# REPORTING REQUIREMENTS

**NOTE:** **The regulations are identified by bold and italics.**

**The section number located at the top right corner of the first page of each regulation refers to the California Code of Regulations, Title 22, Division 7, Chapter 10, Article 8.**

## CONTACT PERSON, USER ACCOUNT ADMINISTRATOR, AND FACILITY IDENTIFICATION NUMBER — Section 97210

***(a) Each reporting facility shall designate a primary contact person and shall notify the Office's Patient Data Program in writing, by electronic mail, or through the Office's online submission system of the designated person's name, title, telephone number(s), mailing address, and electronic mail address. The designated person will be sent time-sensitive electronic mail regarding the facility's data submission, including reminder notices, acceptance and rejection notifications, and extension information.***

DISCUSSION

The person in the hospital who is designated to be the primary contact person for discharge data is usually the Medical Record Director or Health Information Manager. Responsibilities of the discharge data primary contact person include:

- responding appropriately to law, regulations, and notices from HCAI. The hospital must meet each deadline or request an extension, or incur a civil penalty of $100 for every day the discharge data are late.
- responding appropriately to HCAI's questions about errors in the discharge data by coordinating a new submission or correction of the data.
- assisting the hospital in meeting its reporting obligations by directing HCAI's requests for corrections to the appropriate personnel in the hospital and coordinating the hospital's response to HCAI.

***(b) Each reporting facility shall notify the Office's Patient Data Program in writing, by electronic mail, or through the Office's online submission system within 15 days after any change in the person designated as the primary contact person, or in the designated primary person's name, title, telephone number(s) mailing address or electronic mail address.***

Change in designated primary contact person refers to a person who handles all correspondence with HCAI on behalf of the hospital.

***(c) Each reporting facility beginning or resuming operations, whether in a newly constructed facility or in an existing facility, shall notify the Office's Patient Data Program in writing, by electronic mail or through the Office's online submission system within 30 days after its first day of operation of the designated primary contact person and the facility administrator.***

DISCUSSION

See Subsection (a) of Section 97210 for discussion of the primary contact person.
See Subsection (d) of Section 97007, Article 1, for discussion of health facilities.

If the hospital elects to report its own discharge data generated by its in-house computer system, Patient Data Section (PDS) will provide the hospital with the standard format and specifications.

***(d) Each reporting facility shall designate User Account Administrators pursuant to Subsection (d) of Section 97246. Each reporting facility shall notify the Office's Patient Data Program in writing, by electronic mail or through the Office's online submission system within 15 days after any change in a designated user account administrator's name, title, telephone number(s), mailing address, or electronic mail address.***

DISCUSSION

It is the hospital's responsibility to update and maintain each User Account Administrator (UAA) profile within 15 days after any change.

UAA's who are no longer with the hospital or are no longer responsible for HCAI data should be inactivated and the UAA role deselected immediately.

***(e) Each reporting facility may submit its own data report to the Office's Patient Data Program, or it may use an agent for this purpose. The reporting facility shall be responsible for ensuring compliance with regulations and reporting requirements when an agent is used.***

DISCUSSION

Any change in the designated agent that sends data to HCAI needs to be conveyed to PDS.

The hospital is ultimately responsible for ensuring that its data is submitted and corrected by the due date even when an agent has been designated to submit data on the hospital's behalf.

***(f) Each reporting facility shall be provided a facility identification number that shall be used to submit data to the Office.***

DISCUSSION

Each hospital will be notified by HCAI of its unique facility identification number to be used on each data record.

