

**State of California
Office of Administrative Law**

In re:
Department of Health Care Access and
Information

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:

Amend sections: 97215, 97219, 97222,
97226, 97231, 97240,
97241, 97246, 97255,
97259, 97264

Repeal sections:

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

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

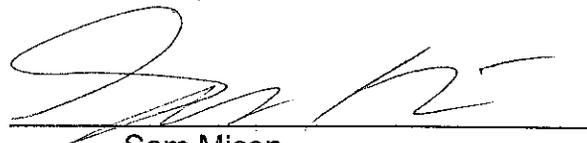
OAL Matter Number: 2023-1103-02

OAL Matter Type: Nonsubstantive (N)

In this submission without regulatory effect, the Department of Health Care Access and Information is removing obsolete, out-of-date language, updating the identification numbers and dates on certain forms, and correcting punctuation based non-substantive issues.

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

Date: December 14, 2023



Sam Micon
Attorney

For: Kenneth J. Pogue
Director

Original: Elizabeth Landsberg, Director
Copy: Natasha Warrington

NONSUBSTANTIVE

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2023-1103-02 N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

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

DEC 14 2023
2:01 PM

AGENCY WITH RULEMAKING AUTHORITY
Department of Health Care Access and Information

AGENCY FILE NUMBER (If any)

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

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 Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) HCAI Patient Data Reporting Requirements	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 97215, 97219, 97222, 97226, 97231, 97240, 97241, 97246, 97255, 97259, and 97264
TITLE(S) 22	REPEAL
3. TYPE OF FILING	
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
	<input type="checkbox"/> File & Print <input type="checkbox"/> Print Only
	<input type="checkbox"/> Other (Specify) _____
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)	
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)	
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> §100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY	
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____	
7. CONTACT PERSON Natasha Warrington	TELEPHONE NUMBER 916-326-3946
FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) natasha.warrington@hcai.ca.gov

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

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

DEC 14 2023

Office of Administrative Law

SIGNATURE OF AGENCY HEAD OR DESIGNEE <u>J. Scott Christman, Chief Deputy Director</u>	DATE 11/02/2023
TYPED NAME AND TITLE OF SIGNATORY <u>J. Scott Christman, Chief Deputy Director</u>	

HCAI Department of Health Care
Access and Information

2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
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**PROPOSED NONSUBSTANTIVE CHANGES TO REGULATIONS**TITLE 22, CCR, DIVISION 7, CHAPTER 10,
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS

§§ 97215, 97219, 97222, 97226, 97231, 97240, 97241, 97246, 97255, 97259, and
97264

97215. Format.

(a) ~~Hospital Discharge Abstract Data reports for discharges up to and including December 31, 2022 shall comply with the Department's Format and File Specifications for Online Transmission: Inpatient Data Version 4.1 as revised July 2019 and hereby incorporated by reference.~~ Hospital Discharge Abstract Data reports for discharges occurring on or after January 1, 2023, shall comply with the Department's Format and File Specifications for Online Transmission: Inpatient Data Version 5.1 as revised October 2022 and hereby incorporated by reference.

(b) ~~Emergency Care Data reports for encounters up to and including December 31, 2022 shall comply with the Department's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.1 as revised July 2019 and hereby incorporated by reference.~~ Emergency Care Data reports for encounters occurring on or after January 1, 2023, shall comply with the Department's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 3.1 as revised October 2022 and hereby incorporated by reference.

(c) ~~Ambulatory Surgery Data reports for encounters up to and including December 31, 2022 shall comply with the Department's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.1 as revised July 2019 and hereby incorporated by reference.~~ Ambulatory Surgery Data reports for encounters occurring on or after January 1, 2023, shall comply with the Department's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 3.1 as revised October 2022 and hereby incorporated by reference.

(d) The Department's Format and File Specifications for Online Transmission as named in (a), (b), and (c) are available for download from the HCAI website. The Department will make a hardcopy of either set of Format and File Specifications for Online Transmission available upon request.

