

INITIAL STATEMENT OF REASONS

HOSPITAL EQUITY MEASURES REPORTING PROGRAM

CALIFORNIA CODE OF REGULATIONS TITLE 22, DIVISION 7, CHAPTER 8.4 SECTIONS 95300 TO 95316

February 10, 2026

Pursuant to California Government Code Section 11346.2, the California Department of Health Care Access and Information (HCAI) hereby presents its initial statement of reasons for its proposed regulations regarding the Hospital Equity Measures (HEM) Reporting Program.

I. BACKGROUND INFORMATION

Signed into law, Assembly Bill (AB) 1204 (Wicks, Chapter 751, Statutes of 2021) creates the Medical Equity Disclosure Act (Act), Health and Safety Code (HSC) Sections 127370 to 127376, requiring hospitals and hospital systems to file an annual equity report with HCAI. Hospitals and hospital systems must also post a link to their equity reports on the main page of their internet websites. While HCAI collects healthcare facility-level reports for financial and utilization data and patient-level data from hospitals, these new annual reports are required to include data related to patient access, quality, and outcomes by race/ethnicity, age, preferred language, disability status, sexual orientation, gender identity, and expected payor. The equity reports are due annually by September 30th with the first report due September 30, 2025. The report must also include a plan to prioritize and address disparities for vulnerable populations identified in the data. AB 1204 authorizes HCAI to impose a fine up to \$5,000 on hospitals for failure to submit a health equity report consistent with the requirements.

In addition to the new equity report collection, HCAI is required to convene a Hospital Equity Measures Advisory Committee (HEMAC), which provides recommendations on the development of measures and the measurable objectives and specific timeframes for hospitals and hospital systems to develop their plans to prioritize and address disparities for vulnerable populations identified in the data. The first HEMAC meeting was convened on July 7, 2022.

Effective June 4, 2025, regulations were adopted to implement the Act in the California Code of Regulations, Title 22, Division 7, Chapter 8.4, Sections 95300 - 95316.

II. THE PROBLEM TO BE ADDRESSED

The initial regulations adopted on June 4, 2025, for the HEM Reporting Program were developed based on anticipated processes prior to the first reporting cycle. Following the first year of implementation, which included technical assistance and conducting quality assurance assessments, HCAI has identified procedural ambiguities, technical inaccuracies, and areas in the existing regulations text that require clarification.

This regulatory action is necessary to implement, interpret, and make specific the provisions of Health and Safety Code Sections 127370 to 127376. Specifically, HCAI proposes to amend California Code of Regulations, Title 22, Division 7, Chapter 8.4, Sections 95300, 95301, 95303, 95304, and 95308 and add Section 95308.1. While the initial regulations established the framework for the HEM Reporting Program, these proposed amendments are now necessary to refine that framework based on implementation experience. The amendments are required to ensure the HEM Reporting Program's requirements are clear, consistent, and administered effectively to fulfill the statutory mandate.

III. THE BENEFITS OF THIS REGULATORY ACTION

The benefits of the regulations are to provide clarification of hospital equity measures data to strengthen the implementation of the HEM Reporting Program. By clarifying technical requirements and standardizing definitions, the regulations will reduce reporting errors, improve the consistency of submitted reports, and increase administrative efficiency. Ultimately, these improvements strengthen the HEM program's ability to accurately identify health disparities and promote public transparency, thereby supporting the Act's goal of advancing health equity in California.

IV. THE PURPOSE AND NECESSITY OF EACH REGULATION

The following states the purpose and necessity of each proposed regulatory change.

Article 1: General **§ 95300. Definitions**

Section 95300, subdivision (m) defines the document incorporated by reference, Hospital Equity Report: Measures Submission Guide (version 1.2), dated March 10, 2025. The purpose of the proposed changes to § 95300(m) is to incorporate by reference the revised Hospital Equity Report: Measures Submission Guide (version 1.3) as amended December 22, 2025, and clearly identify the revised version of the document for stakeholders. The purpose and necessity of the proposed changes to the Measures Submission Guide (MSG) are discussed below.

Section 95300, subdivision (t) defines the “stratification group.” The proposed changes to subdivision (t) reflect that HCAI proposes to consolidate the stratification tables within the MSG into a single “Stratification Table.” The purpose and necessity of this change to the MSG is further discussed below. “Stratification Table” is capitalized for clarity and internal consistency.

§ 95301. Stratification Categories

Section 95301, subdivision (c), requires hospital equity reports to conform to the MSG requirements. Because HCAI proposes to consolidate Stratification Tables 1 and 2 in the MSG for clarity, the reference to Stratification Tables “1 and 2” is removed.

Article 2: Hospital Equity Report Submission

§ 95303. Hospital Equity Report

Section 95303, subdivision (b), requires hospital equity reports to conform to the MSG requirements. Because HCAI proposes to consolidate Stratification Tables 1 and 2 in the MSG for clarity, the reference to Stratification Tables “1 and 2” is removed.

Section 95303, subdivision (c), provides that for data that exceeds the threshold of re-identification risk using the Data De-identification Guidelines (DDG), hospitals shall select these data as “suppressed.” HCAI proposes to change this terminology to “masked” to more closely align with current discourse in data for health equity for vulnerable and/or minoritized sociodemographic populations, which have anecdotally linked “data suppression” with censorship.

Section 95303, subdivision (d)(7), requires hospitals to include in their equity reports the web address where a report “is published on the hospital’s website.” HCAI proposes to change “is” to “will be” and cross-reference the requirements of the new Section 95308.1 to clarify the timing of when hospitals will post their reports. Hospitals are required to post their equity reports under Health and Safety Code Section 127373(a)(3), but the data and information posted must be compliant with the DDG and federal and state privacy laws under Health and Safety Code Sections 127373(d) and 127374(e). Pursuant to Health and Safety Code Section 127374,(e), HCAI reviews hospital equity reports prior to posting the reports on HCAI’s website to ensure compliance with the DDG. Accordingly, this change along with the addition of section 95308.1 is necessary to help ensure statutory compliance. HCAI also added a citation to Section 127374(e) for clarity and completeness.

§ 95304. Hospital System Equity Report

In Section 95304, subdivision (b), HCAI proposes to remove the requirement that hospital systems include the hospital system CEO, subsection (b)(2), in their HEM report. Hospital systems have provided feedback that their leadership and governance often diverge from a single CEO structure, with boards and other leadership team structures as alternatives. The HEM report still collects information on the hospital

system in other fields, like the system name and system description, so removing the CEO requirement increases the convenience of reporting without information loss. Subsections (b)(2)-(9) were renumbered to accommodate the removal of subsection (b)(2).

