

Locating & Correcting Errors in Your Data

Once data submitted to OSHPD pass transmittal edits to verify compliance with the file format and specifications, data are processed through a series of Standard Edits. Each record is edited and any errors found are identified by either critical or warning (non-critical) edit flags.

For Standard Edits that identify blank or invalid fields, OSHPD allows a 2% margin of error as specified in the regulations on Error Tolerance Level (ETL). If the data show more than 2% of records with critical errors, the data must be corrected and resubmitted. If the data show 2% or less records with critical errors, data are approved, and OSHPD applies defaults as described in Section 97248(c) of the proposed regulations.



Critical flags are applied towards the ETL, while warning flags are not. An **S** flag, followed by a 3-digit number identifies a critical error.



An **SW** warning flag, followed by a 2-digit number identifies a non-critical error. These flags are meant to alert you to possible errors in your data.

The MIRCal system generates an edit report for every record that contains one or more errors, and displays the edit flag(s) under the affected data element(s). This report, called the "Standard Edit Detail Report," can be printed to assist you in making corrections to your data. Please refer to Module 3, Lesson 4 in the MIRCal Computer Based Training for more information on how to make online corrections.

The Edit Flag Description Guides— one for Inpatient data and one for ED and AS data, can be found on the MIRCal Informational website at:

www.oshpd.ca.gov/MIRCal

Choose the Resources link!

Each of these guides describes each edit program, defines the applicable Error Tolerance Levels, provides a list of the edit flags and their descriptions, and gives instructions on how to access the error reports.

Warning Flag on HIV Test Result

If ICD-9-CM codes for the HIV test results are reported in your data, they will be flagged with a warning edit flag. Diagnosis code V08 or 795.71 reported in the principal diagnosis or other diagnosis field will be flagged with a SW05 or SW06 warning flag.

Why does OSHPD edit these codes? This warning edit was designed to protect health facilities from further liability if the coder forgot or didn't know about the California Health and Safety Code section that prohibits the disclosure of any results of an HIV test whether positive, negative, or inconclusive without patient's written authorization for each disclosure. The only exception to the Health and Safety Code, is that the HIV test result must be reported to the public health agency. Most health facilities are not always aware of the differences between a public health agency and OSHPD when reporting the HIV test results. OSHPD is NOT a public health agency. OSHPD is not held liable for the reported codes. Health facilities, however, could ultimately be held responsible for disclosing that information without the patient's signed consent.

More information on edit flags and edit reports can be found on our web site.



Sample Forms for Collecting E-Codes and Race and Ethnicity

The collection of E-Codes and the Race and Ethnicity data has caused many facilities to develop new data collection forms and processes. Below are two sample forms used by Ambulatory Surgery Centers that were shared with OSHPD. These forms were facility-designed to meet the needs in reporting requirements. We encourage facilities to work together on best practices for data collection.

External Cause of Injury

Patient Population Survey

As of January 1, 2005, California state law requires hospital emergency departments and all ambulatory surgery centers to report the causes of injury to our patients. (Section 97227 of the California Code of Regulations) The purpose of this requirement is to help governmental agencies to create strategies to minimize injuries and the costs associated with those injuries. The cause of your injury will be reported to the state as a standardized number code.

The information you complete below will be maintained in the strictest confidence. Your name will not be reported to the state with this information and your answers will not become a part of your medical record.

Instructions: Please circle one response for each question below.

1) Was the condition you are being treated for today caused by an accident or other external cause (such as repetitive stress)? **Yes / No**

2) Please describe the accident, circumstance, or event which caused your condition or injury. Include the place the event occurred and the roles of any other people who were involved in causing the condition or injury. (Please do not include names.)

3) Have you been treated for your condition at an emergency room, hospital, or surgery center before today? (Your doctor's office does not count.) **Yes / No**

Thank you for your cooperation.

Sample

Race and Ethnicity

"Ambulatory Surgery Center"

Dear Patient:

As of January 1, 2005, the State of California, Office of Statewide Health Planning and Development (OSHPD) mandates that ambulatory surgery centers collect individual encounter data (California Health and Safety Code, Division 107, Part 5 - Health Data, Section 128737). The data will be used for health planning projects, including management of state health care delivery and public health programs, efficient administration of healthcare services, continuous improvement in the quality of care provided by hospitals and ambulatory surgery centers, effective procurement of healthcare services, and identification and correction of disparities in healthcare access and outcomes. Individually identifiable patient information is protected and encrypted within the State system.

In addition to information collected at the time when surgery is scheduled, we also need you to select your race and ethnicity:

RACE:	ETHNICITY
<input type="checkbox"/> R1 American Indian or Alaska Native	<input type="checkbox"/> E1 Hispanic or Latino
<input type="checkbox"/> R2 Asian	<input type="checkbox"/> E2 Non-Hispanic or Non-Latino
<input type="checkbox"/> R3 Black or African American	
<input type="checkbox"/> R4 Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> R5 White	
<input type="checkbox"/> R9 Other Race	

Sample

If you have any questions, please contact the Patient Data Section of OSHPD at 916-324-6147. Additional information is available on the internet at www.oshpd.ca.gov/mircal.

