

REGULAR

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 Z-2015-0629-01	REGULATORY ACTION NUMBER 2015-0903-015	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

2015 SEP -3 A 10:44

OFFICE OF ADMINISTRATIVE LAW

NOTICE _____ REGULATIONS _____

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

OCT 16 2015

2:04 PM

AGENCY WITH RULEMAKING AUTHORITY
Office of Statewide Health Planning and Development

AGENCY FILE NUMBER (if any)

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

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2015, 282	PUBLICATION DATE 7/10/2015

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) OSHPD Data Reporting Program Updates	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 25, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT AMEND 97215, 97216, 97217, 97221, 97222, 97223, 97224, 97228, 97229
REPEAL TITLE(S) 22

3. TYPE OF FILING
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11345) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §511349.3, 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 Resubmittal of disapproved or withdrawn emergency filing (Gov.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 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 checked="" 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 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 checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM 56660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____

7. CONTACT PERSON Anthony Tapney	TELEPHONE NUMBER (916) 326-3932	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) anthony.tapney@cshpd.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Ron Spingarn</i>	DATE 9/2/15
TYPED NAME AND TITLE OF SIGNATORY Ron Spingarn, Deputy Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

OCT 16 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: 97215, 97216, 97217,
97221, 97222, 97223,
97224, 97228, 97229**

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

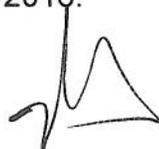
OAL Matter Number: 2015-0903-01

OAL Matter Type: Regular (S)

The action amends inpatient data reporting requirements of hospitals and other covered entities to align state regulations with national standards.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 1/1/2016.

Date: October 16, 2015



Mark Storm
Senior Attorney

For: DEBRA M. CORNEZ
Director

Original: Robert David
Copy: Anthony Tapney

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**Final Regulation Text**

CALIFORNIA CODE OF REGULATIONS

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

Sections 97215, 97216, 97217, 97221, 97222, 97223, 97224, 97228, and 97229

97215. Format.

(a) Hospital Discharge Abstract Data reports for discharges occurring ~~on or after July 1, 2008 up to and including June 30, 2014 shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Inpatient Data, as revised on March 20, 2008 and hereby incorporated by reference. For discharges occurring on or after July 1, 2014 up to and including September 30, 2014, Hospital Discharge Abstract Data reports shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Inpatient Data as revised on January 1, 2014 and hereby incorporated by reference. For discharges occurring on or after October 1, 2014, up to and including December 31, 2014,~~ Hospital Discharge Abstract Data reports shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Inpatient Data as revised on April 14, 2014 and hereby incorporated by reference. For discharges occurring on or after January 1, 2015 up to and including December 31, 2016, Hospital Discharge Abstract Data reports shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Inpatient Data Version 2.9 as revised on January 26, 2015 and hereby incorporated by reference. For discharges occurring on or after January 1, 2017, Hospital Discharge Abstract Data reports shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Inpatient Data Version 3.0 as revised on January 30, 2015 and hereby incorporated by reference.

(b) Emergency Care Data reports for encounters occurring ~~on or after January 1, 2009 up to and including December 31, 2014 shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data, as revised on March 20, 2008 and hereby incorporated by reference. For encounters occurring on or after January 1, 2015, Emergency Care Data reports shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Version 1.9, as revised on April 14, 2014 January 26, 2015 and hereby incorporated by reference.~~

(c) ~~Ambulatory Surgery Data reports for encounters occurring on or after January 1, 2009 up to and including December 31, 2014 shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data, as revised on March 20, 2008. For encounters occurring on or after January 1, 2015, Ambulatory Surgery Data reports shall comply with the Office's Format and File Specifications for MIRCal Online Transmission: Emergency Care and Ambulatory Surgery Data Version 1.9, as revised on April 14, 2014~~January 26, 2015 and hereby incorporated by reference.

(d) The Office's Format and File Specifications for MIRCal Online Transmission as named in (a), (b), and (c) are available for download from the MIRCal website. The Office will make a hardcopy of either set of Format and File Specifications for MIRCal Online Transmission available to a reporting facility or designated agent upon request.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735, 128736, 128737 and 128755, Health and Safety Code.

97216. Definition of Data Element for Inpatients - Date of Birth.

(a) For discharges occurring up to and including December 31, 2016, the~~The patient's~~ birth date shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year of birth. The numeric form for days and months from 1 to 9 must have a zero as the first digit. When the complete date of birth is unknown, as much of the date as is known shall be reported. At a minimum, an appropriate year of birth shall be reported. If only the age is known, the estimated year of birth shall be reported, and the month and day shall be reported as 01 for month and 01 for day.

(b) For discharges occurring on or after January 1, 2017:

(1) For online transmission of data reports as electronic data files, the patient's date of birth shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(2) For online entry of individual records, the patient's date of birth shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(3) When the complete date of birth is unknown, as much of the date as is known shall be reported. At a minimum, an approximate year of birth shall be reported. If only the age is known, the estimated year of birth shall be reported and the month and day can be reported as 01 for month and 01 for day.