Previously, Section 95304, subsection (b)(8), renumbered to subsection (b)(7), provides requirements for submitting hospital system reports as measures using data aggregated by hospital type. This inadvertently required hospital systems to calculate the equity measures separately, such that a single measure (e.g., the HCAI all-cause unplanned 30-day readmission rate) would have different estimates using the data aggregated from General Acute Care hospitals, versus Children's or Acute Psychiatric hospitals. The potential for different measure estimates by hospital type also required hospital systems to prepare up to three reports for the measures distinctly calculated for General Acute Care, Children's, and Acute Psychiatric hospitals, which was burdensome for both hospital systems to submit and HCAI to receive and review. To remedy this issue, HCAI proposes new regulatory language that clarifies that hospital systems shall submit one HEM system report, shall calculate measures using data aggregated from hospitals with applicable types (e.g., the AHRQ Pneumonia Mortality Rate is only required for General Acute Care and Acute Psychiatric hospitals, so the system measure includes data aggregated from these types only). Similarly, HCAI changed "suppressed" to "masked" to more closely align health equity terminology.

Section 95304, subdivision (d), requires hospital systems to post their hospital system equity reports, or revisions thereto, on the hospital system's website if one is available. Consistent with the proposed changes to Section 95303, subdivision (d)(7), and new Section 95308.1, HCAI proposes to change "is" to "will be" and cross reference the requirements of Section 95308.1 to clarify the timing of when the report must be posted. This will enable HCAI to review the reports for compliance with Health and Safety Code Section 127374(e) prior to the hospital system's posting. HCAI also added a citation to Section 127374(e) for clarity and completeness.

§ 95308. Method of Submission

Section 95308, subdivision (b)(1) identifies the document incorporated by reference, Format and File Specifications for Submission of the Equity Report (version 1.2), dated March 10, 2025. The purpose of the proposed changes to § 95308(b)(1) is to incorporate by reference the revised Format and File Specifications for Submission of the Equity Report (version 1.3) as amended December 22, 2025, and clearly identify the revised version of the document for stakeholders. The purpose and necessity of the proposed changes to the Format and File Specifications for Submission of the Equity Report is discussed below.

Section 95308, subdivision (e) describes the method by which hospitals shall submit a revision of the Hospital Equity Measures reports. One purpose of the proposed changes is to clarify that revisions must be posted on a hospital or hospital system's website in accordance with the requirements of the new Section 95308.1 The proposed language

ensures consistent and timely public access to updated information and internal consistency within the regulations. Subdivision (e) was also amended to clarify that revisions submitted within 120 days after the report due date or as required in accordance with new subdivision (f) of this section, are not subject to a fine under Section 95309. This language is necessary to clarify that the revised report under this subdivision must be “publicly accessible” to ensure public access and not subjected to fines under Section 95309.

Section 95308, subdivision (f) was added to clarify that hospitals and hospital systems are responsible for submitting any required revisions and corrections to the Department within thirty (30) calendar days from the date they are notified by email, or by a date specified by the Department. This provision is essential for ensuring that all submitted data and information comply with the DDG and MSG and do not contain errors or omissions. Establishing this timeline helps safeguard patient information and supports the Department’s obligation to make all equity reports publicly available and ensure compliance with deidentification requirements, as outlined in Health and Safety Code section 127374, subdivisions (d) and (e). This subsection also specifies that failure to comply with this requirement may result in the hospital or hospital systems being placed on a non-compliance list published on the Department’s website. The inclusion of this provision provides a clear incentive for hospitals and hospitals systems to meet deadlines, comply with the requirements of the DDG and MSG, and promote transparency.

Section 95308, subdivision (g) was renumbered from subdivision (f) to subdivision (g). The amendment authorizes the submission of the revisions and corrections specified in Section 95308, subdivision (f), notwithstanding the closure of the reporting period. This change is essential to clarify that hospitals and hospital systems may submit revisions required by the Department after the system closure. This will ensure the Department has sufficient time to review reports for errors, omissions, and inconsistencies with the DDG and MSG and allow the Department to work with hospitals and hospital systems to bring their reports into compliance during or after the 120-day period. This change helps safeguard patient information and supports the Department’s obligations to make all equity reports publicly available and ensure compliance with deidentification requirements, as outlined in Health and Safety Code section 127374, subdivisions (d) and (e). The changes to this subdivision are also necessary for internal consistency with the new subdivision (f).

§ 95308.1. Website Posting Requirements

New Section 95308.1 consolidates the website posting requirements for hospitals and hospital systems into one consolidated section for clarity.

Subdivision (a) clarifies that a hospital must post the hospital equity report on its publicly accessible internet website. Subdivision (a) further clarifies that a hospital system must post the hospital system equity report to its publicly accessible website, if one is

available. This language is necessary to clarify that the report must be “publicly accessible” to ensure public access and cannot be solely posted to an internal website. The requirement only applies to hospital systems if a website is available, as some hospital systems do not have a website or access to a hospital’s website to post the report.

Subdivision (b) clarifies that each hospital and hospital system must post reports and revisions to reports within 15 business days following the publication of the report or revision on HCAI’s website and provides that HCAI shall provide notice to the primary and secondary contact persons when HCAI posts a report or revision. These changes are necessary for clarity and consistency with the statutory requirements. HCAI is required to post reports pursuant to Health and Safety Code Section 127374(d), and HCAI is further required to ensure compliance with privacy requirements under Health and Safety Code Section 127374(e). This change will prevent hospitals from posting reports or revisions prior to HCAI’s review and provide clear notice to hospitals and hospital systems on the required timing of website posting.

Subdivision (c) clarifies that report publication by hospitals and hospital systems must comply with statutory requirements under Health and Safety Code Sections 127373, subdivisions (a)(3) and (d), and 127374, subdivision (e). While the current regulation language in Sections 95303(d)(7) and 95304(d) cite to the statutory publication requirements under Section 127373(a)(3), the proposed language is intended to more clearly cite to the privacy requirements under Sections 127373(d) and 127374(e). This subdivision also clarifies that hospitals and hospital systems are solely responsible to ensure any additional content not submitted to HCAI but included in a report or posted with or about a report comply with the DDG, state and federal privacy laws, and Sections 127373(d), and 127374(e). This clarification is necessary because some hospitals and hospital systems post additional content in addition to the requirements of Sections 95303 and 95304 that has not been submitted to or reviewed by HCAI.

Measures Submission Guide, Version 1.3

This section discusses Version 1.3 of the Measures Submission Guide, dated December 22, 2025, which HCAI proposes to replace the current version of the MSG (as discussed above regarding the definition of “Measures Submission Guide”) and to incorporate by reference as part of this regulatory action. Below identifies the changes being made to Version 1.3 from Version 1.2.

This rulemaking includes a redline version of MSG Version 1.3, which shows changes from Version 1.2. Additions to Version 1.3 are underlined and deletions from Version 1.2 are struck through.

Cover Page: The date of the MSG was revised to December 22, 2025. The version number was revised from Version 1.2 to Version 1.3.

