

REQUEST FOR PROPOSAL
Notice to Prospective Proposers
Office of Statewide Health Planning and Development
Healthcare Information Division
Statewide Medical Chart Audit of 2013 Data

July 15, 2014

You are invited to review and respond to this Request for Proposal (RFP), entitled RFP #14-5371, Statewide Medical Chart Audit of 2013 Data. In submitting your proposal, you must comply with these instructions. Failure to comply with any of the requirements may result in rejection of your proposal. By submitting a bid, you agree to the terms stated in this RFP and your proposed contract.

Note that all agreements entered into with the State of California will include by reference General Terms and Conditions and Contractor Certification Clauses that may be viewed and downloaded at Internet site www.dgs.ca.gov/ols under Standard Contract Language. If you do not have Internet access, a hard copy can be provided by contacting the person listed on page six

This solicitation is published online in the California State Contracts Register at:
<http://eprocure.dgs.ca.gov>

To ensure receipt of any addenda that may be issued, and answers to questions posed, interested parties must register online at:
<https://www.bidsync.com/SupplierRegister?ac=register&pathid=1050&>

The Office of Statewide Health Planning and Development (OSHDP) deadline for receipt of proposal submission is **Monday, July 28, 2014, no later than 5:00 p.m. PDT. All late, faxed, and/or emailed bids will be rejected** and returned to the proposer. Proposals must be received on or before the date and time specified herein (See Section D for Proposal submission details).

In the opinion of the Office of Statewide Health Planning and Development (OSHDP), this RFP is complete and without need of explanation. However, if you have questions, notice any discrepancies or need any clarifying information, you must submit your questions via e-mail at: Lisa.Cook@oshpd.ca.gov.

You may also submit them directly to the BidSync website, not later than the date stated Section D, 1: Key Action Dates.

PLEASE NOTE THAT NO VERBAL INFORMATION GIVEN WILL BE BINDING UPON THE STATE, UNLESS SUCH INFORMATION IS ISSUED IN WRITING AS AN OFFICIAL ADDENDUM TO THIS RFP.

Ron Spingarn
Deputy Director

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A) Background

The Office of Statewide Health Planning and Development (OSHPD) is the public Agency within California state government charged with monitoring and reporting data on the quality of health care in California hospitals.

The California Health and Safety Code, commencing with Section 128745, requires all California licensed hospitals that perform heart bypass surgery to report that data to OSHPD. The statute also requires OSHPD to perform periodic audits of submitted data used to report on the quality of healthcare in California.

Within OSHPD, the Healthcare Outcomes Center is responsible for administering the California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program, called CCORP, which collects hospital reported data and applies risk-adjustment to produce comparative performance ratings of hospitals and surgeons providing coronary artery bypass graft surgery in the state.

Currently there are 125 hospitals that submit cardiac clinical data to CCORP. Hospital data submissions include a total of 87 data elements, including pre-operative risk factors and processes of care data elements for each patient. Attachment 2 contains the list of these 87 data elements along with their definitions and valid values. Attachment 3 contains the list of data elements proposed for audit. Exhibit F contains the list of California hospitals that are subject to audit.

B) Purpose and Description of Services

The purpose of the CCORP Medical Chart Audit is to verify the accuracy of hospital coded demographic and clinical data. Since CCORP reports performance ratings to the public, the data used to generate the reports must be accurate. Due to the quality requirements of the program, OSHPD needs an experienced contractor to perform the on-site audits of medical charts. The hospitals will be located throughout California. See Exhibit F - Hospitals Subject to Audit.

The Medical Chart Audit contractor will complete the audit of a minimum of 1,260 charts at 18 hospitals. Actual number of charts audited per hospital will depend on hospital volume, which ranges from 30 to 180 CABG surgeries per hospital or an average of 70 charts per hospital.

The anticipated contract period is from September 1, 2014 through January 31, 2015. The maximum contract amount is \$250,000.00. Specific requirements are set forth in the Contract Exhibit A - Statement of Work. Interested firms must meet all requirements specified in this RFP. Contractor must have qualified staff on hand for this project and be ready to begin work on the project initiation date specified in Section D.

Qualified staff includes medical chart abstractors and a physician.

Medical chart abstractors: The clinical nature of the work requires that the contractor use cardiac nurses to perform the chart audits. Second preference would be given to general registered nurses and third preference to experienced medical records personnel.

Physician: OSHPD requires that a cardiologist or cardiac surgeon, preferably one familiar with the national STS database, participate in the audits at four of the first five hospitals and adjudicate on the discrepancies of each chart that is a peer over-read at those hospitals.

The proposer should specify the type of individuals (training and experience) contractor will use to conduct the on-site audits in hospitals and attach resumes for proposed staff.

Proposer should detail in the response how it will ensure the reliability and consistency of auditors when they are in the field collecting data, including when quality control analyses will be performed.

Peer Reabstractions: In the field, the contractor must conduct a process for ensuring the reliability of the auditor reabstractions through an independent chart over-read process. The over-reads must be a completely blind reabstraction. A minimum of 5% of the charts are to be over-read by another auditor throughout the audit period. Two-thirds of these over-reads must occur at the first five hospitals audited. Each auditor's work should be over-read at least four times, and at least 80% of the auditors should participate in four of the first five audits.

Physician Adjudications: Contractor must have a physician participate in four of the first five hospital audits. The physician will review the discrepancies in all over-read charts, discuss with the auditors, and make a final determination on the correct data value for each discrepancy. A final reabstraction form that includes the physician adjudicated values will be submitted to OSHPD along with the original abstraction and peer over-reads. Since the physician adjudication process takes place after peer over-reads and is restricted to cases where discrepancies occur, OSHPD anticipates that the physician can be scheduled to begin work later than the auditors at the four hospitals.

In addition to the over-reads, the contractor will be required to have the lead auditor at each hospital facilitate the over-read and physician adjudication processes. The lead auditor will also confirm any instances where the following data elements are coded as:

- Non-isolated CABG = yes
- Status of procedure = salvage
- Status of procedure = emergent
- Cardiogenic shock = yes
- Post-operative stroke = yes

If the lead auditor is the original abstractor, another auditor should confirm the findings. The peer reabstractions and physician adjudication records should be clearly identified and included in the final file delivered to OSHPD.

C) Minimum Qualifications for Proposers

1) Determination of responsiveness will be based upon the following requirements:

- a) Contractor must have a minimum of five years' experience in re-abstracting medical charts
- b) Contractor must have a minimum of five years' experience in developing medical chart re-abstractation tools
- c) Contractor must have a minimum of five years' experience in database management
- d) Contractor staff must include a cardiologist or cardiac surgeon

2) In addition to the aforementioned criteria, proposers must comply with the following:

a) Small Business Preference Notification

- 1) Through the enactment of the Small Business Procurement and Contract Act (Government Code Section 14835), the Legislature has directed that a fair share of State purchases and contracts or subcontracts for property and services be placed with small business enterprises and disabled veteran-owned small business.
- 2) Any business that has been certified as a small business by the Office of Small Business & Disabled Veteran Business Enterprise Services (OSDS) of the California Department of General Services can claim a preference of a five percent (5%) adjustment to the cost component for computation purposes in determining the lowest proposal.

b) DVBE Participation Requirements

- 1) Public Contract Code Section 10115 *et seq.* establishes a contract participation goal of at least three percent (3%) for DVBE. This goal applies to a state agency's overall contracting program.
- 2) For further information regarding either the Small Business Preference or DVBE requirements, you may contact OSDS at their 24-hour information and document request number, (916) 322-5060, or contact their receptionist at (800) 559-5529.

D) Proposal requirements and Information

1) Key Action Dates

Release of RFP	7/15/2014
RFP Written Questions due to OSHPD	7/22/2014, 12:00 p.m. PDT
OSHPD written response to questions if any	3 business days from the above referenced date, 12:00 p.m. PDT
RFP Response Due Date	7/28/2014, 5:00 p.m. PDT
Notice of Intent to Award	8/4/2014, 5:00 p.m. PDT
Proposed Contract Start Date	9/1/14

Proposers are advised that this schedule is for planning purposes only. All questions regarding this RFO must be brief, in writing and submitted by email to the project contact identified above by **Monday, July 22, 2014 at 12:00 p.m., PDT**. Responses to questions received will be provided in writing, via email, to all prospective contractors within three (3) business days.

2) OSHPD Project Contact is:

Lisa Ann Christensen (Cook)
Contracts Manager
OSHPD Healthcare Outcomes Center
400 R Street, Suite 250
Sacramento, CA 95811-6213
(916) 326-3867
lisa.cook@oshpd.ca.gov

3) Work and Staffing Plans

- a) Create a work plan explaining how tasks identified in Exhibit A - Statement of Work will be accomplished. The responses must address each task and associated timeline listed in the Statement of Work.
- b) Identify the number of hospitals and charts that will be audited. Please note that while OSHPD requires a minimum of 18 hospitals and 1,260 charts be audited statewide, the contractor is encouraged to audit more hospitals and increase the total number of charts audited by 70 charts per additional hospital. Extra hospitals to be audited add to the point scoring for this RFP.
- c) Provide an organization chart identifying contractor's proposed team including key personnel and related classifications.
- d) Describe the qualifications of proposed staff (attach resumes).

- e) Describe the percentage of time for each person assigned to work on the project.
- f) Contractor must have a pool of qualified abstractors ready to audit within the required timelines.

4) Cost Information

- a) Provide the per-hospital and per-chart costs.
- b) Complete Cost Worksheet and Services Payment Schedule (Attachment 6). These include direct labor, travel, and other costs. All travel must be pre-approved and will be reimbursed in accordance with CalHR travel reimbursement rates for non-represented employees at:
<http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx>.
- c) Complete Cost Worksheet and Services Payment Schedule (Attachment 6) - Services Payment Schedule. Outline a schedule of progress payments by key services and tasks. Timesheets will be required to substantiate monthly invoices in accordance with the cost worksheet.

5) Submission of Proposal

- a) All proposals must be submitted under sealed cover and sent to OSHPD at the address shown below. The sealed cover must be plainly marked with the RFP number and title, must show your firm name and address, and must be marked with "DO NOT OPEN", as shown in the following example:

“Sealed Proposal – DO NOT OPEN”

RFP #14-5371:

Statewide Medical Chart Audit of 2013 Data
Office of Statewide Health Planning and Development-Healthcare Information Division
Attention: Lisa Christensen (Cook), Contracts Manager
400 R Street, Suite 250
Sacramento, California 95811-6213

Proposals not submitted under sealed cover may be rejected. A minimum of one (1) original and three (3) copies of the proposal must be submitted.

- b) All proposals shall include the documents identified in Section F, Required Attachments and Attachment 1 - Required Attachment Checklist (see page 13). Proposals not including the proper "Required Attachments" shall be deemed non-responsive and will be rejected. A non-responsive proposal is one that does not meet the basic proposal requirements.
- c) All documents requiring a signature must bear an original signature

of a person authorized to bind the proposing firm.

- d) Proposals must be submitted for the performance of all the services described herein. Any deviation from specifications will not be considered and will cause a proposal to be rejected.
- e) A proposal may be rejected if it is conditional or incomplete, or if it contains any alterations of form or other irregularities of any kind. The State may reject any or all proposals and may waive an immaterial deviation in a proposal. The State's waiver of an immaterial deviation shall in no way modify the RFP document or excuse from full compliance with all requirements if awarded the agreement.
- f) Costs incurred in developing proposals and in anticipation of award of the agreement are entirely the responsibility of the proposer and shall not be charged to the State of California.
- g) An individual who is authorized to bind the proposal contractually shall sign the Proposal/Proposer Certification Sheet, (Attachment 2). The signature should indicate the title or position that the individual holds in the firm. An unsigned proposal may be rejected.
- h) A proposer may modify a proposal after its submission by withdrawing its original proposal and resubmitting a new proposal prior to the proposal submission deadline. Proposal modifications offered in any other manner, oral or written, will not be considered.
- i) A proposer may withdraw its proposal by submitting a written withdrawal request to the State, signed by the contractor or an authorized agent. A contractor may thereafter submit a new proposal prior to the proposal submission deadline. Proposals may not be withdrawn without cause subsequent to proposal submission deadline.
- j) The awarding agency may modify the RFP prior to the date fixed for submission of proposals by the issuance of an addendum to all parties who received a proposal package.
- k) The awarding agency reserves the right to reject all proposals. The agency is not required to award an agreement.
- l) Before submitting a response to this solicitation, contractors should review, correct all errors and confirm compliance with the RFP requirements.
- m) If contractor requires on-site inspection of the premises, please contact the Contract Manager.