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

97219. Definition of Data Element for Inpatients – Patient Address.

~~(a) Effective with discharges on or after January 1, 2019, up to and including December 31, 2022, the “ZIP code,” a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient’s usual residence shall be reported for each patient discharge. If the patient has a 9-digit ZIP code, only the first five digits shall be reported. Do not report the ZIP Code of the hospital, third party payer, or billing address if it is different from the usual residence of the patient.~~

~~(1) If the city of residence is known, but not the street address, report the first three digits of the ZIP code, and the last two digits as zeros.~~

~~(2) Unknown ZIP codes shall be reported as “XXXXX.”~~

~~(3) ZIP codes for persons who do not reside in the U.S. shall be reported as “YYYYY.”~~

~~(4) ZIP codes for persons who are “homeless” (patients who at admission lack a residence) shall be reported as “ZZZZZ.”~~

(a)(b) Effective with discharges on or after January 1, 2023, the patient’s address shall be reported. The address shall include the address number and street name, city, state, and ZIP Code. Do not report the address of the hospital. If more than one address is available for the patient, report the address of the patient’s usual residence. If exact address is unknown or the patient is experiencing homelessness, provide as much information as possible.

(1) The address number and street name shall be reported.

(A) If the address number and/or street name are unknown, leave blank.

(B) If the address is not part of the United States, leave blank.

(2) The city shall be reported.

(A) If the city is unknown, leave blank.

(B) If the city is not part of the United States, leave blank.

(3) The state shall be reported using a standard two letter abbreviation.

(A) If the state is unknown, leave blank.

(B) If the state is not part of the United States, leave blank.

(4) The ZIP Code shall be reported using the unique code assigned to a specific geographic area by the United States Postal Service.

(A) If the patient has a 9-digit ZIP Code, only the first five digits shall be reported.

(B) Unknown ZIP Codes shall be reported as "XXXXX."

(C) ZIP Codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

(5) For patients with a non-US residence, report the country.

(6) Indicate whether a patient was experiencing homelessness at the time of admission. This may include chronic, episodic, or transitional homelessness, or in temporary shelter:

(A) Include "Y" for patients experiencing homelessness.

(B) Include "N" for patients not experiencing homelessness.

(C) "U" for Unknown.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735 and 128738, Health and Safety Code.

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

~~(a) Effective with discharges on or after January 1, 2017, up to and including December 31, 2022, in order to describe the patient's source of admission, it is necessary to address two aspects of the source: first, the point of patient origin for this admission; and second, the route by which the patient was admitted. One alternative shall be selected from the list following each aspect:~~

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

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

F	Transfer from a Hospice Facility
Code Point of Origin for patients with Type of Admission "Newborn"	
5	Born Inside this Hospital
6	Born Outside of this Hospital

(2) Route of admission:

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

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

(C) ~~Not admitted from an Emergency Department.~~

(a)(b) Effective with discharges occurring on or after January 1, 2023, in order to describe the patient's source of admission, it is necessary to address two aspects of the source: first, the point of patient origin for this admission; and second, the route by which the patient was admitted. One alternative shall be selected from the list following each aspect:

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

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

(2) Route of admission.

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

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

(C) Not admitted from an Emergency Department.

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

97226. Definition of Data Element for Inpatients – Other Diagnoses and Present on Admission Indicator.

~~(a) For discharges occurring on and after October 1, 2015, up to and including December 31, 2022: The patient's other diagnoses are defined as all conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are to be excluded. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.~~

~~(a)(b) For discharges occurring on or after January 1, 2023: The patient's other diagnoses are defined as all conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are to be excluded. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from Social Determinants of Health (Z55-Z65) shall be included if they are documented in the medical record. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.~~

~~(b)(e) Effective with discharges on or after July 1, 2008, whether the patient's other diagnosis was present on admission shall be reported as one of the following:~~

~~(1) Y. Yes. Condition was present at the time of inpatient admission.~~

~~(2) N. No. Condition was not present at the time of inpatient admission.~~

~~(3) U. Unknown. Documentation is insufficient to determine if the condition was present at the time of inpatient admission.~~

