

**State of California
Office of Administrative Law**

In re:
**Office of Statewide Health Planning and
Development**

Regulatory Action:

Title 22, California Code of Regulations

**Amend sections: 97210, 97212, 97213,
97215, 97240, 97241,
97244, 97245, 97246,
97247, 97249, 97250**

**NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT**

**California Code of Regulations, Title 1,
Section 100**

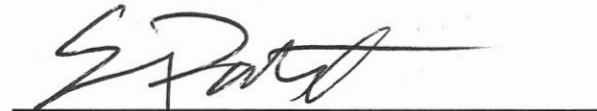
OAL Matter Number: 2019-1030-01

OAL Matter Type: Nonsubstantive (N)

This change without regulatory effect replaces all existing references to an old patient data system with references to the new system, and makes other related amendments.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: December 13, 2019



**Eric Partington
Senior Attorney**

**For: Kenneth J. Pogue
Director**

**Original: Robert David, Director
Copy: Kimberly Gustafson**

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBER Z-	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER 2019-1030-01N	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY Office of Statewide Health Planning and Development			AGENCY FILE NUMBER (If any)

ENDORSED - FILED

In the office of the Secretary of State
of the State of California

DEC 13 2019

2:25 pm

2019 OCT 30 P 1:47

OFFICE OF
ADMINISTRATIVE LAW

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) OSHPD Patient Data Reporting Infrastructure Modernization		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) 22		AMEND 97210, 97212, 97213, 97215, 97240, 97241, 97244, 97245, 97246, 97247, 97249, and 97250	
3. TYPE OF FILING		REPEAL	
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	
<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify)		<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only	
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100) <input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify)			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY: ANOTHER AGENCY OR ENTITY <input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify)			

7. CONTACT PERSON Kimberly Gustafson	TELEPHONE NUMBER (916) 326-3939	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) kimberly.gustafson@oshpd.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 10-30-19
TYPED NAME AND TITLE OF SIGNATORY Robert P. David, Director, Office of Statewide Health Planning and Development	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

DEC 13 2019

Office of Administrative Law

OSHPD Office of Statewide Health Planning and Development**Information Services Division**

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**FINAL AMENDMENTS WITHOUT REGULATORY EFFECT – DECEMBER 13, 2019****CALIFORNIA CODE OF REGULATIONS****TITLE 22, DIVISION 7, CHAPTER 10,
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS**

§§ 97210, 97212, 97213, 97215, 97240, 97241, 97244, 97245, 97246, 97247, 97249,
and 97250

97210. Contact Person, User Account Administrator, Designated Agent, and Facility Identification Number.

(a) Each reporting facility shall designate a primary contact person and shall notify the Office's Patient Data Program in writing, by electronic mail or through the ~~Medical Information Reporting for California (MIRCal)~~ Office's online submission system of the designated person's name, title, telephone number(s), mailing address, and electronic mail address. The designated person will be sent time-sensitive electronic mail regarding the facility's data submission, including reminder notices, acceptance and rejection notifications, and extension information.

(b) Each reporting facility shall notify the Office's Patient Data Program in writing, by electronic mail, or through the ~~MIRCal~~ Office's online submission system within 15 days after any change in the person designated as the primary contact person, or in the designated primary person's name, title, telephone number(s), mailing address or electronic mail address.

(c) Each reporting facility beginning or resuming operations, whether in a newly constructed facility or in an existing facility, shall notify the Office's Patient Data Program in writing, by electronic mail or through the ~~MIRCal~~ Office's online submission system within 30 days after its first day of operation of the designated primary contact person and the facility administrator.

(d) Each reporting facility shall designate ~~up to three~~ User Account Administrators pursuant to Subsection ~~(e)~~ (d) of Section 97246. Each reporting facility shall notify the Office's Patient Data Program in writing, by electronic mail or through the ~~MIRCal~~ Office's online submission system within 15 days after any change in a designated user account administrator's name, title, telephone number(s), mailing address, or electronic mail address.

(e) Each reporting facility may submit its own data report to the Office's Patient Data Program, or it may designate an agent for this purpose. The reporting facility shall be responsible for ensuring compliance with regulations and reporting requirements when an agent is designated pursuant to Subsection (b) of Section 97246.

(f) Each reporting facility shall be provided a facility identification number that shall be used to submit data to the Office.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128700, 128735, 128736 and 128737, Health and Safety Code.

97212. Definitions, as Used in This Article.

(a) Ambulatory Surgery (AS) Data Record. The Ambulatory Surgery Data Record consists of the set of data elements related to an encounter, as specified in Subsection (a) of Section 128737 of the Health and Safety Code and as defined in Sections 97251-97265 and 97267-97268 of the California Code of Regulations.

(b) CPT-4. The Current Procedural Terminology, 4th Edition, is published and maintained by the American Medical Association. It is a standard medical code set for healthcare services or procedures in non-inpatient settings.

(c) Days. Days, as used in this article, are defined as calendar days unless otherwise specified.

(d) Designated Agent. An entity designated by a reporting facility to submit that reporting facility's data records to the Office's Patient Data Program.

(e) Discharge. A discharge is defined as an inpatient who:

(1) is formally released from the care of the hospital and leaves the hospital, or

(2) is transferred within the hospital from one type of care to another type of care, as defined by Subsection (x) of Section 97212, or

(3) leaves the hospital against medical advice, without a physician's order or is a psychiatric patient who is discharged as away without leave (AWOL), or

(4) has died.

(f) Do Not Resuscitate (DNR) Order. A DNR order is a directive from a physician in a patient's current inpatient medical record instructing that the patient is not to be resuscitated in the event of a cardiac or pulmonary arrest. In the event of a cardiac or pulmonary arrest, resuscitative measures include, but are not limited to, the following: cardiopulmonary resuscitation (CPR), intubation, defibrillation, cardioactive drugs, or assisted ventilation.

(g) Emergency Care Data Record. The Emergency Care Data Record consists of the set of data elements related to an encounter, as specified in Subsection (a) of Section 128736 of the Health and Safety Code and as defined in Sections 97251-97265 and 97267-97268.

(h) Emergency Department (ED). Emergency Department means, in a hospital licensed to provide emergency medical services, the location in which those services are provided, as specified in Subsection (b) of Section 128700 of the Health and Safety Code. For the purposes of this chapter, this includes emergency departments providing standby, basic, or comprehensive services.

- (i) Encounter. An encounter is a face-to-face contact between an outpatient and a provider.
- (j) Error. Error means any record found to have an invalid entry or to contain incomplete data or to contain illogical data.
- (k) Facility Identification Number. A unique six-digit number that is assigned to each facility and shall be used to identify the facility.
- (l) Freestanding Ambulatory Surgery Clinic. Freestanding ambulatory surgery clinic means a surgical clinic that is licensed by the state under paragraph (1) of subdivision (b) of Section 1204 of the Health and Safety Code. This type of facility is commonly known as a freestanding ambulatory surgery center.
- (m) Hospital Discharge Abstract Data Record. The Hospital Discharge Abstract Data Record consists of the set of data elements related to a discharge, as specified in Subsection (g) of Section 128735 of the Health and Safety Code and as defined by Sections 97216-97234 for Inpatients.
- (n) (1) ICD-10-CM. The International Classification of Diseases, Tenth Revision, Clinical Modification, published by the U.S. Department of Health and Human Services. Coding guidelines and annual revisions to ICD-10-CM are made nationally by the "Cooperating Parties" (the American Hospital Association, the Centers for Medicare and Medicaid Services, the National Center for Health Statistics, and the American Health Information Management Association).
- (2) ICD-10-PCS. The International Classification of Diseases, Tenth Revision, Procedure Coding System, published by the U.S. Department of Health and Human Services. Coding guidelines and annual revisions to ICD-10-PCS are made nationally by the "Cooperating Parties" (the American Hospital Association, the Centers for Medicare and Medicaid Services, the National Center for Health Statistics, and the American Health Information Management Association).
- (o) Inpatient. An inpatient is defined as a baby born alive in this hospital or a person who was formally admitted to the hospital with the expectation of remaining overnight or longer.
- (p) Licensee. Licensee means an entity that has been issued a license to operate a facility as defined by Subsection (d) or (f) of Section 128700 of the Health and Safety Code.
- (q) MIRCal. MIRCal means the OSHPD Medical Information Reporting for California system that is ~~the~~an online transmission system through which reports are submitted using an Internet web browser either by file transfer or data entry. It is a secure means of electronic transmission of data in an automated environment and allows facilities to edit and correct data held in a storage database until reports meet or exceed the Approval Criteria specified in Section 97247.
- (r) MS-DRG. Medicare Severity Diagnosis Related Groups is a classification scheme with which to categorize inpatients according to clinical coherence and expected resource intensity, as indicated by their diagnoses, procedures, sex, and disposition. It was established and is revised annually by the U.S. Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS).