- n) The State does not accept alternate contract language from a prospective contractor. A proposal with such language will be considered a counter proposal and will be rejected. The State's General Terms and Conditions (GTC) are not negotiable.
- o) No oral understanding or agreement shall be binding on either party.

2) Evaluation and Selection Process

- a) At the time of proposal opening, each proposal will be checked for the presence or absence of required information in conformance with the submission requirements of this RFP.
- b) OSHPD will evaluate each proposal to determine its responsiveness to the published requirements.
- c) Proposals that contain false or misleading statements, or which provide references, which do not support an attribute or condition claimed by the contractor, may be rejected.
- d) Proposal Evaluation

OSHPD will select a contractor based on evaluation of responses using the best value method. RFP responses that meet all requirements for a complete response will be considered "responsive" and their offers will be scored using a three-step method.

OSHPD will evaluate the responses using the following evaluation criteria:

Contractor (and Sub-contractor) Qualifications.....Maximum points: 25

- Demonstrates experience in medical chart abstractions with emphasis on cardiac revascularization (15 points)
- Demonstrates experience in and knowledge of cardiac care (3 points)
- Has a readily available pool of qualified staffing (medical chart abstractors and cardiologist) to hire for the audit (4 points)
- Demonstrates experience developing the data abstraction tool (3 points)

Statement of Work.....Maximum points: 25

- Provides a detailed work plan to complete the tasks outlined in the Statement of Work (18 points)
- Describes the methods that will be used to maintain reliability of chart abstractions and overall quality control (7 points)

References/SamplesMaximum points: 10

- Provides references from three past clients in comparable projects (2 points)
- The three references confirm that the contractor completed quality projects in a timely manner (4 points)
- Samples and outlines from previous projects are satisfactory and relate to similar projects (4 points)

Total Cost of Project.....Maximum points: 40

- Provides detailed staffing level, accurate operating costs, including estimates of travel expenses. Includes per-hospital and per-chart costs. The proposer with the lowest, per-hospital cost will receive the maximum 40 points. The remaining responses will be reduced in proportion to their multiple of lowest cost.

Example:

Contractor A: cost per hospital = \$1000 (lowest cost)

Contractor B is the next higher cost = \$1200

$\$1000/\$1200 \times 40 \text{ points} = 33.33 \text{ points}$

Contractor A will receive 40 points and Contractor B will receive 33.33 points

Number of Hospitals Beyond Minimum.....5 points each

For each additional hospital audited beyond the minimum requirement of 18 hospitals, the number of charts should be increased at an increment of 70 per additional hospital.

Maximum points of 100 (Excluding points for additional hospitals)

After proposals are scored based on the rating criteria listed above, the contract will be awarded to the proposer whose response receives the highest number of points.

This contract is subject to the small business or micro-business preference rules. The OSHPD evaluation committee will calculate the “earned” score for each proposal using the above proposal evaluation criteria. If the proposal with the highest score is not a certified small business or micro-business, then the evaluation committee shall use the following procedure to determine the successful contractor:

- a) Calculate five percent (5%) of the highest responsible contractor’s total score.
- b) Add the amount calculated to the score of each of the certified small business or microbusinesses. This new amount is the total score.
- c) Award the contract to the contractor with the highest total score.

3) Award and Protest

- a) Whenever an agreement is awarded under a procedure, which provides for competitive proposing, but the agreement is not to be awarded to the low contractor, the low contractor shall be notified by telegram, electronic facsimile transmission, overnight courier, or personal delivery five (5) working days prior to the award of the agreement.

- b) Upon written request by any contractor, notice of the proposed award shall be posted in a public place in the office of the awarding agency at least five (5) working days prior to awarding the agreement.
- c) If any contractor, prior to the award of agreement, files a written protest with the Department of General Services, Office of Legal Services, 707 Third Street, 7th Floor, Suite 7-330, West Sacramento, CA 95605 and the Office of Statewide Health Planning and Development, Healthcare Information Division, 400 R Street, Suite 250, Sacramento, California 95811, on the grounds that the (protesting) contractor is the lowest responsive responsible contractor, the agreement shall not be awarded until either the protest has been withdrawn or the Department of General Services has decided the matter.
- d) Within five (5) days after filing the initial protest, the protesting contractor shall file with the Department of General Services and the awarding agency a detailed written statement specifying the grounds for the protest. The written protest must be sent to the Department of General Services, Office of Legal Services, 707 Third Street, 7th Floor, Suite 7-330, West Sacramento, California 95605. A copy of the detailed written statement should be mailed to the awarding agency. It is suggested that you submit any protest by certified or registered mail.

4) Disposition of Proposals

- a) Upon proposal opening, all documents submitted in response to this RFP will become the property of the State of California, and will be regarded as public records under the California Public Records Act (Government Code Section 6250 et seq.) and subject to review by the public.
- b) Proposal packages may be returned only at the contractor's expense, unless such expense is waived by the awarding agency.

5) Agreement Execution and Performance: 60 Business Days

- a) Performance of the contract shall start not later than 60 business days after notification by OSHPD that all approvals have been obtained and the agreement is fully executed. Should the contractor fail to commence work at the agreed upon time, OSHPD, upon five (5) days written notice to the contractor, reserves the right to terminate the agreement. In addition, the contractor shall be liable to OSHPD for the difference between contractor's proposal price and the actual cost of performing work by the second lowest contractor or by another contractor.
- b) All performance under the agreement shall be completed on

or before the termination date of the agreement.

E) Preference Programs

- 1) Small business Preference www.dgs.ca.gov/pd
- 2) Target Area Contract Preference Act (TACPA)
www.documents.dgs.ca.gov/osp/pdf/std830.pdf
- 3) Local Area Military Base Recovery Act (LAMBRA)
www.documents.dgs.ca.gov/osp/pdf/std832.pdf
- 4) Enterprise Zone Act (EZA) www.documents.dgs.ca.gov/osp/pdf/std831.pdf

F) Required Attachments

The Attachments set forth in Attachment 1 below, including Attachment 1 itself, shall be attached to the proposal. Proposals failing to include the following Attachments shall be deemed non-responsive and will be rejected.

Contractor resumes shall include each contract participant who will exercise a major administrative role or major policy or consultant role in performance of the contract (Attachment 4).

ATTACHMENT 1 - REQUIRED ATTACHMENT CHECK LIST

A complete proposal or proposal package will consist of the items identified below.

Complete this checklist to confirm the items in your proposal. Place a check mark or "X" next to each item that you are submitting to the State. For your proposal to be responsive, all required attachments must be returned. This checklist should be returned with your proposal package also.

<u>Attachment</u>	<u>Attachment Name/Description</u>
_____ Attachment 1	Required Attachment Check List
_____ Attachment 2	Proposal/Contractor Certification Sheet
_____ Attachment 3	Proposer References
_____ Attachment 4	Proposer Resumes
_____ Attachment 5	Work Plan for Task Completion
_____ Attachment 6	Cost Worksheet and Services Payment Schedule (Worksheet included)
_____ Attachment 7	Disabled Veteran Business Enterprise (DVBE) Participation Program
_____ Attachment 8	Payee Data Record (STD 204) (if currently not on file)
_____ Attachment 9	Contractor Certification Clauses (CCC 307) these clauses can be found via the Internet at: www.ols.dgs.ca.gov

Do not return the RFP pages 1 through 12.

ATTACHMENT 2 - PROPOSAL/PROPOSER CERTIFICATION SHEET

This Proposal/Contractor Certification Sheet must be signed and returned along with all the “required attachments” as an entire package with one (1) original proposal with original signatures plus three (3) copies. The proposal must be transmitted in a sealed envelope in accordance with RFP instructions.

1. Place all required attachments behind this certification sheet.
2. The signature affixed hereon and dated certifies compliance with all the requirements of this proposal document. The signature below authorizes the verification of this certification.

An Unsigned Proposal/Contractor Certification Sheet May Be Cause for Rejection

1. Company Name	2. Telephone Number ()	2a. Fax Number ()
3. Address		
Indicate your organization type:		
4. <input type="checkbox"/> Sole Proprietorship	5. <input type="checkbox"/> Partnership	6. <input type="checkbox"/> Corporation
Indicate the applicable employee and/or corporation number:		
7. Federal Employee ID No.	8. California Corporation No.	
9. Indicate applicable license and/or certification information:		
10. Contractor’s Name (Print)		11. Title
12. Signature		13. Date
14. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise (DVBE) Services (OSDS) as:		
a. California Small Business Yes <input type="checkbox"/> No <input type="checkbox"/>	b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, enter certification number: _____	If yes, enter your service code below: _____	
NOTE: A copy of your Certification is required to be included if either of the above items is checked “Yes”.		
Date application was submitted to OSDS, if an application is pending:		

Completion Instructions for Proposal/Proposer Certification Sheet

Complete the numbered items on the
 Proposal/Proposer Certification Sheet by following the instructions below.

Item Numbers	Instructions
1, 2, 2a, 3	Must be completed. These items are self-explanatory.
4	Check if your firm is a sole proprietorship. A sole proprietorship is a form of business in which one person owns all the assets of the business in contrast to a partnership and corporation. The sole proprietor is solely liable for all the debts of the business.
5	Check if your firm is a partnership. A partnership is a voluntary agreement between two or more competent persons to place their money, effects, labor, and skill, or some or all of them in lawful commerce or business, with the understanding that there shall be a proportional sharing of the profits and losses between them. An association of two or more persons to carry on, as co-owners, a business for profit.
6	Check if your firm is a corporation. A corporation is an artificial person or legal entity created by or under the authority of the laws of a state or nation, composed, in some rare instances, of a single person and his successors, being the incumbents of a particular office, but ordinarily consisting of an association of numerous individuals.
7	Enter your federal employee tax identification number.
8	Enter your corporation number assigned by the California Secretary of State's Office. This information is used for checking if a corporation is in good standing and qualified to conduct business in California.
9	Complete, if applicable, by indicating the type of license and/or certification that your firm possesses and that is required for the type of services being procured.
10, 11, 12, 13	Must be completed. These items are self-explanatory.
14	If certified as a California Small Business, place a check in the "Yes" box, and enter your certification number on the line. If certified as a Disabled Veterans Business Enterprise, place a check in the "Yes" box and enter your service code on the line. If you are not certified to one or both, place a check in the "No" box. If your certification is pending, enter the date your application was submitted to OSBCR.

ATTACHMENT 3 - PROPOSER REFERENCES

Submission of this attachment is mandatory. Failure to complete and return this attachment with your proposal will cause your proposal to be rejected and deemed nonresponsive.

List below three references for services performed within the last five years, which are similar to the scope of work to be performed in this contract. If three references cannot be provided, please explain why on an attached sheet of paper.

REFERENCE 1

Name of Firm			
Street Address	City	State	Zip Code
Contact Person		Telephone Number	
Dates of Service		Value or Cost of Service	
Brief Description of Service Provided			

REFERENCE 2

Name of Firm			
Street Address	City	State	Zip Code
Contact Person		Telephone Number	
Dates of Service		Value or Cost of Service	
Brief Description of Service Provided			

REFERENCE 3

Name of Firm			
Street Address	City	State	Zip Code
Contact Person		Telephone Number	
Dates of Service		Value or Cost of Service	
Brief Description of Service Provided			

ATTACHMENT 4 – PROPOSER RESUMES

(Resumes will be Attachment 4)

ATTACHMENT 5 – WORK PLAN FOR TASK COMPLETION

(Your proposal will be attachment 5)

ATTACHMENT 6 – COST WORKSHEET AND SERVICES PAYMENT SCHEDULE

DIRECT LABOR

STAFF PERSON *NAME	CLASSIFICATION	HOURS	HOURLY RATE	TOTAL	DELIVERABLE
			\$	\$	
SUBTOTAL				\$	

SUBCONTRACTED LABOR: Identify the sub-contractor labor classification and hourly cost. The hourly rate cannot exceed the labor costs awarded under your CMAS agreement.

