOSPITAL	Hospital	364
106370977	POMERADO HOSPITAL	Hospital	1,539
106190630	POMONA VALLEY HOSPITAL MEDICAL CENTER	Hospital	5,851
306404047	POSADA AMBULATORY SURGERY CENTER	Clinic	543
306364253	PREMIER OUTPATIENT SURGERY CENTER, INC.	Clinic	698
306424045	PREMIER SURGERY CENTER OF SANTA BARBARA	Clinic	844
106190631	PRESBYTERIAN INTERCOMMUNITY HOSPITAL	Hospital	7,264
306384012	PRESIDIO SURGERY CENTER	Clinic	2,784
306304291	PROCEDURE CENTER OF IRVINE	Clinic	79
306344134	PROCEDURE CENTER OF SOUTH SACRAMENTO	Clinic	1,268
306014219	PROCEDURE SUITES, FREMONT CENTER	Clinic	1,132
106370787	PROMISE HOSPITAL OF SAN DIEGO	Hospital	785
106190385	PROVIDENCE HOLY CROSS MEDICAL CENTER	Hospital	2,408
106190680	PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	Hospital	1,383
106190470	PROVIDENCE LITTLE COMPANY OF MARY MC - TORRANCE	Hospital	4,326
106190758	PROVIDENCE SAINT JOSEPH MEDICAL CENTER	Hospital	4,264
106190517	PROVIDENCE TARZANA MEDICAL CENTER	Hospital	2,919
106281047	QUEEN OF THE VALLEY HOSPITAL - NAPA	Hospital	3,991
106370673	RADY CHILDREN'S HOSPITAL - SAN DIEGO	Hospital	7,860
306334612	RANCHO MIRAGE SURGERY CENTER	Clinic	288
306304412	REAGAN STREET SURGERY CENTER	Clinic	3,400
106361308	REDLANDS COMMUNITY HOSPITAL	Hospital	2,325
306364122	REDLANDS DENTAL SURGERY CENTER	Clinic	1,273
106121051	REDWOOD MEMORIAL HOSPITAL	Hospital	970
306105032	REGIONAL HAND CENTER OF CENTRAL CALIFORNIA	Clinic	557
106430705	REGIONAL MEDICAL OF SAN JOSE	Hospital	3,168
106580996	RIDEOUT MEMORIAL HOSPITAL	Hospital	6,072
106150782	RIDGECREST REGIONAL HOSPITAL	Hospital	738

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
106331312	RIVERSIDE COMMUNITY HOSPITAL	Hospital	3,613
106334487	RIVERSIDE COUNTY REGIONAL MEDICAL CENTER	Hospital	2,257
106190796	RONALD REAGAN UCLA MEDICAL CENTER	Hospital	13,404
106301317	SADDLEBACK MEMORIAL MEDICAL CENTER	Hospital	4,396
306504055	SALIDA SURGERY CENTER	Clinic	1,665
106270875	SALINAS VALLEY MEMORIAL HOSPITAL	Hospital	1,285
106361318	SAN ANTONIO COMMUNITY HOSPITAL	Hospital	4,236
306374389	SAN DIEGO CENTER FOR REPRODUCTIVE SURGERY	Clinic	15
306374149	SAN DIEGO ENDOSCOPY CENTER, A PARTNERSHIP	Clinic	1,836
306370838	SAN DIEGO OUTPATIENT SURGICAL CENTER	Clinic	1,075
106190673	SAN DIMAS COMMUNITY HOSPITAL	Hospital	517
106380939	SAN FRANCISCO GENERAL HOSPITAL	Hospital	4,206
306384172	SAN FRANCISCO SURGERY CENTER	Clinic	882
106190200	SAN GABRIEL VALLEY MEDICAL CENTER	Hospital	1,953
106331326	SAN GORGONIO MEMORIAL HOSPITAL	Hospital	545
106150788	SAN JOAQUIN COMMUNITY HOSPITAL	Hospital	6,941
106391010	SAN JOAQUIN GENERAL HOSPITAL	Hospital	1,362
306434201	SAN JOSE DENTAL SURGERY CENTER	Clinic	830
106013619	SAN LEANDRO HOSPITAL	Hospital	517
306014035	SAN LEANDRO SURGERY CENTER	Clinic	1,989
106410782	SAN MATEO MEDICAL CENTER	Hospital	1,105
306074099	SAN RAMON ENDOSCOPY CENTER, INC.	Clinic	2,416
106074017	SAN RAMON REGIONAL MEDICAL CENTER	Hospital	2,986
306074107	SAN RAMON SURGERY CENTER	Clinic	948
106420514	SANTA BARBARA COTTAGE HOSPITAL	Hospital	4,444
306424051	SANTA BARBARA SURGICAL CENTER, L.P.	Clinic	1,616
106430883	SANTA CLARA VALLEY MEDICAL CENTER	Hospital	11,178
306424057	SANTA MARIA DIGESTIVE DIAGNOSTIC CENTER	Clinic	3,078
106190687	SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL	Hospital	3,256
106491064	SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	Hospital	2,655
106420522	SANTA YNEZ VALLEY COTTAGE HOSPITAL	Hospital	313
306564118	SAXON SURGICAL CENTER, INC.	Clinic	382
106371256	SCRIPPS GREEN HOSPITAL	Hospital	7,669
106371394	SCRIPPS MEMORIAL HOSPITAL - ENCINITAS	Hospital	2,926
106370771	SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	Hospital	5,432
106370744	SCRIPPS MERCY HOSPITAL	Hospital	6,153
106321016	SENECA HEALTHCARE DISTRICT	Hospital	317
106410891	SEQUOIA HOSPITAL	Hospital	2,297
306074091	SEQUOIA SURGICAL PAVILION	Clinic	3,710
106410817	SETON MEDICAL CENTER	Hospital	5,334
106370875	SHARP CHULA VISTA MEDICAL CENTER	Hospital	2,434
106370689	SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	Hospital	704
106370694	SHARP MEMORIAL HOSPITAL	Hospital	9,728
106450940	SHASTA REGIONAL MEDICAL CENTER	Hospital	536
306424069	SHEPARD EYE CENTER MEDICAL GROUP	Clinic	1,044
106190708	SHERMAN OAKS HOSPITAL	Hospital	217
106344114	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.	Hospital	524
306105058	SIERRA KINGS DENTAL SURGERY CENTER	Clinic	1,169