(s) Outpatient. An outpatient means:

(1) a person who has been registered or accepted for care but not formally admitted as an inpatient and who does not remain over 24 hours, as specified in Subsection (a)(2) of Section 70053 of Title 22 of the California Code of Regulations, or

(2) a patient at a freestanding ambulatory surgery clinic who has been registered and accepted for care.

(t) Provider. A provider is the person who has primary responsibility for assessing and treating the condition of the patient at a given contact and exercises independent judgment in the care of the patient. This would include, but is not limited to, a practitioner licensed as a Medical Doctor (M.D.), a Doctor of Osteopathy, (D.O.), a Doctor of Dental Surgery (D.D.S.), or a Doctor of Podiatric Medicine (D.P.M.).

(u) Record. A record is defined as the set of data elements specified in Subsection (g) of Section 128735, Subsection (a) of Section 128736, or Subsection (a) of Section 128737 of the Health and Safety Code, for one discharge or for one encounter.

(v) Report. A report is defined as the collection of all Hospital Discharge Abstract Data Records, or all Emergency Care Data Records, or all Ambulatory Surgery Data Records required to be submitted by a reporting facility for one reporting period. A report contains only one type of record.

(w) Reporting Facility. Reporting facility means a hospital or a freestanding ambulatory surgery clinic required to submit data records, as specified in Subsection (g) of Section 128735, or Subsection (a) of Section 128736, or Subsection (a) of Section 128737 of the Health and Safety Code.

(x) SIERA. SIERA means the Office's System for Integrated Electronic Reporting and Auditing that is a secure online transmission system through which reports are submitted and corrected, and report extension requests are submitted using an internet web browser. SIERA is available on the Office's internet web site at: <https://siera.oshpd.ca.gov>.

~~(xy)~~ Type of Care. Type of care in hospitals is defined as one of the following:

(1) Skilled nursing/intermediate care. Skilled nursing/intermediate care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classifications of skilled nursing or intermediate care, as defined by paragraphs (2), (3), or (4) of Subdivision (a) of Section 1250.1 of the Health and Safety Code. Skilled nursing/intermediate care also means inpatient care that is provided to inpatients occupying general acute care beds that are being used to provide skilled nursing/intermediate care to those inpatients in an approved swing bed program.

(2) Physical rehabilitation care. Physical rehabilitation care means inpatient care that is provided to inpatients occupying beds included on a hospital's license within the general acute care classification, as defined by paragraph (1) of Subdivision (a) of Section 1250.1 of the Health and Safety Code, and designated as rehabilitation center beds, as defined by Subsection (a) of Section 70034 and by Section 70595 of Title 22 of the California Code of Regulations.

(3) Psychiatric care. Psychiatric care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license in the classification of acute psychiatric beds, as defined by paragraph (5) of Subdivision (a) Section 1250.1 of the Health and Safety Code, and psychiatric health facility, as defined by Subdivision (a) of Section 1250.2 of the Health and Safety Code.

(4) Chemical dependency recovery care. Chemical dependency recovery care means inpatient care that is provided to inpatients occupying beds appearing on a hospital's license as chemical dependency recovery beds, as defined by paragraph (7) of Subdivision (a) of Section 1250.1 of the Health and Safety Code and Subdivisions (a), (c), or (d) of Section 1250.3 of the Health and Safety Code.

(5) Acute care. Acute care, as defined by paragraph (1) of Subdivision (a) of Section 1250.1 of the Health and Safety Code, means all other types of inpatient care provided to inpatients occupying all other types of licensed beds in a hospital, other than those defined by paragraphs (1), (2), (3) and (4) of Subsection (x) of this section.

(yz) User Account Administrator. A healthcare facility representative responsible for maintaining the facility's ~~MIRC~~ online submission system user accounts and user account contact information.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 1250, 1250.1, 128700, 128735, 128736 and 128737, Health and Safety Code.

97213. Required Reporting.

(a) (1) Hospital Discharge Abstract Data: Each hospital shall submit a hospital discharge abstract data record, as specified in Subdivision (g) of Section 128735 of the Health and Safety Code, for each inpatient discharged during the semiannual reporting period, according to the format specified in Subsection (a) of Section 97215 and by the dates specified in Subsection (c)(1) of Section 97211.

(2) Emergency Care Data: Each hospital shall submit an emergency care data record, as specified in Subsection (a) of Section 128736 of the Health and Safety Code, for each encounter during the quarterly reporting period, according to the format specified in Subsection (b) of Section 97215 and by the dates specified in Subsection (c)(2) of Section 97211. A hospital shall not report an Emergency Care Data Record if the encounter resulted in a same-hospital admission.

(3) Ambulatory Surgery Data: Each hospital and freestanding ambulatory surgery clinic shall submit an ambulatory surgery data record, as specified in Subsection (a) of Section 128737 of the Health and Safety Code, for each encounter during which at least one ambulatory surgery procedure is performed, during the quarterly reporting period, according to the format specified in Subsection (c) of Section 97215 and by the dates specified in Subsection (c)(3) of Section 97211. An ambulatory surgery procedure is defined by Subsection (a) of Section 128700 of the Health and Safety Code as those procedures performed on an outpatient basis in the general operating rooms, ambulatory

surgery rooms, endoscopy units, or cardiac catheterization laboratories of a hospital or a freestanding ambulatory surgery clinic. A hospital shall not report an Ambulatory Surgery Data Record if the encounter resulted in a same-hospital admission.

(b) A hospital shall separately identify records of inpatients being discharged from the acute care type of care, as defined by paragraph (5) of Subsection (x) of Section 97212. The hospital shall identify these records by recording a “1” on each of these records as specified in the Format and File Specifications for ~~MIRCA~~ Online Transmission: Inpatient Data in Section 97215.

(c) A hospital shall separately identify records of inpatients being discharged from the skilled nursing/intermediate care type of care, as defined by paragraph (1) of Subsection (x) of Section 97212. The hospital shall identify these records by recording a “3” on each of these records as specified in the Format and File Specifications for ~~MIRCA~~ Online Transmission: Inpatient Data in Section 97215.

(d) A hospital shall separately identify records of inpatients being discharged from the psychiatric care type of care, as defined by paragraph (3) of Subsection (x) of Section 97212. The hospital shall identify these records by recording a “4” on each of these records as specified in the Format and File Specifications for ~~MIRCA~~ Online Transmission: Inpatient Data in Section 97215.

(e) A hospital shall separately identify records of inpatients being discharged from the chemical dependency recovery care type of care, as defined by paragraph (4) of Subsection (x) of Section 97212. The hospital shall identify these records by recording a “5” on each of these records as specified in the Format and File Specifications for ~~MIRCA~~ Online Transmission: Inpatient Data in Section 97215.

(f) A hospital shall separately identify records of inpatients being discharged from the physical rehabilitation care type of care, as defined by paragraph (2) of Subsection (x) of Section 97212. The hospital shall identify these records by recording a “6” on each of these records as specified in the Format and File Specifications for ~~MIRCA~~ Online Transmission: Inpatient Data in Section 97215.

(g) Licensees operating and maintaining more than one physical plant on separate premises under a single consolidated license who choose to file separate data reports for each location must request, in writing, a modification to file separate data reports for each location. A licensee granted a modification under this paragraph shall be responsible for all regulatory requirements for each separate report. Separate extension requests, filed under the provisions of Section 97241, shall be required for each report, and penalties, assessed pursuant to Section 97250, shall be assessed on each delinquent report.

Note: Authority cited: Section 128810 Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97215. Format.

(a) Hospital Discharge Abstract Data reports ~~for discharges occurring on or after January 1, 2019,~~ shall comply with the Office's Format and File Specifications for ~~MIRCa~~ Online Transmission: Inpatient Data Version ~~4.04.1~~ as revised ~~on May 1, 2017~~ July 2019 and hereby incorporated by reference.