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

97217. Definition of Data Element for Inpatients - Sex.

(a) For discharges occurring up to and including December 31, 2016, the The patient's gender shall be reported as male, female, other or unknown. "Other" includes sex changes, undetermined sex and live births with congenital abnormalities that obscure sex identification. "Unknown" indicates that the patient's sex was undetermined or not available from the medical record.

(b) For discharges occurring on or after January 1, 2017, the patient's sex shall be reported as recorded at admission as male, female or unknown. Unknown indicates that the patient's sex was undetermined.

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

97221. Definition of Data Element for Inpatients - Admission Date.

(a) For discharges occurring up to and including December 31, 2016, the The patient's date of admission shall be reported in numeric form as follows: the 2-digit month, the 2-digit day and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit. For discharges representing a transfer of a patient from one level of care within the hospital to another level of care within the hospital, as defined by Subsection (x) of Section 97212 and reported pursuant to Section 97212, the admission date reported shall be the date the patient was transferred to the level of care being reported on this record.

(b) For discharges occurring on or after January 1, 2017:

(1) For online transmission of data reports as electronic data files, the patient's admission date shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(2) For online entry of individual records, the patient's admission date shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(3) For discharges representing a transfer of a patient from one level of care within the hospital to another level of care within the hospital, as defined by Subsection (x) of Section 97212 and reported pursuant to Section 97212, the admission date reported

shall be the date the patient was transferred to the level of care being reported on this record.

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

97222. Definition of Data Element for Inpatients - Source of Admission.

(a) Effective with discharges on or after January 1, 1997, up to and including discharges occurring on December 31, 2016, in order to describe the patient's source of admission, it is necessary to address three aspects of the source: first, the site from which the patient originated; second, the licensure of the site from which the patient originated; and, third, the route by which the patient was admitted. One alternative shall be selected from the list following each of three aspects:

(1-a) The site from which the patient was admitted.

(A4) Home. A patient admitted from the patient's home, the home of a relative or friend, or a vacation site, whether or not the patient was seen at a physician's office, or a clinic not licensed or certified as an ambulatory surgery facility, or had been receiving home health services or hospice care at home.

(B2) Residential Care Facility. A patient admitted from a facility in that the patient resides and that provides special assistance to its residents in activities of daily living, but that provides no organized health care.

(C3) Ambulatory Surgery. A patient admitted after treatment or examination in an ambulatory surgery facility, whether hospital-based or a freestanding licensed ambulatory surgery clinic or certified ambulatory surgery center. Excludes physicians' offices and clinics not licensed or certified as an ambulatory surgery facility.

(D4) Skilled Nursing/Intermediate Care. A patient admitted from skilled nursing care or intermediate care, whether freestanding or hospital-based, or from a Congregate Living Health Facility.

(E5) Acute Hospital Care. A patient who was an inpatient at a hospital, and who was receiving inpatient hospital care of a medical/surgical nature, such as a perinatal, pediatric, intensive care, coronary care, respiratory care, newborn intensive care, or burn unit of a hospital.

(F6) Other Hospital Care. A patient who was an inpatient at a hospital, and who was receiving inpatient hospital care not of a medical/surgical nature, such as in a psychiatric, physical medicine rehabilitation, or chemical dependency recovery treatment unit.

(G7) Newborn. A baby born alive in this hospital.

(H8) Prison/Jail. A patient admitted from a correctional institution.

(I9) Other. A patient admitted from a source other than mentioned above. Includes patients admitted from an inpatient hospice facility.

(2b) Licensure of the site.

(A4) This Hospital. The Ambulatory Surgery, Skilled Nursing/Intermediate Care, Acute Hospital Care, or Other Hospital Care from which the patient was admitted was operated as part of the license of this hospital. Includes all newborns.

(B2) Another Hospital. The Ambulatory Surgery, Skilled Nursing/Intermediate Care, Acute Hospital Care, or Other Hospital Care from which the patient was admitted was operated as part of the license of some other hospital.

(C3) Not a Hospital. The site from which the patient was admitted was not operated under the license of a hospital. Includes all patients admitted from Home, Residential Care, Prison/Jail, and Other sites. Includes patients admitted from Ambulatory Surgery or Skilled Nursing/Intermediate Care sites that were not operated under the authority of the license of any hospital. Excludes all patients admitted from Acute Hospital Care or Other Hospital Care.

(3e) Route of admission.

(A4) Your Emergency Room. Any patient admitted as an inpatient after being treated or examined in this hospital's emergency room. Excludes patients seen in the emergency room of another hospital.

(B2) Not Your Emergency Room. Any patient admitted as an inpatient without being treated or examined in this hospital's emergency room. Includes patients seen in the emergency room of some other hospital and patients not seen in any emergency room.