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
106100797	SIERRA KINGS DISTRICT HOSPITAL	Hospital	198
106291023	SIERRA NEVADA MEMORIAL HOSPITAL	Hospital	557
106540798	SIERRA VIEW DISTRICT HOSPITAL	Hospital	1,919
106400524	SIERRA VISTA REGIONAL MEDICAL CENTER	Hospital	1,437
106190661	SILVER LAKE MEDICAL CENTER-DOWNTOWN CAMPUS	Hospital	257
306564154	SIMI SURGERY CENTER, INC.	Clinic	1,105
106560525	SIMI VALLEY HOSPITAL AND HEALTH CARE SVCS-SYCAMORE	Hospital	1,056
306044162	SKYWAY SURGERY CENTER	Clinic	2,531
106491076	SONOMA VALLEY HOSPITAL	Hospital	562
306554001	SONORA EYE SURGERY CENTER	Clinic	705
106554011	SONORA REGIONAL MEDICAL CENTER - GREENLEY	Hospital	2,917
306434114	SOUTH BAY ENDOSCOPY CENTER, A MEDICAL CORPORATION	Clinic	954
306194737	SOUTHERN CALIFORNIA SURGERY CENTER	Clinic	186
306314033	SOUTH PLACER SURGERY CENTER, L.P.	Clinic	1,537
106334068	SOUTHWEST HEALTHCARE SYSTEM-MURRIETA	Hospital	1,243
306154075	SOUTHWEST SURGICAL CENTER	Clinic	1,591
106100899	ST. AGNES MEDICAL CENTER	Hospital	7,928
106430905	STANFORD HOSPITAL	Hospital	13,334
106504038	STANISLAUS SURGICAL HOSPITAL	Hospital	5,202
306364061	STARPOINT HEALTH, INC.	Clinic	100
106361339	ST. BERNARDINE MEDICAL CENTER	Hospital	3,425
106521041	ST. ELIZABETH COMMUNITY HOSPITAL	Hospital	1,425
106190754	ST. FRANCIS MEDICAL CENTER	Hospital	1,979
106380960	ST. FRANCIS MEMORIAL HOSPITAL	Hospital	1,253
106281078	ST. HELENA HOSPITAL	Hospital	1,960
106171049	ST. HELENA HOSPITAL - CLEARLAKE	Hospital	645
106190756	ST. JOHN'S HEALTH CENTER	Hospital	3,653
106560508	ST. JOHN'S PLEASANT VALLEY HOSPITAL	Hospital	1,407
106560529	ST. JOHN'S REGIONAL MEDICAL CENTER	Hospital	2,197
106121080	ST. JOSEPH HOSPITAL - EUREKA	Hospital	4,722
106301340	ST. JOSEPH HOSPITAL - ORANGE	Hospital	9,986
106391042	ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	Hospital	1,769
306304190	ST. JOSEPH SURGERY AND LASER CENTER, INC.	Clinic	180
106301342	ST. JUDE MEDICAL CENTER	Hospital	10,522
106434138	ST. LOUISE REGIONAL HOSPITAL	Hospital	1,011
106190053	ST. MARY MEDICAL CENTER	Hospital	1,509
106361343	ST. MARY REGIONAL MEDICAL CENTER	Hospital	2,126
106380965	ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	Hospital	2,352
306394096	STOCKTON SURGERY CENTER	Clinic	817
106010967	ST. ROSE HOSPITAL	Hospital	1,250
106190762	ST. VINCENT MEDICAL CENTER	Hospital	2,918
306424049	SUMMIT SURGERY CENTER	Clinic	795
306105021	SUMMIT SURGICAL	Clinic	3,957
306431040	SURGECENTER OF PALO ALTO	Clinic	5,348
306196216	SURGERY CENTER OF LONG BEACH	Clinic	2,127
306374162	SURGICAL EYE CARE CENTER	Clinic	578
306164016	SURGITEK OUTPATIENT CENTER, INC.	Clinic	561
306344066	SUTTER ALHAMBRA SURGERY CENTER, L.P.	Clinic	1,944