(b) Emergency Care Data reports ~~for encounters occurring on or after January 1, 2019,~~ shall comply with the Office's Format and File Specifications for ~~MIRCa~~ Online Transmission: Emergency Care and Ambulatory Surgery Data Version ~~2.02.1~~ as revised ~~on May 1, 2017~~ July 2019 and hereby incorporated by reference.

(c) Ambulatory Surgery Data reports ~~for encounters occurring on or after January 1, 2019,~~ shall comply with the Office's Format and File Specifications for ~~MIRCa~~ Online Transmission: Emergency Care and Ambulatory Surgery Data Version ~~2.02.1~~ as revised ~~on May 1, 2017~~ July 2019 and hereby incorporated by reference.

(d) The Office's Format and File Specifications for ~~MIRCa~~ Online Transmission as named in (a), (b), and (c) are available for download from the OSHPD website. The Office will make a hardcopy of either set of Format and File Specifications for ~~MIRCa~~ Online Transmission available to a reporting facility or designated agent upon request.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97240. Request for Modifications to Patient Data Reporting.

(a) Reporting facilities may file a request with the Office for modifications to Hospital Discharge Abstract Data, Emergency Care Data, or Ambulatory Surgery Data reporting requirements. The modification request shall be supported by a detailed justification of the hardship that full reporting of data would have on the reporting facility; an explanation of attempts to meet data reporting requirements; and a description of any other factors that might justify a modification. Modifications may be approved for no more than one year. Modifications to the data reporting requirements must be approved before data to which they apply will be accepted. Any modifications to reporting requirements are subject to disclosure to data users.

(b) In determining whether a modification to data reporting requirements will be approved, the Office shall consider the information provided pursuant to subsection (a) and evaluate whether the requested modifications would impair the Office's ability to process the data or interfere with the purposes of the data reporting programs under the Act.

(c) Reporting facilities that did not have any discharges or encounters that are required to be reported pursuant to Section 97213(a) for a specific report period must inform the Office by using the No Data to Report screen available in ~~MIRCa~~ the Office's online submission system or by submitting a completed No Data to Report form (OSH-ISD-772 Rev. ~~January 2018~~ July 2019). The information must be submitted on or before the required due date of the report period.

(d) Any facility that is not licensed to provide inpatient care, or does not provide Emergency Care encounters, or does not provide outpatient procedures, or is not licensed as a surgical clinic, and from whom such reporting is not therefore expected, is not required to file a No Data to Report form.

Note: Authority cited: Sections 128760 and 128810, Health and Safety Code. Reference: Sections 128735, 128736, 128737 and 128760, Health and Safety Code.

97241. Extensions of Time to File Reports.

(a) Extensions are available to reporting facilities that are unable to complete the submission of reports by the due date prescribed in Section 97211.

(1) Requests for extension shall be filed on or before the required due date of the report by using the extension request screen available through the MIRCalOffice's online submission system or by using the Patient Data Reporting Extension Request form (OSH-ISD-770 Rev. ~~January 2018~~ July 2019). Notices regarding the use of extension days, and new due dates, as well as notices of approval and rejection, will be e-mailed to the primary contact and Facility Administrator e-mail addresses provided by the facility. If a Designated Agent e-mail contact address has been provided by the facility, this contact will also be notified.

(2) The Office shall respond within 5 days of receipt of the request by either granting what is determined to be a reasonable extension or disapproving the request. The Office shall not grant extensions that exceed the maximum number of days available for the report period for all extensions. If a reporting facility submits the report prior to the due date of an extension, those days not used will be applied to the number of remaining extension days. A reporting facility that wishes to contest any decision of the Office shall have the right to appeal, pursuant to Section 97052.

(b) A maximum of 14 extension days will be allowed for all extensions and resubmittals of reports with discharges or encounters occurring on or after January 1, 2005.

(c) If a report is rejected on, or within 7 days before, or at any time after, any due date established by Subsections (c), or (d), of Section 97211, the Office shall grant, if available, an extension of 7 days. If less than 7 days are available all available extension days will be granted.

(d) If the Office determines that the MIRCalOffice's online submission system was unavailable for data submission for one or more periods of 4 or more continuous supported hours during the 4 State working days before a due date established pursuant to Section 97211, the Office shall extend the due date by 7 days.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128770, Health and Safety Code.

97244. Method of Submission.

(a) For discharges and encounters occurring on or before December 31, 2020, reporting facilities shall use the Office's online submission system known as MIRCal system for submitting reports through either:

- (1) Online transmission of data reports as electronic data files, or
- (2) Online entry of individual records.

(b) For discharges and encounters occurring on or after January 1, 2021, reporting facilities shall use the Office's online submission system known as SIERA for submitting reports through either:

- (1) Online transmission of data reports as electronic data files, or
- (2) Online entry of individual records.

Note: Authority cited: Section 128755, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97245. Online Test Option.

Reports may be tested before formal submission to the Office using the online test option. Online testing of the format and reports through the ~~MIRCal~~ online test option, before formal transmission, is the recommended means of ensuring compliant data that meets the standards established by the Office before the due date. Reports tested through the online test option will be subject to the same processing and will generate the same reports as data that is formally submitted. The format and reports may be tested through the test option as many times as needed to assure that the reports meet the standards established by the Office in Section 97247.

Note: Authority cited: Section 128755, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97246. Data Transmittal Requirements.

(a) ~~Reporting facilities submitting their own data online must use~~Data shall be submitted using the MIRCal Office's Online submission system~~Data Transmittal by Facility method to file or submit each report.~~ The following information must be included: the facility name, the unique identification number specified in Section 97210, the beginning and ending dates of the report period, the number of records in the report and the following statement of certification:

I certify under penalty of perjury that I am an official of this facility and am duly authorized to submit these data; and that, to the extent of my knowledge and information, the accompanying records are true and correct, and that the applicable definitions of the data elements as set forth in Article 8 (Patient Data Reporting Requirements) of Chapter 10 (Health Facility Data) of Division 7 of Title 22 of in the California Code of Regulations, have been followed by this facility.

(b) Reporting facilities that choose to designate an agent to submit their records must, for discharges and encounters occurring on or before December 31, 2020, submit a completed Patient Data Reporting Agent Designation Form (OSH-ISD-771 Rev. January 2018), hereby incorporated by reference, to the Office's Patient Data Program. Receipt of a subsequent Agent Designation Form supercedes the previous designation. Each reporting facility shall notify the Office's Patient Data Program within 15 days after any change in designated agent. Such designated agents must submit a signed Designated Agent User Agreement form (OSH-ISD-774 Rev. January 2018), hereby incorporated by reference.

~~(c) An agent who has been designated by a reporting facility to submit that facility's data online must use the MIRCal Online Data Transmittal by Agent method to file or submit reports. The following information must be included: the facility name, the facility identification number specified in Section 97210, the beginning and ending dates of the report period, and the number of records in the report.~~

(dc) Reporting facilities with an approved exemption to submit records using a method other than ~~MIRCal~~ the Office's online submission system must submit the following information: facility name, the unique identification number specified in Section 97210, the data type of the report, the report period of the records submitted, the number of records in the report, the medium of accompanying records, the certification language as provided in (a) above, with a signature of the authorized representative of the facility and contact information. The information shall accompany the report.

(ed) A facility's administrator may designate no more than 3 User Account Administrators. For each User Account Administrator there must be a signed facility User Account Administrator Agreement form (OSH-ISD-773 Rev. ~~January 2018~~ July 2019), and hereby incorporated by reference, submitted to the Office.

~~(f) A signed Designated Agent User Agreement form (OSH-ISD-774 Rev. January 2018), hereby incorporated by reference, must be submitted to the Office by an agent who has been designated to submit data online.~~

~~(ge) Reporting facilities and designated agents may obtain forms~~ Forms may be obtained from the OSHPD web site at www.oshpd.ca.gov or by contacting the Office's Patient Data Program at (916) 326-3935.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97247. Approval Criteria.

(a) The following requirements must be met for a report to be approved by the Office:

(1) Complete transmittal information must be submitted with each report.

(2) The facility identification number stated in the transmittal information must be consistent with the facility identification number on each of the records in the report.

(3) The report period stated in the transmittal information must be consistent with all of the records in the report.

(4) The number of records stated in the transmittal information must be consistent with the number of records contained in the report.