## REPORTING PERIODS AND DUE DATES — Section 97211

***(a) The prescribed reporting periods are:***

***(1) Calendar semiannual for Hospital Discharge Abstract Data reports, which means that there are two reporting periods each year, consisting of discharges occurring January 1 through June 30 and discharges occurring July 1 through December 31.***

***(2)*** Not Applicable to Inpatient.

***(3)*** Not Applicable to Inpatient.

***(b) Where there has been a change in the licensee, the effective date of the change shall constitute the start of the reporting period for the new licensee. The end of the first reporting period for the new license shall be the end of the prescribed reporting period. The final day of the reporting period for the previous licensee shall be the last day their licensure was effective.***

DISCUSSION

Example: If a hospital's licensee changes effective May 1, the first report for the new licensee will cover the period from May 1 through June 30 and will be due on September 30th. The final report for the previous licensee will cover the period January 1 through April 30, and will be due September 30th.

| **PREVIOUS LICENSEE** | | **NEW LICENSEE** | |
|---|---|---|---|
| **REPORTING PERIOD** | **DUE DATE** | **REPORTING PERIOD** | **DUE DATE** |
| January 1 through April 30 | September 30 | May 1 through June 30 | September 30 |

***(c) Report due dates:***

***(1) For Hospital Discharge Abstract Data reports, for discharges occurring on or after January 1, 2003, and all subsequent report periods, the report due date shall be three months after the end of each reporting period; thus the due date for the January 1 through June 30 reports is September 30 of the same year and the due date for the July 1 through December 31 reports is March 31 of the following year.***

DISCUSSION

**Hospital Discharge Abstract Data Reports**

| REPORTING PERIOD | DUE DATE |
|---|---|
| January 1 through June 30 | September 30 of the same year |
| July 1 through December 31 | March 31 of the following year |

DISCUSSION

If the due date falls on a Saturday, Sunday, or State of California holiday, facilities may submit data the next State of California business day without penalty. If not submitted by this time, penalty will accrue from the due date to the date submitted.

Example: If data are due on Saturday and your facility submits your data or an extension request on Monday, no penalties will apply. If you submit on Tuesday, penalties will be assessed based upon the due date. A penalty would be assessed for Sunday, Monday, and Tuesday.

***(2)*** Not Applicable to Inpatient.

***(3)*** Not Applicable to Inpatient.

***(d) Data reports shall be filed, as defined by Subsection (f) of Section 97005, by the date the data report is due. Where a reporting facility has been granted an extension, pursuant to Section 97241, the ending date of the extension shall constitute the new due date for that data report.***

DISCUSSION

- Subsection (j) of Section 97005 refers to items deemed “filed/submitted” with the Office and reads as follows:

(j) Disclosure reports, extension requests, appeal petitions, and other items are deemed to have been "filed" or "submitted" with the Office:

(1) as of the date they are postmarked by the United States Postal Service if properly addressed and postage prepaid;

(2) as of the date they are dated by a commercial carrier if properly addressed and delivery fee prepaid;

(3) when received by the Office via FAX machine or other electronic device;

(4) when received by the Office via hand delivery; or

(5) when otherwise received by the Office.

- Formal submissions made on or within seven (7) days of the report period's due date will result in an automatic seven (7) day extension. Please note that a hospital must have available extension days in order to receive an extension. See Section 97241, Extensions of Time to File Reports, for more details on the extension process.

**DEFINITIONS, AS USED IN THIS ARTICLE** **Section 97212**

***(a)*** Not Applicable to Inpatient.

***(b)*** Not Applicable to Inpatient.

***(c) Days. Days, as used in this article, are defined as calendar days unless otherwise specified.***

***(d) Discharge. A discharge is defined as 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 type of care, as defined by Subsection (w) of Section 97212, 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.***

DISCUSSION

For a discharge to take place, the patient must have been formally admitted as an inpatient.

Death: When an inpatient expires, the death constitutes a discharge.

Organ Harvesting:

Outpatient: If a person expires in the emergency room and an organ is to be harvested, an inpatient discharge data record will not be reported to HCAI. A separate ED or AS record should not be created and reported to HCAI for the purpose of organ harvesting.

Inpatient: If an inpatient dies, the date of death is the date of discharge. Even if the organs are harvested, the deceased patient is not to be retained with inpatient status or readmitted with a principal diagnosis of Z52.x (live organ donor). A record with the procedures for harvesting the organs will not be reported to HCAI.

