

Getting to know you better..... Invite us for a visit

Ambulatory Surgery Centers (ASC's) and your associations suggested at the beginning of MIRCal reporting that Patient Data Section (PDS) staff should visit centers, meet the actual people who report data, and become better acquainted with the world of ambulatory surgery. These visits were meant to educate our staff and to foster new relationships with our ambulatory surgery partners.

PDS received invitations from nine nearby centers in the greater Sacramento area. All PDS and Information Systems Staff assigned to MIRCal visited at least one facility. Visits were filled with questions and concerns such as the privacy of patients, the security of the data reported, and the public health benefit anticipated from the efforts of data providers. The exchanges were valuable and led to improvements.

Our outreach goals for 2006 include visits to ASC's in other areas of California. We know that we have much more to learn about ambulatory surgery as a growing part of healthcare. We are eager to identify problems and reach out to solve them. The new Deputy Director of OSHPD's Healthcare Information Division is Michael Rodrian. He has said "I like outreach, especially when it's done with a view to our learning their issues, and then being able to summarize our learning and turn it into providing a better system for them." Given that, we are now soliciting invitations to California ASC's during the months of July and August 2006.

We are also considering mini-seminars, teleconferences, and other group educational sessions for those facilities who would like updates on MIRCal functions and edits. Please help by giving us feedback on where you are, if you would like a visit, when and where you could attend a seminar, and what content/curriculum you would find helpful. If you can host a group of 10 or more attendees, would you be willing to serve as a seminar site later this summer or fall? Please contact us at MIRCal@oshpd.ca.gov or at (916) 324-6147.

2006 ASC Fee Assessment

Freestanding Ambulatory Surgery Centers (ASC's) will soon be receiving notification of their 2006 special fee assessment. The annual assessment rate is \$.50 cents per encounter. In 2005, the assessment was based on an estimate of the number of encounters that a surgery center planned on reporting to OSHPD for the entire calendar year 2005.

The 2006 invoice amount will be based on the total number of encounters that were actually reported to OSHPD in calendar year 2005, with an adjustment made for the difference between the actual number of encounters and the estimate of encounters provided to OSHPD in 2005. For example, ASC A estimated to OSHPD that they would be reporting 800 encounters in 2005. When 2005 reporting was completed, ASC A only reported 750 encounters. Their assessment for 2005 was \$400.00 (800 x \$.50). Their assessment for 2006 will be \$350.00 (750 - 50) x \$.50). ASC B estimated to OSHPD that they would be reporting 500 encounters in 2005. When 2005 reporting was completed, ASC B reported 700 encounters. Their assessment for 2005 was \$250.00 (500 x \$.50). Their assessment for 2006 will be \$450.00 (700 + 200) x .50).

An additional fee of \$1.00 per encounter will be assessed for the number of encounters exceeding 120% of the 2005 estimate. The 2006 fee assessment is due July 1, 2006, and delinquent July 31, 2006. For more information, please refer to the California Health and Safety Code, Division 107, Part 5, Chapter 1 Health Facility Data, Section 127280.



New Non-Critical Edit for Coding Edits: VW flags

For those of you who are not familiar with the IP coding edit program, the coding edits were designed to check for illogical relationships between ICD-9-CM diagnoses, procedures and E codes, and for incompatibilities with the official coding guidelines established by the four cooperating parties (NCHS, CMS, AHIMA, and AHA). The coding edits are identified with a V flag, not the V code. The letter V was the only program character we had when we first developed the coding edit program in 1992. OSHPD's ICD-9-CM Coding Edit Manual lists all coding edits.

There were originally fifty coding edits that were identified as non-critical errors due to some exceptions in guidelines or coding scenarios. These were turned off and labeled as inactive edits for all discharges on or after January 2000. With improvement to the MIRCAl edit program, we changed these 50 inactive coding edits to non-critical (warning) edits. The warning edits are identified as VW flag, instead of V flags.

The non-critical coding edits (VW flags) will be effective for all inpatient discharges on or after January 2006. You can review the record in question and determine if the non-critical coding edit will improve your data quality via correction. Non-critical edits will not cause MIRCAl to reject your data.

The Coding Edit Summary Report will show your VW flags and titles of the descriptions. It will show the number of IP records with VW flags for each type of care (acute care, rehab, psych, chem dep, SNF).

The ICD-9-CM Coding Edit Manual, Eighth Edition, will be available on the MIRCAl web site for your next IP report period (Jan-Jun 2006). In the previous Seventh Edition, the coding edits are in numerical order, such as V0001, V0002, V0003, V0004, and so forth. With the change to the coding edits, the sequence will remain numerical, but the first two digits will be VW, instead of V. The new arrangement of the coding edits will show: V0001, V0002, VW003, VW004, and so forth.

JUNE 5 – 7, 2006

Visit the Patient Data Staff at

BOOTH 50

at the California Health Information Association (CHIA) Annual Conference in Rancho Mirage, CA



Continued

Revisions to the Critical Edit: S025

The intent of this S025 critical edit is to help hospitals comply with E code regulations. The logic for this edit: If the trauma is coded in the principal diagnosis (ICD-9-CM 800-995), the edit program will look for a missing E code. In order for this edit to not be applied to a second record, the logic exempts specific admission sources (SNF, Rehabilitation, Chemical Dependency, Psychiatric, and freestanding Ambulatory Surgery) and type of care SNF and Rehabilitation. For the source of admission, the exemption does not include hospital-based AS because the AS record is combined with the IP record and the E code should be reported on the IP record.

This critical edit is in effect for all inpatient discharges on or after July 2005. The edit was revised in hope of reducing the over-editing of your records. It is important to correct your critical edits down to the Error Tolerance Level (ETL). If it is not corrected to ETL, your data will be rejected. If you think the record is correct, notify your analyst in writing of why it is correct as reported and your analyst may override the edit.