SUB-CONTRACTOR *NAME	CLASSIFICATION	HOURS	HOURLY RATE	TOTAL	DELIVERABLE
			\$		\$
SUBTOTAL					\$

**The same individual cannot be listed as both direct labor and subcontracted labor*

OTHER DIRECT COSTS (except Labor)

COST TYPE	COST BASIS	TOTAL

TOTAL COST	
-------------------	--

Per-Hospital Cost =

Per-Chart Cost =

MILESTONE PAYMENT SCHEDULE

KEY SERVICES	WORK PLAN MILESTONE / MAJOR TASK (1)	ESTIMATED COMPLETION DATE	DIRECT LABOR HOURS	DIRECT LABOR COSTS	OTHER DIRECT COSTS	INVOICE AMOUNT (2)
				\$	\$	\$
TOTAL				\$	\$	\$

- 1) Map key services to work plan milestone/tasks.
- 2) Amount to be invoiced to OSHPD.

Use additional sheets for key services, as needed.

Attachment 7

**CALIFORNIA DISABLED VETERAN BUSINESS ENTERPRISE (DVBE)
BID INCENTIVE INSTRUCTIONS**

Please read the instructions carefully before you begin.

AUTHORITY. The Disabled Veteran Business Enterprise (DVBE) Participation Goal Program for State contracts is established in Public Contract Code (PCC), §10115 et seq., Military and Veterans Code (MVC), §999 et seq., and California Code of Regulations (CCR), Title 2, §1896.60 et seq. **Recent legislation has modified the program significantly in that a bidder may no longer demonstrate compliance with program requirements by performing a “good faith effort” (GFE).**

This solicitation does not include a minimum DVBE participation percentage or goal.

DVBE BID INCENTIVE. A DVBE incentive will be given to bidders who provide DVBE participation. For evaluation purposes only, the State shall apply a DVBE Bid incentive to bids that propose California certified DVBE participation as identified on the Bidder Declaration, GSPD-05-105, (located elsewhere within the solicitation document) and confirmed by the State. The DVBE incentive amount for awards based on low price will vary in conjunction with the percentage of DVBE participation. Unless a table that replaces the one below has been expressly established elsewhere within the solicitation, the following percentages will apply for awards based on low price.

Confirmed DVBE Participation of:	DVBE Incentive:
5% or Over	5%
4% to 4.99% inclusive	4%
3% to 3.99% inclusive	3%
2% to 2.99% inclusive	2%
1% to 1.99% inclusive	1%

As applicable: (1) Awards based on low price - the net bid price of responsive bids will be reduced (for evaluation purposes only) by the amount of DVBE incentive as applied to the lowest responsive net bid price. If the #1 ranked responsive, responsible bid is a California certified small business, the only bidders eligible for the incentive will be California certified small businesses. The incentive adjustment for awards based on low price cannot exceed 5% or \$100,000, whichever is less, of the #1 ranked net bid price. When used in combination with a preference adjustment, the cumulative adjustment amount cannot exceed \$100,000.

(2) Awards based on highest score - the solicitation shall include an individual requirement that identifies incentive points for DVBE participation.

INTRODUCTION. Bidders must document DVBE participation commitment by completing and submitting a Bidder Declaration, GSPD-05-105, (located elsewhere within the solicitation document). Bids or proposals

(hereafter called “bids”) that **fail to submit the required form to confirm the level of DVBE participation will not be eligible to receive the DVBE incentive.**

Information submitted by the intended awardee to claim the DVBE incentive(s) will be verified by the State. If evidence of an alleged violation is found during the verification process, the State shall initiate an investigation, in accordance with the requirements of the PCC §10115, et seq., and MVC §999 et seq., and follow the investigatory procedures required by the 2 CCR §1896.80. Contractors found to be in violation of certain provisions may be subject to loss of certification, penalties and/or contract termination.

Only State of California, Office of Small Business and DVBE Services (OSDS), certified DVBEs (hereafter called “DVBE”) who perform a commercially useful function relevant to this solicitation, may be used to qualify for a DVBE incentive(s). The criteria and definition for performing a commercially useful function are contained herein on the page entitled **Resources & Information**. Bidders are to verify each DVBE subcontractor’s certification with OSDS to ensure DVBE eligibility.

At the State’s option prior to award of the contract, a written confirmation from each DVBE subcontractor identified on the Bidder Declaration must be provided. As directed by the State, the written confirmation must be signed by the bidder and/or the DVBE subcontractor(s). The written confirmation may request information that includes but is not limited to the DVBE scope of work, work to be performed by the DVBE, term of intended subcontract with the DVBE, anticipated dates the DVBE will perform required work, rate and conditions of payment, and total amount to be paid to the DVBE. If further verification is necessary, the State will obtain additional information to verify compliance with the above requirements.

THE DVBE BUSINESS UTILIZATION PLAN (BUP): DVBE BUPs are a company’s commitment to expend a minimum of 3% of its total statewide contract dollars with DVBEs -- this percentage is based on all of its contracts held in California, not just those with the State. A DVBE BUP does not qualify a firm for a DVBE incentive. Bidders with a BUP, must submit a Bidders Declaration (GSPD-05-105) to confirm the DVBE participation for an element of work on this solicitation in order to claim a DVBE incentive(s).

THE FOLLOWING MAY BE USED TO LOCATE DVBE SUPPLIERS:

Awarding Department: Contact the department’s contracting official named in this solicitation for any DVBE suppliers who may have identified themselves as potential subcontractors, and to obtain suggestions for search criteria to possibly identify DVBE suppliers for the solicitation. You may also contact the department’s SB/DVBE Advocate for assistance.

Other State and Federal Agencies, and Local Organizations:

STATE: Access the list of all certified DVBEs by using the Department of General Services, Procurement Division (DGS-PD), online certified firm database at www.eprocure.dgs.ca.gov

To begin your search, click on “SB/DVBE Search.” Search by “Keywords” or “United Nations Standard Products and Services Codes (UNSPSC) that apply to the elements of work you want to subcontract to a DVBE. Check for subcontractor ads that may be placed on the California State Contracts Register (CSCR) for this solicitation prior to the closing date. You may access the CSCR at:

www.eprocure.dgs.ca.gov. For questions regarding the online certified firm database and the CSCR, please call the OSDS at (916) 375-4940 or send an email to: OSDCHelp@dgs.ca.gov.

FEDERAL: Search the U.S. Small Business Administration's (SBA) Central Contractor Registration (CCR) on-line database at www.ccr.gov to identify potential DVBEs and click on the "Dynamic Small Business Search" button. Search options and information are provided on the CCR Dynamic Small Business Search site. First time users should click on the "help" button for detailed instructions.

Remember to verify each firm's status as a California certified DVBE.

LOCAL: Contact local DVBE organization to identify DVBEs. For a list of local organizations, go to www.pd.dgs.ca.gov/smbus and select: [DVBE Local Contacts](#) (New 02/09) (pdf)

RESOURCES AND INFORMATION

For questions regarding bid documentation requirements, **contact the contracting official at the awarding department for this solicitation.** For a directory of SB/DVBE Advocates for each department go to: <http://www.pd.dgs.ca.gov/smbus/advocate.htm>.

The Department of General Services, Procurement Division (DGS-PD) publishes a list of trade and focus publications to assist bidders in locating DVBEs for a fee. To obtain this list, please go to www.pd.dgs.ca.gov/smbus and select:

- [DVBE Trade Paper Listing](#) (New 02/09) (pdf)
- [DVBE Focus Paper Listing](#) (New 02/09) (pdf)

U.S. Small Business Administration (SBA):
Use the Central Contractor Registration (CCR) on-line database.
Internet contact only –Database: www.ccr.gov.

FOR:
Service-Disabled Veteran-owned businesses in California (Remember to verify each DVBE's California certification.)

Local Organizations: Go to www.pd.dgs.ca.gov/smbus and select: [DVBE Local Contacts](#) (New 02/09) (pdf)

FOR:
List of potential DVBE subcontractors

DGS-PD **EProcurement**
Website: www.eprocure.dgs.ca.gov
Phone: (916)375-2000
Email: eprocure@dgs.ca.gov

FOR:

- SB/DVBE Search
- CSCR Ads
- Click on Training tab to Access eProcurement Training Modules including: Small Business (SB)/DVBE Search

DGS-PD **Office of Small Business and DVBE Services (OSDS)**
707 Third Street, Room 1-400, West Sacramento, CA 95605
Website: www.pd.dgs.ca.gov/smbus
OSDS Receptionist, 8 am-5 pm: (916) 375-4940
PD Receptionist, 8 am-5 pm: (800) 559-5529
Fax: (916) 375-4950
Email: osdchelp@dgs.ca.gov

FOR:

- Directory of California-Certified DVBEs
- Certification Applications
- Certification Information
- Certification Status, Concerns
- General DVBE Program Info.
- DVBE Business Utilization Plan
- Small Business/DVBE Advocates

Commercially Useful Function Definition

California Code of Regulations, Title 2, § 1896.61(l):

The term "DVBE contractor, subcontractor or supplier" means any person or entity that satisfies the ownership (or management) and control requirements of §1896.61(f); is certified in accordance with §1896.70; and provides services or goods that contribute to the fulfillment of the contract requirements by performing a commercially useful function.

As defined in MVC §999, a person or an entity is deemed to perform a "commercially useful function" if a person or entity does **all** of the following:

- Is responsible for the execution of a distinct element of the work of the contract.
- Carries out the obligation by actually performing, managing, or supervising the work involved.
- Performs work that is normal for its business services and functions.
- Is not further subcontracting a portion of the work that is greater than that expected to be subcontracted by normal industry practices.

A contractor, subcontractor, or supplier will not be considered to perform a commercially useful function if the contractor's, subcontractor's, or supplier's role is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of disabled veteran business enterprise participation.

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE): _____ or None (If "None", go to Item #2)
- b. Will subcontractors be used for this contract? Yes No (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

- c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes No
 (2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes No N/A

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

BIDDER DECLARATION Instructions

All prime bidders (the firm submitting the bid) must complete the Bidder Declaration.

- 1.a. Identify all current certifications issued by the State of California. If the prime bidder has no California certification(s), check the line labeled "None" and proceed to Item #2. If the prime bidder possesses one or more of the following certifications, enter the applicable certification(s) on the line:

- Microbusiness (MB)
- Small Business (SB)
- Nonprofit Veteran Service Agency (NVSA)
- Disabled Veteran Business Enterprise (DVBE)

- 1.b. Mark either "Yes" or "No" to identify whether subcontractors will be used for the contract. If the response is "No", proceed to Item #1.c. If "Yes", enter on the line the distinct element of work contained in the contract to be performed or the goods to be provided by the prime bidder. Do not include goods or services to be provided by subcontractors.

Bidders certified as MB, SB, NVSA, and/or DVBE must provide a commercially useful function as defined in Military and Veterans Code Section 999 for DVBEs and Government Code Section 14837(d)(4)(A) for small microbusinesses.

Bids must propose that certified bidders provide a commercially useful function for the resulting contract or the bid will be deemed non-responsive and rejected by the State. For questions regarding the solicitation, contact the procurement official identified in the solicitation.

Note: A subcontractor is any person, firm, corporation, or organization contracting to perform part of the prime's contract.

- 1.c. This item is only to be completed by businesses certified by California as a DVBE.