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

Facility Number	Facility Name	Facility Type	Encounters
106034002	SUTTER AMADOR HOSPITAL	Hospital	931
106310791	SUTTER AUBURN FAITH HOSPITAL	Hospital	2,322
306314010	SUTTER AUBURN SURGERY CENTER	Clinic	987
106084001	SUTTER COAST HOSPITAL	Hospital	2,202
106574010	SUTTER DAVIS HOSPITAL	Hospital	2,258
106070934	SUTTER DELTA MEDICAL CENTER	Hospital	1,796
306484045	SUTTER FAIRFIELD SURGERY CENTER	Clinic	3,435
106341051	SUTTER GENERAL HOSPITAL	Hospital	3,613
106171395	SUTTER LAKESIDE HOSPITAL	Hospital	1,892
106444012	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	Hospital	4,081
106490919	SUTTER MEDICAL CENTER OF SANTA ROSA	Hospital	2,793
106341052	SUTTER MEMORIAL HOSPITAL	Hospital	3,705
306341608	SUTTER RIVER CITY SURGERY CENTER	Clinic	2,186
106311000	SUTTER ROSEVILLE MEDICAL CENTER	Hospital	3,696
106481094	SUTTER SOLANO MEDICAL CENTER	Hospital	1,419
106514030	SUTTER SURGICAL HOSPITAL-NORTH VALLEY	Hospital	1,175
106391056	SUTTER TRACY COMMUNITY HOSPITAL	Hospital	2,001
306504054	SYLVAN SURGERY CENTER, INC.	Clinic	427
106291053	TAHOE FOREST HOSPITAL	Hospital	918
306196175	TARZANA SURGERY CENTER, INC.	Clinic	155
306154104	TEHACHAPI SURGERY CENTER, INC.	Clinic	285
106190784	TEMPLE COMMUNITY HOSPITAL	Hospital	1,643
306564072	THOUSAND OAKS ENDOSCOPY CENTER	Clinic	1,628
106564121	THOUSAND OAKS SURGICAL HOSPITAL	Hospital	1,515
106190422	TORRANCE MEMORIAL MEDICAL CENTER	Hospital	10,290
306196262	TORRANCE SURGERY CENTER, L.P.	Clinic	1,844
306074098	TRESANTI MEDICAL CORPORATION, THE	Clinic	1,096
106370780	TRI-CITY MEDICAL CENTER	Hospital	4,246
106190159	TRI-CITY REGIONAL MEDICAL CENTER	Hospital	2,190
106531059	TRINITY HOSPITAL	Hospital	236
306564022	T SURGERY CENTER	Clinic	1,031
106540816	TULARE REGIONAL MEDICAL CENTER	Hospital	1,665
106400548	TWIN CITIES COMMUNITY HOSPITAL	Hospital	1,512
106381154	UCSF MEDICAL CENTER	Hospital	15,916
106231396	UKIAH VALLEY MEDICAL CENTER/HOSPITAL DRIVE	Hospital	1,119
306374088	UNIVERSITY AMBULATORY SURGERY CENTER	Clinic	650
106341006	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	Hospital	11,146
106301279	UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	Hospital	5,457
106370782	UNIVERSITY OF CALIF-SAN DIEGO MEDICAL CENTER	Hospital	11,303
306244035	UNIVERSITY SURGERY CENTER	Clinic	2,373
306364019	UPLAND OUTPATIENT SURGICAL CENTER	Clinic	1,204
106191216	USC KENNETH NORRIS, JR. CANCER HOSPITAL	Hospital	4,147
106194219	USC UNIVERSITY HOSPITAL	Hospital	5,331
106014050	VALLEYCARE MEDICAL CENTER	Hospital	3,683
106190812	VALLEY PRESBYTERIAN HOSPITAL	Hospital	2,634
106560481	VENTURA COUNTY MEDICAL CENTER	Hospital	2,346
106190818	VERDUGO HILLS HOSPITAL	Hospital	1,902
106361370	VICTOR VALLEY COMMUNITY HOSPITAL	Hospital	2,008