Table of Contents: The version number was revised from Version 1.2 to Version 1.3, and the date is changed from March 10, 2025, to December 22, 2025. HCAI added a new section for “Hospital System Report Data Aggregation by Measure,” as discussed below. HCAI removed references to “Stratification Table 1” and “Stratification Table 2” because the requirements for these tables were consolidated for clarity, as discussed below. As a result of the changes identified in this document, page numbers in the MSG were updated.

Report Submission: In this section, HCAI added additional guidance to increase clarity for submitting individual hospital and hospital system HEM reports. HCAI separated the list of required information for reports into two separate lists for individual hospitals and hospital systems to more clearly delineate the report requirements and for consistency with the regulations text.

For individual hospital HEM reports, HCAI added a sentence describing that the appropriate response for (6) Hospital in location with access to clean water is “no score” when the hospital is located in a census tract where the California Healthy Places Index is unavailable. This addresses the reporting issue that hospitals encounter when the California Healthy Places Index is not available, as some census tracts are excluded. For (7), HCAI also clarified that the web address entered is where the HEM report will be published for consistency with the proposed changes to the regulations text. This solves the problem that hospitals encountered in Version 1.2, which required hospitals to publish the HEM report on their website previous to or at the time of submission, without HCAI’s review.

The previous regulatory language and MSG Version 1.2 required hospital systems to aggregate their hospital data within hospital types, such that General Acute Care hospital data was aggregated separately than Acute Psychiatric and Children’s hospitals. This required hospital systems to prepare and separate HEM report files by hospital type, and HCAI lacked commensurate guidance in Version 1.2 to assist hospital systems. In Version 1.3, HCAI proposes that the hospital system HEM report shall be submitted in one file, in which data is aggregated across hospitals, and the measures are calculated using the aggregated data from each applicable hospital type. HCAI has deleted the previous MSG version 1.2 instructions and replaced them by adding a new paragraph to match the updated regulatory language in § 95304 for hospital system equity reports and to clarify the submission procedure.

HCAI also provided a list of information that hospital systems include in their reports, similar to the list of information for individual hospitals. HCAI removed one field, hospital system CEO, to match the new proposed regulatory change to § 95304.

Technical Support: HCAI removed to “regarding HEMs” for clarity purposes.

Structural Measures: HCAI made several grammatical and clarifying changes in this section.

For the structural measures based on The Joint Commission’s R3 Report: Requirement, Rational, Reference, HCAI clarified that the first two measures, “Designate an individual to lead hospital health equity activities” and “Provide documentation of policy prohibiting discrimination,” are to be assessed at the system level for hospital system reports. This addresses the lack of specificity in the previous MSG Version 1.2.

In the specifications of the structural measure of preferred language of patients, HCAI clarified that the data for (1) should be the total number of patients by preferred language and that the data for (3) should be a percentage, as “percentage” refers to the general concept of a proportion and “percent” refers to a specific value.

For the Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity (HCHE) and CMS Social Drivers of Health structural measures, HCAI made minor changes for grammar and clarity. First, HCAI clarified that the CMS Screening for Social Drivers of Health requires assessment for all of the five health-related social needs (HSRN); the previous description did not specify that and could be interpreted as assessing only one of the HSRNs. For this measure, HCAI also added “and” in between “patients who are admitted to the hospital” and “who are 18 years or older” to identify those two characteristics as distinct.

For the Screen Positive Rate for Social Drivers of Health, HCAI added “and,” “who,” and “as” to the specifications to clarify distinct characteristics that include the patient into the data count. Under Clarifying Information, we deleted “The result of” to clarify that the hospital will produce a measure and to distinguish which rates (screened positive versus intervention rates) for which step in the measure calculation. Similar to other sections, HCAI added “and,” “who,” and “as” to the specifications to clarify distinct characteristics.

Core Quality Measures for General Acute Care Hospitals:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital

HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make the language consistent across all measures. In the Specifications subsection, HCAI clarified that the data for (2) and (5) should reflect respondents to question 19 to calculate the response rate. It also clarified that the data for (3) and (5) are rates, and the counts should be referred to as “patients” instead of “people” for consistency with the Description. Additionally, HCAI removed the “1” from the stratification table reference, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

1. HCAHPS survey: Received information and education

HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make the language consistent across all measures. In the Specifications subsection, HCAI clarified that the data for (2) and (5) should reflect respondents to question 17 to calculate the response rate. It also clarified that the data for (3) and (5) are rates, and the counts should be referred to as “patients” instead of “people” for consistency with the Description. Additionally, the “1” was removed from the stratification table reference, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

2. Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate

In the Description subsection, HCAI clarified that the measure is a rate and that the age inclusion criterion is 18 years old or older. In the Specifications subsection, HCAI clarified that the data for (1), (2), and (3) are limited to patients 18 years or older. Additionally, the “1” was removed from the stratification table reference, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

3. AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications

In the Description subsection, HCAI clarified that the measure is a rate and made grammatical edits for clarity. In the Specifications subsection, HCAI clarified that the data for (1), (2), and (3) are limited to patients 18 to 89 years old. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

4. California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

In the Description subsection, HCAI clarified that the measure is a rate. In the Specifications subsection, HCAI made grammatical edits to (3) to improve clarity in the definition of the measure. HCAI added that the rate should be multiplied by a factor of 100 to match the data output from the Maternal Data Center (MDC) of the CMQCC. Since many hospitals use the MDC for managing and analyzing their maternal hospital data, matching data outputs increases the convenience of hospitals in reporting this measure. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

5. CMQCC Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated

In the Description subsection, HCAI clarified that the measure is a rate, and removed the format of per 1,000 to match the measure format with the data output from the MDC of the CMQCC. In the Specifications subsection, HCAI specified that the data for (3) should be multiplied by a factor of 100 to match with the MDC data outputs. As many hospitals use the MDC for managing and analyzing their maternal hospital data, matching data outputs increases the convenience of hospitals in reporting this measure.

Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

6. CMQCC Exclusive Breast Milk Feeding

In the Description subsection, HCAI clarified that the measure is a rate and removed the factor of 100 to match the description of the other maternal measures for uniformity. In the Specifications subsection, for (3), HCAI removed that the rate is generated from count data to match the other maternal measures. HCAI also removed the specification that the rate should be formatted as a proportion to match the data output from the MDC of the CMQCC. Since many hospitals use the MDC for managing and analyzing their maternal hospital data, matching data outputs increases the convenience of hospitals in reporting this measure. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

7. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures. HCAI also clarified that the age inclusion criterion is 18 years old or older. In the Specifications subsection, HCAI made grammatical changes to (1) for clarity purposes. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

8. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis

HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures. HCAI also clarified that the age inclusion criterion is 18 years old or older. In the Specifications subsection, in (1), HCAI added the acronyms for co-occurring disorders (CO) and no behavioral health diagnosis (NOBH) for clarity and consistency, as they appear in other materials. In (3), HCAI replaced “co-occurring disorders” with the acronym for consistency, and added that the readmission rate for NOBH should be calculated as part of this measure. While the readmission rate for NOBH appears in Format and File Specifications for Submission of the Equity Report, Version 1.2 (and kept for Version 1.3), it was left out of MSG Version 1.2. This required HCAI to provide clarification to hospitals through technical assistance. HCAI also removed the “1” from the stratification table reference, as the two stratification tables in Version 1.2 were combined into one in Version 1.3. Finally, HCAI added language to clarify that stratifying by behavioral health diagnoses requires application to both the numerator and denominator counts by changing “for” to “with” and separating the diagnoses across four subsections (a through d) for clarity.