(1) Declare whether the prime bidder is a broker or agent by marking either "Yes" or "No". The Military and Veterans Code Section 999.2(b) defines "broker" or "agent" as a certified DVBE contractor or subcontractor that does not have title, possession, control, and risk of loss of materials, supplies, services, or equipment provided to an awarding department, unless one or more of the disabled veteran owners has at least 51-percent ownership of the quantity and value of the materials, supplies, services, and of each piece of equipment provided under the contract.

(2) If bidding rental equipment, mark either "Yes" or "No" to identify if the prime bidder owns at least 51% of the equipment provided (quantity and value). If not bidding rental equipment, mark "N/A" for "not applicable."

2. If no subcontractors are proposed, do not complete the table. Read the certification at the bottom of the form and complete "Page ____ of ____" on the form.

If subcontractors will be used, complete the table listing all subcontractors. If necessary, attach additional pages and complete the "Page ____ of ____" accordingly.

2. (continued) Column Labels

Subcontractor Name, Contact Person, Phone Number & Fax Number—List each element for all subcontractors.

Subcontractor Address & Email Address—Enter the address and if available, an Email address.

CA Certification (MB, SB, NVSA, DVBE or None)—If the subcontractor possesses a current State of California certification(s), verify on this website (www.eprocure.pd.dgs.ca.gov).

Work performed or goods provided for this contract—Identify the distinct element of work contained in the contract to be performed or the goods to be provided by each subcontractor. Certified subcontractors must provide a commercially useful function for the contract. (See paragraph 1.b above for code citations regarding the definition of commercially useful function.) If a certified subcontractor is further subcontracting a greater portion of the work or goods provided for the resulting contract than would be expected by normal industry practices, attach a separate sheet of paper explaining the situation.

Corresponding % of bid price—Enter the corresponding percentage of the total bid price for the goods and/or services to be provided by each subcontractor. Do not enter a dollar amount.

Good Standing?—Provide a response for each subcontractor listed. Enter either "Yes" or "No" to indicate that the prime bidder has verified that the subcontractor(s) is in good standing for all of the following:

- Possesses valid license(s) for any license(s) or permits required by the solicitation or by law
- If a corporation, the company is qualified to do business in California and designated by the State of California Secretary of State to be in good standing
- Possesses valid State of California certification(s) if claiming MB, SB, NVSA, and/or DVBE status

51% Rental?—This pertains to the applicability of rental equipment. Based on the following parameters, enter either "N/A" (not applicable), "Yes" or "No" for each subcontractor listed.

Enter "N/A" if the:

- Subcontractor is NOT a DVBE (regardless of whether or not rental equipment is provided by the subcontractor) or
- Subcontractor is NOT providing rental equipment (regardless of whether or not subcontractor is a DVBE)

Enter "Yes" if the subcontractor is a California certified DVBE providing rental equipment and the subcontractor owns at least 51% of the rental equipment (quantity and value) it will be providing for the contract.

Enter "No" if the subcontractor is a California certified DVBE providing rental equipment but the subcontractor does NOT own at least 51% of the rental equipment (quantity and value) it will be providing.

Read the certification at the bottom of the page and complete the "Page ____ of ____" accordingly.

ATTACHMENT 8 – PAYEE DATA RECORD (STD. 204)

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)
 STD. 204 (Rev. 6-2003)

1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>								
2	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print)</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td style="width: 40%; border: none;">E-MAIL ADDRESS</td> </tr> <tr> <td style="border: none;">MAILING ADDRESS</td> <td style="border: none;">BUSINESS ADDRESS</td> </tr> <tr> <td style="border: none;">CITY, STATE, ZIP CODE</td> <td style="border: none;">CITY, STATE, ZIP CODE</td> </tr> </table>			SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS	BUSINESS ADDRESS	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS								
MAILING ADDRESS	BUSINESS ADDRESS								
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE								
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): - </p> <p><input type="checkbox"/> PARTNERSHIP CORPORATION:</p> <p style="margin-left: 40px;"><input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p style="margin-left: 40px;"><input type="checkbox"/> LEGAL (e.g., attorney services)</p> <p style="margin-left: 40px;"><input type="checkbox"/> EXEMPT (nonprofit)</p> <p style="margin-left: 40px;"><input type="checkbox"/> ALL OTHERS</p> <hr/> <p><input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: - </p> <p style="text-align: center; font-size: small;">(SSN required by authority of California Revenue and Tax Code Section 19546)</p>	<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>							
4	<p>PAYEE RESIDENCY STATUS</p> <p><input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 40px;"><input type="checkbox"/> No services performed in California.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</p>								
5	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 65%; border: none;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)</td> <td style="width: 35%; border: none;">TITLE</td> </tr> <tr> <td style="border: none;">SIGNATURE</td> <td style="border: none;">DATE</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">TELEPHONE</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE	SIGNATURE	DATE		TELEPHONE
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE								
SIGNATURE	DATE								
	TELEPHONE								
6	<p>Please return completed form to:</p> <p>Department/Office: _____</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> <p>E-mail Address: _____</p>								

STATE OF CALIFORNIA-DEPARTMENT OF FINANCE

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003)(REVERSE)(CA ST PKG, EXCEL 9/22/2004)

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>

ATTACHMENT 9 - CONTRACTOR CERTIFICATION CLAUSES (CCC-307)

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i>	<i>Federal ID Number</i>
<i>By (Authorized Signature)</i>	
<i>Printed Name and Title of Person Signing</i>	
<i>Date Executed</i>	<i>Executed in the County of</i>

CONTRACTOR CERTIFICATION CLAUSES

1. **STATEMENT OF COMPLIANCE**: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 8103) (Not applicable to public entities.)

2. **DRUG-FREE WORKPLACE REQUIREMENTS**: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the Department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000.00 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lessor of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts over \$100,000.00 executed or amended after January 1, 2007, the contractor certifies that contractor is in compliance with Public Contract Code section 10295.3.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

- 1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- 2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

- 1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- 2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420). Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.

ATTACHMENT 10 – SAMPLE STANDARD AGREEMENT

STATE OF CALIFORNIA
STANDARD AGREEMENT

STD 213 (Rev 06/03)

AGREEMENT NUMBER
REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME Office of Statewide Health Planning and Development
CONTRACTOR'S NAME

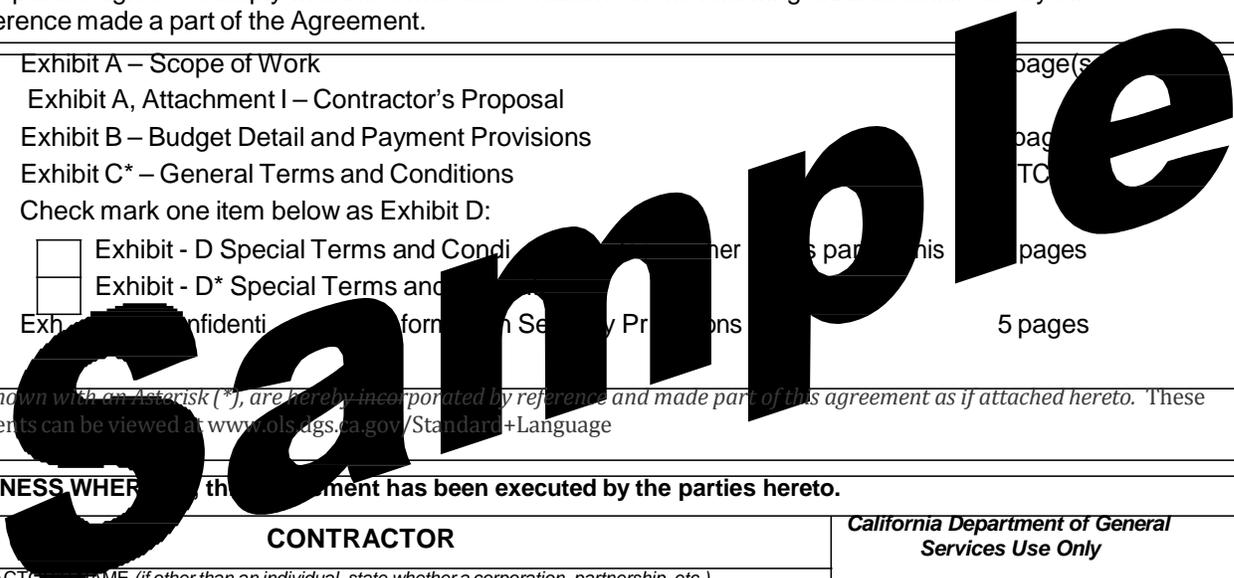
2. The term of this agreement _____ through _____

3. The maximum amount of this _____ \$ _____

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	page(s)
Exhibit A, Attachment I – Contractor's Proposal	
Exhibit B – Budget Detail and Payment Provisions	page
Exhibit C* – General Terms and Conditions	TC
Check mark one item below as Exhibit D:	
<input type="checkbox"/> Exhibit - D Special Terms and Conditions	pages
<input type="checkbox"/> Exhibit - D* Special Terms and Conditions	
Exhibit - Confidential Information Security Provisions	5 pages

Items shown with an Asterisk (), are hereby incorporated by reference and made part of this agreement as if attached hereto. These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language*



IN WITNESS WHEREOF this agreement has been executed by the parties hereto.

CONTRACTOR	<i>California Department of General Services Use Only</i>
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)	
BY (Authorized Signature)	DATE SIGNED (Do not type)
PRINTED NAME AND TITLE OF PERSON SIGNING	
ADDRESS	
STATE OF CALIFORNIA	
AGENCY NAME	
Office of Statewide Health Planning and Development	
BY (Authorized Signature)	DATE SIGNED (Do not type)
PRINTED NAME AND TITLE OF PERSON SIGNING	<input type="checkbox"/> Exempt
Patty Nelson, SSM I	
ADDRESS	
400 R Street, Room 359, Sacramento, CA 95811	

EXHIBIT A

STATEMENT OF WORK

A. SCOPE AND DESCRIPTION OF PROJECT

The California CABG Outcomes Reporting Program (CCORP) will provide contractor with a list of hospitals and selected cases in each of the hospitals to be audited [identified by medical record number (MRN), date of birth, sex, race, date of discharge, and date of surgery] when that information is available. Contractor will conduct the abstraction so that the auditors will not see the clinical data the hospitals submitted to OSHPD for analysis. Since all records requested of hospitals by OSHPD may not be available for review at the time of the audit, OSHPD will ask hospitals to pull more charts than will be audited to ensure that the required number of records is available for review. Contractor will be required to keep separate records of these two types of charts (primary and secondary charts). The number of charts pulled will depend on hospital CABG volume, but should range between approximately 30 and 180.

B. CONTRACTOR RESPONSIBILITIES, TASKS, AND TIMELINE

Contractor shall:

- a. Complete services and tasks and submit reports and/or feedback within the specified timeframes as stated in Exhibit A.
- b. Employ quality assurance in development, completion and delivery of all contract deliverables.
- c. Provide effective communication either written and/or verbal on all project issues.

1. Training of Auditors

All potential auditors and the physician(s) must attend a training session hosted by OSHPD. The training will be held in Sacramento and last a full day. OSHPD expects the auditors and physicians to attend the training and to review the video and audio training materials available on the OSHPD website prior to beginning the work of this contract. A satisfactory score on a knowledge-based test may be required following the training. OSHPD will notify contractor of the exact training date, tentatively scheduled for Monday, September 8, 2014. Costs for attending this on-site training session should be included in the project budget.

Task and Due Date

- Attend a full day CCORP training session and demonstrate competency in data abstractions (evaluated by knowledge-based test or analysis of test audit files) in data abstractions – scheduled for September 8, 2014.

2. Development of Chart Abstraction Tool

The contractor will be required to prepare a data abstraction form and an electronic abstraction tool for review and approval by OSHPD. The chart abstraction tool should be in an easily programmable form, such as a Microsoft Access database.