~~(4) W. Clinically undetermined. Provider is unable to clinically determine whether the condition was present at the time of inpatient admission.~~

~~(5) (blank) Exempt from present on admission reporting.~~

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

97231. Definition of Data Element for Inpatients – Disposition of Patient.

(a) Effective with discharges on or after January 1, 2015, up to and including December 31, 2022, the patient's disposition, defined as the consequent arrangement or event ending a patient's stay in the reporting facility, shall be reported using the code for one of the following:

Code	Patient Disposition
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
04	Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
05	Discharged/transferred to a designated cancer center or children's hospital
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
07	Left against medical advice or discontinued care
20	Expired
21	Discharged/transferred to court/law enforcement
43	Discharged/transferred to a federal health care facility
50	Hospice – Home
51	Hospice – Medical facility (certified) providing hospice level of care
61	Discharged/transferred to a hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
63	Discharged/transferred to a Medicare certified long term care hospital (LTCH)
64	Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66	Discharged/transferred to a Critical Access Hospital (CAH)
69	Discharged/transferred to a designated Disaster Alternative Care Site
70	Discharged/transferred to another type of health care institution not defined elsewhere in this code list
81	Discharged to home or self care with a planned acute care hospital inpatient readmission
82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission

84	Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission
85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
87	Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
92	Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission
93	Discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission
00	Other

(a)(b). Effective with discharges occurring on or after January 1, 2023, the patient's disposition, defined as the consequent arrangement or event ending a patient's stay in the reporting facility, shall be reported using the code for one of the following:

Code	Patient Disposition
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
04	Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
05	Discharged/transferred to a designated cancer center or children's hospital
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care

07	Left against medical advice or discontinued care
20	Expired
21	Discharged/transferred to court/law enforcement
43	Discharged/transferred to a federal health care facility
50	Hospice - Home
51	Hospice - Medical facility (certified) providing hospice level of care
61	Discharged/transferred to a hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
63	Discharged/transferred to a Medicare certified long term care hospital (LTCH)
64	Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66	Discharged/transferred to a Critical Access Hospital (CAH)
69	Discharged/transferred to a Designated Disaster Alternate Care Site
70	Discharged/transferred to another type of health care institution not defined elsewhere in this code list
81	Discharged to home or self care with a planned acute care hospital inpatient readmission
82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
84	Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission
85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care with a planned acute care hospital inpatient readmission
87	Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission

92	Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission
93	Discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission
00	Other

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

97240. Request for Modifications to Patient Data Reporting.

(a) Reporting facilities may file a request with the Department for modifications to Hospital Discharge Abstract Data, Emergency Care Data, or Ambulatory Surgery Data reporting requirements. The modification request shall be supported by a detailed justification of the hardship that full reporting of data would have on the reporting facility; an explanation of attempts to meet data reporting requirements; and a description of any other factors that might justify a modification. Modifications may be approved for no more than one year. Modifications to the data reporting requirements must be approved before data to which they apply will be accepted. Any modifications to reporting requirements are subject to disclosure to data users.

(b) In determining whether a modification to data reporting requirements will be approved, the Department shall consider the information provided pursuant to subsection (a) and evaluate whether the requested modifications would impair the Department's ability to process the data or interfere with the purposes of the data reporting programs under the Act.

(c) Reporting facilities that did not have any discharges or encounters that are required to be reported pursuant to Section 97213(a) for a specific report period must inform the Department by using the No Data to Report screen available in the Department's online submission system or by submitting a completed No Data to Report form (HCAI-HSD-772 Rev. October 2021/HCAI-OIS-772 Rev. August 2023). The information must be submitted on or before the required due date of the report period.

(d) Any facility that is not licensed to provide inpatient care, or does not provide Emergency Care encounters, or does not provide outpatient procedures, or is not licensed as a surgical clinic, and from whom such reporting is not therefore expected, is not required to file a No Data to Report form.

Note: Authority cited: Sections 128760 and 128810, Health and Safety Code. Reference: Sections 128735, 128736, 128737 and 128760, Health and Safety Code.