Core Quality Measures for Children’s Hospitals:

1. Pediatric experience survey with scores of willingness to recommend the hospital

HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures. In the Specifications subsection, HCAI moved and added “on the pediatric experience survey” in (1) and (2), respectively, for grammar and clarity. HCAI clarified that the data inputs for (3) and (5) are rates for consistency in terms with other measures. The “1” from the stratification table reference was moved, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

2. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

In the Description subsection, HCAI clarified that the measure is a rate by removing that the data is formatted as a percent per 100. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

Core Quality Measures for Acute Psychiatric Hospitals:

1. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital

HCAI removed the period at the end of the measure name for clarity and internal consistency. HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures. In the Specifications subsection, HCAI clarified that the data for (2) and (5) reflects respondents to question 19 to calculate the response rate, the data for (3) and (5) are rates, and the counts as “patients” instead of “people” to more accurately reflect the data definition. HCAI also made minor grammatical changes to (5) and removed duplicate language for clarity. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

2. HCAHPS survey: Received information and education

HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures. In the Specifications subsection, HCAI removed the question language from (1) to be similarly structured as the previous measure based on HCAHPS survey data. HCAI clarified that the data for (2) should reflect respondents to question 17. HCAI clarified that the data for (3) and (5) are rates. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

3. Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate

In the Description subsection, HCAI clarified that the measure is a rate and that the age criterion for inclusion is 18 years or older. HCAI also clarified the age criterion in the Specifications subsection for data inputs (1) and (3) for consistency. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

4. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF)

HCAI removed the period at the end of the measure name for clarity. HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures. HCAI also clarified that the age inclusion criterion is 18 years old or older. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

5. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis

HCAI removed the period at the end of the measure name for clarity and internal consistency. HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures. HCAI also clarified that the age inclusion criterion is 18 years old or older. In the Specifications subsection, in (1), HCAI added the acronyms for co-occurring disorders (CO) and no behavioral health diagnosis (NOBH) for clarity and consistency, as they appear in other materials. In (3), HCAI replaced “co-occurring disorders” with the acronym for consistency and added for clarity that the readmission rate for NOBH should be calculated as part of this measure. While the readmission rate for NOBH appears in Format and File Specifications for Submission of the Equity Report, Version 1.2 (and kept for Version 1.3), it was left out of the MSG Version 1.2 and required HCAI to provide clarification to hospitals through technical assistance. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3. Finally, HCAI added language to clarify that stratification by behavioral health diagnoses must be applied to both the numerator and the denominator. This clarification was made by replacing “for” with “with” and by listing the diagnoses in four separate subsections (a through d).

6. CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders

HCAI removed the period at the end of the measure name for clarity and internal consistency. HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures, as well as some grammatical edits, for clarity. In the Specifications subsection, HCAI added “the following” to specify the four tests as part of the screening count for (1). For (2), HCAI

removed the acronym “LOS” and wrote it out as “length of stay” since it does not appear elsewhere in the MSG. HCAI clarified that the data input for (3) is a rate. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

7. The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge

HCAI removed the period at the end of the measure name for clarity and internal consistency. HCAI changed “percent (rate per 100)” to “rate” in the Description subsection to make language consistent across all measures. HCAI clarified that the data input for (3) is a rate. Additionally, the “1” from the stratification table reference was removed, as the two stratification tables in Version 1.2 were combined into one in Version 1.3.

Hospital System Report Data Aggregation by Measure: HCAI created a new table to guide hospital systems in aggregating their hospital data for measures by their requirements by hospital type. Each row represents a structural or core quality measure, and the rightward columns indicate whether the measure is required for each hospital type (General Acute Care, Children’s, and Acute Psychiatric) the data aggregation approach hospital systems shall use when preparing their reports. The data aggregation column also indicates the structural measures assessed at the system level or are not required for hospital system reports. HCAI also added a sentence at the top of the table to describe its purpose for assisting hospital systems in preparing the report.

Health Equity Plan: HCAI made grammatical edits to emphasize that hospitals use the rate ratios to identify the top 10 disparities consistent with the requirements of Health and Safety Code Section 127372, subsection (d).

Calculating Ratio Ratios: HCAI replaced the acronym “RR” with “rate ratios” in the first sentence of this section for clarity. HCAI made copy edits in this section for grammar and clarity.

HCAI added instructions on how hospitals should select reference groups for preferred low rates. From this reporting year, HCAI learned that hospitals could have more than one group with the lowest rate if those rates have the same value; for example, zero. While selecting any group with the equivalent lowest rate would not impact calculating the rate ratio and ranking the top disparities, as all the rates are the same value, it would impact how hospitals choose which group to report as the reference. Thus, HCAI clarified that, in this case, hospitals shall choose the reference group with the largest denominator value among the groups with the same lowest rate to consider the number of events by group size.

HCAI moved two of the measures for Acute Psychiatric hospitals, screening for metabolic disorders and The Joint Commission SUB-3 and SUB-3a, from the list of measures with preferred low rates to the list of measures with preferred high rates. In the MSG Version 1.2, these two measures were incorrectly listed as preferred low. Since these rates reflect screening and treatment, respectively, they would be preferred high to signify expanded and accessible public health interventions. Accordingly, the reference information for both measures indicates that an increase in the rate indicates hospital improvement. (See https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf.)

HCAI also added instructions on how hospitals should select reference groups for preferred high rates. Similar to the preferred low rates, HCAI clarified that hospitals shall choose the reference group with the largest denominator value among the groups with the same highest rate to consider the number of events by group size, and hospitals shall the reference group as “multiple groups” if multiple have the same highest rate and denominator values.

Identifying the top disparities: HCAI changed “Alaskan” to “Alaska” to align with the correct race or ethnic group terminology.

Stratification: HCAI made changes to the text for grammar and clarity, including writing out “Data De-identification Guidelines” instead of the acronym DDG. HCAI also changed the terminology for foregoing reporting HEM data with high risk of re-identification as “masked” instead of “suppressed,” as it reflects the current discourse in data for health equity for vulnerable and/or minoritized sociodemographic populations. Finally, HCAI deleted the instructions for hospital system reports, which do not reflect the proposed approach that is described in the Technical Support and the Hospital System Report Data Aggregation by Measure subsections.