New Non-Critical Edit: SW25

A new edit was added to all encounter records on or after January 2006. Non-critical edits are warning edits and the second digit will indicate a W. The non-critical edit SW25 was developed to help facilities comply with regulations on E codes. For example, if the encounter record showed a principal diagnosis as a trauma code, then an E code must be reported.

The logic for this non-critical edit is limited to finding a principal diagnosis showing an ICD-9-CM code 800-995 and then it looks for a missing E code. In the ED and AS Edit Flag Description Guide, the description for SW25 is "Missing Principal E Code".

Because we do not collect admit source from ED or AS data, this edit is not flawless. We do not know if this is the first reported episode of care for this injury. Because this is not an absolutely true error, it is a non-critical edit.

These non-critical edits will not cause MIRCAl to reject your data. After you review your records in question, we encourage you to share with us, particularly with your MIRCAl analyst, what you've learned. With your input and review of SW25 frequencies, our analysts will learn what we can do to improve this edit.

What Are Trend Edits?

Trend Edits check for inconsistencies by comparing data submitted in the current report period to data submitted in past (historical) report periods. Effective with the January through March 2006 Report Period, OSHPD has added four (4) Trend Edits to the ED and AS validation process. Trend Edits are identified by a T (critical) or TW (warning) flag. All Trend flags, including warning flags, should be reviewed. A critical T flag will cause your data to be rejected.

How do you know if your data failed the Trend Edit Program? You will need to review the Main Error Summary. The Main Error Summary will display either "Pass" or "Fail" for the Trend Edit Program.

If your data failed, you will need to review the "Trend Edit Summary Report". This report can be found in the Error Reports.

For more information on the Trend Edit Program, please refer to the "ED & AS Edit Flag Description Guide," which can be found on the MIRCal Resources page at www.oshpd.ca.gov/MIRCal/resources.htm.

Disposition Code Updates

As a result of official meetings conducted by the National Uniform Billing Committee (NUBC), patient disposition codes were updated in 2005. New and updated codes are accepted by OSHPD and will not be rejected. They will not be required, however, until the California Code of Regulations is amended to reflect the updates later this year.

New Code:

66: Discharge/transferred to a Critical Access Hospital (CAH)

Description Changes:

- 03: Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care.
- 05: Discharged/transferred to another type of institution not defined elsewhere in this code.
- 06: Discharged/transferred to home under care of organized home health organization in anticipation of covered skilled care.

Old Code:

08: Discharge/transferred to home under care of a Home Intravenous (IV) provider.

Obsolete as of 12/31/2005.

No Data To Report This Report Period?

OSHPD uses the official Department of Health Services (DHS) facility license information for determining what data type, type of care, and services are to be reported by your facility. In instances where your facility has no data to report, you can notify our office via MIRCal. Once MIRCal is accepting data submission for the report period, you may certify that you have no data to report by submitting MIRCal's online No Data to Report certification. The link is found on the left under "Online Submission". MIRCal's Submission Status page will read "No Data to Report" and no "Due Date" will be displayed once your request has been processed.

Please allow 5 business days for processing. This feature should only be used when a facility has no data to report for the entire report period. The form can also be found on the MIRCal Resources page at www.oshpd.ca.gov/MIRCal/resources.htm.

Use Early Manual Record Entry

Remember that facilities are now able to manually enter and save a record at the time of a patient's visit using MIRCal's Early Manual Record Entry function. MIRCal will save your records until the report period is officially open for submission. At that time, saved records can be submitted and will be processed through MIRCal's Validation Program to check for blank, invalid, and relational errors. Be sure to choose the correct report period when entering records. Use this helpful tool for more efficient and timely MIRCal submissions.

CHIA/OSHPD Seminars: MIRCal Enhancements and More...

The Patient Data Section presented 6 half day seminars in March throughout California. Almost 400 healthcare professionals attended the informative seminars. If you were unable to attend our 6 city tour in March, the information presented is now available online. Please go to www.oshpd.ca.gov/MIRCal to review what you missed.

Updated Regulations will be coming soon!

A small regulation package will be posted on our web site soon for a formal 45-day public comment period. Below is a quick overview of the updates:

- Updating the Definition of Disposition of Patient text to conform to the updated 837 Health Care Claim (Section 97264).
- Adding the online No Data to Report form (Section 97240).
- Setting the ASC special assessment fee at 50 cents per encounter (Sections 90417 and 97266).
- Closing MIRCal to data submissions 60 days after the prescribed due date (Section 97250).
- Clarifying when E-Codes should be reported (Sections 97227, 97260 and 97261)
- Eliminating the requirement to provide a reason for the use of extension days (Section 97241)

IP Due Dates*:

Jan 1, 2006 – June 30, 2006	Due September 30, 2006
July 1, 2006 – Dec 31, 2006	Due March 31, 2007

ED & AS Due Dates*:

Jan 1, 2006 – Mar 31, 2006	Due May 15, 2006
Apr 1, 2006 – June 30, 2006	Due August 14, 2006
July 1 – Sept 30, 2006	Due Nov 14, 2006
Oct 1, 2006 – Dec 31, 2006	Due Feb 14, 2007

**California Health Information Association (CHIA)
Annual Convention:**

June 5-7, 2006 – Rancho Mirage, CA

**California Ambulatory Surgery Association
(CASA) Annual Convention:**

September 20-22, 2006 – Irvine, CA

** Printable due date calendars for IP, ED & AS can be found on the MIRCal web site:*

www.oshpd.ca.gov/mircal/resources.htm

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