(5) All records required to be reported pursuant to 97213(a) must be reported.

(6) The data must be reported in compliance with the format specifications in Section 97215.

(7) For report periods beginning on or after January 1, 2015, all records must contain a valid Principal Diagnosis.

(8) The data must be at, or below, the Error Tolerance Level specified in Section 97248.

(9) The data must be consistent with the reporting facility's anticipated trends and comparisons, except as in (A) below:

(A) If data are correctly reported and yet fail to meet approval criteria due to inconsistency with the reporting facility's anticipated trends and comparisons, the reporting facility may submit to the Office, in writing, a detailed explanation of why the data are correct as reported. The Office may determine, upon review of a written explanation, that it will approve a report.

(10) Each report must contain only one type of record as specified in Subsections (1), (2), and (3) of Subsection (a) of Section 97213.

(b) The Office shall approve or reject each report within 15 days of receiving it. The report shall be considered not filed as of the date that the facility is notified that the report is rejected. Notification of approval or rejection of any report submitted online shall not take more than 15 days unless there is a documented ~~MIRCal~~ OSHPD report submission system failure.

Note: Authority cited: Sections 128810 and 128755, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97249. Hours of Operation.

The ~~MIRCal System~~ Office's online submission 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.

Note: Authority cited: Section 128755, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

97250. Failure to File a Data Report.

Any health facility which does not file any report completed as required by this article is liable for a civil penalty of one hundred dollars (\$100) a day to be assessed and recovered in a civil action brought in the name of the people of the State of California by the Office for each day that the filing of the report is delayed, considering all approved extensions of the due date as provided in Section 97241. Assessed penalties may be appealed pursuant to Section 97052. Within fifteen days after the date the reports are due, the Office shall notify the health facility of reports not yet received, the amount of the liability, and potential future liability for failure to file reports when due. Sixty days after an original report due date as specified in Section 97211(c), the ~~MIRCal~~Office's online submission system will close for that report period. No report for the period will be accepted after the ~~MIRCal~~system closure. No additional penalties will accrue for outstanding reports after the ~~MIRCal~~system closure for a report period.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Sections 128735, 128736 and 128737, Health and Safety Code.

**FORMAT and FILE SPECIFICATIONS
for
MIRCa! ONLINE TRANSMISSION:
INPATIENT DATA**

**Effective with discharges occurring on or after
January 1, 2019**

Version ~~4.0~~ 4.1
Revised ~~May 1, 2017~~ July 2019



INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Effective with discharges occurring on and after January 1, 2019

SUMMARY OF CHANGES

Title Page

Removed 'MIRCal' from Title
Changed Version Number from '4.0' to '4.1'
Changed Revision Date from May 1, 2017 to July 2019
Removed MIRCal logo

Page 6

Additional Requirements

Removed 'if zipped, submit the zipped file with a ".zip" extension'

Page 11

Race-Ethnicity

Codes: Updated 'E1 = Hispanic or Latino' to 'E1 = Hispanic or Latino Ethnicity'

Title Page

Changed Effective Date from January 1, 2017 to January 1, 2019
Changed Version Number from '3.0' to '4.0'
Changed Revision Date from January 30, 2015 to May 1, 2017
Removed Contact Information

Page 6

Standard Record Format

Changed record length to 1231 characters.

Pages 7-8

Standard Record Format

Updated Data Elements, Start/End Positions, Data Types and Field Lengths

Page 11

Race-Ethnicity

Record Position: Replaced '17' with '17 through 18'
Data Length: Expanded to 2
Data Type: Replaced 'Numeric' with 'Alphanumeric'
Codes: Replaced codes '1-3' with a new code set

Race-Race

Record Position: Replaced '18' with '19 through 28' and added 'Maximum of 5 Race codes'
Data Length: Expanded to 10
Data Type: Replaced 'Numeric' with 'Alphanumeric'
Codes: Replaced codes '1-6' with a new code set
Special Instructions: Fill from the left-most position and DO NOT skip fields

ZIP Code

Record Position: Replaced '19 through 23' with '29 through 33'
Codes: Replaced 'Foreign' with 'Persons who do not reside in the U.S.'

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Page 11

Admission Date

Record Position: Replaced '24 through 31' with '34 through 45'

Data Length: Expanded to 12

Special Instructions: Added 'Date must be left justified and space-filled'

Page 12

Source of Admission Site

Replaced 'Site' with 'Point of Origin'

Record Position: Replaced '32' with 46

Source of Admission Do Not Use

This has been removed

Source of Admission Route of Admission

Record Position: Replaced '34' with '47'

Type of Admission

Record Position: Replaced '35' with '48'

Page 13

Discharge Date

Record Position: Replaced '36 through 43' with '49 through 60'

Data Length: Expanded to 12

Special Instructions: Added 'Date must be left justified and space-filled'

Principal Diagnosis

Record Position: Replaced '44 through 50' with '61 through 67'

Present on Admission (POA) for Principal Diagnosis

Record Position: Replaced '51' with '68'

Data Type: Replaced 'Alphanumeric' with 'Alpha'

Codes: 1 and E are no longer accepted for exempt diagnosis codes

Other Diagnoses

Record Position: Starts in position 69 and ends in position 259

Page 14

Present on Admission for Other Diagnoses

Record Position: Starts in position 76 and ends in position 260

Data Type: Replaced 'Alphanumeric' with 'Alpha'

Codes: 1 and E are no longer accepted for exempt diagnosis codes

Principal Procedure

Record Position: Replaced '244-250' with '261 through 267'

Principal Procedure Date

Record Position: Replaced '251-258' with '268 through 275'

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Page 15

Other Procedures

Record Position: Maximum of 24 Other Procedure codes; starts in position 276 and ends in position 627

Other Procedure Dates

Record Position: Maximum of 24 Other Procedure Dates; starts in position 283 and ends in position 635

Principal External Cause of Morbidity

This has been removed

Present on Admission for Principal External Cause of Morbidity

This has been removed

Other External Cause of Morbidity

Removed 'Other'

Record Position: Maximum of 12 External Cause codes; starts in position 636 and ends in position 730

Page 16

Present on Admission for Other External Cause of Morbidity

Removed 'Other'

Record Position: Maximum of 12 POA fields, starts in position 643 and ends in position 731

Data Type: Replaced 'Alphanumeric' with 'Alpha'

Codes: 1 and E are no longer accepted for exempt external cause codes

Patient's Social Security Number

Record Position: Replaced '599 through 607' with '732 through 740'

Disposition of Patient

Record Position: Replaced '608 through 609' with '741 through 742'

Page 19

Total Charges

Record Position: Replaced '610 through 616' with '743 through 750'

Data Length: Expanded to 8

Codes: Code 99999999 for Total Charges exceeding 8 positions

Abstract Record Number (Optional)

Record Position: Replaced '617 through 628' with '751 through 762'

Prehospital Care & Resuscitation – DNR Order

Record Position: Replaced '629' with '763 through 764'

Data Length: Expanded to 2

Special Instructions: Added 'The DNR Order must be left justified and space-filled'

Expected Source of Payment – Payer Category

Record Position: Replaced '630 through 631' with '765 through 766'

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Page 20

~~Expected Source of Payment – Type of Coverage~~

~~Record Position: Replaced '632' with '767'~~

~~Expected Source of Payment – Plan Code Number~~

~~Record Position: Replaced '633 through 636' with '768 through 771'~~

~~National Provider Identifier (NPI)~~

~~This has been removed.~~

Page 20 (continued)

~~Preferred Language Spoken~~

~~Record Position: Replaced '647 through 670' with '772 through 795'~~

Page 21

Added '**Not In Use**'

Record Position: 796 through 1231

Data Length: 436

Data Type: Unused

Codes: Space-filled

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

STANDARD RECORD FORMAT

Deviation from the format will not be accepted

- One reporting facility and time period per file
- Standard ASCII character coding
- Record length 1231 characters followed by a carriage return and line feed

ADDITIONAL REQUIREMENTS

- No packed or binary data
- No Null Values
- The data file must be a text file with the extension of ".txt" (if zipped, submit the zipped file with a ".zip" extension)