HCAI combined the two stratification tables in the MSG Version 1.2 into one table in Version 1.3 for clarity. In Version 1.2, both stratification tables present the stratification groups (e.g., Race and/or Ethnicity) and their categories (e.g., American Indian or Alaska Native, Asian, Black or African American, etc.). Since the information on most stratification groups is identical for the two tables, they were largely duplicative and unclear for end users to navigate. Upon examining, HCAI found that the only stratification groups that differed across the two tables were the age categories, as there are separate age ranges for maternal measures, nonmaternal measures, and measures with the age criterion of 18 years or older. Thus, to clarify the stratification groups and streamline the MSG, HCAI combined the two tables into one single table that lists all the stratification groups and their categories. The age stratification groups are listed out separately (e.g., non-maternal measures with a “less than 18 years” category, non-maternal measures for 18 years or older, and maternal measures) with their associated core quality measures indicated.

Format and File Specifications for Submission of the Equity Report, Version 1.3

The amendments to the Format and File Specifications for Submission of the Equity Report are necessary to ensure consistency with the revised MSG (version 1.3), December 22, 2025. As the MSG outlines the standards and requirements for data submission, any changes to its content must be accurately reflected in the technical specifications used for report submission. Aligning the file specifications with the amended MSG promotes clarity, reduces risk of misinterpretation, and supports uniform reporting from hospitals and hospitals systems. This alignment ensures that submitted data remains accurate and complete.

The Format and File Specifications for Submission of the Equity Report document is posted and used in Excel format. The “Sheets” below refer to the title of each sheet in the Excel file.

Sheet 1: Gen Info Instructions

HCAI made several changes to align these instructions with proposed changes to the regulatory language and Version 1.3 of the Measures Submission Guide. HCAI added a line to the top of the sheet identifying this document as Version 1.3 and dates as December 22, 2025. HCAI corrected misspellings in the instruction text. HCAI abbreviated General Acute Care hospitals from “GA” to “GAC” for clarity and consistency with Version 1.3 of the MSG. HCAI updated the expected responses for “yes” and “no” to “1” and “0,” respectively, for consistency with Version 1.3 of the MSG. HCAI also added text instructing hospitals to leave cells with missing data as blank and data that meets or exceeds the threshold for re-identification risk as “masked.” Both additions provide additional clarity, and they align with changes proposed in the regulatory language and Version 1.3 of the MSG.

Sheet 2: Field Specs GA Hosp

HCAI changed the sheet name from “GA” to “GAC” for clarity and consistency with Version 1.3 of the MSG. HCAI increased the sizes of the Hospital Name, Reporting Organization, and Report Web Address from 60 to 200 characters in response to feedback from hospitals who were forced to truncate their responses these fields in order to successfully submit their HEM reports and pass validation by the submission portal. HCAI specified that the responses for the Healthy Places Index (field name “Clean_Water_Air”), The Joint Commission Accreditation questions, and the Centers for Medicare & Medicaid Services Hospital Commitment to Health Equity domains should be “1” for a “yes” response and “0” for a “no” response to be consistent with Version 1.3 of the MSG. To allow for the “1” and “0” responses, HCAI changed the formats for these fields from “Character” to “Numeric.” HCAI removed the extraneous “Y/N” that accompanied the first component of each CMS HCHE Measure Domain to clarify that the first component does not have additional significance. HCAI changed the first component for the second CMS HCHE Domain, which incorrectly listed “Our hospital strategic plan...” instead of the correct “Our hospital collects demographic

information...” as consistent with the Measure Submission Guide. HCAI edited “percent” to “percentage,” “SDoH” to “SDOH,” and “food” to “food insecurity” for consistency with Version 1.3 of the MSG. HCAI deleted the full writing of “Screening for Social Drivers of Health” and left only the “SDOH” abbreviation in the data element for “SDOH_Food_Positive” to be consistent with the rest of the SDOH fields. HCAI also added “Yes” to the Required column for SDOH Housing Positive, as this was inadvertently left out of the previous version.

Wherever described as “percentage,” HCAI changed the label name, data element, and description to “rate” in order to be consistent with Version 1.3 of the MSG. HCAI deleted “Native” from the data description of the HCAHPS question 17 response rate for people surveyed as it was left there erroneously as a typo. HCAI renamed labels for the “<18,” “>40,” and “>65” Age stratification groups to “lt18,” “gte40,” and “gte65,” denoting “less than 18,” “greater than or equal to 40,” and “greater than or equal to 65,” respectively, to improve data interoperability with statistical computing programs. HCAI deleted the rows for the “<18” Age stratification rate, the Agency for Healthcare Research and Quality (AHRQ) Pneumonia Mortality Rate and Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications as they do not apply to patients less than 18 years due to the exclusion criteria. For consistency, HCAI changed any instances where “18 and older” or “18 years and older” to “18 years or older” in the data element or description.

To align with Version 1.3 of the MSG, HCAI updated the data formats to read as “rates” instead of “percent (rate per 100).”

For the Top 10 Disparities, HCAI added two rows per top disparity for hospitals to input the stratification group and the stratification group rate that had the widest disparity when compared to the reference group. These fields add more clarity to the HEM report for users, who would have previously had to back-calculate the stratification group rate and use that estimate to identify the stratification group. HCAI also corrected misspellings of “stratification” and added “1st” to the top disparity data element and description for clarity. HCAI added instructions for the Methodology Guidelines to clarify that hospitals should write-in “1” for a “yes” response and “0” for a “no” response to be consistent with Version 1.3 of the MSG.

For the column for field size, HCAI changed 3,1 to 4,1 and 4,1 to 5,1 to correctly denote the data input formats for SQL formats. In the previous version, 3,1 was incorrectly used to describe a percentage (e.g., 100.0), but HCAI has since learned that this would only allow digits up to the tens (e.g., 99.9). Similarly, 4,1 was incorrectly used to describe a rate per 1,000 units (e.g., 1000.0), but it limited the input (e.g., 999.9). While unlikely, the sizes in the previous version precluded the maximum possible rates for these measures.

Sheet 3: Field Specs Children’s Hosp

HCAI increased the sizes of the Hospital Name, Reporting Organization, and Report Web Address from 60 to 200 characters in response to feedback from hospitals who were forced to truncate their responses in these fields in order to successfully submit their HEM reports and pass validation by the submission portal. HCAI specified that the responses for the Healthy Places Index (field name "Clean_Water_Air"), The Joint Commission Accreditation questions, and the Centers for Medicare & Medicaid Services Hospital Commitment to Health Equity domains should be "1" for a "yes" response and "0" for a "no" response to be consistent with Version 1.3 of the MSG. HCAI edited "percent" to "percentage," "SDoH" to "SDOH," and "food" to "food insecurity" for consistency with Version 1.3 of the MSG. HCAI deleted the full writing of "Screening for Social Drivers of Health" and left only the "SDOH" abbreviation in the data element for "SDOH_Food_Positive" to be consistent with the rest of the SDOH fields.

