NONSUBSTANTIVE

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-	2015-0318-04N	

For use by Office of Administrative Law (OAL) only

2015 MAR 18 PM 2:51

OFFICE OF ADMINISTRATIVE LAW

ENDORSED - FILED
in the office of the Secretary of State of the State of California

APR 30 2015

2:17 PM

NOTICE | REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY: Office of Statewide Health Planning and Development

AGENCY FILE NUMBER (if any):

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

1. SUBJECT OF NOTICE | TITLE(S) | FIRST SECTION AFFECTED | 2. REQUESTED PUBLICATION DATE

3. NOTICE TYPE: ☐ Notice re Proposed Regulatory Action ☐ Other | 4. AGENCY CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional)

OAL USE ONLY — ACTION ON PROPOSED NOTICE: ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/ Withdrawn | NOTICE REGISTER NUMBER | PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Patient Data Section Updates - Expected Source of Payment

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S): None

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT:

AMEND: 97232

REPEAL:

TITLE(S): 22

3. TYPE OF FILING

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- ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov.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- ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov.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

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

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

- ☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
- ☐ Effective on filing with Secretary of State
- ☒ §100 Changes Without Regulatory Effect
- ☐ Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- ☐ Department of Finance (Form STD. 399) (SAM §6660)
- ☐ Fair Political Practices Commission
- ☐ State Fire Marshal
- ☐ Other (Specify) _____

7. CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
Cristal Schoenfelder, SSMII	(916)326-3930		schoenfelder.cristal@oshpd.ca.gov

8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

SIGNATURE OF AGENCY HEAD OR DESIGNEE: [signature] | DATE: 3/18/15

TYPED NAME AND TITLE OF SIGNATORY: Ron Spingarn, Deputy Director, Healthcare Information Division

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

APR 30 2015

Office of Administrative Law

State of California
Office of Administrative Law

In re:
Office of Statewide Health Planning and Development

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:
Amend sections: 97232
Repeal sections:

NOTICE OF APPROVAL OF CHANGES WITHOUT REGULATORY EFFECT

California Code of Regulations, Title 1, Section 100

OAL Matter Number: 2015-0318-04

OAL Matter Type: Nonsubstantive (N)

This change without regulatory effect by the Office of Statewide Health Planning and Development ("OSHPD") amends section 97232 in title 22 of the California Code of Regulations ("CCR"). Health and Safety Code section 128735 enumerates the data elements that must be included in each patient record, one of which is the Expected Source of Payment. (Health & Saf. Code, § 128735, subd. (g)(19).) This data element is implemented in Section 97232, which consists of three parts: Payer Category, Type of Coverage, and, if a Managed Care Knox-Keene health plan or a Medi-Cal County Organized Health System is reported, the Plan Code number identifying the plan must also be included. This change without regulatory effect adds three newly licensed plans and changes four existing plan names to newer licensed names. The list is also reorganized to maintain the alphabetical order of the listed plans.

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

Date: April 30, 2015

Steven J. Escobar
Attorney

For: DEBRA M. CORNEZ
Director

Original: Robert David
Copy: Cristal Schoenfelder

OSHPD of Statewide Health Planning and Development

Healthcare Information Division
400 R Street, Suite 250
Sacramento, California 95811-6213
(916) 326-3800
Fax (916) 324-9242
www.oshpd.ca.gov

AMENDMENTS TO REGULATIONS

CALIFORNIA CODE OF REGULATIONS

TITLE 22, DIVISION 7, CHAPTER 10, HEALTH FACILITY DATA
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS

Section 97232.

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

Effective with discharges on or after January 1, 1999, the patient's expected source of payment—the entity or organization which is expected to pay or did pay the greatest share of the patient's bill—shall be reported using the following:

(1) Payer Category: Select one of the following:

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

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

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

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

(E) County Indigent Programs. Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or Realignment Funds whether or not a bill is rendered.

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

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

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

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

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

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

(B) Managed Care—Other. Health care plans, except those in Subsection (a)(2)(A) of this section, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).

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

(3) Name of Plan.

For discharges occurring on or after January 1, 2014~~2010~~, report the names of those plans which are licensed under the Knox-Keene Health Care Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System. For Type of Coverage, Subsection (2)(A) of this section, report the plan code number representing the name of the Knox-Keene licensed plan or the Medi-Cal County Organized Health System as shown in Table 1.