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Standard Record Format

Data Element	Start	End	Type & Size¹
Type of Care	1	1	N (1)
Facility Identification Number	2	7	N (6)
Date of Birth	8	15	N (8)
Sex	16	16	A (1)
Race			
Ethnicity	17	18	A/N (2)
Race	19	28	A/N (10)
ZIP Code	29	33	A/N (5)
Admission Date	34	45	N (12)
Source of Admission			
Point of Origin	46	46	A/N (1)
Route of Admission	47	47	N (1)
Type of Admission	48	48	N (1)
Discharge Date	49	60	N (12)
Principal Diagnosis	61	67	A/N (7)
Present on Admission for Principal Diagnosis	68	68	A (1)
Other Diagnoses and Present on Admission	69	260	A/N (192)
These are in pairs:			
Up to 24 Other Diagnoses, each with 7 A/N characters and			
Up to 24 Present on Admission Indicators each with 1 A character:			
24 x 7 = 168 and 24 X 1 = 24			
Total number of spaces: 168 + 24 = 192			
Principal Procedure Code	261	267	A/N (7)
Principal Procedure Date	268	275	N (8)
Other Procedure Codes and			
Other Procedures Dates	276	635	A/N (360)
These are in pairs:			
Up to 24 Other Procedure Codes, each with 7 A/N characters and			
Up to 24 Other Procedure Dates, each with 8 N character:			
24 x 7 = 168 and 24 X 8 = 192			
Total number of spaces: 168 + 192 = 360			
External Causes of Morbidity			
and Present on Admission	636	731	A/N (96)
These are in pairs:			
Up to 12 External Causes, each with 7 A/N characters and			
Up to 12 Present on Admission Indicators each with 1 A character:			
12 x 7 = 84 and 12 X 1 = 12			
Total number of spaces: 84 + 12 = 96			

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Standard Record Format (continued)

Data Element	Start	End	Type & Size¹
Patient's Social Security Number	732	740	N (9)
Disposition of Patient	741	742	N (2)
Total Charges	743	750	N (8)
Abstract Record Number	751	762	A/N (12)
Prehosp Care & Resuscitation-DNR Order	763	764	A (2)
Expected Source of Payment			
Payer Category	765	766	N (2)
Type of Coverage	767	767	N (1)
Plan Code Number	768	771	N (4)
Preferred Language Spoken	772	795	A/N (24)
<i>Not in Use</i>	796	1231	X (436)

Footnotes are on the next page

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

FOOTNOTES

¹Type & Size indicate data type and field length (in parentheses). Data type is defined as:

A = Alpha

N = Numeric

A/N = Alphanumeric

X = Unused

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

TYPE OF CARE

Record Position: 1
Data Length: 1
Data Type: Numeric

Codes:

- 1 = Acute Care
- 3 = Skilled Nursing/Intermediate Care
- 4 = Psychiatric Care
- 5 = Chem Dependency Recovery Care
- 6 = Physical Rehabilitation Care

FACILITY IDENTIFICATION NUMBER

Record Position: 2 through 7
Data Length: 6
Data Type: Numeric

Codes: Facility Identification Number (the unique facility number assigned by OSHPD). This field is required for each record

DATE OF BIRTH

Record Position: 8 through 15
Data Length: 8
Data Type: Numeric

Codes: 9999 99 99
Year Month Day

Special Instructions: Single-digit months and days must include a preceding zero

SEX

Record Position: 16
Data Length: 1
Data Type: Alpha

Codes:

- M = Male
- F = Female
- U = Unknown

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

RACE

ETHNICITY

Record Position: 17 through 18
Data Length: 2
Data Type: Alphanumeric

Codes: E1 = Hispanic or Latino Ethnicity
E2 = Non Hispanic or Latino Ethnicity
99 = Unknown

RACE

Record Position: 19 through 28
Maximum of 5 Race codes

Data Length: 10
Data Type: Alphanumeric

Codes: R1 = American Indian or Alaska Native
R2 = Asian
R3 = Black or African American
R4 = Native Hawaiian or Other Pacific Islander
R5 = White
R9 = Other Race
99 = Unknown

Special Instructions: Fill from the left-most position and **DO NOT** skip fields

ZIP CODE

Record Position: 29 through 33
Data Length: 5
Data Type: Alphanumeric

Codes: 5-digit ZIP Code
XXXXXX = Unknown
YYYYYY = Persons who do not reside in the U.S.
ZZZZZ = Homeless

ADMISSION DATE

Record Position: 34 through 45
Data Length: 12
Data Type: Numeric

Codes: 9999 99 99
Year Month Day

Special Instructions: Single-digit months and days must include a preceding zero
Date must be left-justified and space-filled

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

SOURCE OF ADMISSION

POINT OF ORIGIN

Record Position: 46
Data Length: 1
Data Type: Alphanumeric

Codes: Point of Origin for patients with Type of Admission other than "Newborn"

- 1 = Non-Health Care Facility Point of Origin
- 2 = Clinic or Physician's Office
- 4 = Transfer from a Hospital (Different Facility)
- 5 = Transfer from a SNF, ICF, or Assisted Living Facility (ALF)
- 6 = Transfer from another Health Care Facility
- 8 = Court/Law Enforcement
- 9 = Information not Available
- D = Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer
- E = Transfer from Ambulatory Surgery Center
- F = Transfer from a Hospice Facility

Point of Origin for patients with Type of Admission "Newborn"

- 5 = Born Inside this Hospital
- 6 = Born Outside of this Hospital

ROUTE OF ADMISSION

Record Position: 47
Data Length: 1
Data Type: Numeric

Codes:

- 1 = Your Emergency Department
- 2 = Another Emergency Department
- 3 = Not admitted from an Emergency Department

TYPE OF ADMISSION

Record Position: 48
Data Length: 1
Data Type: Numeric

Codes:

- 1 = Emergency
- 2 = Urgent
- 3 = Elective
- 4 = Newborn
- 5 = Trauma
- 9 = Information not available

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

DISCHARGE DATE

Record Position: 49 through 60
Data Length: 12
Data Type: Numeric

Codes: 9999 99 99
Year Month Day

Special Instructions: Single-digit months and days must include a preceding zero
Date must be left-justified and space-filled

PRINCIPAL DIAGNOSIS

Record Position: 61 through 67
Data Length: 7
Data Type: Alphanumeric

Codes: ICD-10-CM code set

Special Instructions: Code must be left-justified and space-filled
Do not include the decimal point in the data file

PRESENT ON ADMISSION (POA) for PRINCIPAL DIAGNOSIS

Record Position: 68
Data Length: 1
Data Type: Alpha

Codes: Y = Yes
N = No
U = Unknown
W = Clinically undetermined
' ' (blank) = Code is exempt from POA reporting

OTHER DIAGNOSES

Record Position: For each Other Diagnosis code:
69-75; 77-83; 85-91; 93-99; 101-107; 109-115; 117-123;
125-131; 133-139; 141-147; 149-155; 157-163; 165-171;
173-179; 181-187; 189-195; 197-203; 205-211; 213-219;
221-227; 229-235; 237-243; 245-251; and 253-259

Maximum of 24 Other Diagnosis codes, ending in position 259

Data Length: 7
Data Type: Alphanumeric

Codes: ICD-10-CM code set

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

OTHER DIAGNOSIS (continued)

Special Instructions:

Codes must be left-justified and space-filled
Fill from the left-most position and **DO NOT** skip fields
Do not include the decimal point in the data file
When there are no Other Diagnoses, the default value is all spaces
Do not include External Cause codes in Other Diagnoses fields

PRESENT ON ADMISSION FOR OTHER DIAGNOSES

Record Position:

For each Other POA Indicator:

76, 84, 92, 100, 108, 116, 124, 132, 140, 148, 156, 164,
172, 180, 188, 196, 204, 212, 220, 228, 236, 244, 252,
and 260

Data Length:

Maximum of 24 POA fields ending in position 260

Data Type:

1
Alpha

Codes:

Y = Yes
N = No
U = Unknown
W = Clinically undetermined
' ' (blank) = Exempt from POA reporting

PRINCIPAL PROCEDURE

Record Position:

261 through 267

Data Length:

7

Data Type:

Alphanumeric

Codes:

ICD-10-PCS code set

Special Instructions:

Do not include the decimal point in the data file
When there is no Principal Procedure, the default value is all spaces

PRINCIPAL PROCEDURE DATE

Record Position:

268 through 275

Data Length:

8

Data Type:

Numeric

Codes:

9999 99 99
Year Month Day

Special Instructions:

Single-digit months and days must include a preceding zero
When there is no Principal Procedure Date, the default value is all spaces