Wherever described as "percentage," HCAI changed the label name, data element, and description to "rate" in order to be consistent with Version 1.3 of the MSG. HCAI renamed labels for the ">15" Age stratification group to "gte15," denoting "greater than or equal to 15" to improve data interoperability with statistical programs. HCAI corrected misspellings of "patient" in the data elements and descriptions for the Pediatric Experience Survey and readmission rate fields.

To align with Version 1.3 of the MSG, HCAI updated the data formats to read as "rates" instead of "percent (rate per 100)." HCAI also changed the readmission rate label names from "Readmin" to "Readmission" in order to facilitate data aggregation for hospital system reports.

For the Top 10 Disparities, HCAI added two rows per top disparity for hospitals to input the stratification group and the stratification group rate that had the widest disparity when compared to the reference group. These fields add more clarity to the HEM report for users, who would have previously had to back-calculate the stratification group rate and use that estimate to identify the stratification group. HCAI also corrected misspellings of "stratification" and added "1st" to the top disparity data element and description for clarity. HCAI added instructions for the Methodology Guidelines to clarify that hospitals should write-in "1" for a "yes" response and "0" for a "no" response to be consistent with Version 1.3 of the MSG.

For the column for field size, HCAI changed 3,1 to 4,1 and 4,1 to 5,1 to correctly denote the data input formats for SQL formats. In the previous version, HCAI incorrectly used the 3,1 format to describe a percentage (e.g., 100.0), but HCAI has since learned that this would only allow digits up to the tens (e.g., 99.9). Similarly, 4,1 was incorrectly used to describe a rate per 1,000 units (e.g., 1000.0), but it limited the input (e.g., 999.9). While unlikely, the sizes in the previous version precluded the maximum possible rates for these measures.

Sheet 4: Field Specs AcutePsych

HCAI changed the sheet name from “AcutePsych” to “AP Hosp” for clarity and consistency with Version 1.3 of the MSG. HCAI increased the sizes of the Hospital Name, Reporting Organization, and Report Web Address from 60 to 200 characters in response to feedback from hospitals who were forced to truncate their responses in these fields in order to successfully submit their HEM reports and pass validation by the submission portal. HCAI specified that the responses for the Healthy Places Index (field name “Clean_Water_Air”), The Joint Commission Accreditation questions, and the Centers for Medicare & Medicaid Services Hospital Commitment to Health Equity domains should be “1” for a “yes” response and “0” for a “no” response to be consistent with Version 1.3 of the MSG. HCAI edited “percent” to “percentage,” “SDoH” to “SDOH,” and “food” to “food insecurity” for consistency with Version 1.3 of the MSG. HCAI deleted the full writing of “Screening for Social Drivers of Health” and left only the “SDOH” abbreviation in the data element for “SDOH_Food_Positive” to be consistent with the rest of the SDOH fields. HCAI also added “Yes” to the Required column for SDOH Housing Positive, as this was inadvertently left out of the previous version.

Wherever described as “percentage,” HCAI changed the label name, data element, and description to “rate” in order to be consistent with Version 1.3 of the MSG. HCAI renamed labels for the “<18” and “>65” Age stratification groups to “lt18” and “gte65,” denoting “less than 18” and “greater than or equal to 65” to improve data interoperability with statistical programs. HCAI deleted the rows for the “<18” Age stratification rate, the Agency for Healthcare Research and Quality (AHRQ) Pneumonia Mortality Rate as it does not apply to patients less than 18 years due to the exclusion criteria. For consistency, HCAI changed any instances where “18 and older” or “18 years and older” to “18 years or older” in the data element or description.

To align with Version 1.3 of the MSG, HCAI updated the data formats to read as “rates” instead of “percent (rate per 100).” HCAI also changed the readmission rate label names from “Readmission_IPF” to “Readmission” in order to facilitate data aggregation for hospital system reports. HCAI corrected the misspelling of “disorder” in the data descriptions of “CO_Readmission_num” in some stratification groups.

For the Top 10 Disparities, HCAI added two rows per top disparity for hospitals to input the stratification group and the stratification group rate that had the widest disparity when compared to the reference group. These fields add more clarity to the HEM report for users, who would have previously had to back-calculate the stratification group rate and use that estimate to identify the stratification group. HCAI also corrected misspellings of “stratification” and added “1st” to the top disparity data element and description for clarity. HCAI added instructions for the Methodology Guidelines to clarify that hospitals should write-in “1” for a “yes” response and “0” for a “no” response to be consistent with Version 1.3 of the MSG.

For the column for field size, HCAI changed 3,1 to 4,1 and 4,1 to 5,1 to correctly denote the data input formats for SQL formats. In the previous version, 3,1 was incorrectly used to describe a percentage (e.g., 100.0), but HCAI has since learned that this would only allow digits up to the tens (e.g., 99.9). Similarly, 4,1 was incorrectly used to describe a

rate per 1,000 units (e.g., 1000.0), but it limited the input (e.g., 999.9). While unlikely, the sizes in the previous version precluded the maximum possible rates for these measures.

Sheet 5: GA Hosp

HCAI changed the sheet name from “GA” to “GAC” for clarity and consistency with Version 1.3 of the MSG.

HCAI updated the field names/column headers to be consistent with the proposed changes to the label names in the Field Specs GA Hosp sheet.

Specifically, these changes for consistency are editing the label for “HCAHPS_Recom_19_percent” to “HCAHPS_Recom_19_rate” and all the derived stratification groups (e.g., “HCAHPS_Recom_19_rate_Race_Asian”), the label for “HCAHPS_Info_17_percent” to “HCAHPS_Info_17_rate” and all the derived stratification groups (e.g., “HCAHPS_Info_17_rate_Race_Asian”), all labels ending with “<18” to “lt18” for the age stratification group, all labels with “>40” to “gte40” for the age stratification group, and all labels with “>65” to “gte65” for the age stratification group; deleting the labels with “<18” for the AHRQ Pneumonia Mortality Rate and AHRQ PSI Rate; and adding labels for the stratification group and stratification group rates for each of the top 10 disparities.

Sheet 6: Children's Hosp

HCAI updated the field names/column headers after making changes to the label names in the Field Specs Children’s Hosp sheet.

Specifically, these changes for consistency are editing the label for “PedSvy_percent” to “PedSvy_rate” and all the derived stratification groups (e.g., “PedSvy_percent_Race_Asian”), all labels with “>15” to “gte15” for the age stratification group, changing “Readmin” to “Readmission,” and adding labels for the stratification group and stratification group rates for each of the top 10 disparities.

Sheet 7: AcutePsych Hosp

HCAI changed the sheet name from “AcutePsych” to “AP Hosp” for clarity and consistency with Version 1.3 of the MSG.