97241. Extensions of Time to File Reports.

(a) Extensions are available to reporting facilities that are unable to complete the submission of reports by the due date prescribed in Section 97211.

(1) Requests for extension shall be filed on or before the required due date of the report by using the extension request screen available through the Department's online submission system or by using the Patient Data Reporting Extension Request form (HCAI-ISD-770 Rev. February 2022/HCAI-OIS-770 Rev. August 2023). Notices regarding the use of extension days, and new due dates, as well as notices of approval and rejection, will be e-mailed to the primary contact and Facility Administrator e-mail addresses provided by the facility, and other users as requested by the facility.

(2) The Department shall respond within 5 days of receipt of the request by either granting what is determined to be a reasonable extension or disapproving the request. The Department shall not grant extensions that exceed the maximum number of days available for the report period for all extensions. If a reporting facility submits the report prior to the due date of an extension, those days not used will be applied to the number of remaining extension days. A reporting facility that wishes to contest any decision of the Department shall have the right to appeal, pursuant to Section 97052.

(b) A maximum of 14 extension days will be allowed for all extensions and resubmittals of reports with discharges or encounters occurring on or after January 1, 2005.

(c) If a report is rejected on, or within 7 days before, or at any time after, any due date established by Subsections (c), or (d), of Section 97211, the Department shall grant, if available, an extension of 7 days. If less than 7 days are available all available extension days will be granted.

(d) If the Department determines that the Department's online submission system was unavailable for data submission for one or more periods of 4 or more continuous supported hours during the 4 State working days before a due date established pursuant to Section 97211, the Department shall extend the due date by 7 days.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128770, Health and Safety Code.

97246. Data Transmittal Requirements.

(a) Data shall be submitted using the Department's online submission system to file or submit each report. The following information must be included: the facility name, the unique identification number specified in Section 97210, the beginning and ending dates of the report period, the number of records in the report and the following statement of certification:

I certify under penalty of perjury that I am an official of this facility and am duly authorized to submit these data; and that, to the extent of my knowledge and

information, the accompanying records are true and correct, and that the applicable definitions of the data elements as set forth in Article 8 (Patient Data Reporting Requirements) of Chapter 10 (Health Facility Data) of Division 7 of Title 22 of the California Code of Regulations, have been followed by this facility.

(b) Reporting facilities with an approved exemption to submit records using a method other than the Department's online submission system must submit the following information: facility name, the unique identification number specified in Section 97210, the data type of the report, the report period of the records submitted, the number of records in the report, the medium of accompanying records, the certification language as provided in (a) above, with a signature of the authorized representative of the facility and contact information. The information shall accompany the report.

(c) A facility's administrator may designate User Account Administrators. For each User Account Administrator there must be a signed facility User Account Administrator Agreement form (~~HCAI-ISD-773 User Account Administrator Agreement Rev. September 2021~~ HCAI-OIS-773 Rev. August 2023), hereby incorporated by reference, submitted to the Department.

(d) Forms may be obtained from the Department of Health Care Access and Information web site at www.hcai.ca.gov or by contacting the Department's Patient Data Program at (916) 326-3935

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

97255. Definition of Data Element for ED and AS – Patient Address.

~~(a) For encounters occurring up to and including December 31, 2022, the "ZIP Code," a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient's usual residence shall be reported for each record. If the patient has a 9-digit ZIP Code, only the first five digits shall be reported. Do not report the ZIP Code of the hospital, third party payer, or billing address if it is different from the usual residence of the patient.~~

~~(1) If the city of residence is known, but not the street address, report the first three digits of the ZIP code, and the last two digits as zeros.~~

~~(2) Unknown ZIP codes shall be reported as "XXXXX."~~

~~(3) ZIP codes for persons who do not reside in the U.S. shall be reported as "YYYYY."~~

~~(4) ZIP codes for persons who are "homeless" (patients who at start of care lack a residence) shall be reported as "ZZZZZ."~~

(a)(b) Effective with encounters occurring on or after January 1, 2023, the patient's address shall be reported. The address shall include the address number and street

name, city, state, and ZIP Code. Do not report the address of the hospital. If more than one address is available for the patient, report the address of the patient's usual residence. If exact address is unknown or the patient is experiencing homelessness, provide as much information as possible.

