

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA PATIENT DATA REPORTING MANUAL,
MEDICAL INFORMATION REPORTING FOR CALIFORNIA**

INTRODUCTION

1. 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, were increased to fifteen, with the addition of total charges, other diagnoses, other procedures and dates, and date of principal procedure. Also, hospitals were given the option to report 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.

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

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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).

Assembly Bill 2011 (Chapter 1021, Statutes of 1985) brought additional refinement to the reporting and collection of inpatient discharge data. It required hospitals to submit discharge data semiannually, not later than six months after the end of each semiannual period commencing six months after January 1, 1986.

In September of 1988, Senate Bill 2398 (Chapter 1140, Statutes of 1988), added two data elements to inpatient discharge data: External Cause of Injury and Patient Social Security Number, bringing the number of mandatory data elements to seventeen. Through regulation, these additions were made effective with discharges on July 1, 1990, and thereafter.

Assembly Bill 3639 (Chapter 1063, Statutes of 1994) added the data element Prehospital Care and Resuscitation (Do Not Resuscitate) orders at or within 24 hours of admission. Other data elements added at that time were indicators for whether or not conditions were present at admission for the principal diagnosis and other diagnoses.

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

Pursuant to statutory authority, the Total Charges data element was added to the ED/AS data set. This addition is implemented with encounters occurring on January 1, 2019 and thereafter.

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 dynamic and diverse 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

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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, California Health and Safety Code (H&SC), identifying errors in the data, and guiding the reporting facilities toward compliance with data requirements.

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 required hospital emergency departments, hospital ambulatory surgery units, and licensed 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 collection of patient data, 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.
- allows for additions or deletions to the patient level data elements.

2. Overview of Reporting Requirements

Pursuant to Subdivision (g) of Section 128735 of the H&SC, hospitals are required to report specified data elements for each inpatient discharged from a hospital. Hospitals are defined in Section 128700 of H&SC. Because this reporting requirement is based on the hospital's license, the reporting requirement covers every patient discharged from a bed appearing on the hospital's license. Federal hospitals (operated by the Veterans Administration, the Department of Defense, or the Public Health Service) are not required to report because they are not subject to state licensure.

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

Pursuant to Section 128737 of H&SC, each hospital and licensed freestanding ambulatory surgery clinic is required to report Ambulatory Surgery Data. Ambulatory surgery procedures are defined in Section 128700 of H&SC. “Freestanding ambulatory surgery clinic” is defined in Section 128700 of H&SC. A hospital does not report an Ambulatory Surgery Data Record if the encounter resulted in a same-hospital admission as stated in Section 97213 of Title 22 of the CCR.

Facilities submit their data to OSHPD via Medical Information Reporting for California (MIRCal), an on-line data transmission method. MIRCal 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. The required data must be filed in prescribed report periods (semiannually or quarterly) by the due dates specified in CCR Section 97211.

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 97210 of Title 22 of the California Code of Regulations, if a facility designates an agent 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.

Pursuant to Section 128770 of the H&SC, there is a civil penalty of one hundred dollars (\$100) a day for each day the filing of the data is delayed. Civil penalties are to be assessed and recovered in a civil action brought in the name of the People of the State of California by the Office. A health facility that wishes to appeal a penalty may request an administrative hearing. Penalty fees received by the Office shall be paid into the state’s General Fund.

For purposes of initial submission of data or for correction of data, a facility may request an extension of the reporting due date. A maximum of 14 extension days per reporting period may be granted for discharges and 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

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date. These notices are sent by either U.S. Mail or via e-mail. A penalty notice is sent by certified mail to the facility if the data are submitted after the due date.

Each reporting facility is charged an annual special fee assessment per Section 127280 of the H&SC. If payment is not made within the time prescribed, the facility's license will be revoked until the required fees have been paid. CCR Section 97266 implements the freestanding ambulatory surgery clinic fee assessment and CCR Section 97063 implements the hospital fee assessment. These fees produce revenues sufficient to fund the budget appropriation for the California Health Data and Planning Fund to support the Data Act programs.

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) 326-3935 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.

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 complex editing programs and provides submission results to facilities within 24 hours. The editing process applies field and relational edits to each record, which are described in the *MIRCal Edit Flag Description Guides* which can be accessed on the OSHPD website. In addition to error reports, MIRCal also generates the following informational reports with each submission: Data Distribution Report and External Causes of Morbidity Report. Facilities will need Adobe Acrobat Reader® to view all 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

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be made by re-submitting a corrected data report by file transmission or by correcting individual records via the online correction process. Custom reports are available upon request. 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 level.

5. Availability of Patient Data

Pursuant to H&SC Section 128755, data is made available to the public no later than 15 days after the data is approved. Once the data is made available, a Facility Summary Report can be accessed for each facility on the website. This is a summary that displays each data element and lists the numerical and percentage breakdown of records within each data element category.

Patient data are also available at <https://oshpd.ca.gov/data-and-reports/request-data/tools-resources/#PDD> . 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 data runs are available upon request.