Type of Care (TOC): If the patient is transferred within the hospital from one TOC to another as defined in Subsection (x) of Section 97212, the patient must be considered discharged from the first TOC and admitted to the other TOC. Separate discharge data records will be reported for each stay.

Transfers Between Types of Care Within the Same Hospital:

One Record: Any patient transferred within acute care (e.g., from one of the following acute bed designations to another), is not a discharge and is reported to HCAI as one record.

The following are examples of acute care:

| | |
|---|---|
| Traditional medical/surgical care | Perinatal care |
| Intensive care | Pediatric Care |
| Coronary care | Oncology |
| Neonatal intensive care unit (NICU) | Acute respiratory care |
| Intensive care newborn nursery (ICNN) | Burn centers |

Example: Transfer to ICNN/NICU. A newborn experiences respiratory distress and is transferred from the newborn nursery to ICNN/NICU in the same hospital. Only one discharge record will be reported. Normal newborn care and ICNN/NICU care are part of the acute TOC.

Multiple Records: Any patient transferred within the same hospital from one TOC to another will be discharged from the first TOC and a discharge data record will be reported for each TOC.

Example of three discharge data records for the same patient: A patient is admitted to acute care and transferred to psychiatric care, then transferred from psychiatric care to chemical dependency recovery care, and then transferred from chemical dependency recovery care to acute care.

Acute Record-→Psych Record→Chem Dep Record

Transfers to Same-Facility Outpatient Care:

An inpatient who is sent to an outpatient setting within the same facility (which includes but is not limited to the Emergency Department or Ambulatory Surgery) does not qualify as a discharge. The data from the outpatient setting, including significant procedures and charges, must be reported on the Inpatient record to OSHPD.

Change of Ownership:

An inpatient should not be discharged and readmitted due to a licensee change.

No Record:

Stillborn (Fetal Death): A discharge data record will not be reported to HCAI.

Boarder Baby: Mother delivers baby; both mother and baby are discharged home. Mother develops complications and is readmitted. There is no other caretaker at home to care for baby. The baby goes back to hospital with the mother but is not admitted. The baby resides in the mother's room. The boarder baby's record will not be reported to HCAI.

***(e) Do Not Resuscitate (DNR) Order. A DNR order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.***

***(f)*** Not Applicable to Inpatient.

***(g) Emergency Department (ED). Emergency Department means, in a hospital licensed to provide emergency medical services, the location in which those services are provided, as specified in Subsection (c) of Section 128700 of the Health and Safety Code. For the purposes of this chapter, this includes emergency departments providing standby, basic, or comprehensive services.***

***(h)*** Not Applicable to Inpatient.

***(i) Error means any record found to have an invalid entry or to contain incomplete data or to contain illogical data.***

***(j) Facility Identification Number. A unique six-digit number that is assigned to each facility and shall be used to identify the facility.***

***(k)*** Not Applicable to Inpatient.

***(l) Hospital Discharge Abstract Data Record. The Hospital Discharge Abstract Data Record consists of the set of data elements related to a discharge, as specified in Subsection (g) of Section 128735 of the Health and Safety Code and as defined by Sections 97216-97234 for Inpatients.***

***(m) (1) ICD-10-CM. The International Classification of Diseases, Tenth Revision, Clinical Modification, published by the U.S. Department of Health and Human Services. 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).***

***(2) ICD-10-PCS. The International Classification of Diseases, Tenth Revision, Procedure Coding System, published by the U.S. Department of Health and Human Services. Coding guidelines and annual revisions to ICD-10PCS 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).***

***(n) Inpatient: An inpatient is defined as a baby born alive in this hospital or a person who was formally admitted to the hospital with the expectation of remaining overnight or longer.***

***(o) Licensee. Licensee means an entity that has been issued a license to operate a facility as defined by Subsection (d) or (f) of Section 128700 of the Health and Safety Code.***

***(p) MS-DRG. Medicare Severity Diagnosis Related Groups is a classification scheme with which to categorize inpatients according to clinical coherence and expected resource intensity, as indicated by their diagnosis, procedures, sex, and disposition. It was established and is revised annually by the U.S. Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS).***