(1) The address number and street name shall be reported.

(A) If the address number and/or street name are unknown, leave blank.

(B) If the address number and street name are not part of the United States, leave blank.

(2) The city shall be reported.

(A) If the city of residence is unknown, leave blank.

(B) If the city of residence is not part of the United States, leave blank.

(3) The state shall be reported using the two letter abbreviation.

(A) If the state of residence is unknown, leave blank.

(B) If the state of residence is not part of the United States, leave blank.

(4) The ZIP Code shall be reported using the unique code assigned to a specific geographic area by the United States Postal Service.

(A) If the patient has a 9-digit ZIP Code, only the first five digits shall be reported.

(B) Unknown ZIP Codes shall be reported as "XXXXX."

(C) ZIP Codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

(5) For patients with a non-US residence, report the country.

(6) Indicate whether a patient was experiencing homelessness at the time of admission. This may include chronic, episodic, transitional homelessness, or in temporary shelter:

(A) Include "Y" for patients experiencing homelessness.

(B) Include "N" for patients not experiencing homelessness.

(C) "U" for Unknown.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128736, 128737 and 128738, Health and Safety Code.

97259. Definition of Data Element for ED and AS – Other Diagnoses.

~~(a) For encounters occurring on and after October 1, 2015, up to and including December 31, 2022: The patient's other diagnoses are defined as all conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.~~

~~(a)~~(b) For encounters occurring on or after January 1, 2023: The patient's other diagnoses are defined as all conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. ICD-10-CM Social Determinants of Health codes (Z55-65) shall be included if they are documented in the medical record. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

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

97264. Definition of Data Element for ED and AS – Disposition of Patient.

~~(a) The patient's disposition, defined as the consequent arrangement or event ending a patient's encounter in the reporting facility, shall be reported as one of the following for encounters on or after January 1, 2015, up to and including December 31, 2022:~~

Code	Patient Disposition
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
04	Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
05	Discharged/transferred to a designated cancer center or children's hospital
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
07	Left against medical advice or discontinued care
20	Expired
24	Discharged/transferred to court/law enforcement
43	Discharged/transferred to a federal health care facility
50	Hospice – Home
51	Hospice – Medical facility (certified) providing hospice level of care
64	Discharged/transferred to a hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital

63	Discharged/transferred to a Medicare-certified long term care hospital (LTCH)
64	Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66	Discharged/transferred to a Critical Access Hospital (CAH)
69	Discharged/transferred to a designated Disaster Alternative Care Site
70	Discharged/transferred to another type of health care institution not defined elsewhere in this code list
81	Discharged to home or self care with a planned acute care hospital inpatient readmission
82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
84	Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission
85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86	Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
87	Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
91	Discharged/transferred to a Medicare-certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
92	Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission
93	Discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission

00	Other
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(a)(b) The patient's disposition, defined as the consequent arrangement or event ending a patient's encounter in the reporting facility, shall be reported as one of the following for encounters occurring on or after January 1, 2023:

Code	Patient Disposition
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
03	Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
04	Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
05	Discharged/transferred to a designated cancer center or children's hospital
06	Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
07	Left against medical advice or discontinued care
20	Expired
21	Discharged/transferred to court/law enforcement
43	Discharged/transferred to a federal health care facility
50	Hospice - Home
51	Hospice - Medical facility (certified) providing hospice level of care
61	Discharged/transferred to a hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
63	Discharged/transferred to a Medicare certified long term care hospital (LTCH)
64	Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
66	Discharged/transferred to a Critical Access Hospital (CAH)
69	Discharged/transferred to a Designated Disaster Alternate Care Site
70	Discharged/transferred to another type of health care institution not defined elsewhere in this code list
81	Discharged to home or self care with a planned acute care hospital inpatient readmission
82	Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
83	Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
84	Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission

85	Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
86	Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care with a planned acute care hospital inpatient readmission
87	Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission
88	Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
89	Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
90	Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
91	Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
92	Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission
93	Discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
94	Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
95	Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission
00	Other

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

No Data to Report

Note: HCAI recommends use of the online function for users to submit No Data to Report information.