The form and tool will serve as the data collection tool for this project and should include:

- a. Fields for all data elements specified in Exhibit E
- b. Hospital identifiers (OSHPD ID and Hospital Name)
- c. Type of review (first abstraction, peer reabstraction and physician adjudication)
- d. Notation that chart is a primary or a secondary chart
- e. A minimum of two comment fields: 1) non-isolated CABG cases and 2) secondary charts. Additional comment fields may be needed.

In addition, the tool should automatically print out the patient identifiers as provided by OSHPD on the data abstraction form to avoid transposing errors. Contractor is required to re-link auditor data to CCORP data files at the patient level.

Tasks and Due Dates

- Data abstraction form and beta tool – 3 weeks after the effective date of contract.
- Final tool – 1 week after comments by OSHPD.

3. Communication with Hospitals before Audit

OSHPD will provide contractor with the list of hospitals and cases within each hospital selected for audit, tentatively in October 2014. The hospitals will be selected from the list of hospitals contained in Exhibit F.

Contractor will contact the targeted hospitals to schedule on-site visits to perform the chart audits and provide this schedule to OSHPD. Contractor will notify hospitals of the charts they must pull for auditing purposes with a minimum of two weeks advance notice. See Exhibit G for CCORP regulations regarding hospital audits. Contractor may be required by individual hospitals to provide non-disclosure or confidentiality agreements and similar documentation.

OSHPD will provide the contractor with a document listing common sources from where the data elements may be found in the patient medical chart. Contractor shall provide a copy of the document to the audited hospital to ensure that the medical charts are ready for audit. However, since each hospital's practice varies (e.g., some have electronic medical records), it is important to check with the hospital regarding the documents they used for the CCORP data abstraction and arrange for these to be available in advance of the on-site visits.

To maximize the number of hospitals audited and minimize the travel expenses, contractor is expected to coordinate travel in an efficient manner that minimizes travel time and costs. It is anticipated the average chart reviewer will audit 8 to 10 charts per day. It is expected that most hospitals audited will require an on-site visit of more than one day.

Task and Due Date

- Complete the audit scheduling and submit a copy of the audit schedule to OSHPD not later than thirty days (30) after effective date of contract. This schedule should reflect the maximum number of hospitals visited with minimal travel expenses.

4. Chart Abstractions

Contractor will send chart abstractors to each of the hospitals identified for audit to conduct on-site reviews of their medical records.

Contractor will participate in weekly conference calls to inform OSHPD of all ongoing activities and to troubleshoot any problems.

Contractor will also provide OSHPD with written weekly summary reports two days before the scheduled conference calls. The summary report shall include hospitals visited and number of charts audited, record type (primary or secondary), number of peer reabstractions, when and why records are not available for abstraction, and problems/issues identified during the audit visit.

Contractor must contact OSHPD promptly regarding any problems that auditors encounter in gaining access to hospitals, records, or if records pulled for audit are incorrect (e.g., the wrong set of patients or patients that are predominantly non-isolated CABG surgeries).

Tasks and Due Dates

- Participate in weekly conference calls – September 2014 through December 2014.
- Written weekly summary reports due two days before the scheduled weekly calls.
- Submit final file consisting of all abstracted data. All necessary documentation, such as data dictionaries and full description of electronic/coded materials, must accompany data submissions - December 31, 2014.
- Hard copy of all data abstraction forms – January 15, 2015.
- Submit final report. This report shall include hospitals audited (name and date of audit), number of abstractions per hospital by type (primary or secondary), number of peer reabstractions and physician adjudications by hospital, and a sub-total of each category. Any updates or corrections to the document detailing hospital sources for data element abstraction should also be delivered. Also discuss challenges encountered and lessons learned – January 31, 2015.

5. Quality Control

- a. Test file: Contractor will deliver a test file to OSHPD that includes all charts that have been abstracted at the first four hospitals. The test file will include all physician adjudication records with accompanying peer reabstractions.

Task and Due Date

- Test file – Friday, November 7, 2014

- b. Final file: Contractor will deliver a final file to OSHPD that includes all charts that have been abstracted including peer reabstractions.

Task and Due Date

- Peer reabstractions completed and included in the final file delivered to OSHPD – January 31, 2015.

C. ACCEPTANCE CRITERIA

It shall be OSHPD's sole determination as to whether a services and tasks has been successfully completed and acceptable to OSHPD. All services must be in a format acceptable by OSHPD. OSHPD will work with selected contractor to assure a useable format for services and tasks. There must be a signed acceptance document for services and tasks before invoices can be processed for payment.

Acceptance criteria shall consist of the following:

1. Reports on written services and tasks are completed as specified and approved.
2. If a service or task does not meet the criteria in Exhibit A - Section B, OSHPD shall provide the rational in writing within five (5) days of receipt of the services and tasks.

D. OSHPD RESPONSIBILITIES

OSHPD shall:

- a. Identify and provide a list of hospitals that require audit. Work with contractor to identify the first five hospitals to be scheduled for audit.
- b. Provide hospital contact information and all necessary patient identifiers to assist the contractor with performing the medical chart audit.
- c. Facilitate the resolution of problems regarding contractor access to facilities or patient charts.
- d. Provide the contractor with identifying information for the cases that will be over-read and adjudicated at each hospital, along with back-up cases if charts cannot be found for these patients.
- e. Host and conduct a training session for prospective auditors and the cardiologist(s).
- f. Host the weekly conference calls.
- g. Review and respond to tasks in a timely manner.

E. TRAVEL

Contractor must be willing to travel to all identified hospital sites in California. All travel must be pre-approved by OSHPD and will be reimbursed in accordance with CalHR travel reimbursement rates for non-represented employees at: <http://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx>

EXHIBIT B BUDGET DETAIL AND PAYMENT PROVISIONS

1. Invoicing and Payment

- A. For services satisfactorily rendered and on receipt and approval of the invoices, the Office of Statewide Health Planning and Development agrees to compensate _____, for actual expenditures incurred in accordance with the rates specified herein, which is attached hereto and made a part of this Agreement.
- B. Invoices must be submitted on contractor's letterhead and signed by an authorized representative. Each invoice will include:
- Agreement Number 14-5731
 - Time period covered
 - Itemized expenses (including applicable sub-contractor services and travel expenses)
 - Invoices in triplicate not more frequently than monthly in arrears to:

Office of Statewide Health Planning and Development,
Accounting Department, 400 R Street, Suite 359,
Sacramento, CA 95811-6213.

2. Budget Contingency Clause

- A. It is mutually agreed that if the budget act of the current year and/or any subsequent years covered under this agreement does not appropriate sufficient funds for the program, the agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this agreement and contractor shall not be obligated to perform any provisions of the agreement.
- B. If funding for any fiscal year is reduced or deleted by the budget act for purposes of this program, the State shall have the option to either cancel this agreement with no liability occurring to the State or offer an agreement amendment to contractor to reflect the reduced amount.
- C. If authorization for this contract is rescinded or reduced by Executive Order or direction, the State shall have the option to either cancel this agreement, with no liability occurring to the State, or offer an agreement amendment to reflect the reduction.

3. Prompt Payment Clause

Payment will be made in accordance with and within the time specified in Government code Chapter 4.5, commencing with Section 927.

EXHIBIT C
GENERAL TERMS AND CONDITIONS (GTC 610)

Please note that the GTC 610 are incorporated by reference (see STD. 213), and they are **mandatory and not negotiable**. They may be viewed and downloaded at:
www.old.dgs.ca.gov/standard+language

EXHIBIT D

DATA ELEMENT DEFINITIONS

<p>Medical Record Number: Indicate the patient's medical record number at the hospital where surgery occurred. This field should be collected in compliance with state/local privacy laws.</p>
<p>Date of Birth: Indicate the patient's date of birth using 4-digit format for year. This field should be collected in compliance with state/local privacy laws.</p>
<p>Patient Age: Indicate the patient's age in years, at time of surgery. This should be calculated from the date of birth and the date of surgery, according to the convention used in the USA (the number of birthdate anniversaries reached by the date of surgery).</p>
<p>Sex: Indicate the patient's sex at birth as either male or female. 1 = Male 2 = Female</p>
<p>Race – White: Indicate whether the patient's race, as determined by the patient or family, includes White. This includes a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. 1 = Yes 2 = No</p>
<p>Race – Black/African American: Indicate whether the patient's race, as determined by the patient or family, includes Black / African American. This includes a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American." 1 = Yes 2 = No</p>
<p>Race – Asian: Indicate whether the patient's race, as determined by the patient or family, includes Asian. This includes a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. 1 = Yes 2 = No</p>
<p>Race – American Indian/Alaskan Native: Indicate whether the patient's race, as determined by the patient or family, includes American Indian / Alaskan Native. This includes a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. 1 = Yes 2 = No</p>
<p>Race – Native Hawaiian/Pacific Islander: Indicate whether the patient's race, as determined by the patient or family, includes Native Hawaiian / Pacific Islander. This includes a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. 1 = Yes</p>

DATA ELEMENT DEFINITIONS (CONTINUED)

<p>Race – Other: Indicate whether the patient's race, as determined by the patient or family, includes any other race. 1 = Yes 2 = No</p>
<p>Hispanic or Latino or Spanish Ethnicity: Indicate if the patient is of Hispanic, Latino or Spanish ethnicity as reported by the patient/family. 1 = Yes 2 = No</p>
<p>Date of Surgery: Indicate the date of index cardiac surgical procedure. Index cardiac surgical procedure is defined as the initial major cardiac surgical procedure of the hospitalization.</p>
<p>Date of Discharge: Indicate the date the patient was discharged from the hospital (acute care) even if the patient is going to a rehab or hospice or similar extended care unit within the same physical facility. If the patient died in the hospital, the discharge date is the date of death.</p>
<p>Facility Identification Number The six-digit facility identification number assigned to a hospital by the Office of Statewide Health Planning and Development, as defined in Section 97170.</p>
<p>Discharge Status: Indicate whether the patient was alive or dead at discharge from the hospitalization in which surgery occurred. 1 = Alive 2 = Dead</p>
<p>Date of Death: Indicate the date the patient was declared dead.</p>
<p>Weight (kg): Indicate the weight of the patient in kilograms closest to the date of procedure.</p>
<p>Height (cm): Indicate the height of the patient in centimeters.</p>
<p>INR: Indicate the International Normalized Ratio (INR) closest to the date and time prior to surgery but prior to anesthetic management (induction area or operating room). Usual range 0.9 - 1.3 Low/High: 0.5 - 30.0</p>
<p>Total Bilirubin: Indicate the total Bilirubin closest to the date and time prior to surgery but prior to anesthetic management (induction area or operating room). Usual range 0.2 - 1.3 Low/High: 0.1 - 50.0 (mg/dL)</p>
<p>Total Albumin: Indicate the total albumin closest to the date and time prior to surgery but prior to anesthetic management (induction area or operating room). Usual range 3.5 - 5.0 Low/High: 1.0 - 10.0 (mg/dL)</p>
<p>Last Creatinine Level: Indicate the creatinine level closest to the date and time prior surgery but prior to anesthetic management (induction area or operating room). A creatinine level should be collected on all patients, even if they have no prior history. A creatinine value is a high predictor of a patient's outcome and is used in the predicted risk models.</p>

DATA ELEMENT DEFINITIONS (CONTINUED)

Diabetes:

Indicate whether patient has a history of diabetes diagnosed and/or treated by a physician. The American Diabetes Association criteria include documentation of the following:

1. A1c \geq 6.5%; or
2. Fasting plasma glucose \geq 126 mg/dl (7.0 mmol/l);
3. Two-hour plasma glucose \geq 200 mg/dl (11.1 mmol/l) during an oral glucose tolerance test;
4. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose \geq 200 mg/dl (11.1 mmol/l)

It does not include gestational diabetes.

1 = Yes

2 = No

Diabetes-Control:

Indicate the control method the patient presented with on admission. Patients placed on a pre-procedure diabetic pathway of insulin drip at admission but were previously controlled by diet or oral methods are not coded as insulin treated. Choose the most aggressive therapy used prior to admission:

- 1 = None No treatment for diabetes.
2 = Diet Diet treatment only.
3 = Oral Oral agent treatment (includes oral agent with/without diet treatment).
4 = Insulin Insulin treatment (includes any combination with insulin).
5 = Other Other adjunctive therapy.