**Appendix D**  
**Ambulatory Surgery Encounters by Facility**  
**January - June 2010**

<b>Facility Number</b>	<b>Facility Name</b>	<b>Facility Type</b>	<b>Encounters</b>
306544016	VISALIA CENTER FOR AMBULATORY MEDICINE AND SURGERY	Clinic	1,035
306104040	VISION CARE SURGERY CENTER	Clinic	1,823
306304135	VISTA SURGICAL CENTER, INC.	Clinic	208
106010987	WASHINGTON HOSPITAL - FREMONT	Hospital	1,444
106444013	WATSONVILLE COMMUNITY HOSPITAL	Hospital	1,022
306014157	WEBSTER SURGERY CENTER	Clinic	1,448
106301379	WEST ANAHEIM MEDICAL CENTER	Hospital	134
106301188	WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	Hospital	721
106301566	WESTERN MEDICAL CENTER - SANTA ANA	Hospital	2,069
106190859	WEST HILLS HOSPITAL AND MEDICAL CENTER	Hospital	1,058
106190878	WHITE MEMORIAL MEDICAL CENTER	Hospital	2,707
106190883	WHITTIER HOSPITAL MEDICAL CENTER	Hospital	1,821
306364239	WIKA ENDOSCOPY CENTER	Clinic	811
106571086	WOODLAND MEMORIAL HOSPITAL	Hospital	3,202
		<b>Total:</b>	<b>1,106,671</b>

## **Appendix E**

### **Expected Source of Payment Definitions**

#### **January – June 2010**

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

**Other Non-federal programs** – Includes any form of payment from local, county, or state government agencies.

**Preferred Provider Organization (PPO)** – Includes Blue Cross/Blue Shield or commercial insurance companies under a PPO arrangement. Does not include Medi-Cal patients under a PPO arrangement.

**Point of Service (POS)** – Includes Blue Cross/Blue Shield or commercial insurance companies under a POS arrangement.

**Exclusive Provider Organization (EPO)** – Includes Blue Cross/Blue Shield or commercial insurance companies under an EPO arrangement.

**Health Maintenance Organization (HMO) Medicare Risk** – Includes Medicare Patients covered under an HMO arrangement only.

**Automobile Medical** – Includes PPO, POS, EPO, HMO and Fee for Service or any other payment resulting from automobile coverage.

**Blue Cross/Blue Shield** – Includes only BC/BS Fee for Service payments.

**CHAMPUS (TRICARE)** – Includes any PPO, POS, EPO, HMO, Fee for Service, or other payment from the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or from TRICARE.

**Commercial Insurance Company** – Includes payments from insurance carriers on a Fee for Services basis; excludes PPO, POS, and EPO payments.

**Disability** – Payments resulting from disability coverage.

**Health Maintenance Organization** – Includes HMO payers including out-of-state HMOs, BC/BS HMOs and Knox-Keene HMOs. Does not include Medicare HMO or Medi-Cal HMO.

**Medicare Part A** – Defined by Title XVIII of the Social Security Act. Covers inpatient hospital stays, care in a skilled nursing facility, hospice care and some home health care.

**Medicare Part B** – Defined by Title XVIII of the Social Security Act. Covers some outpatient hospital care and some home health services.

**Medi-Cal** – (Medicaid). Defined by Title XIX of the Social Security Act and Title I of the Federal Medicare Act (PL 89-97). Includes all Medi-Cal including Fee for Service, PPO, POS, EPO, and HMO.

# **Appendix E**

## **Expected Source of Payment Definitions**

### **January – June 2010**

**Other Federal Program** – Federal programs not covered by any other category.

**Title V** – Defined by the Federal Medicare Act (PL 89-97) for Maternal and Child Health. Title V of the Social Security Act is administered by the Health Resources and Services Administration, Public Health Service, Department of Health and Human Services. Includes California Children Services and Maternal and Child Health program payments not covered under Medi-Cal.

**Veterans Affairs Plan** – Includes any PPO, POS, EPO, HMO, Fee for Service or other payment resulting from Veterans Administration coverage.

**Workers' Compensation Health Claim** – Includes payments from Workers' Compensation Health Claim insurance.

**Other** – Includes payments by governments of other countries, payment by local or organized charities such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, Shriners, and payments not listed in other categories.

**Appendix F**  
**Disposition Definitions**  
**January – June 2010**

**01 Discharged to home or self care (routine discharge):**

This category includes patients discharged to home directly after treatment (including the homeless and those receiving non-home health or non-hospice care services, such as services by a durable medical equipment (DME) supplier or services related to home oxygen), a home environment (e.g., half-way house, group home, community care facility, foster care, woman's shelter), a Residential Care facility, court, a correctional institution, and law enforcement custody. This category also includes various types of facilities that provide supportive and custodial care. These facilities are licensed by the California Department of Social Services and are not considered to be health facilities. The facilities are referred to by a variety of terms (e.g., board and care, residential care facilities for the elderly). This category is used to indicate discharge to a location not licensed as a medical facility by the Department of Health Services, such as Mental Health Rehabilitation Centers (MHRC). This category DOES NOT include patients sent to home health care or to home with hospice care.

**02 Discharged/Transferred to a short-term general care hospital or inpatient care:**

This category includes patients discharged or transferred to inpatient hospital care. This category DOES NOT include patients discharged or transferred to physical medicine rehabilitation facilities, or rehabilitation distinct part of a hospital, or psychiatric facilities, or psychiatric distinct part unit of a hospital.

