APPENDIX A

GLOSSARY OF TERMS

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Acute Psychiatric Hospital (APH). A classification of hospital licensure, as defined by Subdivision (b) of Section 1250 of the California HSC.

Adjusted Charge per Day. The sum of the Adjusted Total Charges divided by Total Discharge Days.

Adjusted Total Charges. For a length of stay greater than 365 Days, HCAI will compute an amount for adjusted total charges because only charges for the final 365 days are included on records. HCAI divides reported total charges by 365 to find the average charge per day. This average charge per day is then multiplied by the length of stay. The result is the adjusted total charges, which is the amount appearing in HCAI publications.

Alternative Birth Center (ABC). A clinic that is not part of a hospital and that provides comprehensive prenatal services and delivery care to pregnant women who remain less than 24 hours at the facility, as defined by Subdivision (b)(4) of Section 1204 of the California HSC.

Ambulatory Surgery Procedures. Those procedures performed on an outpatient basis in the general operating rooms, ambulatory surgery rooms, endoscopy units, or cardiac catheterization laboratories of a hospital or a freestanding ambulatory surgery clinic as defined by Section 128700 of the California HSC.

Ambulatory Surgery Room. A designated outpatient surgery service space within an outpatient setting. Also, may be referred to as a Treatment Room, Procedure Room, Small Ambulatory Room, or Outpatient Surgery Suite. Regardless of terminology, an ambulatory surgery room must meet specific requirements as specified in Title 22 of the California Code of Regulations (CCR), Division 5, Chapter 1, Article 6, Section 70533.

Ancillary Services. Services other than basic room and board and professional services. Included are radiology, pharmacy, laboratory, emergency room, and home health.

ANSI X12N 837 Health Care Service Data Reporting Guide. According to the Public Health Data Standards Consortium, this guide provides a standardized format and data content for reporting health care service data that are compatible with the 837 Health Claim transaction set standards identified by the Health Insurance Portability and Accountability Act (HIPAA). This guide provides assistance in developing and executing the electronic transfer of health care systems data for reporting purposes to local, State, and Federal agencies that utilize the data for monitoring utilization rates, assessing patterns of health care quality and access, and other purposes required by legislative and regulatory mandates.

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Average Length of Stay (ALOS). Average stay by days of all or a class of inpatients discharged over a given period, calculated by dividing the number of inpatient days by the number of discharges.

Bed hold. The holding of a patient's bed while the patient is on temporary leave or is admitted to acute care for a short stay.

Capen v. Shewry. The September 19, 2007, Capen v. Shewry decision was interpreted by the California Dept of Public Health to mean that ASCs with physician owners are not under the oversight of DPH, but regulated by the Medical Board of California, thereby removing the requirement for these ASCs to report data to HCAI. The California DPH's interpretation essentially held that an ASC that is wholly or partially owned by a physician will not be licensed. The DPH license is the basis of HCAI's statutory authority to collect the data. The ASC dataset was reduced by approximately 500 ASCs which were impacted by this 2007 decision.

Cardiac Catheterization Laboratory. A service in a general acute care hospital. For hospital-based cardiac catheterization laboratory requirements see Title 22 of the CCR, Division 5, Chapter 1, Article 6, Section 70438.1.

Centers for Medicare and Medicaid Services (CMS). Component of the U.S. Department of Health and Human Services that administers the Medicare program and certain aspects of the Medicaid (California's Medi-Cal) program.

CHAMPUS. Civilian Health and Medical Program of the Uniformed Services, now TRICARE.

Chemical Dependency Recovery Hospital. A health facility which provides 24-hr inpatient care for persons who have a dependency on alcohol or drugs. Care includes patient counseling, group and family therapy, physical conditioning, outpatient services, and dietetic services. The facility shall have a medical director who is a physician and surgeon licensed in California. See Subdivision (d) of Section 1250.3 of the California HSC.

Clinic. An organized outpatient health facility that provides direct medical, surgical, dental, optometric, or podiatric advice, services, or treatment to patients who remain less than 24 hours, and that may also provide diagnostic or therapeutic services to patients in the home as an incident to care provided at the clinic facility. See HSC, Division 2 Licensing, Chapter 1, Article 1, Section 1200.