Dialysis:

Indicate whether the patient is currently undergoing dialysis.

1 = Yes

2 = No

Refers to whether the patient is currently on dialysis, not distant past history.

Hypertension:

Indicate whether the patient has a diagnosis of hypertension, documented by one of the following:

- a. Documented history of hypertension diagnosed and treated with medication, diet and/or exercise.
- b. Prior documentation of blood pressure $>$ 140 mmHg systolic or 90 mmHg diastolic for patients without diabetes or chronic kidney disease, or prior documentation of blood pressure $>$ 130 mmHg systolic or 80 mmHg diastolic on at least 2 occasions for patients with diabetes or chronic kidney disease.
- c. Currently on pharmacologic therapy to control hypertension.

1 = Yes

2 = No

Infectious Endocarditis:

Indicate whether the patient has a history of infectious endocarditis documented by one of the following:

1. Positive blood cultures
2. Vegetation on echocardiography and/or other diagnostic modality
3. Documented history of infectious endocarditis

1 = Yes

2 = No

BOTTOM LINE CLARIFICATION: The chart has to note the endocarditis.

For this to be coded "Yes" and to maintain consistency in data collection, **a diagnosis of infectious endocarditis must be a known risk factor preoperatively.**

Positive blood cultures alone are not sufficient to code "Yes".

Code "Yes" if a patient with a past history of infectious endocarditis, treated and received valve replacement surgery.

DATA ELEMENT DEFINITIONS (CONTINUED)

Infectious Endocarditis Type:

Indicate the type of endocarditis the patient has. If the patient is currently being treated for endocarditis, the disease is considered active. If no antibiotic medication (other than prophylactic medication) is being given at the time of surgery, then the infection is considered treated.

1 = Treated

2 = Active

Chronic Lung Disease:

Indicate whether the patient has chronic lung disease, and the severity level according to the following classification:

1 = No

2 = Mild: FEV1 60% to 75% of predicted, and/or on chronic inhaled or oral bronchodilator therapy.

3 = Moderate: FEV1 50% to 59% of predicted, and/or on chronic steroid therapy aimed at lung disease.

4 = Severe: FEV1 <50% predicted, and/or Room Air pO₂ < 60 or Room Air pCO₂ > 50.

For CCORP purposes, patients with chart documentation of chronic lung disease treated with chronic home oxygen may be considered severe in the absence of PFT or ABG data.

BOTTOM LINE: The definition requires 1) documentation of a **diagnosis** of *chronic* pulmonary disability, and 2) confirmation based on either pulmonary function test (PFT) data or *chronic* therapy. Patients do NOT have COPD merely on the basis of a heavy smoking history or being labeled "COPD" in the chart without PFTs or history of prior therapy for COPD. Severity is determined by severity of PFT abnormality or type of chronic therapy.

Liver Disease:

Indicate whether the patient has a history of hepatitis B, hepatitis C, cirrhosis, portal hypertension, esophageal varices, chronic alcohol abuse or congestive hepatopathy.

1 = Yes

2 = No

Immunocompromise:

Indicate whether immunocompromise is present due to immunosuppressive medication therapy within 30 days preceding the operative procedure or existing medical condition. This includes, but is not limited to systemic steroid therapy, anti-rejection medications and chemotherapy. This does not include topical steroid applications, one time systemic therapy, inhaled steroid therapy or preoperative protocol.

1 = Yes

2 = No

Peripheral Arterial Disease:

Indicate whether the patient has a history of peripheral arterial disease (includes upper and lower extremity, renal, mesenteric, and abdominal aortic systems). This can include:

1. Claudication, either with exertion or at rest.

2. Amputation for arterial vascular insufficiency.

3. Vascular reconstruction, bypass surgery, or percutaneous intervention to the extremities (excluding dialysis fistulas and vein stripping).

4. Documented aortic aneurysm with or without repair.

5. Positive noninvasive test (e.g., ankle brachial index \leq 0.9, ultrasound, magnetic resonance or computed tomography imaging of > 50% diameter stenosis in any peripheral artery, i.e., renal, subclavian, femoral, iliac) or angiographic imaging.

1 = Yes

2 = No

Cerebrovascular Disease:

Indicate whether the patient has Cerebro-Vascular Disease, documented by any one of the following: CVA (symptoms > 24 hrs after onset, presumed to be from vascular etiology); TIA (recovery within 24 hrs); Non-invasive carotid test with > 79% diameter occlusion; or Prior carotid surgery or stenting or prior cerebral aneurysm clipping or coil. Does not include neurological disease processes such as metabolic and/or anoxic ischemic encephalopathy.

1 = Yes

2 = No

DATA ELEMENT DEFINITIONS (CONTINUED)

<p>Prior CVA: Indicate whether the patient has a history of stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood flow to the brain) that did not resolve within 24 hours. 1 = Yes 2 = No</p>
<p>Prior CVA When: Indicate when the CVA events occurred. Those events occurring within two weeks of the surgical procedure are considered recent, while all others are considered remote. 1 = Recent (<=2 wk.) 2 = Remote (>2 wk.)</p>
<p>CVD – TIA: Indicate whether the patient has a history of a Transient Ischemic Attack (TIA): Patient has a history of loss of neurological function that was abrupt in onset but with complete return of function within 24 hours. 1 = Yes 2 = No</p>
<p>CVD Carotid Stenosis: Indicate which carotid artery was determined from any diagnostic test to be more than 79% stenotic. 1 = None 2 = Right 3 = Left 4 = Both</p>
<p>CVD Type Prior Carotid Surgery: Indicate whether the patient has a history of previous carotid artery surgery and/or stenting. 1 = Yes 2 = No</p>
<p>Previous Coronary Artery Bypass Graft: Indicate whether the patient had a previous Coronary Bypass Graft prior to the current admission. 1 = Yes 2 = No</p>
<p>Previous Valve: Indicate whether the patient had a previous surgical replacement and/or surgical repair of a cardiac valve. This may also include percutaneous valve procedures. 1 = Yes 2 = No</p>
<p>Previous Percutaneous Cardiac Intervention (PCI): Indicate whether a previous Percutaneous Cardiac Intervention (PCI) was performed any time prior to this surgical procedure. PCI refers to those treatment procedures that unblock narrowed coronary arteries without performing surgery. PCI may include, but is not limited to: 1. Balloon Catheter Angioplasty, Percutaneous Transluminal Coronary Angioplasty (PTCA) 2. Rotational Atherectomy 3. Directional Atherectomy 4. Extraction Atherectomy 5. Laser Atherectomy 6. Intracoronary Stent Placement 1 = Yes 2 = No</p>
<p>PCI - Interval: Indicate the interval of time between the previous PCI and the current surgical procedure. 1 = < or = 6 Hours 2 = > 6 Hours</p>

DATA ELEMENT DEFINITIONS (CONTINUED)

Prior MI:

Indicate if the patient has had at least one documented previous myocardial infarction at any time prior to this surgery.

- 1 = Yes
- 2 = No

MI When:

Indicate the time period between the last documented myocardial infarction and surgery.

- 1 = < or = 6 Hrs
- 2 = > 6 Hrs but < 24 Hrs
- 3 = 1 to 7 Days
- 4 = 8-21 Days
- 5 = >21 Days

Heart Failure within 2 weeks:

Indicate if there is physician documentation or report that the patient has been in a state of heart failure within the past 2 weeks. Heart failure is defined as physician documentation or report of any of the following clinical symptoms of heart failure described as unusual dyspnea on light exertion, recurrent dyspnea occurring in the supine position, fluid retention; or the description of rales, jugular venous distension, pulmonary edema on physical exam, or pulmonary edema on chest x-ray presumed to be cardiac dysfunction. A low ejection fraction alone, without clinical evidence of heart failure does not qualify as heart failure.

- 1 = Yes
- 2 = No

NYHA Classification:

Indicate the patient's worst dyspnea or functional class, coded as the New York Heart Association (NYHA) classification within the past 2 weeks.

- 1 = Class I Patient has cardiac disease but without resulting limitations of ordinary physical activity. Ordinary physical activity (e.g., walking several blocks or climbing stairs) does not cause undue fatigue, palpitation, dyspnea, or anginal pain. Limiting symptoms may occur with marked exertion.
- 2 = Class II Patient has cardiac disease resulting in slight limitation of ordinary physical activity. Patient is comfortable at rest. Ordinary physical activity such as walking more than two blocks or climbing more than one flight of stairs results in limiting symptoms (e.g., fatigue, palpitation, dyspnea, or anginal pain).
- 3 = Class III Patient has cardiac disease resulting in marked limitation of physical activity. Patient is comfortable at rest. Less than ordinary physical activity (e.g., walking one to two level blocks or climbing one flight of stairs) causes fatigue, palpitation, dyspnea, or anginal pain.
- 4 = Class IV Patient has dyspnea at rest that increases with any physical activity. Patient has cardiac disease resulting in inability to perform any physical activity without discomfort. Symptoms may be present even at rest. If any physical activity is undertaken, discomfort is increased.

Cardiogenic Shock:

Indicate whether the patient was, at the time of procedure, in a clinical state of end organ hypo-perfusion due to cardiac failure according to the following criteria: persistent hypotension (Systolic BP < 80-90 or mean arterial pressure 30 mmHg lower than baseline) and severe reduction in Cardiac Index (< 1.8 without support or <2.2 with support).

- 1 = Yes
- 2 = No

BOTTOM LINE: To code "Yes" the definition needs to be met upon entering surgery.

Resuscitation:

Indicate whether the patient required cardiopulmonary resuscitation within one hour before the start of the operative procedure which includes the institution of anesthetic management.

- 1 = Yes
- 2 = No

DATA ELEMENT DEFINITIONS (CONTINUED)

Arrhythmia When:

Indicate when the patient had a preoperative history of arrhythmia (sustained ventricular tachycardia, ventricular fibrillation, or sudden cardiac death presumed to be lethal arrhythmia, atrial fibrillation, atrial flutter, third degree heart block, second degree heart block, sick sinus syndrome) that has been treated with any of the following modalities:

1. Ablation therapy
2. AICD
3. Pacemaker
4. Pharmacological treatment
5. Electrocardioversion
6. Defibrillation

1 = None
2 = Remote (more than 30 days prior to procedure)
3 = Recent (within 30 days prior to procedure)

Arrhythmia Type – Vtach/Vfib:

Indicate whether sustained ventricular tachycardia or fibrillation was present within thirty days of the procedure.

1 = Yes 2 = No

Arrhythmia Type – Third Degree Heart Block:

Indicate whether third degree heart block was present within thirty days of the procedure.

1 = Yes
2 = No

Arrhythmia Type – Afib/Aflutter:

Indicate whether atrial fibrillation or flutter was present within thirty days of the procedure.

1 = Yes
2 = No

Meds – Coumadin:

Indicate whether the patient received Coumadin within 24 hours preceding surgery.

1 = Yes
2 = No

Warfarin:

Indicate whether the patient received warfarin (Coumadin) within 5 days preceding surgery.

1 = Yes
2 = No

Isolated CABG:

See pages 45-46 of this training manual for exclusion criteria.

1 = Yes
2 = No

Responsible Surgeon Name (3 separate fields):

- 17a. Surgeon Last Name
- 17b. Surgeon First Name
- 17c. Surgeon Middle Initial

The responsible surgeon is the surgeon as defined in Section 97170.

Responsible Surgeon CA License Number:

See pages 46 of this training manual for more information criteria.

California physician license number of responsible surgeon, assigned by the Medical Board of California of the Department of Consumer Affairs.

DATA ELEMENT DEFINITIONS (CONTINUED)

Incidence:

Indicate if this is the patient's:

- 1 = First cardiovascular surgery
- 2 = First re-op cardiovascular surgery
- 3 = Second re-op cardiovascular surgery
- 4 = Third re-op cardiovascular surgery
- 5 = Fourth or more re-op cardiovascular surgery

Status:

Indicate the clinical status of the patient prior to entering the operating room.