**03 Discharged/Transferred to a skilled nursing facility with Medicare certification in anticipation of covered skilled care:**

This category includes patients discharged or transferred to: SNF facility or skilled nursing distinct part of a hospital that provides supportive and nursing care to patients whose primary need is for skilled nursing care on an extended basis; SNF certified by Medicare; Rehabilitation unit in a SNF; Institution for Mental Disease (IMD), if licensed by California Department of Health Services as SNFs. If IMD is not licensed by the California Department of Health Services as SNF, this may be reported as federal healthcare facility. This category DOES NOT include patients discharged or transferred to facilities with a Medicare approved skilled nursing swing bed.

**04 Discharged/Transferred to an intermediate care facility (ICF):**

This category includes patients discharged or transferred to: Intermediate care facility or a distinct part of a hospital or SNF that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous nursing care; non-certified SNFs; and skilled nursing level of care in the state designated assisted living facilities.

**05 (until 4/1/08) Discharged/Transferred to another type of institution not defined elsewhere on this list:**

This category includes patients discharged or transferred to a healthcare institution not otherwise mentioned in one of the categories described above. Included in this category are patients discharged to Urgent Care or Chemical Dependency care. After 4/1/08 these patients would be coded as "70".

**Appendix F**  
**Disposition Definitions**  
**January – June 2010**

**05 (after 4/1/08) Discharged/Transferred to a designated cancer center or children's hospital:**

Beginning with encounters on 4/1/08 this category includes patients discharged or transferred to either a designated cancer center or children's hospital. Transfers to non-designated cancer hospitals are coded under short-term general care hospital or inpatient care (02). For a list of designated cancer centers visit the [National Cancer Institute Designated Cancer Centers](#) Web site. Prior to 4/1/08 this category included patients discharged or transferred to another type of institution not defined elsewhere (code 70 beginning 4/1/08).

**06 Discharged/Transferred home under the care of organized home health service organization in anticipation of covered skilled care:**

This category includes patients discharged or transferred to home with healthcare services from an organized home health service organization where the provided services are at a level less intensive than health facility requirements. Services under an organized home health service organization may include nursing care, respiratory/inhalation therapy, electrocardiology, physical therapy, occupational therapy, and recreational therapy. Also included in this category are discharges and transfers to home with a written home health plan of care for home healthcare services. This category DOES NOT include discharges or transfers to home with hospice services.

**07 Left against medical advice or discontinued care:**

This category includes patients who left against medical advice (AMA) or who discontinued care. If a patient did not see a provider, the encounter was not reported to OSHPD.

**20 Died/Expired:**

This category includes all episodes of care that resulted in death before patient left the facility.

**21 Discharged/Transferred to Court/Law Enforcement:**

This category includes patients discharged or transferred to Court/Law Enforcement.

**43 Discharged/Transferred to a federal healthcare facility:**

This category includes patients discharged or transferred to federal government owned healthcare facilities such as Veterans Administration hospitals, Department of Defense hospitals, Public Health Services hospitals, and Institutions for Mental Disease (IMD), not licensed by the California Department of Health Services as SNF.

**50 Discharged home with hospice care:**

This category includes patients discharged or transferred to home with hospice care. A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient. This category DOES NOT include discharges or transfers to home or home health services.

**51 Discharged to a medical facility with hospice care:**

This category includes patients discharged or transferred to any medical facility for hospice care only. A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

**Appendix F**  
**Disposition Definitions**  
**January – June 2010**

**61 Discharged/Transferred to a hospital-based Medicare approved swing bed:**

This category includes patients discharged or transferred to a SNF level of care within the hospital's Medicare approved swing bed arrangement.

**62 Discharged/Transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital:**

This category includes patients discharged or transferred to a rehabilitation facility or to a rehabilitation distinct part of a hospital.

**63 Discharged/Transferred to a Medicare certified long-term care hospital (LTCH):**

This category includes patients discharged or transferred to a long-term care hospital that provides acute inpatient care with an average length of stay greater than 25 days. This category DOES NOT include discharges and transfers to SNF facility certified by Medicare or ICF facility or SNF facility certified by Medicaid (Medi-Cal).

**64 Discharged/Transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare:**

This category includes patients discharged or transferred to a SNF level of care within the hospital's non-Medicare approved swing bed arrangement; skilled nursing bed for the Medi-Cal Subacute Care Program, skilled nursing bed for the Medi-Cal Transitional Care Program, skilled nursing bed in a Congregate Living Health Facility licensed by California Department of Health Services, and Institution for Mental Disease (IMD), if licensed by California Department of Health Services as a SNF. If IMD is not licensed by California Department of Health Services as a SNF, it may be reported as a federal healthcare facility.

**65 Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital:**

This category includes patients discharged or transferred to a psychiatric facility or to a psychiatric distinct part of a hospital.

**66 Discharged/Transferred to a critical access hospital (CAH):**

This category includes patients discharged or transferred to a hospital designated as a Critical Access Hospital.

**70 (after 4/1/08) Discharged/Transferred to another type of institution not defined elsewhere on this list:**

Beginning with encounters on 4/1/08, this category includes patients discharged or transferred to a healthcare institution not otherwise mentioned in one of the categories described above. Included in this category are patients discharged to Urgent Care or Chemical Dependency care. Prior to 4/1/08 patients in this category would be coded as "05".