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

OTHER PROCEDURES

Record Position:	For each Other Procedure code: 276-282; 291-297; 306-312; 321-327; 336-342; 351-357; 366-372; 381-387; 396-402; 411-417; 426-432; 441-447; 456-462; 471-477; 486-492; 501-507; 516-522; 531-537; 546-552; 561-567; 576-582; 591-597; 606-612; and 621- 627
	Maximum of 24 Other Procedure codes, ending in position 627
Data Length:	7
Data Type:	Alphanumeric
Codes:	ICD-10-PCS code set
Special Instructions:	Codes must be left-justified and space-filled Fill from the left-most position and DO NOT skip fields Do not include the decimal point in the data file When there are no Other Procedures, the default value is all spaces

OTHER PROCEDURE DATES

Record Position:	For each Other Procedure Date: 283-290; 298-305; 313-320; 328-335; 343-350; 358-365; 373-380; 388-395; 403-410; 418-425; 433-440; 448-455; 463-470; 478-485; 493-500; 508-515; 523-530; 538-545; 553-560; 568-575; 583-590; 598-605; 613-620; and 628- 635
	Maximum of 24 Other Procedure Dates, ending in position 635
Data Length:	8
Data Type:	Numeric
Codes:	<u>9999</u> <u>99</u> <u>99</u> Year Month Day
Special Instructions:	Single-digit months and days must include a preceding zero When there are no Other Procedure Dates, the default value is all spaces

EXTERNAL CAUSES OF MORBIDITY

Record Position:	For each External Cause of Morbidity code: 636-642; 644-650; 652-658; 660-666; 668-674; 676-682; 684-690; 692-698; 700-706; 708-714; 716-722; and 724- 730
	Maximum of 12 External Cause codes, ending in position 730

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

EXTERNAL CAUSES OF MORBIDITY (continued)

Data Length:	7
Data Type:	Alphanumeric
Codes:	ICD-10-CM code set
Special Instructions:	Codes must be left-justified and space-filled Fill from the left-most position and DO NOT skip fields Do not include the decimal point in the data file When there are no Other External Cause codes, the default value is all spaces

PRESENT ON ADMISSION FOR EXTERNAL CAUSES OF MORBIDITY

Record Position:	For each POA Indicator: 643, 651, 659, 667, 675, 683, 691, 699, 707, 715, 723, and 731
Data Length:	Maximum of 12 POA fields, ending in position 731 1
Data Type:	Alpha
Codes:	Y = Yes N = No U = Unknown W = Clinically undetermined ' ' (blank) = Exempt from POA reporting

PATIENT'S SOCIAL SECURITY NUMBER

Record Position:	732 through 740
Data Length:	9
Data Type:	Numeric
Codes:	Enter the full 9-digit SSN including zeroes DO NOT code hyphens Enter 000000001 (Unknown) if the SSN is not recorded in the patient's medical record

DISPOSITION OF PATIENT

Record Position:	741 through 742
Data Length:	2
Data Type:	Numeric
Codes:	01 Discharged to home or self care (routine discharge) 02 Discharged/transferred to a short term general hospital for inpatient care

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

DISPOSITION OF PATIENT (continued)

- Codes:
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
 - 04 Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
 - 05 Discharged/transferred to a designated cancer center or children's hospital
 - 06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
 - 07 Left against medical advice or discontinued care
 - 20 Expired
 - 21 Discharged/transferred to court/law enforcement
 - 43 Discharged/transferred to a federal health care facility
 - 50 Hospice - Home
 - 51 Hospice - Medical facility (certified) providing hospice level of care
 - 61 Discharged/transferred to a hospital-based Medicare approved swing bed
 - 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
 - 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
 - 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
 - 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
 - 66 Discharged/transferred to a Critical Access Hospital (CAH)
 - 69 Discharged/transferred to a designated Disaster Alternative Care Site
 - 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list
 - 81 Discharged to home or self care with a planned acute care hospital inpatient readmission
 - 82 Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

DISPOSITION OF PATIENT (continued)

- Codes:
- 83 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission
 - 84 Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission
 - 85 Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
 - 86 Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
 - 87 Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission
 - 88 Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
 - 89 Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
 - 90 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
 - 91 Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
 - 92 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission
 - 93 Discharged/transferred to a psychiatric hospital or a psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
 - 94 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
 - 95 Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission
 - 00 Other

Special Instructions: Single digit values must include a preceding zero

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

TOTAL CHARGES

Record Position:	743 through 750
Data Length:	8
Data Type:	Numeric
Codes:	Whole dollars only—no cents Code 99999999 for Total Charges exceeding 8 positions
Special Instructions:	Total Charges must be right-justified, zero-filled, and unsigned The default value is all zeroes

ABSTRACT RECORD NUMBER (OPTIONAL)

Record Position:	751 through 762
Data Length:	12
Data Type:	Alphanumeric
Codes:	Optional medical record number or any patient identification number assigned by the facility
Special Instructions:	The Abstract Record Number must be left-justified and space-filled If not reported, the default value is all spaces

PREHOSPITAL CARE & RESUSCITATION - DNR ORDER

Record Position:	763 through 764
Data Length:	2
Data Type:	Alpha
Codes:	Y = Yes N = No
Special Instructions:	The DNR Order must be left-justified and space-filled

EXPECTED SOURCE OF PAYMENT

PAYER CATEGORY

Record Position:	765 through 766
Data Length:	2
Data Type:	Numeric
Codes:	01 - Medicare 02 - Medi-Cal 03 - Private Coverage 04 - Workers' Compensation 05 - County Indigent Programs 06 - Other Government 07 - Other Indigent 08 - Self Pay 09 - Other Payer

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

EXPECTED SOURCE OF PAYMENT (continued)

PAYER CATEGORY

Special Instructions: Single-digit codes must include a preceding zero

TYPE OF COVERAGE

Record Position: 767
Data Length: 1
Data Type: Numeric

Codes: 1 - Managed Care – Knox-Keene or Medi-Cal County
Organized Health System
2 - Managed Care – Other
3 - Traditional Coverage

Special Instructions: Type of Coverage MUST be reported if Payer Category equals 01, 02, 03, 04, 05, or 06
If Payer Category equals 07, 08, or 09, then the default value is zero

PLAN CODE NUMBER

Record Position: 768 through 771
Data Length: 4
Data Type: Numeric

Codes: For a list of valid codes, refer to the Definitions of Data Elements – Expected Source of Payment, Section 97232 (3), of the California Inpatient Data Reporting Manual

Special Instructions: The Plan Code Number must be right-justified
The Plan Code Number MUST be reported if Type of Coverage equals 1
If Type of Coverage equals 2 or 3, then the default value is zero (0000)

PREFERRED LANGUAGE SPOKEN

Record Position: 772 through 795
Data Length: 24
Data Type: Alphanumeric

Codes: Refer to Section 97234, of the California Inpatient Data Reporting Manual

INPATIENT FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

PREFERRED LANGUAGE SPOKEN (continued)

Special Instructions: This is a free-text field
Enter one 3-character PLS code listed in Section 97234
of the Inpatient Reporting Manual
If the Preferred Language Spoken is not one of the
codes listed enter the full name of the language, up to 24
characters

3-character PLS Codes from the ISO 639-2 Code List
are also accepted

NOT IN USE

Record Position: 796 through 1231
Data Length: 436
Data Type: Unused

Codes: Space-filled

**FORMAT and FILE SPECIFICATIONS
for
MIRCal-ONLINE TRANSMISSION:
EMERGENCY CARE and AMBULATORY SURGERY DATA**

**Effective with encounters occurring on or after
January 1, 2019**

Version ~~2.0~~ 2.1
Revised ~~May 1, 2017~~ July 2019



ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Effective with encounters occurring on and after January 1, 2019

SUMMARY OF CHANGES

Title Page

Removed 'MIRCal' from Title
Changed Version Number from '2.0' to '2.1'
Changed Revision Date from May 1, 2017 to July 2019
Removed MIRCal logo

Page 5

Standard Record Format

Removed "All fields are left-justified and padded with spaces on the right"

Additional Requirements

Removed 'if zipped, submit the zipped file with a ".zip" extension'

Page 10

Ethnicity

Codes: Updated 'E1 = Hispanic or Latino' to 'E1 = Hispanic or Latino Ethnicity'