- 1 = **Elective** The patient's cardiac function has been stable in the days or weeks prior to the operation. The procedure could be deferred without increased risk of compromised cardiac outcome.
- 2 = **Urgent** Procedure required during same hospitalization in order to minimize chance of further clinical deterioration. Examples include but are not limited to: Worsening, sudden chest pain, CHF, acute myocardial infarction (AMI), anatomy, IABP, unstable angina (USA) with intravenous (IV) nitroglycerin (NTG) or rest angina.
- 3 = **Emergent** Patients requiring emergency operations will have ongoing, refractory (difficult, complicated, and/or unmanageable) unrelenting cardiac compromise, with or without hemodynamic instability, and not responsive to any form of therapy except cardiac surgery. An emergency operation is one in which there should be no delay in providing operative intervention.
- 4 = **Emergent Salvage** The patient is undergoing CPR en route to the O.R. or prior to anesthesia induction or has ongoing ECMO to maintain life.

Emergent Reason:

Indicate the PRIMARY reason why the patient had Emergent Status. Patients requiring emergency operations will have ongoing, refractory (difficult, complicated, and/or unmanageable) unrelenting cardiac compromise, with or without hemodynamic instability, and not responsive to any form of therapy except cardiac surgery. An emergency operation is one in which there should be no delay in providing operative intervention.

- 1 = Shock Circ Support
- 2 = Shock No Circ Support
- 3 = Pulmonary Edema
- 4 = Acute Evolving Myocardial Infarction (AEMI) within 24 hours before surgery
- 5 = Ongoing Ischemia
- 6 = Valve Dysfunction
- 7 = Aortic Dissection
- 8 = Angiographic Accident
- 9 = Cardiac Trauma
- 10 = Infected Device
- 11 = Syncope
- 12 = PCI/CABG Hybrid
- 13 = Anatomy

CPB Utilization:

Indicate the level of CPB or coronary perfusion used during the procedure.

- 1 = **None** No CPB or coronary perfusion used during the procedure.
- 2 = **Combination** With or without CPB and/or with or without coronary perfusion at any time during the procedure (capture conversions from off-pump to on-pump only): (a) At start of procedure: No CPB/No Coronary Perfusion -> conversion to -> CPB, (b) At start of procedure: No CPB/No Coronary Perfusion -> conversion to -> Coronary perfusion, or (c) At start of procedure: No CPB/No Coronary Perfusion -> conversion to -> Coronary perfusion -> conversion to -> CPB.
- 3 = **Full** CPB or coronary perfusion was used for the entire procedure.

CPB Utilization – Combination Plan:

Indicate whether the combination procedure from off-pump to on-pump was a planned or an unplanned conversion.

- 1 = **Planned** The surgeon intended to treat with any of the combination options described in "CPB utilization".
- 2 = **Unplanned** The surgeon did not intend to treat with any of the combination options described in "CPB utilization".

DATA ELEMENT DEFINITIONS (CONTINUED)

<p>IMA Artery Used: Indicate which, if any, Internal Mammary Artery(ies) (IMA) were used for grafts. 1 = Left IMA 2 = Right IMA 3 = Both IMAs 4 = No IMA</p>
<p>LAD Artery Bypassed: Indicate whether any part of the Left Anterior Descending artery (Proximal; Mid; Distal; Diagonal) was bypassed for this surgical intervention. 1 = Yes 2 = No</p>
<p>Number of Diseased Coronary Vessels: Indicate the number of diseased major native coronary vessel systems: LAD system, Circumflex system, and/or Right system with $\geq 50\%$ narrowing of any vessel preoperatively. NOTE: Left main disease ($\geq 50\%$) is counted as TWO vessels (LAD and Circumflex, which may include a Ramus Intermedius). For example, left main and RCA would count as three total. 1 = None 2 = One 3 = Two 4 = Three VALVE MISADVENTURES: When NO VESSELS ARE DISEASED and a single vessel bypass is performed, do not report such cases to CCORP.</p>
<p>Left Main Disease ($\geq 50\%$): Indicate whether the patient has Left Main Coronary Disease. Left Main Coronary Disease is present when there is $\geq 50\%$ compromise of vessel diameter preoperatively. When ranges are reported, such as 45- 50% for stenosis, report as the highest percent in range, in this example 50%.</p>
<p>Ejection Fraction Done: Indicate whether the Ejection Fraction was measured prior to the induction of anesthesia. 1 = Yes 2 = No</p>
<p>Ejection Fraction (%): Indicate the percentage of the blood emptied from the left ventricle at the end of the contraction. Use the most recent determination prior to the surgical intervention documented on a diagnostic report. Enter a percentage in the range of 1 - 99. If a percentage range is reported, report a whole number using the "mean" (i.e., 50-55% is reported as 53%). Values reported as: Normal = 60% Good function = 50% Mildly reduced = 45% Fair function = 40% Moderately reduced = 30% Poor function = 25% Severely reduced = 20%</p> <hr/> <p>NOTE: If no diagnostic report is in the medical record, a value documented in the progress record is acceptable.</p>

DATA ELEMENT DEFINITIONS (CONTINUED)

<p>Ejection Fraction Method: Indicate how the Ejection Fraction measurement information was obtained preoperatively. 2 = LV Gram Left Ventriculogram 3 = Radionucleotide MUGA Scan 4 = Estimate From other calculations, based upon available clinical data. 5 = ECHO Echocardiogram 6 = MRI/CT 9 = Other</p>
<p>PA Systolic Pressure Measured: Indicate whether the PA systolic pressure was measured prior to incision. 1 = Yes 2 = No</p>
<p>PA Systolic Pressure: Capture the highest PA systolic pressure recorded prior to incision. Valid values 10.0-150.0</p>
<p>Mitral Insufficiency: Indicate whether there is evidence of Mitral valve regurgitation. Enter level of valve function associated with highest risk (i.e., worst performance). Enter the highest level recorded in the chart. "Moderately severe" should be coded as "Severe". 0 = None 1 = Trivial/Trace 2 = Mild 3 = Moderate 4 = Severe</p>
<p>Valve: Indicate whether a surgical procedure was done on the Aortic, Mitral, Tricuspid or Pulmonic valves. 1 = Yes 2 = No</p>
<p>Aortic Valve: Indicate whether an aortic valve procedure was performed. 1 = Yes 2 = No</p>
<p>Aortic Valve Procedure: Indicate procedure performed on aortic valve and/or ascending aorta. 1 = Replacement 2 = Repair / Reconstruction 3 = Root Reconstruction with valved conduit 4 = Replacement and insertion aortic non-valved conduit 5 = Resuspension AV without replacement of ascending aorta 6 = Resuspension AV with replacement of ascending aorta 7 = Apico-aortic conduit (Aortic valve bypass) 8 = Autograft with pulmonary valve- Ross procedure 9 = Homograft 10 = Valve sparing root reimplantation (David) 11 = Valve sparing root remodeling (Yacoub)</p>
<p>Mitral Valve: Indicate whether a mitral valve procedure was performed. 1 = Yes 2 = No</p>

DATA ELEMENT DEFINITIONS (CONTINUED)

Mitral Valve Procedure:

Indicate the type of procedure that was performed on the mitral valve

- 1 = Repair
- 2 = Replacement

Tricuspid Procedure:

Indicate whether a surgical procedure was done or not done on the Tricuspid Valve.

- 1 = No
- 2 = Annuloplasty Only
- 3 = Replacement
- 4 = Reconstruction with Annuloplasty
- 5 = Reconstruction without Annuloplasty
- 6 = Valvectomy

Pulmonic Procedure:

Indicate whether a surgical procedure was done or not done on the Pulmonic Valve.

- 1 = No
- 2 = Replacement
- 3 = Reconstruction
- 4 = Valvectomy

Reoperation for Bleed:

Indicate whether the patient was re-explored for mediastinal bleeding with or without tamponade either in the ICU or returned to the operating room.

- 1 = Yes
- 2 = No

Reintervention - Graft Occlusion:

Indicate whether the patient returned to the operating room or the cath lab for intervention of coronary graft occlusion due to acute closure, thrombosis, technical or embolic origin.

- 1 = Yes
- 2 = No

Deep Sternal Wound Infection:

Indicate whether the patient, within 30 days postoperatively, had a deep sternal infection involving muscle, bone, and/or mediastinum REQUIRING OPERATIVE INTERVENTION. Must have ALL of the following conditions: 1) Wound opened with excision of tissue (I&D) or re-exploration of mediastinum; 2) Positive culture unless patient on antibiotics at time of culture or no culture obtained; 3) Treatment with antibiotics beyond perioperative prophylaxis

- 1 = Yes
- 2 = No

Neuro – Stroke Permanent:

Indicate whether the patient has a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours.

- 1 = Yes
- 2 = No

Pulm - Ventilation Prolonged:

Indicate whether the patient had prolonged pulmonary ventilator > 24 hours. Include (but not limited to) causes such as ARDS, pulmonary edema, and/or any patient requiring mechanical ventilation > 24 hours postoperatively.

- 1 = Yes
- 2 = No

DATA ELEMENT DEFINITIONS (CONTINUED)

Renal - Renal Failure:

Indicate whether the patient had acute renal failure or worsening renal function resulting in ONE OR BOTH of the following:

1. Increase of serum creatinine to ≥ 4.0 or 3x most recent preoperative creatinine level (baseline),
2. A new requirement for dialysis postoperatively

1 = Yes

2 = No

Renal - Dialysis Requirement:

Indicate whether the patient had a new requirement for dialysis postoperatively, which may include hemodialysis, peritoneal dialysis.

1 = Yes

2 = No

Other - Atrial Fib:

Indicate whether the patient had a new onset of atrial fibrillation/flutter (AF) requiring treatment. Does not include recurrence of previously documented AF which had been present preoperatively.

1 = Yes

2 = No

More information regarding data elements is available in the Data Abstractor Training Handbook at the following link:

http://oshpd.ca.gov/HID/SubmitData/CCORP_CABG/TrainingManual_2ndHalf2011.pdf

DATA ELEMENT DEFINITIONS (CONTINUED)

Isolated CABG:

The patient's surgery is defined as follows: when any of the procedures listed in Section A (below) is performed concurrently with the coronary artery bypass surgery, **the surgery will be considered non-isolated** and **the data element coded 'No'**. It is not possible to list all procedures because cases can be complex and clinical definitions are not always precise. When in doubt, the data abstractor should first seek an opinion from the responsible surgeon and then consult OSHPD.

Section A
Valve repairs or replacements
Operations on structures adjacent to heart valves (papillary muscle, chordae tendineae, traebeculae carneaе cordis, annuloplasty, infundibulectomy)
Ventriculectomy
Repair of atrial and ventricular septa, excluding closure of patent foramen ovale .
Excision of aneurysm of heart
Head and neck, intracranial endarterectomy
Other open heart surgeries, such as aortic arch repair, pulmonary endarterectomy.
Endarterectomy of aorta
Thoracic endarterectomy (endarterectomy on an artery outside the heart).
Heart transplantation
Repair of certain congenital cardiac anomalies, excluding closure of patent foramen ovale (e.g., teratology of fallot, atrial septal defect (ASD), ventricular septal defect (VSD), valvular abnormality).
Implantation of cardiomyostimulation system (Note: Refers to cardiomyoplasty systems only, not other heart-assist systems such as pacemakers or internal cardiac defibrillators (ICDs)).
Any aortic aneurysm repair (abdominal or thoracic)
Repair of aortic dissection (for clarification only: 3/06)
Aorta-subclavian-carotid bypass
Aorta-renal bypass
Aorta-iliac-femoral bypass
Caval-pulmonary artery anastomosis
Extracranial-intracranial (EC-IC) vascular bypass
Coronary artery fistula.
Resection of a lobe or segment of the lung (e.g., lobectomy or segmental resection of lung). Does not include simple biopsy of lung nodule in which surrounding lung is not resected, biopsy of a thoracic lymph node or excision or stapling of an emphysematous bleb.
Mastectomy for breast cancer (not simple breast biopsy)
Amputation of any extremity (e.g., foot or toe).