**00 Other:**

This category does not include healthcare institutions which would be otherwise categorized in above.

# Appendix G

## Race and Ethnicity Definitions

### January – June 2010

**Race and Ethnicity** data is most accurate when the patients are asked to identify their own race and ethnicity. Self-identification may include the use of a form displaying race/ethnicity choices. Because data quality deteriorates when assumptions are based on the patient's or a family member's name, physical appearance, place of birth, or primary language, hospitals are instructed to code Race and Ethnicity as "Unknown" if the patient or family member is unable or unwilling to declare. The parents declare the ethnicity and race of a newborn. If the parent(s) is unable or unwilling to declare the newborn's race, it is appropriate for the facility reporting to OSHPD to report the ethnicity and race of the mother for that of the newborn. Multiracial patients may choose any one of the categories that is at least partially accurate (including "other"). For more discussion and examples of coding guidelines, see the California Emergency Department and Ambulatory Surgery Data Reporting Manual at <http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>.

#### Race

**American Indian or Alaska Native:** A person having origins in or who identifies with any of the original peoples of North and South America, and who maintains cultural identification through tribal affiliation or community recognition.

**Asian:** A person having origins in or who identifies with Asian Indian, Bangladeshi, Bhutanese, Burmese, Cambodian, Chinese, Filipino, Hmong, Indonesian, Iwo Jiman, Japanese, Korean, Laotian, Madagascar, Malaysian, Maldivian, Nepalese, Okinawan, Pakistani, Singaporean, Sri Lankan, Taiwanese, Thai, and Vietnamese.

**Black or African American:** A person having origins in or who identifies with any of the black racial groups of Africa including Botswanan, Ethiopian, Liberian, Namibian, Nigerian, Zairean, Barbadian, Dominican, Haitian, Jamaican, Tobagoan, Trinidadian, and West Indian.

**Native Hawaiian or Other Pacific Islander:** A person having origins in or who identifies with the following groups: Native Hawaiian, Carolinian, Chamorro, Chuukese (Trukese), Fijian, Guamanian, Kiribati, Kosraean, Marshallese, Melanesian, Micronesian, Mariana Islander, New Hebrides, Palauan, Papua New Guinean, Pohnpeian, Polynesian, Saipanese, Samoan, Solomon Islander, Tahitian, Tokelauan, Tongan, and Yapese.

**White:** A person having origins in or who identifies with any of the original Caucasian peoples of Europe, North Africa, or the Middle East. This may include the following groups: Armenian, English, French, German, Irish, Italian, Polish, Scottish, Middle Eastern, North African, Assyrian, Egyptian, Iranian, Iraqi, Lebanese, Palestinian, Syrian, Afghanistani, Israeli, and Arab.

# **Appendix G**

## **Race and Ethnicity Definitions**

### **January – June 2010**

**Other Race:** Any possible options not covered in the above categories. This category includes patients who cite more than one race.

#### **Ethnicity**

Hispanic origin or descent is not to be confused with race. A person of Hispanic origin may be of any race.

**Hispanic:** A person who identifies with or is of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. This may include the following groups: Andalusian, Argentinian, Asturian, Belearic Islander, Bolivian, Castillian, Catalonian, Canarian, Chicano, Chilean, Columbian, Costa Rican, Criollo, Dominican, Ecuadorian, Gallego, Guatemalan, Honduran, La Raza, Latin American, Mexican American, Mexican American Indian, Mexicano, Nicaraguan, Panamanian, Paraguayan, Peruvian, Salvadorian, Spaniard, Spanish Basque, Uruguayan, Valencian, and Venezuelan. A person of Hispanic origin may be of any race.

**Non-Hispanic:** A person who identifies with a culture or origin other than Hispanic.

**Unknown:** Includes patients who cannot or will not declare their ethnicity. Unknown is also used as a default for reported invalid and blank values of ethnicity.

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
EMERGENCY DEPARTMENT DATA RECORD  
MANUAL ABSTRACT REPORTING FORM**

**Effective with encounters occurring on or after January 1, 2009**

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
(Title 22, Sections 97251 through 97265, and 97267)

<b>FACILITY ID NUMBER</b> <input style="width:100%; height: 20px;" type="text"/>	<b>ABSTRACT RECORD NUMBER (Optional)</b> <input style="width:100%; height: 20px;" type="text"/>			
<b>DATE OF BIRTH</b> <input style="width:100%; height: 20px;" type="text"/> <i>Month   Day   Year (4-digit)</i>	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <b>SEX</b>  F Female  M Male  U Unknown   <input style="width: 20px; height: 20px;" type="checkbox"/> </td> <td style="width:33%; border: none;"> <b>RACE</b>  R1 American Indian or Alaska Native  R2 Asian  R3 Black or African American  R4 Native Hawaiian or Other Pacific Islander  R5 White  R9 Other Race  99 Unknown   <input style="width: 20px; height: 20px;" type="checkbox"/> </td> <td style="width:33%; border: none;"> <b>ETHNICITY</b>  E1 Hispanic or Latino  E2 Non-Hispanic or Non-Latino  99 Unknown   <input style="width: 20px; height: 20px;" type="checkbox"/> </td> </tr> </table>	<b>SEX</b> F Female M Male U Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>RACE</b> R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>ETHNICITY</b> E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>
<b>SEX</b> F Female M Male U Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>RACE</b> R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>ETHNICITY</b> E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>		
<b>ZIP CODE</b> <input style="width:100%; height: 20px;" type="text"/> <i>99999 = Unknown</i>	<b>PATIENT'S SOCIAL SECURITY NUMBER</b> <input style="width:100%; height: 20px;" type="text"/> Report 000000001 (Unknown) if not recorded in the patient's medical record			
<b>SERVICE DATE</b> <input style="width:100%; height: 20px;" type="text"/> <i>Month   Day   Year (4-digit)</i>				