Congregate Living Health Facility (CLHF). As licensed by the Department of Public Health Licensing and Certification Division, and defined by Subdivision (i) of Section 1250 of the California HSC, CLHFs provide care to patients with terminal or life-threatening illness, or with catastrophic and severe injury. CLHFs provide care in a non-institutional, homelike setting. This care is generally less intense than that

provided in general acute care hospitals but more intense than that provided in skilled nursing facilities.

Consolidation. Licensees operating and maintaining more than one physical plant on separate premises under a single consolidated license.

CPT-4. The Current Procedural Terminology, 4th Edition, is published and maintained by the American Medical Association. It is a standard medical code set for healthcare services or procedures in non-inpatient settings as per Section 97212 of the CCR.

Designated Agent. As per Section 97212 of the CCR, an entity designated by a reporting facility to submit that reporting facility's data records to the Office's Patient Data Program.

Discharge. An inpatient who: (1) is formally released from the care of the hospital and leaves the hospital, or (2) is transferred within the hospital from one type of care to another, as defined by Subsection (x) of Section 97212 of the CCR, or (3) leaves the hospital against medical advice, without a physician's order, or is a psychiatric patient who is discharged as away without leave (AWOL), or (4) has died.

Discharge Days. The total number of inpatient days between the admission and discharge dates of each patient. The day of admission but not the day of discharge is used in calculating discharge days. See Length of Stay.

Distinct Part. An identifiable unit accommodating beds and related facilities including, but not limited to, contiguous rooms, a wing, floor or building that is approved by the State Department of Public Health for a specific purpose, as defined by Section 70027 of the CCR.

Emergency Department (ED). The location in which emergency medical services are provided as specified in Subsection (b) of Section 128700 of the HSC. This includes emergency departments providing standby, basic, or comprehensive services.

Encounter. A face-to-face contact between an outpatient and a provider who has primary responsibility for assessing and treating the condition of the patient at a given contact and exercises independent judgment in the care of the patient as defined in HSC Section 128700.

Endoscopy Unit. An area designated by a hospital for scoping procedures such as bronchoscopy, colonoscopy, esophagogastroduodenoscopy, etc.

Error. As per Section 97212 of the CCR, any record found to have an invalid entry or to contain incomplete or illogical data.

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Error Tolerance Level (ETL). The level of errors that a facility's data must be at or below in order for the data to be approved by HCAI (see Section 97248 of the CCR).

Exclusive Provider Organization (EPO). Identical to a PPO from which the phrase was derived, except that persons enrolled in the plan are eligible to receive benefits only when they use the services of the contracting providers.

Extension. Extension of time to file data reports available to facilities that are unable to complete their submission of data reports by the due date prescribed in regulation.

Facility Identification Number. From Section 97212 of the CCR, a unique six-digit number that is assigned to each reporting facility and used to identify the facility.

Facility Summary Report. A publicly available summary of the data elements reported to HCAI for discharges or encounters in each California data type.

Freestanding Ambulatory Surgery Clinic. A surgical clinic that is not hospital-based and is licensed by the State under paragraph (1) of Subdivision (b) of Section 1204 of the HSC.

General Acute Care Hospital (GACH). A classification of hospital licensure, as defined by Subdivision (a) of Section 1250 of the California HSC.

General Operating Room. A designated surgical space within a hospital. See Title 22 of the CCR for surgical service space requirements.

Health Data and Advisory Council Consolidation Act (aka Data Act). The entirety of Chapter 1, Health Facility Data of California HSC Division 107 Part 5.

Health Facility. A licensed Hospital, Emergency Department, or Ambulatory Surgery Center as defined in Section 128700 of the California HSC.

Health Maintenance Organization (HMO). A healthcare organization that in return for prospective per capita (capitation) payments, acts as both insurer and provider of comprehensive but specified medical services. A defined set of physicians provide services to a voluntarily enrolled population.

Healthcare Common Procedural Coding System (HCPCS). A medical code set that identifies health care procedures, equipment, and supplies for claim submission purposes. HCPCS Level I contain numeric CPT codes which are maintained by the AMA. HCPCS Level II codes are not reported to HCAI and contain alphanumeric codes used to identify supplies and services which are maintained by CMS.