Specifically, these changes for consistency are editing the label for “HCAHPS_Recom_19_percent” to “HCAHPS_Recom_19_rate” and all the derived stratification groups (e.g., “HCAHPS_Recom_19_rate_Race_Asian”), the label for “HCAHPS_Info_17_percent” to “HCAHPS_Info_17_rate” and all the derived stratification groups (e.g., “HCAHPS_Info_17_rate_Race_Asian”), all labels ending with “<18” to “lt18” for the age stratification group, and all labels with “>65” to “gte65” for the age stratification group; deleting the labels with “<18” for the AHRQ Pneumonia

Mortality Rate; and adding labels for the stratification group and stratification group rates for each of the top 10 disparities.

Sheet 8: System Field Specs

HCAI changed the sheet name from “System Field Specs” to “Field Specs Hosp System” for clarity and consistency with the rest of the File Specifications document. HCAI increased the sizes of the Hospital System Name and Report Web Address from 60 to 200 characters in response to feedback from hospital systems who were forced to truncate their responses these fields in order to successfully submit their HEM reports and pass validation by the submission portal. HCAI added the Sys_ID field and deleted the rows for Principal_Hosp_Type and Sys_Reporting_Organization to match Version 1.3 of the MSG. HCAI also added two rows for fields for the System Description and HCAI IDs of associated hospitals in order to match proposed changes to the regulatory language and Version 1.3 of the MSG.

HCAI added instructions in the descriptions of the The Joint Commission Accreditation questions that shall be assessed at the system level. HCAI also clarified that The Joint Commission Accreditation questions and the Centers for Medicare & Medicaid Services Hospital Commitment to Health Equity domains should be “1” for a “yes” response and “0” for a “no” response to be consistent with Version 1.3 of the MSG. HCAI edited “percent” to “percentage,” “SDoH” to “SDOH,” and “food” to “food insecurity” for consistency with Version 1.3 of the MSG. HCAI deleted the full writing of “Screening for Social Drivers of Health” and left only the “SDOH” abbreviation in the data element for “SDOH_Food_Positive” to be consistent with the rest of the SDOH fields.

Wherever described as “percentage,” HCAI changed the label name, data element, and description to “rate” in order to be consistent with Version 1.3 of the MSG. HCAI renamed labels for the “<18” and “>65” Age stratification groups to “lt18” and “gte65,” denoting “less than 18” and “greater than or equal to 65” to improve data interoperability with statistical programs. HCAI deleted the rows for the “<18” Age stratification rate, the Agency for Healthcare Research and Quality (AHRQ) Pneumonia Mortality Rate and Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications as they do not apply to patients less than 18 years due to the exclusion criteria. For consistency, HCAI changed any instances where “18 and older” or “18 years and older” to “18 years or older” in the data element or description. HCAI filled in the data description for “Sys_AHRQ_Pneumonia_rate_Race_Wht” with the correct definition instead of a processing note that was inadvertently left in the previous version.

To align with Version 1.3 of the MSG, HCAI updated the data formats to read as “rates” instead of “percent (rate per 100).” As proposed to match the data outputs from the MDC of the CMQCC, HCAI changed the format for the CMQCC Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated from “vaginal births per 1,000 deliveries” to “Rate of vaginal births.”

For the hospital system readmission rates, HCAI clarified that the Age stratification groups should include 0-4, 5-9, 10-14, and 15-18 categories for data aggregated from Children's hospitals; in addition to the 18-34, 35-49, 50-64, and >65 categories for data aggregated from General Acute Care and Acute Psychiatric hospitals. For the Age stratification groups for 0-4, 5-9, 10-14, and 15-18 categories, HCAI fixed the labels for "Sys_Readmission_rate_Age..." which had an extra "Sys" and truncated as "Readmin" to be inconsistent with the rest of the fields. Finally, HCAI deleted all the rows for "Sys_Readmission_IPF..." as these were changed in the sheet for Field Specs AP Hosp to be consistent with the rest of the readmission rate fields.

For the Top 10 Disparities, HCAI added two rows per top disparity for hospitals to input the stratification group and the stratification group rate that had the widest disparity when compared to the reference group. These fields add more clarity to the HEM report for users, who would have previously had to back-calculate the stratification group rate and use that estimate to identify the stratification group. HCAI also corrected misspellings of "stratification" and added "1st" to the top disparity data element and description for clarity. HCAI added instructions for the Methodology Guidelines to clarify that hospital systems should write-in "1" for a "yes" response and "0" for a "no" response to be consistent with Version 1.3 of the MSG.

For the column for field size, HCAI changed 3,1 to 4,1 and 4,1 to 5,1 to correctly denote the data input formats for SQL formats. In the previous version, 3,1 was incorrectly used to describe a percentage (e.g., 100.0), but HCAI has since learned that this would only allow digits up to the tens (e.g., 99.9). Similarly, 4,1 was incorrectly used to describe a rate per 1,000 units (e.g., 1000.0), but it limited the input (e.g., 999.9). While unlikely, the sizes in the previous version precluded the maximum possible rates for these measures.

Sheet 9: System Level

HCAI changed the sheet name from "System Level" to "Hosp System" for clarity and consistency with Version 1.3 of the MSG.

HCAI updated the field names/column headers after making changes to the label names in the System Field Specs sheet. Specifically, these were adding the "Sys_ID," "Sys_Description," and "Sys_HCAI_ID" fields, editing the label for "Sys_HCAHPS_Recom_19_percent" to "Sys_HCAHPS_Recom_19_rate" and all the derived stratification groups, the label for "Sys_HCAHPS_Info_17_percent" to "Sys_HCAHPS_Info_17_rate" and all the derived stratification groups, the label for "Sys_PedSvy_percent" to "Sys_PedSvy_rate," all labels ending with "<18" to "lt18" for the age stratification group, and all labels with ">65" to "gte65" for the age stratification group; deleting the labels with "<18" for the AHRQ Pneumonia Mortality Rate and AHRQ PSI rate; editing "Sys_Sys_Readmin..." to "Sys_Readmission..."; deleting all the "Sys_Readmission_IPF..." labels; and adding labels for the stratification group and stratification group rates for each of the top 10 disparities.

Methodology for Calculating All Cause, Unplanned, 30-Day Hospital Readmission Rate, California Department of Health Care Access and Information

HCAI proposes corrections and changes for clarification to the Methodology for Calculating All Cause, Unplanned, 30-Day Hospital Readmission Rate, California Department of Health Care Access and Information.

To each of the exclusions that are listed under General Acute Care, Children’s, and Acute Psychiatric Hospitals, HCAI added that the measure excludes index admissions for patients who are admitted for a potentially planned procedure without a principal discharge diagnosis of readmission that is acute or complication of care. This exclusion condition was incorrectly left out of the initial methodology, so the additions are necessary for correcting this document in line with the 2024 Hospital-Wide Readmission Measure Updates and Specifications Report – Version 13.0, Yale New Haven Health Services Corporation, Center for Outcomes Research and Evaluation, prepared for the Centers for Medicare & Medicaid Services, April 2024.