**PRINCIPAL LANGUAGE SPOKEN**

Enter only one 3-digit value in the space provided.  
Or, if patient's Principal Language Spoken is not included in the list, then enter language spoken, up to 24 alpha characters.

- |                   |                          |
|-------------------|--------------------------|
| ENG English       | LAO Laotian              |
| ARA Arabic        | HMN Miao, Hmong          |
| ARM Armenian      | KHM Mon-Khmer, Cambodian |
| CHI Chinese       | NAV Navajo               |
| FRE French        | PER Persian              |
| CPF French Creole | POL Polish               |
| GER German        | POR Portuguese           |
| GRE Greek         | RUS Russian              |
| GUJ Gujarathi     | SCR Serbo-Croatian       |
| HEB Hebrew        | SPA Spanish              |
| HIN Hindi         | TGL Tagalog              |
| HUN Hungarian     | THA Thai                 |
| ITA Italian       | URD Urdu                 |
| JPN Japanese      | VIE Vietnamese           |
| KOR Korean        | YID Yiddish              |
|                   | 999 Unknown              |

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
EMERGENCY DEPARTMENT DATA RECORD  
MANUAL ABSTRACT REPORTING FORM**

**Effective with encounters occurring on or after January 1, 2009**

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
(Title 22, Sections 97251 through 97265, and 97267)

**EXPECTED SOURCE OF PAYMENT**

--	--

- |                                                        |                                       |
|--------------------------------------------------------|---------------------------------------|
| 09 Self Pay                                            | DS Disability                         |
| 11 Other Non-federal programs                          | HM Health Maintenance Organization    |
| 12 Preferred Provider Organization (PPO)               | MA Medicare Part A                    |
| 13 Point of Service (POS)                              | MB Medicare Part B                    |
| 14 Exclusive Provider Organization (EPO)               | MC Medicaid (Medi-Cal)                |
| 16 Health Maintenance Organization (HMO) Medicare Risk | OF Other federal program              |
| AM Automobile Medical                                  | TV Title V                            |
| BL Blue Cross/Blue Shield                              | VA Veterans Affairs Plan              |
| CH CHAMPUS (TRICARE)                                   | WC Workers' Compensation Health Claim |
| CI Commercial Insurance Company                        | 00 Other                              |

**DISPOSITION OF PATIENT**

--	--

- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution not defined elsewhere in this code list
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 00 Other

**PRINCIPAL DIAGNOSIS**

ICD-9-CM CODE

--	--	--	--	--	--	--	--

**OTHER DIAGNOSES**

ICD-9-CM CODE

- |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| a. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | i. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | q. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| b. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | j. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | r. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| c. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | k. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | s. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| d. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | l. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | t. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| e. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | m. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | u. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| f. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | n. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | v. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| g. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | o. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | w. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| h. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | p. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | x. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |



**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
AMBULATORY SURGERY DATA RECORD  
MANUAL ABSTRACT REPORTING FORM**

**Effective with encounters occurring on or after January 1, 2009**

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
(Title 22, Sections 97251 through 97265, and 97267)

<b>FACILITY ID NUMBER</b> <input style="width:100%; height: 20px;" type="text"/>	<b>ABSTRACT RECORD NUMBER (Optional)</b> <input style="width:100%; height: 20px;" type="text"/>			
<b>DATE OF BIRTH</b> <input style="width:100%; height: 20px;" type="text"/> <i>Month   Day   Year (4-digit)</i>	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"> <b>SEX</b>  F Female  M Male  U Unknown   <input style="width: 20px; height: 20px;" type="checkbox"/> </td> <td style="width:33%; border: none;"> <b>RACE</b>  R1 American Indian or Alaska Native  R2 Asian  R3 Black or African American  R4 Native Hawaiian or Other Pacific Islander  R5 White  R9 Other Race  99 Unknown   <input style="width: 20px; height: 20px;" type="checkbox"/> </td> <td style="width:33%; border: none;"> <b>ETHNICITY</b>  E1 Hispanic or Latino  E2 Non-Hispanic or Non-Latino  99 Unknown   <input style="width: 20px; height: 20px;" type="checkbox"/> </td> </tr> </table>	<b>SEX</b> F Female M Male U Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>RACE</b> R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>ETHNICITY</b> E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>
<b>SEX</b> F Female M Male U Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>RACE</b> R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Other Pacific Islander R5 White R9 Other Race 99 Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>	<b>ETHNICITY</b> E1 Hispanic or Latino E2 Non-Hispanic or Non-Latino 99 Unknown  <input style="width: 20px; height: 20px;" type="checkbox"/>		
<b>ZIP CODE</b> <input style="width:100%; height: 20px;" type="text"/> <i>99999 = Unknown</i>	<b>PATIENT'S SOCIAL SECURITY NUMBER</b> <input style="width:100%; height: 20px;" type="text"/> Report 000000001 (Unknown) if not recorded in the patient's medical record			
<b>SERVICE DATE</b> <input style="width:100%; height: 20px;" type="text"/> <i>Month   Day   Year (4-digit)</i>				