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Hill-Burton. A program of federal support for construction of hospitals and other health facilities. Although no longer in existence, some hospitals have a remaining community service obligation to provide free or community services.

HIPAA Health Insurance Portability and Accountability Act of 1996.

Home Health Services. Healthcare provided to patients at their place of residence, at a level less intensive than health facility requirements. Services may include, but are not limited to, nursing care, intravenous therapy, respiratory/inhalation therapy, electrocardiology, physical therapy, occupational and recreational therapy, and hospice services. See HSC Division 2, Chapter 2.2, Article 5, Section 1374.10.

Homeless Patient. An individual who lacks a fixed and regular nighttime residence, or who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, or who is residing in a public or private place that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings. See subdivision (b) of Health and Safety Code Section 1262.4.

Homelessness, Types of. Chronic homelessness is described as either "an unaccompanied homeless individual with a disabling condition" who has been continuously homeless for a year or more or has had a minimum of four episodes of homelessness in the previous three years. Episodic homelessness refers to individuals who are currently homeless and have experienced at least three periods of homelessness in the previous year. Transitional homelessness is often the result of a catastrophic event or sudden life change (Adapted from US Dept. of Housing and Urban Development).

Hospice. A hospice program is a centrally administered program of palliative and support services which provide psychological, social and spiritual care for dying persons and their families, focusing on pain and symptom control for the patient.

Hospital-based. Part of a hospital (either structurally or organizationally); not freestanding.

Inpatient. A baby born alive in a hospital or a person who was formally admitted to a hospital with the expectation of remaining overnight or longer. See CCR Section 97212.

Institute for Mental Disease (IMD). A federal designation and not a California Department of Health Services License category. Most IMDs are licensed by the California Department of Health Services as skilled nursing facilities.

Intermediate Care. Care that does not meet the standards for skilled nursing care but is still nursing care and is still classified as a health service. An intermediate care facility is defined by Section 1250 (d) of the HSC.

Intermediate Care Facility (ICF). A health facility or a distinct part of a hospital or SNF that provides inpatient care to ambulatory or non-ambulatory patients who have recurring need for skilled nursing supervision and need supportive care, but who do not require availability of continuous nursing care, as defined in Subsection (d) of Section 1250 of the California HSC.

International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Published by the U.S. Department of Health and Human Services based on the official version of the World Health Organization's ICD-10 and designed for Classification or morbidity and mortality information for statistical reporting and retrieval purposes. Coding guidelines and annual revisions to ICD-10-CM are made nationally by the "cooperating parties" (the American Hospital Association, the Centers for Medicare and Medicaid Services, the National Center for Health Statistics, and the American Health Information Management Association).

International Classification of Diseases, 10th Revision, Procedure Coding System (ICD-10-PCS). Published by the U.S. Department of Health and Human Services, ICD-10-PCS adheres to criteria established by the National Committee on Vital and Health Statistics (NCVHS). The multiaxial structure of the system, combined with its detailed definition of terminology, permit a precise specification of procedures for use in health services research, epidemiology, statistical analysis and administrative areas. Coding guidelines and annual revisions to ICD-10-PCS are made nationally by the "cooperating parties" (the American Hospital Association, the Centers for Medicare and Medicaid Services, the National Center for Health Statistics, and the American Health Information Management Association).

ISO 639-2. The International Organization for Standardization's alpha-3 language codes for the representation of names of languages. The Library of Congress has been designated the ISO 639-2 Registration Authority.

Knox-Keene. The Knox-Keene Health Care Service Plan Act of 1975, as amended, is the set of laws or statutes passed by the State Legislature to regulate health care service plans, including health maintenance organizations (HMOs) within the State. The Knox-Keene Act is HSC Section 1340 et seq.

Length of Stay (LOS). The duration of an inpatient's stay in a hospital, which is calculated by subtracting the date of admission from the date of discharge. A patient admitted and discharged on the same day has a calculated LOS of one day. Also see discharge days.

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Licensee. An entity that has been issued a license to operate a facility, as defined by Subdivision (d) or (f) of Section 128700 of the California HSC.

Major Diagnostic Category (MDC). Groupings of inpatients into major clinical categories based on organ systems and disease etiology, as established and maintained by CMS.

