

**IP** Inpatient Discharges

**ED** Emergency Department

**AS** Ambulatory Surgery

## SOURCE OF ADMISSION - OTHER: What should be reported?

### SOA 921 and 922 (from another hospital)

OSHPD recently reviewed Source of Admission – Other and found that patients admitted from another hospital's Emergency Department (ED) are not always reported correctly. Patients transferred to your facility from another hospital's ED should be reported as Source of Admission (SOA) "Other/Another Hospital" (921 or 922).

### SOA 931 and 932 (not a hospital)

There are rare instances when "SOA-Other/Not a Hospital" is applicable. The most common are an infant born before admission to the hospital and a patient transferred from an inpatient hospice facility.

EXAMPLE: A baby born in a taxicab, ambulance or personal vehicle and admitted to your facility via Your ED should be reported as 931: Other/Not a Hospital/Your ED.

Facilities should review their Data Distribution Report (DDR) to be sure they are not misreporting SOA – Other. For most facilities, we expect a low number of records to be reported in SOA - Other, especially in the "Not a Hospital" category. If your DDR shows suspiciously high numbers for your facility, please contact your PDS analyst for assistance.

## The Variant Action Request Process

The Variant Action Request (VAR) process allows facilities to verify data as accurate even if it has been flagged as being inconsistent with anticipated trends and comparisons.

Recently the Patient Data Section refined our VAR process to require more detailed information from the facility to explain why the data are correct as reported. When facilities request a VAR, a concise justification should be provided to their MIRCal analyst. This justification should:

- Describe why the data are accurate
- Provide any applicable causes
- Explain the steps taken to validate the data

Please note, the process may take up to five business days so please submit your requests as early as possible. Contact your MIRCal analyst for further VAR information.

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### **\*\* IMPORTANT 2012 DATES \*\***

#### **IP Due Dates:**

Jan 1 – June 30, 2012

Due: September 30, 2012

#### **ED & AS Due Dates:**

Jan 1 – March 31, 2012

Due: May 15, 2012

April 1 – June 30, 2012

Due: August 14, 2012

July 1 – September 30, 2012

Due: November 14, 2012



## Dear MIRCal

**Dear MIRCal: We have patients who are discharged home, but Home Health Service is ordered the next day. Should we update their Disposition from Routine to Home Health Services?**

A: Do not update the Disposition. Regulation defines Disposition of Patient as *the consequent arrangement or event ending a patient's stay in the reporting facility*. Home Health Services should only be reported if it was ordered at the time the patient is discharged from your facility. Please see the [Disposition](#) section of the Inpatient Data Reporting Manual for more information.

**Dear MIRCal: A hospice program leases an area of our hospital to provide services to our patients after discharge. The patients do not leave our facility but the hospice program provides all the care. What disposition do we report when we discharge these patients to the hospice program?**

A: This situation does not qualify as a discharge. Regulation states that in order to be considered a discharge, the patient must be either:

- 1) formally released and leaves your facility, or
- 2) transferred to another type of care at your facility as defined in Section 97212 (x), or
- 3) leaves against medical advice, or
- 4) dies

In this situation the patient is still occupying a licensed bed at your facility and did not change type of care. Therefore it would not be considered a discharge. See Section 97212 (e) in the [Reporting Requirements](#) section of our Inpatient Data Reporting Manual for the complete definition and discussion.

## HMO Plan Code Update

As mentioned in the Quick Notes issue 27 “HMO Plan Code Update” article, United Healthcare (UHC) is consolidating plan codes.

In 2011, UHC was doing business as Health Plan of America, PacifiCare of California, and Secure Horizons which were all reported to MIRCal as Plan Code 0126. This past February, UHC combined all of its plans under one name with the Department of Managed Health Care.

OSHPD has updated our Plan Code Table to reflect the UHC name with the 0126 Plan Code. Please refer to the MIRCal [Inpatient Data Reporting Manual](#) for the most current Plan Codes, or contact your MIRCal analyst for additional information.

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## Make MIRCal “Safe”

This is a friendly reminder to place OSHPD on your “safe” email list. MIRCal sends important updates and notifications, but some facilities may not receive these if the emails are confused with spam. Please take the time to make sure that [MIRCal@oshpd.ca.gov](mailto:MIRCal@oshpd.ca.gov) is on your list of email considered “safe” to receive. If you wish to opt out of receiving MIRCal email from OSHPD, please notify your OSHPD analyst.

Also, OSHPD maintains several email lists depending on your areas of interest. If you would like to be added to our email list, please visit our website at: <http://www.oshpd.ca.gov/Signup.html>