***(q)*** Not Applicable to Inpatient.

***(r)*** Not Applicable to Inpatient.

***(s) 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 Health and Safety Code, for one discharge or for one encounter.***

***(t) Report. A report is defined as 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.***

***(u) Reporting Facility. Reporting facility means a hospital or a freestanding ambulatory surgery clinic required to submit data records, as specified in Subsection (g) of Section 128735, or Subsection (a) of Section 128736, or Subsection (a) of Section 128737 of the Health and Safety Code.***

***(v) SIERA. SIERA means the Office's System for Integrated Electronic Reporting and Auditing that is a secure online transmission system through which reports are submitted and corrected, and report extension requests are submitted using an***

***internet web browser. SIERA is available on the Office's internet web site at: https://siera.hcai.ca.gov .***

***(w) Type of Care. Type of care in hospitals is defined as one of the following:***

DISCUSSION

Types of Care are documented on the official license issued to the hospital by Licensing and Certification of the California State Department of Health Services. The hospital's license shows the number of beds in each classification and the number of general acute care beds in each designation.

***(1) Skilled nursing/intermediate care. Skilled nursing/intermediate care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classifications of skilled nursing or intermediate care, as defined by paragraphs (2), (3), or (4) of Subdivision (a) of Section 1250.1 of the Health and Safety Code. Skilled nursing/intermediate care also means inpatient care that is provided to inpatients occupying general acute care beds that are being used to provide skilled nursing/intermediate care to those inpatients in an approved swing bed program.***

***(2) Physical rehabilitation care. Physical rehabilitation care means inpatient care that is provided to inpatients occupying beds included on a hospital's license within the general acute care classification, as defined by paragraph (1) of Subdivision (a) of Section 1250.1 of the Health and Safety Code, and designated as rehabilitation center beds, as defined by Subsection (a) of Section 70034 and by Section 70595 of Title 22 of the California Code of Regulations.***

***(3) Psychiatric care. Psychiatric care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classification of acute psychiatric beds, as defined by paragraph (5) of Subdivision (a) Section 1250.1 of the Health and Safety Code, and psychiatric health facility, as defined by Subdivision (a) of Section 1250.2 of the Health and Safety Code.***

***(4) Chemical dependency recovery care. Chemical dependency recovery care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license as chemical dependency recovery beds, as defined by paragraph (7) of Subdivision (a) of Section 1250.1 of the Health and Safety Code and Subdivisions (a), (c), or (d) of Section 1250.3 of the Health and Safety Code.***

DISCUSSION

This category includes chemical dependency recovery services provided as a supplemental service in existing general acute care beds and acute psychiatric beds in

a general acute care hospital or in existing acute psychiatric beds in an acute psychiatric hospital or in existing beds in a freestanding facility (i.e., Subdivision (d) of Section 1250.3 of the Health and Safety Code).

***(5) Acute care. Acute care, as defined by paragraph (1) of Subdivision (a) of Section 1250.1 of the Health and Safety Code, means all other types of inpatient care provided to inpatients occupying all other types of licensed beds in a hospital, other than those defined by paragraphs (1), (2), (3) and (4) of Subsection (y) of this section.***

DISCUSSION

The following are examples of acute care:

| | |
|---|---|
| Acute respiratory care | Neonatal intensive care unit (NICU) |
| Burn centers | Oncology |
| Coronary care | Pediatric care |
| Intensive care | Perinatal care |
| Intensive care newborn nursery (ICNN) | Traditional medical/surgical care |

***(x) User Account Administrator. A healthcare facility representative responsible for designating users, which may include agents, and maintaining the facility's online submission system user accounts and user account contact information.***

**REQUIRED REPORTING** **Section 97213**

***(a) The required Data Records are:***

***(1) Hospital Discharge Abstract Data: Each hospital shall submit the a hospital discharge abstract data record, as specified in Subdivision (g) of Section 128735 of the Health and Safety Code, for each inpatient discharged during the semiannual reporting period, according to the format specified in Subsection (a) of Section 97215 and by the dates specified in Subsection (c) (1) of Section 97211.***