Thank you very much.



Special Thanks

If you are new to MIRCAl or a veteran inpatient data reporting professional, the OSHPD Patient Data Section is dedicated to working with you to ensure timely, accurate, and quality data submissions. OSHPD would like to thank the 163 facilities signed up to participate in the voluntary reporting period for Emergency Department and Ambulatory Surgery data. During the voluntary period, encounters from October 2004 through December 2004 will be accepted as "test" data submissions.

The voluntary period will be open from February 14th through March 17th.

Capturing & Reporting OSHPD Data

There are a variety of methods, tools, and processes that a facility can use to capture and submit a batch file of data. The best practice depends on the internal systems and operations unique to a facility. Our experience with facilities indicates the most common methods or solutions fall into three categories:

1. **MIRCal Data Entry** – For facilities that do not have the capability to produce a file extract, MIRCal provides a function called “Web Data Entry” that permits facilities to enter data records directly into an online form and submit the records for processing.

It is important, however, to note that this process creates a file on the OSHPD system that can be submitted for processing. Therefore, a facility must wait until the reporting period is “opened” to enter records. OSHPD provides a sample [Manual Abstract Reporting Form](#) that a facility can use to collect information via hardcopy until the report period is opened.

2. **Software Vendor (File Export from Custom Software)** – Many medical records or billing software vendors have developed or are in the process of developing features within their software that will export data in the OSHPD required format and layout. If a facility is utilizing packaged software to manage medical records, the facility should contact their software vendor to determine if the software provides this file export utility. Once a file is exported in the [OSHPD required fixed length text format](#), it can then be sent through MIRCal.
3. **Third Party Custom Template or Software** – If the first two options are not feasible, a facility may need to develop a customized application or form to create a file. Through the use of third-party software packages (e.g. MS Excel, MS Access, Adobe Acrobat, Paradox, etc.), a facility may develop a tool where they can enter the required data elements and have them formatted in a format that meets OSHPD specifications. This will require that a facility have knowledge of the software products chosen and how to manipulate data into the OSHPD required fixed length text format.



Who Sent Me E-Mail?

Make sure you identify yourself, your facility, and put the word MIRCal in all e-mails sent to the Patient Data Section of OSHPD at (mircal@oshpd.ca.gov). For security purposes, OSHPD scans all e-mail for potential viruses and may reject e-mail from unknown or un-trusted sources. Therefore, please provide your full name, facility name, and a contact phone number on all e-mail correspondence sent to OSHPD. Including your facility name in the “subject” line helps us identify you.

*Unlike the MIRCal application, remember that e-mail is not secure, so confidential patient data should **never** be sent via e-mail.*

Coding Edit Update

In the course of updating the coding edit program, one of the coding edits was revised to match the coding instructions in the ICD-9-CM codebook. The updated coding edit is V0099 (COPD with Other Respiratory Conditions).

The term Chronic Obstructive Pulmonary Disease (COPD) is a generic term that represents any form of unspecified chronic obstructive airway disease. COPD is not a separate disease entity when associated with other specified chronic obstructive lung disease.

A combination code is a single code used to classify two diagnoses or a diagnosis with an associated secondary process (manifestation). The coding instructions are often found under the ICD-9-CM code in NOTE, Includes, or Excludes notes. If COPD is related to a specified airway disease, the ICD-9-CM codebook instructs that a combination code should be used instead.

The coding instruction for COPD under diagnosis code 496 has a NOTE that states, “This code is not to be used with any code from categories 491-493.” In addition, the exclusion notes list the combination codes that are more specified than COPD. According to the NOTE under diagnosis code 496, this coding edit V0099 was revised to include all of the 491 codes: 491.0, 491.1, 491.8, 491.9, and the new code 491.22.

Wanted...UAA Forms!

Over 200 Freestanding Ambulatory Surgery Centers have not submitted MIRCAl User Account Administrator (UAA) forms to OSHPD. The forms, distributed to Administrators in November 2004 are required. Without a UAA, your facility cannot gain access to MIRCAl to submit or correct data submissions during the mandatory data submission timeframe.

Do not delay! Submit your forms today!

UAA forms can be obtained online or by contacting OSHPD at (916) 324-6147.

**** IMPORTANT DATES ****

ED & AS Data Collection Project

Computer Based Training	Now available!
User Account Agreements	Due now!
MIRCAl System Rollout	March 2005
Voluntary Period (ED&AS)	Through March 17
Final Regulations	April 2005

ED & AS Proposed Due Dates:

Oct 1, 2004 - Dec 31, 2004	Voluntary
Jan 1, 2005 - Mar 31, 2005	Due May 15, 2005
Apr 1, 2005 - June 30, 2005	Due August 14, 2005
July 1, 2005 - Sept 30, 2005	Due November 14, 2005

IP, ED & AS Proposed Extension Days:

A maximum of 14 extension days is proposed for reports in 2005.

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***Next Issue:
Rollout & Training***