Please print clearly

1. Facility Name:							
2. Facility ID Number:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

3. We do not have data to report for the above mentioned facility for the following reason(s):

a) Hospital Inpatient Care:

Report Period: From _____ **to** _____

We are not licensed to provide inpatient care effective: _____

We are licensed for inpatient care for this report period, but did not have any discharges as defined in Section 97213(a) (1) of the California Code of Regulations.

b) Emergency Department:

Report Period: From _____ **to** _____

We are not licensed to provide emergency department care effective: _____

We are licensed for emergency department services for this report period, but did not have any encounters as defined in Section 97213(a) (2) of the California Code of Regulations.

c) Hospital-Based Ambulatory Surgery:

Report Period: From _____ **to** _____

We did not perform procedures on an outpatient basis in a general operating room, ambulatory surgery room, endoscopy unit or cardiac catheterization laboratory as defined in Section 97213(a) (3) of the California Code of Regulations.

d) Freestanding Ambulatory Surgery Clinic:

Report Period: From _____ **to** _____

We are not licensed by the State of California as a surgical clinic effective: _____

We are licensed as a surgical clinic, but did not perform ambulatory surgery procedures for this report period, as defined in Section 97213(a) (3) of the California Code of Regulations.

4. Additional Explanation:

5. Submitted by:

Print Name

Title/Position

Signature

Date

Telephone

Email

Patient Data Reporting Extension Request

Note: HCAI recommends use of the online function for users to request an extension.

Please print clearly

Email to: Patientlevel@HCAI.ca.gov

Fax Request to: (916) 327-1262 Attn: Patient Data Section Date: _____

All available days will be granted. There are 14 extension days allowed for each report period for each data type.

1. Facility Name: _____

2. Facility Identification Number:

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3. Street Address: _____

City, State, ZIP: _____

4. Data Type:

<input type="checkbox"/> Inpatient
<input type="checkbox"/> Emergency Department
<input type="checkbox"/> Ambulatory Surgery

5. Report Period Begin Date: _____

6. Report Period End Date: _____

7. Designated Agent (if applicable): _____

8. Person Requesting Extension (print): _____

9. Signature: _____

10. Title: _____

11. Phone: _____

12. Email: _____

User Account Administrator (UAA) Agreement

Please print clearly

Section 1: User Account Administrator Information *(all information is required)*

1. FACILITY ID NUMBER:	2. FACILITY NAME:
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
4. POSITION (TITLE):	5. SUPERVISOR NAME:
6. BUSINESS ADDRESS (MAILING ADDRESS):	
7. BUSINESS PHONE:	8. BUSINESS FAX:
9. EMAIL ADDRESS:	
10. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>	
a. <i>Name of high school/college you attended:</i>	b. <i>Your city of birth:</i>
<p>I understand that as an appointed User Account Administrator on behalf of the facility, I have the responsibility to:</p> <ol style="list-style-type: none"> 1. Create/add and inactivate user accounts for other users on behalf of my facility. Creating a user account includes granting access roles for an individual to read, submit and/or correct my facility's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access. 2. Modify the information for my facility's Primary, Secondary and Administrator Contacts. This notifies HCAI of any changes in name, mailing address, phone number, and email address for each contact. Modifying user account contact information directly changes the information on the HCAI database. 3. Change passwords for users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password. 4. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, user accounts may be inactivated. <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
11. USER ACCOUNT ADMINISTRATOR SIGNATURE:	12. DATE:

Section 2: Facility Administrator* Approval **The person in charge of the day-to-day operation of the facility (CEO or equivalent).*

13. FACILITY ADMINISTRATOR NAME <i>(please print):</i>	14. FACILITY ADMINISTRATOR SIGNATURE:
15. DATE:	16. PHONE NUMBER:

The completed form shall be sent to HCAI for each User Account Administrator needing UAA access. Fax to: (916) 327-1262

Section 3: For HCAI use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

User Account Administrator (UAA) Agreement Instructions

Make a copy of the completed form for your records.