***(2)*** Not Applicable to Inpatient.

***(3)*** Not Applicable to Inpatient.

***(b) A hospital shall separately identify records of inpatients being discharged from the acute care type of care, as defined by paragraph (5) of Subsection (w) of Section 97212. The hospital shall identify these records by recording a "1" on each of these records as specified in the Format and File Specifications for Online Transmission: Inpatient Data in Section 97215.***

***(c) A hospital shall separately identify records of inpatients being discharged from the skilled nursing/intermediate care type of care, as defined by paragraph (1) of Subsection (w) of Section 97212. The hospital shall identify these records by recording a "3" on each of these records as specified in the Format and File Specifications for Online Transmission: Inpatient Data in Section 97215.***

***(d) A hospital shall separately identify records of inpatients being discharged from the psychiatric care type of care, as defined by paragraph (3) of Subsection (w) of Section 97212. The hospital shall identify these records by recording a "4" on each of these records as specified in the Format and File Specifications for Online Transmission: Inpatient Data in Section 97215.***

***(e) A hospital shall separately identify records of inpatients being discharged from the chemical dependency recovery care type of care, as defined by paragraph (4) of Subsection (w) of Section 97212. The hospital shall identify these records by recording a "5" on each of these records as specified in the Format and File Specifications for Online Transmission: Inpatient Data in Section 97215.***

***(f) A hospital shall separately identify records of inpatients being discharged from the physical rehabilitation type of care, as defined by paragraph (2) of Subsection (w) of Section 97212. The hospital shall identify these records by recording a "6" on each of these records as specified in the Format and File Specifications for Online Transmission: Inpatient Data in Section 97215.***

DISCUSSION

Specifications for reporting this data element with the Record Entry Form for online web entry of individual records or online data file transmission for discharges:

| **1. TYPE OF CARE** | | |
|---|---|---|
| 1 Acute | 5 Chem Dep | |
| 3 SN/IC | 6 Physical Rehab | |
| 4 Psychiatric | | |

***(g) Licensees operating and maintaining more than one physical plant on separate premises under a single consolidated license who choose to file separate data reports for each location must request, in writing, a modification to file separate data reports for each location. A licensee granted a modification under this paragraph shall be responsible for all regulatory requirements for each separate report. Separate extension requests, filed under the provisions of Section 97241, shall be required for each report, and penalties, assessed pursuant to Section 97250, shall be assessed on each delinquent report.***

DISCUSSION

Separate Reports:

A consolidated hospital may elect to submit separate data reports for multiple sites using the existing separate Facility Identification Numbers. Prior to submitting modification must be granted.

Combined Report:

If consolidated facilities are submitting together on one report, all data records must have the same Facility Identification Number.

**FORMAT** **Section 97215**

***(a) Hospital Discharge Abstract Data reports for discharges up to and including December 31, 2022 shall comply with the Office'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 Office's Format and File Specifications for Online Transmission: Inpatient Data Version 5.0 as revised September 2021 and hereby incorporated by reference.***

***(b)*** Not Applicable to Inpatient.

***(c)*** Not Applicable to Inpatient.

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

## METHOD OF SUBMISSION — Section 97244

***(a) For discharges and encounters occurring on or after January 1, 2021, reporting facilities shall use the Office's online submission system known as SIERA for submitting reports through either:***

**(1)** ***Online transmission of data reports as electronic data files, or***
**(2)** ***Online entry of individual records***

DISCUSSION

There are two options to submit data:

Option ***(1)*** allows hospitals to submit data reports as electronic data files by attaching a text (.txt) file. Other file formats, such as .xls, are not accepted.

Option ***(2)*** allows hospitals to enter individual records directly into the system by using the online Record Entry Form. The option is not recommended for facilities with a large number of records, as it may be time-consuming.