HCAI also added a new graphic of a decision flowchart describing the inclusion and exclusion conditions for the readmission rate and an accompanying caption to provide its source material. The purpose of adding this decision flowchart is to clarify how these conditions should be applied in sequence. The decision flowchart is adapted from the resource 2024 Hospital-Wide Readmission Measure Updates and Specifications Report – Version 13.0, Yale New Haven Health Services Corporation, Center for Outcomes Research and Evaluation, prepared for the Centers for Medicare & Medicaid Services, April 2024.

Next, HCAI made changes to the headers for the table containing the exclusions and planned procedure diagnosis codes. HCAI added a hyphen between “All” and “Cause” for grammar, added “Unplanned 30-Day” to correct the measure name and ensure consistency with the Measure Submission Guide, and added “Diagnosis” to specify that the codes listed in the table include those related to specific patient diagnoses.

In the subheader, HCAI deleted “exclusion” because it incorrectly categorized the information as exclusion conditions, and instead added “Planned Procedure and Diagnosis Categories” to correctly categorize the information as groups of diagnoses that are used for assessing exclusion conditions. HCAI also pluralized “category” to “categories” for grammar.

Finally, upon review, HCAI learned that the previous version of the methodology did not incorporate the updated list of codes. HCAI cross-referenced the list of codes with the current Code Book (<https://qualitynet.cms.gov/ipf/ipfqr/resources>), and added and deleted ICD-10 codes for some Planned Procedure and Diagnosis Categories.

V. ECONOMIC IMPACT ANALYSIS

The Department has determined that this proposed regulatory action is narrowly tailored to implement the HEM Reporting Program. As a cleanup package, this action clarifies and standardizes existing requirements rather than imposing new substantive duties.

Therefore, the Department concludes that:

- (1) This regulatory action will not create jobs within the state;
- (2) This regulatory action will not eliminate jobs within the state;
- (3) This regulatory action will not create new businesses;
- (4) This regulatory action will not eliminate existing businesses.
- (5) This regulatory action will not expand businesses currently doing business within the state;
- (6) This regulatory action will not impact workers' safety;
- (7) This regulatory action will not impact the state's environment.
- (8) This regulatory action will not result in any change to housing costs.

VI. EVIDENCE SUPPORTING FINDING OF NO SIGNIFICANT ADVERSE ECONOMIC IMPACT OF ANY BUSINESS

The Department has determined that adoption of the proposed regulations would not have an adverse economic impact on any business in the State of California because the regulations do not add any additional reporting requirements or other burdens to the existing statutorily mandated programs.

VII. TECHNICAL, THEORETICAL, OR EMPIRICAL STUDY, REPORTS, OR SIMILAR DOCUMENT RELIED UPON

HCAI continues to require hospitals to report on the following measures, which were selected based on recommendations from the Hospital Equity Measures Advisory Committee, consultations with hospitals, stakeholders, and HCAI legal services, and HCAI analyses of hospitals' data collection and analysis capacity, data completeness, de-identification and small numbers, stratification, standardization, validation, and the ability of the measures to inform action.

Structural Measures

The three structural measures based on The Joint Commission's R3 Report: Requirement, Rational, Reference. The structure measures of CMS HCHE Measure, CMS Screening for Social Drivers of Health, and CMS Screen Positive Rate for Social Drivers of Health and intervention measures were defined by the CMS.

CMS Screening for Social Drivers of Health and CMS Screen Positive Rate for Social Drivers of Health and Intervention:

https://qualityreportingcenter.com/globalassets/2023/04/iqr/scrnsocdrvrs_-_scrn_pos_specs-thi-edits-v2508.pdf

Core Quality Measures for General Acute Hospitals

1. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital
2. HCAHPS survey: Received information and education
3. Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate
4. AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications
5. California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate
6. CMQCC Vaginal Birth After Cesarean (VBAC) Rate
7. CMQCC Exclusive Breast Milk Feeding
8. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate
9. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis

HCAHPS Survey: https://hcahpsonline.org/globalassets/hcahps/quality-assurance/2023_survey-instruments_english_mail.pdf

HCAHPS Fact Sheet:

https://www.hcahpsonline.org/globalassets/hcahps/facts/hcahps_fact_sheet_april_2022.pdf

Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate:

https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications:

https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf

California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate: <https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications>

CMQCC Vaginal Birth After Cesarean (VBAC) Rate:

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_\(VBAC\)_Delivery_Rate_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

CMQCC Exclusive Breast Milk Feeding:

<https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html>;
<https://manual.jointcommission.org/releases/TJC2024B/AppendixATJC.html>

Methodology for Calculating All Cause, Unplanned, 30-Day Hospital Readmission Rates, California, Department of Health Care Access and Information
https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf; <https://qualitynet.cms.gov/ipf/ipfqr/resources>

Core Quality Measures for Children’s Hospitals

1. Pediatric experience survey with scores of willingness to recommend the hospital
2. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

The pediatric experience survey with scores of willingness to recommend the hospital measure was derived from the HCAHPS survey but modified to accommodate the data collection practices already in place at children’s hospitals.

HCAHPS Survey: https://hcahpsonline.org/globalassets/hcahps/quality-assurance/2023_survey-instruments_english_mail.pdf

HCAHPS Fact Sheet:

https://www.hcahpsonline.org/globalassets/hcahps/facts/hcahps_fact_sheet_april_2022.pdf

Methodology for Calculating All Cause, Unplanned, 30-Day Hospital Readmission Rates, California, Department of Health Care Access and Information
https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf; <https://qualitynet.cms.gov/ipf/ipfqr/resources>

Core Quality Measures for Acute Psychiatric Hospitals

1. HCAHPS survey: Would recommend hospital
2. HCAHPS survey: Received information and education
3. Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate
4. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, Stratified by Behavioral Health Diagnosis
5. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF)
6. CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders
7. The Joint Commission National Quality Measures: Substance Use Measures (SUB) SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge

HCAHPS Survey: https://hcahpsonline.org/globalassets/hcahps/quality-assurance/2023_survey-instruments_english_mail.pdf

HCAHPS Fact Sheet:

https://www.hcahpsonline.org/globalassets/hcahps/facts/hcahps_fact_sheet_april_2022.pdf

Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate:

https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders:

https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf

The Joint Commission National Quality Measures: Substance Use Measures (SUB) SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge:

<https://manual.jointcommission.org/releases/TJC2024B/AppendixATJC.html>

Methodology for Calculating All Cause, Unplanned, 30-Day Hospital Readmission Rates, California, Department of Health Care Access and Information

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf; <https://qualitynet.cms.gov/ipf/ipfqr/resources>

VIII. CONSIDERATION OF REASONABLE ALTERNATIVES

No reasonable alternatives have been identified by the Department or have otherwise been identified and brought to its attention that would be more effective in carrying out the purpose for which the action is proposed, that would be as effective and less burdensome to affected private persons than the proposed action, or that would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.