Managed Care. A healthcare plan (e.g., HMO, PPO) that attempts to manage or control spending and costs by closely monitoring how doctors treat patients. To keep costs down, these plans may limit referrals to specialists and require pre-authorization for services.

Medicaid. A federally aided, state operated and administered program that provides medical benefits for certain low-income persons in need of health and medical care, authorized by Title XIX of the Social Security Act and Title I of the Federal Medicare Act.

Medi-Cal. A federally aided, state operated and administered program which provides medical benefits for certain low-income persons. This is California's version of the federal Medicaid program.

Medicare. A nationwide health insurance program for persons aged 65 and older, for persons who have been eligible for social security disability payments for more than two years, and for certain workers and their dependents who need kidney transplantation or dialysis, authorized by Title XVIII of the Social Security Act.

Medicare Severity Diagnosis Related Group (MS-DRG). A classification scheme with which to categorize inpatients according to clinical coherence and expected resource intensity, as indicated by their diagnoses, procedures, age, sex, and disposition, and was established and is revised annually by the U.S. Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS). See CCR Section 97212.

Mental Health Rehabilitation Center (MHRC). A residential facility licensed by the State Department of Health Care Services (DHCS). MHRCs provide services designed to assist persons who are seriously disabled by mental illness to develop skills for achieving independent living in the community.

MIRCal. Medical Information Reporting for California system. Online transmission system through which reports are submitted using an Internet web browser either by file transfer or data entry. It is a secure means of electronic transmission of data and allows facilities to edit and correct their data. See CCR Section 97212.

Modification. Reporting facilities may file a request with the Office for modifications to the California Hospital Discharge Data, Emergency Care Data, or Ambulatory Surgery Data reporting requirements. The modification request must 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. Pursuant to Section 97240 in Title 22 of the CCR, a modification to required reporting may be issued by the Office on historical data after communication and determination with the facility regarding erroneous data exceeding error tolerance levels and non-compliant with required reporting. Modifications may be granted for no more than one year. Modifications to reporting requirements are subject to disclosure to data users, labeled with Data Exceptions.

National Association of Health Data Organizations (NAHDO). NAHDO is a national non-profit membership and educational association dedicated to improving health care data collection and use.

Newborn. A "newborn" is not defined by the age of the patient. Rather, any person should have Type of Admission "newborn" no more than once in their lifetime, as it pertains to initial care. Note that a first hospital encounter is not necessarily for initial care, as in the case of a child who was born in a birthing center, or at home under the care of a licensed midwife. These children will never have a Type of Admission "newborn," since their initial care was already provided by the birthing center or midwife. Furthermore, according to NUBC guidelines, if a three week old baby presents from home, this is not necessarily considered initial care and as such the child may not be reported as a "newborn".

If a child is born in another hospital and transferred to your facility on the first day of life, the referring facility will report the child as a "newborn." At your facility the Point of Origin will be "Transfer from a Hospital (Different Facility)" and the type of admission will be urgent or emergency as appropriate."

Observation. The following description for observation of patient to determine need for inpatient admission is obtained from the Medicare Benefit Policy Manual, Chapter 6, Section 20.6 *Outpatient Observation Services*:

> ‘‘Observation care is a well-defined set of specific, clinically appropriate services, which include ongoing short-term treatment, assessment, and reassessment before a decision can be made regarding whether patients will require further treatment as hospital inpatients or if they are able to be discharged from the hospital. Observation services are commonly ordered for patients who present to the emergency department and who then require a significant period of treatment or monitoring in order to make a decision concerning their admission or discharge."

Also see HSC Division 2, Chapter 2, Article 1, Section 1253.7(a).

Office of Management and Budget (OMB). This federal office sets the national standard for collection of race and ethnicity data.

Outpatient. An outpatient means (1) a person who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours, as specified in Subsection (a)(2) of Section 70053 of Title 22 of the California Code of Regulations, or (2) a patient at a freestanding ambulatory surgery clinic who has been registered and accepted for care. See CCR Section 97212.

Penalty. When a health care facility has not submitted a data report in accordance with the provisions of Sections 128735, 128736, 128737 and 128755 of the HSC, and the facility has not been granted a modification or extension, it is liable for a civil penalty of one hundred dollars ($100) per day for each calendar day the filing of any report is delayed as defined in Section 128770 of the HSC. Civil penalties are to be assessed and recovered in a civil action brought in the name of the People of the State of California by the Office. A health facility may request an appeal and the penalty may be reduced or waived for good cause. Penalties received by the office pursuant to this section shall be paid into the General Fund.