As a tool for or online record entry, see the Manual Abstract Reporting Form (1370.IP) available for download from HCAI's website.

There is no limit to the number test of submissions by a facility.

**Important:** A new submitted file will overwrite the previously submitted data and any corrections made online. In order to save any online changes, be sure to choose "Submit Corrections."

Facilities have two options to make corrections to their data records:

1) Correcting the data in-house. Facilities may choose to make corrections to the data that resides within their own system and submit a new file. The new file with the corrections will override the previously submitted data.

2) Online corrections. You may go directly to any edit program's "Listing of Records for Correction" from the "Make Corrections" option in the system. From there, you have the option to make the necessary changes to individual records.

   **Important:** If you choose to make changes online, do not submit a new file. The new file will overwrite the previously submitted data and any corrections made online. In order to save any online changes, be sure to choose "Submit Corrections."

## ONLINE TEST OPTION — Section 97245

***Reports may be tested before formal submission to the Office using the online test option. Online testing of the format and reports through the online test option before formal transmission is the recommended means of ensuring compliant data that meets the standards established by the Office before the due date. Reports tested through the online test option will be subject to the same processing and will generate the same reports as data that is formally submitted. The format and reports may be tested through the test option as many times as needed to assure that the reports meet the standards established by the Office in Section 97247.***

DISCUSSION

**Test Submission**

A hospital can test their patient data through the system's test option as soon as a report period is open. The test option will process the data through the edit programs and generate summary and details reports.

Once a report period has opened, PDS recommends that hospitals submit their data using the test option. By submitting early on in the report period hospitals should experience sufficient time to review the data and make corrections as necessary.

When the data is below the established Error Tolerance Level (ETL), as described in Section 97248, the submission status screen will inform you that the data is "Below the ETL - Submit as Formal by Due Date Error Reports are Ready". You may choose to submit as formal or correct any remaining edit flags.

## DATA TRANSMITTAL REQUIREMENTS Section 97246

***(a) Data shall be submitted using the Office'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 Office'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.***

DISCUSSION

Please see HCAI website to view the Hospital Discharge Abstract Data Record Manual Abstract Reporting Form and the Individual Facility Transmittal Form.

***(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 Rev. September 2021), hereby incorporated by reference, submitted to the Office.***

DISCUSSION

User Account Administrators (UAAs) are the facility staff responsible for maintaining their facility's user accounts and contact information. UAAs have access to: add users (10 active users per facility), inactivate users, unlock user accounts, reset passwords, change role assignments, and update contact information.

HCAI strongly recommends the assignment of more than one UAA in order to provide adequate coverage when one of the UAAs is out, such as on vacation, sick leave, or transfers from the facility.

Facility Users will have access to: Access Detail Reports, Access Summary Reports, Correct Data Reports, and Submit Data Reports. Changes to user accounts may only be completed by the facility's UAA or an HCAI analyst.

The UAA Form is available on HCAI's website.

**(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.***

## FAILURE TO FILE A DATA REPORT — Section 97250

***Any health facility which does not file any report completed as required by this article is liable for a civil penalty of one hundred dollars ($100) a day to be assessed and recovered in a civil action brought in the name of the people of the State of California by the Office for each day that the filing of the report is delayed, considering all approved extensions of the due date as provided in Section 97241. Assessed penalties may be appealed pursuant to Section 97052. Within fifteen days after the date the reports are due, the Office shall notify the health facility of reports not yet received, the amount of the liability, and potential future liability for failure to file reports when due. Sixty days after an original report due date as specified in Section 97211 (c), the Office's online submission system will close for that report period. No report for the period will be accepted after the system closure. No additional penalties will accrue for outstanding reports after the system closure for a report period.***

DISCUSSION

Facilities must submit their data as formal and be approved on or by the report period's due date in order to be considered a timely submission. Formal submission on the following day is not considered timely and will be subject to penalty.

It is recommended that you utilize the Test option early within a report period in order to get your data below the Error Tolerance Level (ETL) and meet the due date.