

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA EMERGENCY DEPARTMENT AND
AMBULATORY SURGERY DATA REPORTING MANUAL,
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, FOURTH EDITION**

INTRODUCTION

1. History

History of the Patient Data Program

Patient data reporting began with the passage of the California Hospital Disclosure Act by the California Legislature, Senate Bill 283. It was signed into law by then Governor Ronald Reagan on October 26, 1971. The act created the California Hospital Commission (Commission) and gave it the mandated broad authority to set standards for hospital uniform accounting and reporting to enable the public, third-party payers, and other interested parties to study and analyze the financial aspects of hospitals in California. Through regulations adopted on March 17, 1973, pursuant to the Hospital Disclosure Act, the Commission began collecting hospital data for all fiscal years on July 1, 1974, and thereafter.

In 1974, legislation was enacted that expanded the Commission's jurisdiction and mandated the development of a uniform accounting and reporting system for long-term care facilities. The Commission was renamed the California Health Facilities Commission to reflect its broadened responsibilities. Pursuant to this legislation and implementing regulations, long-term care data collection began for fiscal years starting on or after January 1, 1977.

In 1980, the Commission's legislative mandate was again expanded. Senate Bill 1370 (Chapter 594, Statutes of 1980) added the following responsibilities: (1) collection of quarterly financial and utilization data to assess the success of the hospital industry's voluntary effort to contain costs, (2) integration of the Commission's long-term care disclosure report with the Medi-Cal cost report to reduce the reporting burden on health facilities, and (3) collection of twelve discharge data elements on hospital inpatients to provide greater understanding of the characteristics of care rendered by hospitals.

In June of 1982, the Commission's responsibilities for the collection of discharge data were expanded through passage of Assembly Bill 3480 (Chapter 329, Statutes of 1982). The number of inpatient discharge data elements to be collected by the hospitals, beginning January 1, 1983, was increased to fifteen, with the addition of total charges, other diagnoses, other procedures and dates, and date of principal procedure. Hospitals were also given the option to report an Abstract Record Number. Chapter 329 also scheduled all provisions of the Health Facilities Disclosure Act to sunset on January 1, 1986, unless extended by subsequent legislation.

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During the 1983-84 legislative session, Senate Bill 181 was passed by the California Legislature and signed into law (Chapter 1326, Statutes of 1984) by then Governor George Deukmejian. This law, known as the Health Data and Advisory Council Consolidation Act, recognized that the California Health Facilities Commission would sunset on January 1, 1986, and transferred its functions to the Office of Statewide Health Planning and Development (OSHPD) on that date. Additionally, this bill eliminated the State Advisory Health Council effective January 1, 1986, and formed a new advisory body called the California Health Policy and Data Advisory Commission (CHPDAC).

As part of the California Health and Human Services Agency, our vision is to promote **access to safe, quality healthcare environments that meet California's diverse and dynamic needs**. To achieve this vision, OSHPD:

- Provides leadership in analyzing California's healthcare infrastructure.
- Promotes a diverse and competent healthcare workforce.
- Provides information about healthcare outcomes.
- Assures the safety of buildings used in providing healthcare.
- Insures loans to encourage the development of healthcare facilities.
- Facilitates development of sustained capacity for communities to address local healthcare issues.

As part of its mission, OSHPD maintains several health facility information programs relating to hospitals, long-term care facilities, licensed clinics, and home health agencies. OSHPD makes this information available to the public in order to promote informed decision-making in today's healthcare marketplace, to assess the effectiveness of California's healthcare systems, and to support statewide health policy development and evaluation.

The Patient Data Section (PDS) of OSHPD is responsible for collecting data from licensed health facilities (as defined in Division 2, Chapter 2, California Health and Safety Code) in California, identifying potential errors it finds in the data, and guiding reporting facilities toward compliance with data requirements.

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History of MIRCal

Under the provisions of Senate Bill (SB) 1973 (Chapter 735 of the Statutes of 1998), the Office developed a new online system, the Medical Information Reporting for California (MIRCal), that became operational to accept data on March 3, 2002. Phase one of implementation required hospitals to report inpatient discharge data online by submitting it through the MIRCal system. The second phase of implementing SB 1973 requires hospital emergency departments, hospital ambulatory surgery units, and free standing ambulatory surgery clinics to begin reporting patient data to OSHPD.

Senate Bill 1973 (Chapter 73, Statutes of 1998), as it pertains to the Patient Data Program, in part:

- requires that OSHPD, based upon review and recommendations of CHPDAC and its appropriate committees, allows and provides for additions or deletions to certain patient level data required to be reported.
- requires that a hospital file an Emergency Care Data Record for each patient encounter in a hospital emergency department, and a hospital and freestanding ambulatory surgery clinic file an Ambulatory Surgery Data Record for each patient encounter during which at least one ambulatory surgery procedure is performed.
- establishes the time and manner in which the records are required to be filed with OSHPD and revises the time and manner in which health facilities are required to file patient records with OSHPD.

Senate Bill 680 (Chapter 898, Statues of 2001) added the data element Principal Language Spoken. Through regulation, this addition was made effective with discharges on January 1, 2009, and thereafter.