If a procedure listed in Section B (next page) is performed concurrently with the coronary artery bypass surgery, the surgery will be considered an isolated CABG and the data element coded 'Yes' (unless a procedure listed in section A is performed during the same surgery). These particular procedures are listed because the Office has received frequent questions regarding their coding.

DATA ELEMENT DEFINITIONS (CONTINUED)

Section B
Transmyocardial laser revascularization (TMR)
Pericardiectomy and excision of lesions of heart
Repair/restoration of the heart or pericardium. ***Surgeries whose principal goal is full pericardial stripping for preoperatively identified constrictive pericarditis are non-isolated (clarification: 3/06)
Coronary endarterectomy
Pacemakers
Internal cardiac defibrillators (ICDs)
Fem-fem cardiopulmonary bypass (a form of cardiopulmonary bypass that should not be confused with aortofemoral bypass surgery listed in Section A)
Thymectomy
Thyroidectomy
Maze procedures, surgical or catheter

EXHIBIT E

DATA ELEMENTS PROPOSED FOR AUDIT OF 2013 DATA

IDENTIFICATION AND CLASSIFICATION		
Isolated CABG	Date of Birth	Discharge Status
Responsible Surgeon Name	Date of Surgery	Date of Death
Medical Record Number	Date of Discharge	
RISK FACTOR: DEMOGRAPHIC		
Gender		
RISK FACTOR: OPERATIVE		
Status of the Procedure	Valve done/valve type	
RISK FACTOR: Lab		
INR	Total Bilirubin	Total Albumin
RISK FACTOR: COMORBIDITY/OTHER		
Last Creatinine Level	Chronic Lung Disease	Cardiogenic Shock
Diabetes	Diabetes - Control	
Peripheral Arterial Disease	Infectious Endocarditis	Infectious Endocarditis Type
Heart Failure	Cerebrovascular Disease	Immunocompromise
NYHA	Arrhythmia/Type	Resuscitation
Cerebrovascular Accident/Timing	Previous Myocardial Infarction/Timing	PA Systolic Pressure
RISK FACTOR: PREVIOUS INTERVENTIONS		
Previous CABG	Previous Valve	Prior PCI/PCI Interval
Incidence		
RISK FACTOR: HEMODYNAMIC STATUS		
Ejection Fraction Done/(%)	Left Main Disease (% Stenosis)	Mitral Insufficiency
Ejection Fraction Method	No. of Diseased Coronary Vessels	
RISK FACTOR: MEDS		
Meds – Coumadin	Warfarin	
PROCESS OF CARE		
Internal Mammary Artery(ies) Used as Grafts	LAD Artery Bypassed	
COMPLICATIONS: POST-OPERATIVE		
Re-op Bleed	Re-op Graft Occlusion	Deep Sternal Wound Infection
Neuro - Stroke Permanent	Pulm - Prolonged Ventilation	Renal - Renal Failure
Renal - Dialysis Requirement	Other Atrial Fib	

EXHIBIT F

CCORP HOSPITALS SUBJECT TO AUDIT

CCORP HOSPITALS	City
AHMC ANAHEIM REGIONAL MEDICAL CENTER	Anaheim
ALTA BATES SUMMIT MED CTR-SUMMIT CAMPUS-HAWTHORNE	Oakland
ALVARADO HOSPITAL	San Diego
ANTELOPE VALLEY HOSPITAL	Lancaster
BAKERSFIELD HEART HOSPITAL	Bakersfield
BAKERSFIELD MEMORIAL HOSPITAL- 34TH STREET	Bakersfield
BEVERLY HOSPITAL	Montebello
CALIFORNIA HOSPITAL MEDICAL CENTER	Los Angeles
CALIFORNIA PACIFIC MED CTR-PACIFIC CAMPUS	San Francisco
CEDARS SINAI MEDICAL CENTER	Los Angeles
CENTINELA HOSPITAL MEDICAL CENTER	Inglewood
CITRUS VALLEY MEDICAL CENTER - IC CAMPUS	Covina
COMMUNITY HOSPITAL MONTEREY PENINSULA	Monterey
COMMUNITY MEMORIAL HOSPITAL-SAN BUENAVENTURA	Ventura
COMMUNITY REGIONAL MEDICAL CENTER-FRESNO	Fresno
DAMERON HOSPITAL	Stockton
DESERT REGIONAL MEDICAL CENTER	Palm Springs
DESERT VALLEY HOSPITAL	Victorville
DOCTORS MEDICAL CENTER	Modesto
DOMINICAN HOSPITAL-SANTA CRUZ/SOQUEL	Santa Cruz
EISENHOWER MEDICAL CENTER	Rancho Mirage
EL CAMINO HOSPITAL	Mountain View
EMANUEL MEDICAL CENTER	Turlock
ENLOE MEDICAL CENTER- ESPLANADE CAMPUS	Chico
FOUNTAIN VALLEY RGNL HOSP AND MED CTR - EUCLID	Fountain Valley
FRENCH HOSPITAL MEDICAL CENTER	San Luis Obispo
FRESNO HEART AND SURGICAL HOSPITAL	Fresno
GARFIELD MEDICAL CENTER	Monterey Park
GLENDALE ADVENTIST MEDICAL CENTER - WILSON TERRACE	Glendale
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	Glendale
GOOD SAMARITAN HOSPITAL-LOS ANGELES	Los Angeles
GOOD SAMARITAN HOSPITAL-SAN JOSE	San Jose
GROSSMONTHOSPITAL	La Mesa
HENRY MAYO NEWHALL MEMORIAL HOSPITAL	Valencia
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	Newport Beach
HUNTINGTON MEMORIAL HOSPITAL	Pasadena
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	Los Angeles
JOHN MUIR MEDICAL CENTER-CONCORD CAMPUS	Walnut Creek
KAISER FND HOSP - SAN FRANCISCO	San Francisco
KAISER FND HOSP - SANTA CLARA	Santa Clara

CCORP HOSPITALS	City
KAISER FND HOSP - SUNSET	Los Angeles
KAWEAH DELTA MEDICAL CENTER	Visalia
KECK HOSPITAL OF USC	Los Angeles
LAC/HARBOR-UCLA MEDICAL CENTER	Los Angeles
LAC+USC MEDICAL CENTER	Torrance
LAKEWOOD REGIONAL MEDICAL CENTER	Lakewood
LOMA LINDA UNIVERSITY MEDICAL CENTER-LOMA LINDA	Loma Linda
LOMA LINDA UNIVERSITY MEDICAL CENTER-MURRIETA	Murrieta
LONG BEACH MEMORIAL MEDICAL CENTER	Long Beach
LOS ROBLES HOSPITAL & MEDICAL CENTER	Thousand Oaks
MARIAN MEDICAL CENTER	Santa Maria
MARIN GENERAL HOSPITAL	Greenbrae
MEMORIAL HOSPITAL MEDICAL CENTER - MODESTO	Modesto
MERCY GENERAL HOSPITAL	Sacramento
MERCY MEDICAL CENTER - REDDING	Redding
MERCY SAN JUAN HOSPITAL	Sacramento
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA	Arcadia
MILLS PENINSULA MEDICAL CENTER	Burlingame
MISSION HOSPITAL REGIONAL MEDICAL CENTER	Mission Viejo
NORTH BAY MEDICAL CENTER	Fairfield
NORTHRIDGE HOSPITAL MEDICAL CENTER	Northridge
O'CONNOR HOSPITAL - SAN JOSE	San Jose
ORANGE COAST MEMORIAL MEDICAL CENTER	Fountain Valley
PALMDALE REGIONAL MEDICAL CENTER	Palmdale
PALOMAR MEDICAL CENTER	Escondido
PIH DOWNEY REGIONAL MEDICAL CENTER	Downey
POMONA VALLEY HOSPITAL MEDICAL CENTER	Pomona
PRESBYTERIAN INTERCOMMUNITY HOSPITAL	Whittier
PROVIDENCE HOLY CROSS MEDICAL CENTER	Mission Hills
PROVIDENCE LITTLE COMPANY OF MARY MC - TORRANCE	Torrance
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	Burbank
PROVIDENCE TARZANA MEDICAL CENTER	Tarzana
QUEEN OF THE VALLEY HOSPITAL - NAPA	Napa
REGIONAL MEDICAL OF SAN JOSE	San Jose
RIDEOUT MEMORIAL HOSPITAL	Marysville
RIVERSIDE COMMUNITY HOSPITAL	Riverside
RONALD REAGAN UCLA MEDICAL CENTER	Los Angeles
SADDLEBACK MEMORIAL MEDICAL CENTER	Laguna Hills
SALINAS VALLEY MEMORIAL HOSPITAL	Salinas
SAN ANTONIO COMMUNITY HOSPITAL	Upland
SAN JOAQUIN COMMUNITY HOSPITAL	Bakersfield
SAN RAMON REGIONAL MEDICAL CENTER	San Ramon
SANTA BARBARA COTTAGE HOSPITAL	Santa Barbara
SANTA CLARA VALLEY MEDICAL CENTER	San Jose

CCORP HOSPITALS	City
SANTA MONICA - UCLA MEDICAL CENTER & ORTHOPAEDIC HOSPITAL	Santa Monica
SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	Santa Rosa
SCRIPPS GREEN HOSPITAL	La Jolla
SCRIPPS MEMORIAL HOSPITAL - LA JOLLA	La Jolla
SCRIPPS MERCY HOSPITAL	San Diego
SEQUOIA HOSPITAL	Redwood City
SETON MEDICAL CENTER	Daly City
SHARP CHULA VISTA MEDICAL CENTER	Chula Vista
SHARP MEMORIAL HOSPITAL	San Diego
SHASTA REGIONAL MEDICAL CENTER	Redding
ST. AGNES MEDICAL CENTER	Fresno
ST. BERNARDINE MEDICAL CENTER	San Bernardino
ST. FRANCIS MEDICAL CENTER	Lynwood
ST. HELENA HOSPITAL	St. Helena
ST. JOHN'S HEALTH CENTER	Santa Monica
ST. JOHN'S REGIONAL MEDICAL CENTER	Oxnard
ST. JOSEPH HOSPITAL - EUREKA	Eureka
ST. JOSEPH HOSPITAL - ORANGE	Orange
ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	Stockton
ST. JUDE MEDICAL CENTER	Fullerton
ST. MARY MEDICAL CENTER-LONG BEACH	Long Beach
ST. MARY MEDICAL CENTER-APPLE VALLEY	Apple Valley
ST. MARY'S MEDICAL CENTER, SAN FRANCISCO	San Francisco
ST. VINCENT MEDICAL CENTER	Los Angeles
STANFORD HOSPITAL	Palo Alto
SUTTER MEDICAL CENTER OF SANTA ROSA	Santa Rosa
SUTTER MEMORIAL HOSPITAL	Sacramento
TORRANCE MEMORIAL MEDICAL CENTER	Torrance
TRI-CITY MEDICAL CENTER	Oceanside
UCSD-LA JOLLA, JOHN M & SALLY B. THORNTON HOSPITAL	La Jolla
UCSF MEDICAL CENTER	San Francisco
UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER	Sacramento
UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER	Orange
VALLEY PRESBYTERIAN HOSPITAL	Van Nuys
VALLEYCARE MEDICAL CENTER	Pleasanton
WASHINGTON HOSPITAL - FREMONT	Fremont
WEST ANAHEIM MEDICAL CENTER	Anaheim
WEST HILLS HOSPITAL AND MEDICAL CENTER	Canoga Park
WESTERN MEDICAL CENTER - SANTA ANA	Santa Ana
WESTERN MEDICAL CENTER HOSPITAL - ANAHEIM	Anaheim
WHITE MEMORIAL MEDICAL CENTER	Los Angeles