**PRINCIPAL LANGUAGE SPOKEN**

Enter only one 3-digit value in the space provided.

Or, if patient's Principal Language Spoken is not included in the list, then enter language spoken, up to 24 alpha characters.

- |                   |                          |
|-------------------|--------------------------|
| ENG English       | LAO Laotian              |
| ARA Arabic        | HMN Miao, Hmong          |
| ARM Armenian      | KHM Mon-Khmer, Cambodian |
| CHI Chinese       | NAV Navajo               |
| FRE French        | PER Persian              |
| CPF French Creole | POL Polish               |
| GER German        | POR Portuguese           |
| GRE Greek         | RUS Russian              |
| GUJ Gujarathi     | SCR Serbo-Croatian       |
| HEB Hebrew        | SPA Spanish              |
| HIN Hindi         | TGL Tagalog              |
| HUN Hungarian     | THA Thai                 |
| ITA Italian       | URD Urdu                 |
| JPN Japanese      | VIE Vietnamese           |
| KOR Korean        | YID Yiddish              |
|                   | 999 Unknown              |

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
 AMBULATORY SURGERY DATA RECORD  
 MANUAL ABSTRACT REPORTING FORM**

**Effective with encounters occurring on or after January 1, 2009**

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements  
 (Title 22, Sections 97251 through 97265, and 97267)

**EXPECTED SOURCE OF PAYMENT**

--	--

- |                                                        |                                       |
|--------------------------------------------------------|---------------------------------------|
| 09 Self Pay                                            | DS Disability                         |
| 11 Other Non-federal programs                          | HM Health Maintenance Organization    |
| 12 Preferred Provider Organization (PPO)               | MA Medicare Part A                    |
| 13 Point of Service (POS)                              | MB Medicare Part B                    |
| 14 Exclusive Provider Organization (EPO)               | MC Medicaid (Medi-Cal)                |
| 16 Health Maintenance Organization (HMO) Medicare Risk | OF Other Federal program              |
| AM Automobile Medical                                  | TV Title V                            |
| BL Blue Cross/Blue Shield                              | VA Veterans Affairs Plan              |
| CH CHAMPUS (TRICARE)                                   | WC Workers' Compensation Health Claim |
| CI Commercial Insurance Company                        | 00 Other                              |

**DISPOSITION OF PATIENT**

--	--

- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution not defined elsewhere in this code list
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 00 Other

**PRINCIPAL DIAGNOSIS**

ICD-9-CM CODE

--	--	--	--	--	--	--	--

**OTHER DIAGNOSES**

ICD-9-CM CODE

- |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| a. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | i. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | q. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| b. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | j. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | r. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| c. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | k. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | s. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| d. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | l. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | t. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| e. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | m. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | u. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| f. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | n. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | v. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| g. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | o. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | w. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
| h. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | p. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  | x. | <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |    |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |



## Appendix K County Names and Codes (Public File)

County #	Name	County #	Name
01	Alameda	36	San Bernardino
02	Alpine	37	San Diego
03	Amador	38	San Francisco
04	Butte	39	San Joaquin
05	Calaveras	40	San Luis Obispo
06	Colusa	41	San Mateo
07	Contra Costa	42	Santa Barbara
08	Del Norte	43	Santa Clara
09	El Dorado	44	Santa Cruz
10	Fresno	45	Shasta
11	Glenn	46	Sierra
12	Humboldt	47	Siskiyou
13	Imperial	48	Solano
14	Inyo	49	Sonoma
15	Kern	50	Stanislaus
16	Kings	51	Sutter
17	Lake	52	Tehama
18	Lassen	53	Trinity
19	Los Angeles	54	Tulare
20	Madera	55	Tuolumne
21	Marin	56	Ventura
22	Mariposa	57	Yolo
23	Mendocino	58	Yuba
24	Merced	<b>Small County Groups</b>	
25	Modoc		
26	Mono	CE	Alpine, Inyo, Mariposa and Mono counties
27	Monterey	NE	Modoc, Plumas and Sierra counties
28	Napa	NW	Colusa and Trinity counties
29	Nevada		
30	Orange		
31	Placer		
32	Plumas		
33	Riverside		
34	Sacramento		
35	San Benito		