Disposition of Patient

Removed "New disposition codes 69 and 81 through 95, and changes to existing codes are effective with encounters on and after January 1, 2015"

Page 13

Expected Source of Payment

Codes: Updated 'Health Maintenance Organization' to 'Health Maintenance Organization (HMO)'

Title Page

~~Changed Effective Date from 'January 1, 2015' to 'January 1, 2019'~~
~~Changed Version Number from '1.9' to '2.0'~~
~~Changed Revision Date from 'January 26, 2015' to 'May 1, 2017'~~
~~Removed Contact Information~~

Page 5

Standard Record Format

~~Changed record length to 583 characters~~

Page 6

Standard Record Format

~~Updated Data Elements, Start/End Positions, Data Types and Field Lengths~~
~~Removed footnotes 2 and 3~~

Page 7

Footnotes

~~Added 'X – Unused' to footnote 1~~
~~Removed descriptions to footnotes 2 and 3~~

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Page 8

ZIP Code

Data Type: Replaced 'Numeric' with 'Alphanumeric'

Codes: Replaced code '99999' with a new code set

Page 9

Race

Record Position: Replaced '43' with '51' and added 'Maximum of 5 Race codes'

Data Length: Expanded to 10

Special Instructions: Fill from the left-most position and DO NOT skip fields

Page 10

Ethnicity

Record Position: Replaced '44 through 45' with '52 through 53'

Codes: Replaced 'Non-Hispanic or Non-Latino' with 'Non-Hispanic or Latino Ethnicity'

Service Date

Record Position: Replaced '46 through 53' with '54 through 65'

Data Length: Expanded to 12

Special Instructions: Removed 'of the field' and added 'Date must be left justified and space filled'

Added 'Not In Use'

Record Position: 66 through 78

Data Length: 13

Data Type: Unused

Codes: Space-filled

Disposition of Patient

Record Position: Replaced '54 through 55' with '79 through 80'

Page 13

Expected Source of Payment

Record Position: Replaced '56 through 57' with '81 through 83'

Data Length: Expanded to 3

Special Instructions: Added 'Code must be left justified and space filled'

Principal Diagnosis

Record Position: Replaced '58 through 64' with '84 through 90'

Codes: Replaced 'For encounters through September 30, 2015, use the ICD-9-CM code set' and 'For encounters on and after October 1, 2015, use the ICD-10-CM code set' with 'ICD-10-CM code set'

Other Diagnosis

Record Position: Maximum of 24 Other Diagnoses codes, starting in position 91 and ending in position 258

Codes: Replaced 'For encounters through September 30, 2015, use the ICD-9-CM code set' and 'For encounters on and after October 1, 2015, use the ICD-10-CM code set' with 'ICD-10-CM code set'

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Page 14

~~Principal External Cause of Morbidity~~

~~This has been removed~~

~~Other External Causes of Morbidity~~

~~Removed 'Other'~~

~~Record Position: Maximum of 12 External Cause codes, starting in position 259 and ending in position 342~~

~~Codes: Replaced 'For encounters through September 30, 2015, use the ICD-9-CM code set' and 'For encounters on and after October 1, 2015, use the ICD-10-CM code set' with 'ICD-10-CM code set'~~

~~Principal Procedure~~

~~Record Position: Replaced '268 through 272' with '343 through 347'~~

Page 15

~~Other Procedures~~

~~Record Position: Maximum of 24 Other Procedure codes, starting in position 348 and ending in position 467~~

~~National Provider Identifier (NPI)~~

~~This has been removed~~

~~Preferred Language Spoken~~

~~Record Position: Replaced '383 through 406' with '468 through 491'~~

~~Added 'Total Charges'~~

~~Record Position: 492 through 499~~

~~Data Length: 8~~

~~Data Type: Numeric~~

~~Codes: Whole dollars only—no cents~~

~~Code 99999999 for Total Charges exceeding 8 positions~~

~~Special Instructions: Total Charges must be right-justified, zero-filled, and unsigned~~

~~The default value is all zeroes~~

Page 16

~~Added 'Not In Use'~~

~~Record Position: 500 through 583~~

~~Data Length: 84~~

~~Data Type: Unused~~

~~Codes: Space-filled~~

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

STANDARD RECORD FORMAT

Deviation from the format will not be accepted

- One reporting facility and report period per file
- Standard ASCII character coding
- Record length 583 characters followed by a carriage return and line feed
- ~~All fields are left justified and padded with spaces on the right~~

ADDITIONAL requirements

- No packed or binary data
- No Null Values
- The data file must be a text file with the extension of ".txt" ~~(if zipped, submit the zipped file with a ".zip" extension)~~

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

Standard Record Format

Data Element	Start	End	Type & Size¹	
Facility Identification Number	1	6	N	(6)
Abstract Record Number (Optional)	7	18	A/N	(12)
Patient's Social Security Number	19	27	N	(9)
ZIP Code	28	32	A/N	(5)
Date of Birth	33	40	N	(8)
Sex	41	41	A	(1)
Race	42	51	A/N	(10)
Ethnicity	52	53	A/N	(2)
Service Date	54	65	N	(12)
<i>Not In Use</i>	66	78	X	(13)
Disposition of Patient	79	80	N	(2)
Expected Source of Payment	81	83	A/N	(3)
Principal Diagnosis	84	90	A/N	(7)
Other Diagnoses	91	258	A/N	(168)
External Causes of Morbidity	259	342	A/N	(84)
Principal Procedure	343	347	A/N	(5)
Other Procedures	348	467	A/N	(120)
Preferred Language Spoken	468	491	A/N	(24)
Total Charges	492	499	N	(8)
<i>Not In Use</i>	500	583	X	(84)

Footnotes are on the next page

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

FOOTNOTES

¹Type & Size indicates data type and field length (in parentheses). Data type is defined as:

A = Alpha

N = Numeric

A/N = Alphanumeric

X = Unused

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

FACILITY IDENTIFICATION NUMBER

Record Position:	1 through 6
Data Length:	6
Data Type:	Numeric
Codes:	Facility Identification Number (the unique facility number assigned by OSHPD) This field is required for each record

ABSTRACT RECORD NUMBER (OPTIONAL)

Record Position:	7 through 18
Data Length:	12
Data Type:	Alphanumeric
Codes:	If not reported, the default value is all spaces

PATIENT'S SOCIAL SECURITY NUMBER

Record Position:	19 through 27
Data Length:	9
Data Type:	Numeric
Codes:	Enter the full 9-digit SSN including zeroes DO NOT use hyphens Enter 000000001 (Unknown) if the SSN is not recorded in the patient's medical record

ZIP CODE

Record Position:	28 through 32
Data Length:	5
Data Type:	Alphanumeric
Codes:	5-digit ZIP Code XXXXX = Unknown YYYYY = Persons who do not reside in the U.S. ZZZZZ = Homeless

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

DATE OF BIRTH

Record Position: 33 through 40
Data Length: 8
Data Type: Numeric

Codes: 9999 99 99
Year Month Day

Special Instructions: Single-digit months and days must include a preceding zero
The transmittal process will populate the database field by moving the first 4 digits to the end of the field
EXAMPLE: Field in File equals 20040301
Database value will contain 03012004
The database value represents the date format mmddccyy

SEX

Record Position: 41
Data Length: 1
Data Type: Alpha

Codes: M Male
F Female
U Unknown

RACE

Record Position: 42 through 51
Maximum of 5 Race codes
Data Length: 10
Data Type: Alphanumeric

Codes: R1 American Indian or Alaska Native
R2 Asian
R3 Black or African American
R4 Native Hawaiian or Other Pacific Islander
R5 White
R9 Other Race
99 Unknown

Special Instructions: Fill from the left-most position and **DO NOT** skip fields

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

ETHNICITY

Record Position:	52 through 53
Data Length:	2
Data Type:	Alphanumeric
Codes:	E1 Hispanic or Latino <u>Ethnicity</u> E2 Non Hispanic or Latino Ethnicity 99 Unknown

SERVICE DATE

Record Position:	54 through 65
Data Length:	12
Data Type:	Numeric
Codes:	<u>9999</u> <u>99</u> <u>99</u> Year Month Day
Special Instructions:	Single-digit months and days must include a preceding zero The transmittal process will populate the database field by moving the first 4 digits to the end EXAMPLE: Field in File equals 20040301 Database value will contain 03012004 The database value represents the date format mmddccyy Date must be left-justified and space-filled