Preferred Provider Organization (PPO). A previously negotiated arrangement between purchasers and providers to furnish specified health services to a group of employees/patients. An insurance company or employer negotiates discounted fees with networks of healthcare providers in return for guaranteeing a certain volume of patients.

Provider. The person who has primary responsibility for assessing and treating the condition of the patient at a given contact and exercises independent judgment in the care of the patient. This would include, but is not limited to, a practitioner licensed as a Medical Doctor (M.D.), a Doctor of Osteopathy, (D.O.), Doctor of Dental Surgery, (D.D.S.), or Doctor of Podiatric Medicine, (D.P.M.). See CCR Section 97212.

Psychiatric Care. Care rendered in an acute psychiatric hospital, in a PHF, or in an acute psychiatric bed in a GACH. A classification of hospital licensure and hospital beds, as defined by Sections 1250, 1250.1, and 1250.2 of the California HSC. Also see CCR Section 97212.

Psychiatric Health Facility (PHF). Defined by Section 1250.2 of the California HSC. PHF's contain beds classified as acute psychiatric beds and deliver inpatient psychiatric care.

Quality Improvement Fund (QIF). A federally funded Medicaid Health Care Improvement Plan implemented January 1, 2005. QIFs have a Licensed Plan Code issued by the State of California but are paid by Medicaid.

Record. A record is defined as the set of data elements specified in Subsection (g) of Section 128735, Subsection (a) of Section 128736, or Subsection (a) of Section

128737 of the HSC, for one discharge or for one encounter. Also referred to as Hospital Discharge Abstract Data Record, Emergency Care Data Record, and/or Ambulatory Surgery Data Record. See CCR Section 97212.

Record Linkage Number (RLN). A nine-digit alphanumeric identifier that allows for accurate linkage of a patient's multiple discharges and encounters over a period of time and across different facilities.

Report. The collection of all Hospital Discharge Abstract Data Records, or all Emergency Care Data Records, or all Ambulatory Surgery Data Records required to be submitted by a reporting facility for one reporting period. A report contains only one type of record. See CCR Section 97212.

Reporting Facility. A hospital or freestanding ambulatory surgery clinic required to submit their data as specified in Sections 128735 through 128737 of the California HSC. See CCR Section 97212.

Short-Doyle. The Short-Doyle Program of 1957 required counties to ensure delivery of mental health services.

Significant Procedure. A procedure that is surgical in nature, or carries a procedural risk, or carries an anesthetic risk, or is needed for MS-DRG assignment. Reference CCR Sections 97228, 97229, 97262, and 97263.

Skilled Nursing Facility (SNF). A health facility that provides skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis, as defined by Section 1250 of the California HSC.

Skilled Nursing/Intermediate Care (SN/IC). Nursing and personal care services provided over an extended period to persons who require convalescence, custodial care, and/or who are chronically ill, aged, or disabled. These type of care beds may be found as distinct parts in GACHs and in APHs. Also see CCR Section 97212.

Standard Nomenclature of Diseases and Operations (SNODO). A nomenclature system in which each disease is classified to both anatomical location and etiology.

Subacute Care. A level of reimbursement established within the Medi-Cal program. Adult and pediatric subacute level of care refers to very intensive, licensed, skilled nursing care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B) in acute care hospitals or in Free-standing Nursing Facilities Level B (FS/NF-B) to patients who have a fragile medical condition. Beds designated for either adult or pediatric subacute care cannot be used for swing beds. Subacute care may also be provided in acute care beds.

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Swing Bed. A hospital-based acute care bed that may be used flexibly to serve as a skilled nursing care bed. See HSC Section 1339.5.

TRICARE. Current name for the Civilian Health and Medical Program of the Uniformed Services, formerly CHAMPUS.

Type of Care (TOC). Type of care in hospitals is defined as one of the following, as defined by Subsection (i) of Section 97212 of the CCR:

- Acute care
- Skilled nursing/intermediate care
- Psychiatric care
- Chemical dependency recovery care
- Physical rehabilitation care