(b) Effective with discharges on or after January 1, 2017, in order to describe the patient's source of admission, it is necessary to address two aspects of the source: first, the point of patient origin for this admission; and second, the route by which the patient was admitted. One alternative shall be selected from the list following each aspect:

(1) The point of patient origin. Use the appropriate code from the list below:

<u>Code</u>	<u>Point of Origin for patients with Type of Admission other than "Newborn"</u>
<u>1</u>	<u>Non-Health Care Facility Point of Origin</u>

<u>2</u>	<u>Clinic or Physician's Office</u>
<u>4</u>	<u>Transfer from a Hospital (Different Facility)</u>
<u>5</u>	<u>Transfer from a SNF, ICF, or Assisted Living Facility (ALF)</u>
<u>6</u>	<u>Transfer from another Health Care Facility</u>
<u>8</u>	<u>Court/Law Enforcement</u>
<u>9</u>	<u>Information not Available</u>
<u>D</u>	<u>Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer</u>
<u>E</u>	<u>Transfer from Ambulatory Surgery Center</u>
<u>F</u>	<u>Transfer from a Hospice Facility</u>
<u>Code</u>	<u>Point of Origin for patients with Type of Admission</u> <u>"Newborn"</u>
<u>5</u>	<u>Born Inside this Hospital</u>
<u>6</u>	<u>Born Outside of this Hospital</u>

(2) Route of admission.

(A) Your Emergency Department. Any patient admitted as an inpatient after being treated or examined in this hospital's emergency department.

(B) Another Emergency Department. Any patient directly admitted as an inpatient after being transferred from another hospital's emergency department.

(C) Not admitted from an Emergency Department.

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

97223. Definition of Data Element for Inpatients - Type of Admission.

(a) Effective with discharges on January 1, 1995, up to and including discharges occurring on December 31, 2016, the patient's type of admission shall be reported using one of the following categories:

(a1) Scheduled. Admission was arranged with the hospital at least 24 hours prior to the admission.

(b2) Unscheduled. Admission was not arranged with the hospital at least 24 hours prior to the admission.

(c3) Infant. An infant less than 24 hours old.

(d4) Unknown. Nature of admission not known. Does not include stillbirths.

(b) Effective with discharges on and after January 1, 2017, the patient's type of admission shall be reported using the appropriate code from the list below:

<u>Code</u>	<u>Type of Admission</u>
<u>1</u>	<u>Emergency</u>
<u>2</u>	<u>Urgent</u>
<u>3</u>	<u>Elective</u>
<u>4</u>	<u>Newborn</u>
<u>5</u>	<u>Trauma</u>
<u>9</u>	<u>Information not available</u>

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

97224. Definition of Data Element for Inpatients - Discharge Date.

(a) For discharges occurring up to and including December 31, 2016, theThe patient's date of discharge shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(b) For discharges occurring on or after January 1, 2017:

(1) For online transmission of data reports as electronic data files, the patient's discharge date shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(2) For online entry of individual records, the patient's discharge date shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

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

97228. Definition of Data Element for Inpatients - Principal Procedure and Date.

(a) For discharges occurring up to and including September 30, 2015: The patient's principal procedure is defined as one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. Procedures shall be coded according to the ICD-9-CM. If only non-therapeutic procedures were performed, then a non-therapeutic procedure should be reported as the principal procedure, if it was a significant procedure. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. The date the principal procedure was performed shall be reported in numeric form as follows: the 2-digit month, the 2-digit day and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(b) For discharges occurring on and after October 1, 2015, up to and including December 31, 2016: The patient's principal procedure is defined as one that was performed for definitive treatment rather than one performed for diagnostic or exploratory purposes, or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. Procedures shall be coded according to the ICD-10-PCS. If only non-therapeutic procedures were performed, then a non-therapeutic procedure should be reported as the principal procedure, if it was a significant procedure. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. The date the principal procedure was performed shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(c) For discharges occurring on or after January 1, 2017: The patient's principal procedure is defined as one that was performed for definitive treatment (rather than one performed for diagnostic or exploratory purposes) or was necessary to take care of a complication. If there appear to be two procedures that are principal, then the one most related to the principal diagnosis should be selected as the principal procedure. Procedures shall be coded according to the ICD-10-PCS. If only non-therapeutic procedures were performed, then a non-therapeutic procedure should be reported as the principal procedure, if it was a significant procedure. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. The date the principal procedure was performed shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

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

97229. Definition of Data Element for Inpatients - Other Procedures and Dates.

(a) For discharges occurring up to and including September 30, 2015: All significant procedures are to be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. Procedures shall be coded according to the ICD-9-CM. The dates shall be recorded with the corresponding other procedures and be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(b) For discharges occurring on and after October 1, 2015, up to and including December 31, 2016: All significant procedures are to be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. Procedures shall be coded according to the ICD-10-PCS. The dates shall be recorded with the corresponding other procedures and be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(c) For discharges occurring on or after January 1, 2017: All significant procedures are to be reported. A significant procedure is one that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. Procedures shall be coded according to the ICD-10-PCS. The dates shall be recorded with the corresponding other procedures and be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

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