



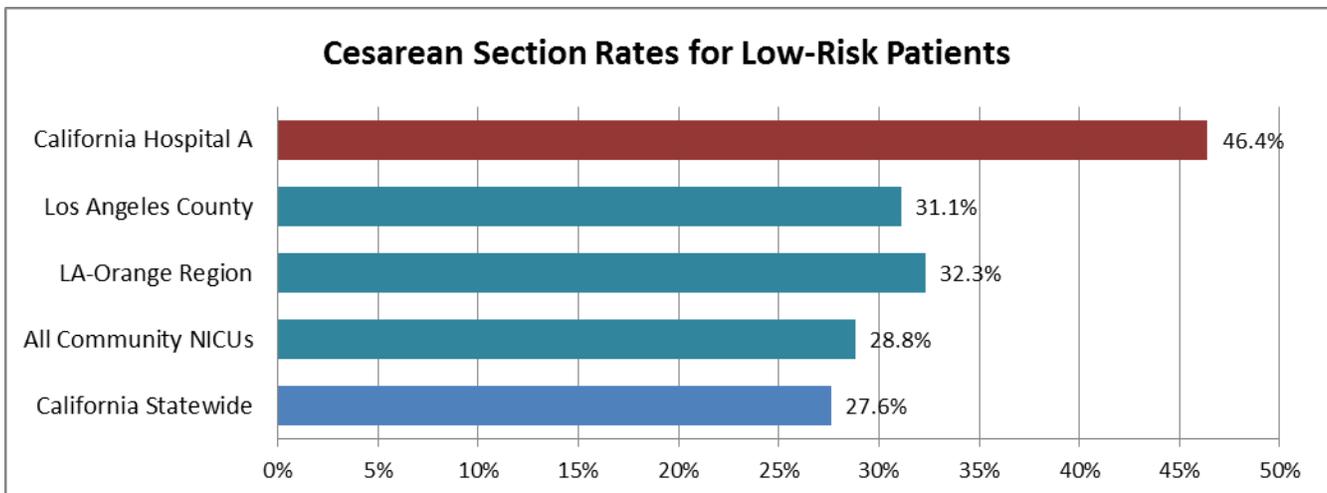
Part III: Making Use of the Data You Send to OSHPD

California Maternal Data Center: A Statewide Data Center Providing Rapid-Cycle Performance Metrics for Maternity Care Improvement

The California Maternal Data Center (CMDC) was established by the California Maternal Quality Care Collaborative (CMQCC) to help hospitals drive improvements in perinatal quality of care. CMDC links MIRCal discharge data with birth certificate data, then calculates dozens of metrics via a dynamic and user-friendly tool. As the Joint Commission and the Centers for Medicare and Medicaid Services have started to require perinatal care performance reporting, the CMDC provides support for Labor and Delivery (L&D) department's efforts to track and improve quality. Uniquely, the CMDC also features tools designed to motivate improved data documentation and coding by hospital staff.

The MIRCal discharge data enables the CMDC to update its metrics every six months, providing rapid-cycle feedback data for California hospitals. In addition, the statewide and regional statistics are made available to public health professionals at the state and regional levels (including the California Department of Public Health and the Regional Perinatal Programs) — providing valuable statistics to track maternal and newborn health across the state and inform state policy and program decisions.

The CMDC is available free-of charge to all California hospitals with L&D units; if your hospital or providers would like to know more, please contact Anne Castles at acastles@cmqcc.org.



CMQCC Maternal Data Center: Using MIRCal Data to Compare Hospital Performance to California Benchmarks

New IP, ED & AS Disposition Codes

The National Uniform Billing Committee (NUBC) approved sixteen patient disposition codes effective with discharges and encounters on or after October 1, 2013.

Fifteen of the new disposition codes, **81-95**, are adapted from existing codes and add the text "planned acute care hospital inpatient readmission." The Patient Data Section has received questions from facilities regarding how to report these new codes to OSHPD.

For Inpatient: The current Inpatient *Disposition of Patient* data element is not based on the NUBC structure. As with existing NUBC Disposition codes, facilities will need to map the new codes to OSHPD's disposition categories. A suggested cross-walk of the new NUBC codes to OSHPD's codes can be found [here](#).

For ED & AS: OSHPD will accept submission of the new codes beginning with encounters on October 1, 2013. For a complete list of the codes and their descriptions, go to the [ED and AS Data Reporting Manual](#).

NUBC also approved **Code 69 - Discharged/Transferred to a Designated Disaster Alternative Care Site**. An Alternative Care Site provides care during a disaster response when the existing healthcare delivery system is unable to accommodate the patient volume. For more information on Alternative Care Sites, go to the [California Department of Public Health](#).

The new codes are accepted by OSHPD for reporting encounters on or after October 1, 2013, but they will not be required reporting until California Regulations are amended to reflect the changes.

Comment Period Open

The official 45-day public comment period for the proposed Patient Data Reporting Update for [ICD-10 regulations](#) began Friday, September 27th and will conclude at 5:00 p.m. on Tuesday, November 12th. OSHPD encourages your participation in the regulatory process. You may submit written comments or questions to OSHPD's Health Information Division Regulations & Legislative Coordinator, [Irene Ogbonna](#).

New ED/AS Medicare Edit

OSHPD recently identified potentially incorrect reporting of Medicare A as the Expected Source of Payment (ESOP) on ED and AS data. According to the Centers for Medicare and Medicaid Services (CMS), Medicare A is used only for inpatient services, making it an illogical choice for ESOP reporting on outpatient data. Analysts in the Patient Data Section contacted a number of facilities and determined the error was typically a mapping issue which was corrected by all facilities contacted.

A new Comparative Edit (C053) will be in place to check for Medicare A effective with the October 1, 2013, through December 31, 2013, report period.



Dear MIRCAl

Dear MIRCAl: When will MIRCAl be able to accept test files with ICD-10 codes?

A: We have been putting much effort into preparation for ICD-10. The new coding structure will be effective with discharges and encounters on and after October 1, 2014.

Our existing File Format Testing function will accept files with the ICD-10 codes now. The current file formats were created in anticipation of the ICD-10 code format. When logged on to the MIRCAl system, the link for this File Format Testing feature is found on the left side main menu near the bottom. This feature processes test data through **Transmittal Validation only** which verifies that the file format is set up correctly. It does not put the file through a detailed validation of whether an ICD-9 or ICD-10 code is valid.

Facilities will be able to submit ICD-10 files through the **Full MIRCAl Validation** process immediately upon the conclusion of the first ICD-10 reporting periods. (ED and AS 10/01/2014 - 12/31/2014; IP 07/01/2014 - 12/31/2014) These files will be accepted January 1, 2015.