

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2013-0211-02N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Office of Statewide Health Planning and Development			AGENCY FILE NUMBER (if any)

ENDORSED FILED
IN THE OFFICE OF

2013 MAR 25 PM 1:16

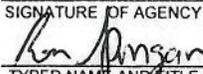
2013 FEB 11 PM 2:46
OFFICE OF
ADMINISTRATIVE LAWDebra Bowen
DEBRA BOWEN
SECRETARY OF STATE**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

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 Disapproved/Withdrawn			NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Section 97232 - Expected Source of Payment Plan Code update		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)		
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			
3. TYPE OF FILING				
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____				
<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> 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)				
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____				
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY				
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____				
7. CONTACT PERSON Irene Ogbonna		TELEPHONE NUMBER (916) 326-3937	FAX NUMBER (Optional) (916) 322-9718	E-MAIL ADDRESS (Optional) iogbonna@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 	DATE 2/6/13
TYPED NAME AND TITLE OF SIGNATORY Ronald Spingarn, Deputy Director, Healthcare Information Division	

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ENDORSED APPROVED

MAR 25 2013

Office of Administrative Law

**State of California
Office of Administrative Law**

In re:

**Office of Statewide Health Planning and
Development**

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:

Amend sections: 97232

Repeal sections:

**NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,
Section 100**

OAL File No. 2013-0211-02 N

Section 97232 of title 22 of the California Code of Regulations requires that for discharges occurring on or after January 1, 1999, the patients' expected source of payment be reported. Subdivision (3) of section 97232 requires that for discharges occurring on or after January 1, 2010, that report shall include the name and plan code number of any Knox-Keene licensed plans or Medi-Cal County Organized Health Systems. Table 1 in subdivision (3) of section 97232 provides a list of the names and plan code numbers of Knox-Keene licensed plans and Medi-Cal County Organized Health Systems. The Office of Statewide Health Planning and Development proposed to amend Table 1 of subdivision (3) of section 97232 of title 22 of the California Code of Regulations to update the list of names and plan code numbers of Knox-Keene Licensed Plans and Medi-Cal County Organized Health Systems to delete the names of ten obsolete plans that are no longer licensed, add two newly licensed plans, change three existing plan names to newer licensed names, and reorganize plan names to maintain the alphabetical order of the listed plans. These amendments were submitted as changes without regulatory effect pursuant to section 100 of title 1 of the California Code of Regulations.

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

Date: 3/25/2013

CRAG TARPENNING

Craig S. Tarpenning
Assistant Chief Counsel

Original: Robert David
Copy: Irene Ogbonna

For: DEBRA M. CORNEZ
Director

TEXT OF PROPOSED SECTION 100

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

ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(3) Name of Plan.

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

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

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

<i>Plan Names</i>	<i>Plan Code Numbers</i>
Aetna Health Plans of California, Inc.	0176
AIDS Healthcare Foundation	0432
Alameda Alliance for Health	0328
Alameda Alliance Joint Powers Authority (QIF)	0440
American Family Care	0322

Arcadian Health Plan, Inc.	0468
Arta Medicare Health Plan Inc.	0441
Association Health Care Management Inc.	0420
Avante Behavioral Health Plan	0397
Blue Cross of California	0303
Blue Cross of California Partnership Plan (QIF)	0415
Blue Shield of California	0043
Caloptima (Orange County)	0394
Care 1st Health Plan	0326
Care 1st Health Plan Partner (QIF)	0443
CareMore Insurance Services, Inc	0408
<u>CenCal Health</u>	<u>0400</u>
Central Coast Alliance For Health (Santa Cruz County/Monterey County)	0401
Central Health Plan	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
Cigna HealthCare Pacific, Inc.	0325
Community Health Group	0200
Community Health Plan (County of Los Angeles)	0248
Concern	0402
Contra Costa Health Plan	0054
Contra Costa County Medical Services (QIF)	0424
Easy Choice Health Plan, Inc.	0457
<u>Empathia Pacific, Inc.</u>	<u>0409</u>
EPIC Health Plan	0483
Fresno-Kings-Madera Regional Health Authority	0484
GemCare Health Plan, Inc.	0445
Golden State Medicare Health Plan	0474
Great-West Healthcare of California, Inc.	0325
HAI, Hai-Ca	0292
Health and Human Resource Center	0319
Health Net of California, Inc.	0300
Health Net Community Solutions Inc. (QIF)	0426
Health Plan of America (HPA)	0126
(The) Health Plan of San Joaquin	0338
Health Plan of San Joaquin Joint Powers Authority (QIF)	0442
Health Plan of San Mateo	0358
Heritage Provider Network, Inc.	0357
HHRC, Integrated Insights	0319
Holman Professional Counseling Centers	0231

Honored Citizens Choice Health Plan, Inc.	0414
<u>Horizon Health EAP – Behavioral Services</u>	<u>0319</u>
Humana Health Plan of California, Inc.	0476
IEHP Health Access (QIF)	0428
Inland Empire Health Plan (IEHP)	0346
Inter Valley Health Plan	0151
Kaiser Foundation Health Plan, Inc.	0055
Kern Health Systems Group Health Plan (QIF)	0425
Kern Health Systems Inc	0335
KP Cal, LLC (QIF) Kaiser	0438
LA Care Health Plan	0355
Magellan Health Services of California	0102
Managed Health Network	0196
MD Care, Inc.	0462
Medcore HP	0390
<u>MediExcel Health Plan</u>	<u>0486</u>
Molina Healthcare of California	0322
Molina Healthcare of California Partner Plan, Inc.	0427
Monarch Health Plan	0453
On Lok Senior Health Services	0385
PacifiCare Behavioral Health of California	0304
PacifiCare of California	0126
Partnership HealthPlan of California	0416
Premier Health Plan Services Inc.	0473
Primecare Medical Network, Inc.	0367
Positive Healthcare	0432
Robert T. Dorris & Associates	0409
San Francisco Community Health Authority	0423
San Francisco Community Health Authority (QIF)	0349
San Mateo Community Health Plan (QIF)	0439
San Miguel Health Plan	0459
Santa Barbara San Luis Obispo Regional Health Authority	0400
Santa Clara Community Health Authority (QIF)	0444
Santa Clara Family Health Plan	0351
Santa Clara Valley Med. Ctr.	0236
<u>Satellite Health Plan, Inc.</u>	<u>0491</u>
SCAN Health Plan	0212
Scripps Clinic Health Plan Services, Inc.	0377
Secure Horizons	0126
Sharp Health Plan	0310
Simnsa Health Care	0393
Sistemas Medicos Nacionales, S.A. De C.V.	0393
The Capella Group, Inc	0463
The Health Plan of San Joaquin	0338
UHC (UnitedHealthcare) of California	0126
UHP Healthcare	0008

Universal Care	0209
USA Healthcare Savings	0463
U.S. Behavioral Health Plan, California	0259
Valley Health Plan	0236
ValueOptions of California, Inc.	0293
Ventura County Health Care Plan	0344
WATTHealth Foundation, Inc.	0008
Western Health Advantage	0348
Western Health Advantage Community Health Plan-(QIF)	0429
Other	8000

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