SECTION 1: User Account Administrator Information *(All fields must be completed) -- To be completed by the prospective User Account Administrator.*

1. Facility ID Number: Provide your HCAI assigned six digit facility number.
2. Facility Name: Provide the licensed name of your facility.
3. Name and Credentials: Provide your full name and credentials (if applicable).
4. Position (Title): Provide the position held at your facility.
5. Supervisor Name: Provide the name of your supervisor/manager.
6. Business Address (Mailing Address): Enter the business address where you can receive mail.
7. Business Phone: Provide a phone number where you can be contacted.
8. Business Fax: Provide a fax number where you can receive faxes.
9. Email Address: Provide an email address where you can be contacted.
10. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
 - a. Provide the name of the high school or college you attended.
 - b. Provide your city of birth.
11. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
12. Date: Provide the date of signature.

SECTION 2: Facility Administrator Approval *(All fields must be completed) -- To be completed by the Facility Administrator (CEO or equivalent). This should be the person who is in charge of the day-to-day operation of the facility. HCAI will cross reference this name against the name supplied by your facility as the Facility Administrator contact person.*

13. Facility Administrator Name: Print name.
14. Facility Administrator Signature: After you have reviewed and approved the completed User Account Administrator Agreement, provide your signature indicating approval of this person to act as a User Account Administrator.
15. Date: Provide the date of signature.
16. Phone Number: Provide a phone number.

SECTION 3: For HCAI Use Only



2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov



STATEMENT OF EXPLANATION FOR SECTION 100 FILING

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

§§ 97215, 97219, 97222, 97226, 97231, 97240, 97241, 97246, 97255, 97259, and 97264

Pursuant to Section 100 of Title 1 of the California Code of Regulations, the Department of Health Care Access and Information (HCAI) is making changes without regulatory effect to Sections 97215, 97219, 97222, 97226, 97231, 97240, 97241, 97246, 97255, 97259, and 97264 of Title 22, of the California Code of Regulations. California Health and Safety Code Sections 128735 and 128736 require California hospitals to file with HCAI a Hospital Discharge Abstract Data Record for every patient discharge, and an Emergency Care Data Record for each patient encounter in a hospital emergency department, respectively. California Health and Safety Code Section 128737 requires all California hospitals and licensed freestanding ambulatory surgery clinics to file with HCAI an Ambulatory Surgery Data Record for each patient encounter during which at least one ambulatory surgery procedure is performed. Patient-level data reporting to HCAI is accomplished by means of an online reporting system called System for Integrated Electronic Reporting and Auditing (SIERA). The regulations being updated relate to the above-described patient data reporting programs.

Non-substantive changes are proposed as follows:

Sections 97215, 97219, 97222, 97226, 97231, 97255, 97259, and 97264. These sections are revised to remove obsolete regulatory language. All reports to which the deleted language could apply in these sections have already been filed.

Section 97215, subdivisions (a), (b), and (c) are revised to add commas after the effective date.

Section 97240, subdivision (c) is updated to reflect a new form number (HCAI-OIS-772) and the new revision date of August 2023 for the No Data to Report form.

Section 97241, subdivision (a), paragraph (1) is updated to reflect a new form number (HCAI-OIS-770) and the new revision date of August 2023 for the Extension Request form.

Section 97246, subdivision (c) is updated to reflect a new form number (HCAI-OIS-773) and the new revision date of August 2023 for the User Account Administrator Agreement form.

These are changes without regulatory effect under the provisions of Title 1, CCR Section 100 because these changes do not materially alter the requirements, rights, responsibilities, conditions, or prescriptions contained in the original text. These changes impose no new regulatory burdens and do not materially alter any of the requirements or responsibilities imposed on reporting organizations by these regulations.