2. Overview of Reporting Requirements

The Emergency Department and Ambulatory Surgery data set includes the following data elements (in alphabetical order):

Date of Birth	Principal Diagnosis
Disposition of Patient	Ethnicity
Preferred Language Spoken	Expected Source of Payment
Principal Procedure	External Causes of Morbidity
Other Diagnoses	Race
Service Date	Other Procedures
Sex	Patient Social Security Number
ZIP Code	

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Pursuant to Subsection (a) of Section 128736 of California Health and Safety Code (CHSC), each hospital must submit an Emergency Care Data Record for each patient encounter in a hospital emergency department. "Emergency department" is defined in Subsection (c) of Section 128700 of CHSC. An emergency department includes those providing standby, basic, or comprehensive services as stated in Subsection (i) of Section 97212. A hospital does not report an Emergency Care Data Record if the encounter resulted in a same-hospital admission as stated in Subsection (a)(2) of Section 97213 of Title 22 of California Code of Regulations (CCR).

Pursuant to Subsection (a) of Section 128737 of CHSC, facilities are required to report Ambulatory Surgery Data. Ambulatory surgery procedures are defined in Subsection (a) of Section 128700 of CHSC. "Freestanding ambulatory surgery clinic" is defined in Subsection (e) of Section 128700 of CHSC.

Facilities submit their data to OSHPD via on-line data transmission. MIRCal, an acronym for "Medical Information Reporting for California," is a web-based application that provides a convenient and secure way for healthcare facilities, or their Designated Agents, to submit patient data to OSHPD. Pursuant to Subsection (c) of Section 97211 of Title 22 of CCR, the required data must be filed quarterly, no later than 45 days after the end of each quarterly reporting period.

Pursuant to Subsection (a) of Section 128770 of CHSC, there is a civil penalty of one hundred dollars (\$100) a day for each day the filing of the data is delayed. For purposes of initial submission of data or for correction of data, a hospital may request an extension of the reporting due date. In accordance with Subsection (c) and (d) of Section 97241 of Title 22 of CCR, a maximum of 28 extension days per reporting period may be granted for encounters occurring in 2004. A maximum of 14 extension days may be granted for encounters occurring in 2005 and beyond.

Prior to the Due Dates, MIRCal automatically generates "Reminder Notices" to be sent to any facilities that have not submitted their data to OSHPD. A "Delinquency Notice" is sent if a facility has not formally submitted their data to OSHPD by the established due date. These notices are sent by either US Mail or via e-mail. A "Penalty Notice" is sent by certified mail to the facility if the data or time extension request is submitted after the due date.

Reporting facilities have the option of either submitting data directly to OSHPD or designating an outside agent (abstractor or data processing firm) to do so on their behalf. Pursuant to Section 97246 of Title 22 of CCR, if an agent is designated to provide the data, it remains the responsibility of the facility to make sure that its data are filed by the due date and all reporting requirements are met.

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Additional Reporting Requirements

The Facility Identification Number is a unique six-digit number that is assigned to each facility. It is used to identify the facility and should be reported on each data record.

3. Hours of Operation

Section 97249

The MIRCal System will be supported from 8:00 a.m. to 5:00 p.m., Monday through Friday (except for Official State Holidays). System maintenance may cause intermittent MIRCal system unavailability. Contact the Patient Data Program at (916)326-3920 or (916) 326-3935 to report possible MIRCal transmission problems.

The office is closed* during the following Official California State observed holidays:

New Year's Day	Independence Day
Martin Luther King Jr. Day	Labor Day
Presidents' Day	Veterans' Day
Cesar Chavez Day	Thanksgiving (Thursday and Friday)
Memorial Day	Christmas Day

*Please note: when a holiday falls on a Sunday, the office is closed the following Monday in observance of the holiday.

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4. How OSHPD Processes and Edits Patient Data

Facilities submit their data by either File Transmission (attaching a data file), or by manually entering individual records through the use of MIRCal's "web entry" function. MIRCal processes each record through a series of editing programs and provides submission results within 24 hours. The editing process applies field edits to each record, which are described in the *MIRCal Edit Flag Description Guide – Emergency Department and Ambulatory Surgery Data*, and can be accessed on the MIRCal website. In addition to the error reports, MIRCal also generates the following informational reports: Data Distribution Report and E-Code Report. Facilities will need Adobe Acrobat Reader® to view all MIRCal reports. This software can be downloaded at no charge from Adobe's website.

Through the use of a "test submission" feature, MIRCal allows facilities to repeatedly test their data and correct errors before Formal Submission to OSHPD. Corrections can be made by re-submitting the corrected data by File Transmission, or by correcting individual records via the Online Correction process. Data can only be approved by OSHPD when submitted as a Formal Submission and the percentage of errors is at or below the established error tolerance levels.

Data is made available to the public no later than 15 days after the data is approved. Once the data is "made available", a profile report can be accessed for each facility on the public MIRCal Informational website. This is a summary that displays each data element and lists the numerical and percentage breakdown of records within each data element category.

MIRCal also provides access to each facility of their summary reports for up to four report periods of MIRCal data submissions.

5. Availability of Data

Discharge data are available through OSHPD's Healthcare Information Resource Center at http://oshpd.ca.gov/HID/Data_Request_Center/ . The data are available in a variety of media and formats. There is also a variety of aggregate data files available for download at no charge.

In order to protect patient confidentiality, data elements that may enable identification of an individual are masked before release to the public. Custom reports are available upon requests.