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

For use with discharges occurring on or after January 1, 2014~~2010~~

Plan Names	*Plan Code Numbers*
Access Senior HealthCare, Inc.	0506
Adventist Health Plan, Inc.	0508
Aetna Health Plans of California, Inc.	0176
Aetna Resources for Living	0319
AIDS Healthcare Foundation	0432
Alameda Alliance for Health	0328
Alameda Alliance Joint Powers Authority (QIF)	0440
AmericasHealth Plan, Inc.	0485
Arcadian Health Plan, Inc.	0468
Aspire Health Plan	0496
Avante Behavioral Health Plan	0397
Blue Cross of California	0303
Blue Cross of California Partnership Plan (QIF)	0415
Blue Shield of California	0043
Brown and Toland Health Services	0494
California Health and Wellness Plan	0493
Caloptima (Orange County)	0394
Care 1st Health Plan	0326
Care 1st Health Plan Partner (QIF)	0443
CareMore Health Plan	0408
CenCal Health	0400
Central California ~~Coast~~ Alliance For Health (Santa Cruz County/Monterey County)	0401
Central Health Plan of California, Inc.	0404
Chinese Community Health Plan	0278
CHG Foundation/Community Health Group Partnership Plan (QIF)	0431
Choice Physicians Network Inc.	0470
Cigna Behavioral Health of California	0298
Cigna HealthCare of California, Inc.	0152
Community Care Health Plan, Inc.	0487
Community Health Group	0200
Community Health Plan (County of Los Angeles)	0248
Concern	0402
Contra Costa Health Plan	0054
Contra Costa County Medical Services (QIF)	0424
DaVita Healthcare Partners Plan	0498
Easy Choice Health Plan, Inc.	0457
Empathia Pacific, Inc.	0409

EPIC Health Plan	0483
Fresno-Kings-Madera Regional Health Authority	0484
GemCare Health Plan, Inc.	0445
Golden State Medicare Health Plan	0474
HAI, Hai-Ca	0292
Health Net of California, Inc.	0300
Health Net Community Solutions Inc.	0426
(The) Health Plan of San Joaquin	0338
Health Plan of San Joaquin Joint Powers Authority (QIF)	0442
Health Plan of San Mateo	0358
Heritage Provider Network, Inc.	0357
Holman Professional Counseling Centers	0231
Honored Citizens Choice Health Plan, Inc.	0414
~~Horizon Health EAP – Behavioral Services~~	~~0319~~
Humana Health Plan of California, Inc.	0476
IEHP Health Access (QIF)	0428
Inland Empire Health Plan (IEHP)	0346
Inter Valley Health Plan	0151
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems Group Health Plan (QIF)	0425
Kern Health Systems Inc	0335
KP Cal, LLC (QIF) Kaiser	0438
L.A. Care Health Plan Joint Powers Authority	0504
LA Care Health Plan	0355
Magellan Health Services of California	0102
Managed Health Network	0196
MD Care, Inc.	0462
MediExcel Health Plan	0486
Molina Healthcare of California	0322
Molina Healthcare of California Partner Plan, Inc. (QIF)	0427
Monarch Health Plan	0453
On Lok Senior Health Services	0385
Partnership HealthPlan of California	0416
PIH Health Care Solutions	0501
Premier Health Plan Services Inc.	0473
Primecare Medical Network, Inc.	0367
Prospect Health Plan, Inc.	0500
Providence Health Network	0497
San Francisco Community Health Authority	0423
San Francisco Community Health Authority (QIF)	0349
San Mateo Community Health Plan (QIF)	0439
Santa Clara Community Health Authority (QIF)	0444
Santa Clara Family Health Plan	0351
Santa Clara Valley Med. Ctr.	0236
Satellite Health Plan, Inc.	0491
SCAN Health Plan	0212

Scripps ~~Clinic~~ Health Plan Services, Inc.	0377
Seaside Health Plan	0495
Sharp Health Plan	0310
Simnsa Health Care	0393
Sutter Health Plan	0490
UHC (UnitedHealthcare) of California	0126
UnitedHealthcare Community Plan of California, Inc.	0499
Universal Care	0209
University HealthCare Advantage	0507
U.S. Behavioral Health Plan, California	0259
ValueOptions of California, Inc.	0293
Ventura County Health Care Plan	0344
WellCall, Inc.	0502
Western Health Advantage	0348
Western Health Advantage Community Health Plan-(QIF)	0429
Other	8000

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