

CHARGEMASTER SUBMISSION GUIDE

In accordance with [Health and Safety Code \(HSC\) Sections 1339.50 -1339.59](#) and Title 22, Division 7, Chapter 9, of the California Code of [Regulations \(CCR\) Sections 96000-96025](#), each hospital licensed as a General Acute Care hospital, Acute Psychiatric hospital or Special hospital is required to submit the following documents to the Department of Health Care Access and Information (HCAI) by **July 1, annually**, using prices in effect on **June 1 of the same calendar year**.

- A copy of its Chargemaster as of June 1st. (Using prices in effect on June 1 of the same calendar year.)
- A list of average charges for 25 common outpatient procedures as of June 1st.
- The estimated percentage change in the hospital’s gross revenue due to any price change during the 12-month period beginning with the effective date of the previous chargemaster filed.

This document offers additional guidance and details the reporting requirements for each of the documents listed above.

Chargemaster	<p>In accordance with Health and Safety Code (HSC) Sections 1339.50-1339.59 and Title 22, CCR Sections 96000-96005, each hospital is required to annually submit a copy of their Chargemaster. Each Chargemaster should include a charge for each reported item and pharmaceutical charges, regardless of payer. For items without a charge, include an explanation if the blank charge is for an item not charged to patients, an item is no longer provided, or the Chargemaster is being used to track utilization. Delete blank items resulting from a shared Chargemaster, where that item is not available at the reporting hospital. Hospitals using formula-driven pharmaceutical pricing systems (e.g., average wholesale price plus percentage mark-up) should report prices in effect on June 1st of the current year, including the mark-up percentage on that date.</p>
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<p>List of Average Charge for 25 Common Outpatient Procedures</p>	<p>In accordance with HSC Section 1339.56 and Title 22, CCR Section 96010, each hospital shall compile a list containing a minimum of 25 of the most common outpatient procedures, <u>however, hospitals may report charges for more than 25 outpatient procedures.</u> ***List should include average charge and description for each of the outpatient procedures.***</p> <p>All ancillary charges (e.g., supplies, drugs, lab tests, operating room use, etc.) that are commonly performed and billed with each outpatient procedure should be included in the average charge for that procedure. The reported average charge should approximate the total charges a patient would expect to see on a bill if that procedure and related ancillary services were performed</p> <p>To assist hospitals in meeting this requirement, HCAI has developed an optional reporting form. The form lists 50 of the most frequently performed outpatient procedures, organized by CPT code category, and provides space for reporting up to 10 additional procedures not included on the list. Instructions for completing the form are included within the document. Hospital's may use this reporting form (Excel format) to report the average charges for 25 of the most common outpatient procedures. The use of the HCAI's optional reporting form is voluntary; however, it is encouraged.</p> <p>***Please Note: If your facility performs fewer than 25 outpatient procedures or does not perform any outpatient procedures, include a statement in this document explaining why no procedures are listed or why the list contains fewer than 25.***</p>
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<p>Calculation of Percentage Change in Gross Revenue</p>	<p>In accordance with HSC Section 1339.55 and Title 22, CCR Section 96015 each hospital shall file with the Department an estimate of the percentage increase in the hospital's gross revenue due to any price increase for charges for patient services during the 12-month period beginning with the effective date of the previous charge description master filed with the Department.</p> <p>Currently no specific methodology exists for calculating this estimate, hospitals should consider factors such as changes in utilization, the addition or removal of services, and price changes. All supporting documentation and the calculations used must be submitted with the estimate.</p>
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The documents listed above may be submitted either on a Compact Disk (CD) by mail or in a single email to Chargemaster@hcai.ca.gov. All Chargemaster submissions must be provided in Microsoft Excel (.xls) or Comma Separated Value (.csv) format. Hospitals submitting in Excel may include all required items in one file, provided each item is placed on a separate worksheet tab. CD submission must be mailed to:

Hospital Disclosure Compliance Unit
2020 West El Camino Ave, Suite 1100
Sacramento, CA, 95833

To help HCAI keep track of submitted files, please save files using the following format.

All three documents in one Excel file:

- “HCAI ID”_CDM_All : (Charge description master, estimate of the percentage change and average charges for 25 common outpatient procedures provided by hospitals.)

OR

Three documents separately:

- “HCAI ID”_PCT_CHG : (Estimate of the percentage change)
- “HCAI ID”_CDM : (Charge description master)
- “HCAI ID”_Common 25 : (Average charges for 25 common outpatient procedures provided by hospitals)

Please visit the [Chargemaster Reporting webpage](#) for additional resources and instructions. If you need further assistance, please contact us via email at chargemaster@hcai.ca.gov or via phone at (916) 326-3830.