NOT IN USE

Record Position:	66 through 78
Data Length:	13
Data Type:	Unused
Codes:	Space-filled

DISPOSITION OF PATIENT

Record Position:	79 through 80
Data Length:	2
Data Type:	Alphanumeric
Codes:	New disposition codes 69 and 81 through 95, and changes to existing codes are effective with encounters on and after January 1, 2015 01 Discharged to home or self care (routine discharge) 02 Discharged/transferred to a short term general hospital for inpatient care

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

DISPOSITION OF PATIENT (continued)

Codes:

- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of skilled care
- 04 Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility)
- 05 Discharged/transferred to a designated cancer center or children's hospital
- 06 Discharged/transferred to home under care of an organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 21 Discharged/transferred to court/law enforcement
- 43 Discharged/transferred to a federal health care facility
- 50 Hospice - Home
- 51 Hospice - Medical facility (certified) providing hospice level of care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 69 Discharged/transferred to a designated Disaster Alternative Care Site
- 70 Discharged/transferred to another type of health care institution not defined elsewhere in this code list
- 81 Discharged to home or self care with a planned acute care hospital inpatient readmission
- 82 Discharged/transferred to a short term general hospital for inpatient care with a planned acute care hospital inpatient readmission
- 83 Discharged/transferred to a skilled nursing facility (SNF) with Medicare certification with a planned acute care hospital inpatient readmission

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

DISPOSITION OF PATIENT (continued)

Codes:

- 84 Discharged/transferred to a facility that provides custodial or supportive care (includes Intermediate Care Facility) with a planned acute care hospital inpatient readmission
- 85 Discharged/transferred to a designated cancer center or children's hospital with a planned acute care hospital inpatient readmission
- 86 Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission
- 87 Discharged/Transferred to court/law enforcement with a planned acute care hospital inpatient readmission
- 88 Discharged/transferred to a federal health care facility with a planned acute care hospital inpatient readmission
- 89 Discharged/transferred to a hospital-based Medicare approved swing bed with a planned acute care hospital inpatient readmission
- 90 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital with a planned acute care hospital inpatient readmission
- 91 Discharged/transferred to a Medicare certified long term care hospital (LTCH) with a planned acute care hospital inpatient readmission
- 92 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal) but not certified under Medicare with a planned acute care hospital inpatient readmission
- 93 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital with a planned acute care hospital inpatient readmission
- 94 Discharged/transferred to a critical access hospital (CAH) with a planned acute care hospital inpatient readmission
- 95 Discharged/transferred to another type of health care institution not defined elsewhere in this code list with a planned acute care hospital inpatient readmission
- 00 Other

Special Instructions:

Single digit values must include a preceding zero

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

EXPECTED SOURCE OF PAYMENT

Record Position:	81 through 83																																										
Data Length:	3																																										
Data Type:	Alphanumeric																																										
Codes:	<table><tbody><tr><td>09</td><td>Self Pay</td></tr><tr><td>11</td><td>Other Non-federal programs</td></tr><tr><td>12</td><td>Preferred Provider Organization (PPO)</td></tr><tr><td>13</td><td>Point of Service (POS)</td></tr><tr><td>14</td><td>Exclusive Provider Organization (EPO)</td></tr><tr><td>16</td><td>Health Maintenance Organization (HMO)</td></tr><tr><td></td><td>Medicare Risk</td></tr><tr><td>AM</td><td>Automobile Medical</td></tr><tr><td>BL</td><td>Blue Cross/Blue Shield</td></tr><tr><td>CH</td><td>CHAMPUS (TRICARE)</td></tr><tr><td>CI</td><td>Commercial Insurance Company</td></tr><tr><td>DS</td><td>Disability</td></tr><tr><td>HM</td><td>Health Maintenance Organization (<u>HMO</u>)</td></tr><tr><td>MA</td><td>Medicare Part A</td></tr><tr><td>MB</td><td>Medicare Part B</td></tr><tr><td>MC</td><td>Medicaid (Medi-Cal)</td></tr><tr><td>OF</td><td>Other federal program</td></tr><tr><td>TV</td><td>Title V</td></tr><tr><td>VA</td><td>Veteran's Affairs Plan</td></tr><tr><td>WC</td><td>Workers' Compensation Health Claim</td></tr><tr><td>00</td><td>Other</td></tr></tbody></table>	09	Self Pay	11	Other Non-federal programs	12	Preferred Provider Organization (PPO)	13	Point of Service (POS)	14	Exclusive Provider Organization (EPO)	16	Health Maintenance Organization (HMO)		Medicare Risk	AM	Automobile Medical	BL	Blue Cross/Blue Shield	CH	CHAMPUS (TRICARE)	CI	Commercial Insurance Company	DS	Disability	HM	Health Maintenance Organization (<u>HMO</u>)	MA	Medicare Part A	MB	Medicare Part B	MC	Medicaid (Medi-Cal)	OF	Other federal program	TV	Title V	VA	Veteran's Affairs Plan	WC	Workers' Compensation Health Claim	00	Other
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DS	Disability																																										
HM	Health Maintenance Organization (<u>HMO</u>)																																										
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VA	Veteran's Affairs Plan																																										
WC	Workers' Compensation Health Claim																																										
00	Other																																										

Special Instructions: Code must be left-justified and space-filled

PRINCIPAL DIAGNOSIS

Record Position:	84 through 90
Data Length:	7
Data Type:	Alphanumeric
Codes:	ICD-10-CM code set

Special Instructions: Code must be left-justified and space-filled
Do not include the decimal point in the data file

OTHER DIAGNOSES

Record Position:	For each Other Diagnosis code: 91-97; 98-104; 105-111; 112-118; 119-125; 126-132; 133-139; 140-146; 147-153; 154-160; 161-167; 168-174; 175-181; 182-188; 189-195; 196-202; 203-209; 210-216; 217-223; 224-230; 231-237; 238-244; 245-251; and 252-258
	Maximum of 24 Other Diagnoses codes, ending in position 258
Data Length:	7
Data Type:	Alphanumeric

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

OTHER DIAGNOSES (continued)

Codes:	ICD-10-CM code set
Special Instructions:	Codes must be left-justified and space-filled Fill from the left-most position and DO NOT skip fields Do not include the decimal point in the data file When there are no Other Diagnoses, the default value is all spaces Do not include External Cause codes in Other Diagnoses fields

EXTERNAL CAUSES OF MORBIDITY

Record Position:	For each External Cause of Morbidity code: 259-265; 266-272; 273-279; 280-286; 287-293; 294-300; 301-307; 308-314; 315-321; 322-328; 329-335; and 336-342
	Maximum of 12 External Cause codes, ending in position 342
Data Length:	7
Data Type:	Alphanumeric
Codes:	ICD-10-CM code set
Special Instructions:	Codes must be left-justified and space-filled Fill from the left-most position and DO NOT skip fields Do not include the decimal point in the data file When there are no Other External Cause codes, the default value is all spaces

PRINCIPAL PROCEDURE

Record Position:	343 through 347
Data Length:	5
Data Type:	Alphanumeric
Codes:	CPT-4 code set (Current Procedural Terminology, 4 th Edition)
Special Instructions:	When there is no Principal Procedure, the default value is all spaces

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

OTHER PROCEDURES

Record Position:	For each Other Procedure code: 348-352; 353-357; 358-362; 363-367; 368-372; 373-377; 378-382; 383-387; 388-392; 393-397; 398-402; 403-407; 408-412; 413-417; 418-422; 423-427; 428-432; 433-437; 438-442; 443-447; 448-452; 453-457; 458-462; and 463-467
Data Length:	Maximum of 24 Other Procedure codes, ending in position 467
Data Type:	5 Alphanumeric
Codes:	CPT-4 code set (Current Procedural Terminology, 4 th Edition)
Special Instructions:	Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces

PREFERRED LANGUAGE SPOKEN

Record Position:	468 through 491
Data Length:	24
Data Type:	Alphanumeric
Codes:	Refer to Section 97267, of the California ED and AS Data Reporting Manual
Special Instructions:	This is a free-text field Enter one 3-character PLS code listed in Section 97267 of the ED & AS Reporting Manual If the Preferred Language Spoken is not one of the codes listed enter the full name of the language, up to 24 characters 3-character PLS Codes from the ISO 639-2 Code List are also accepted

TOTAL CHARGES

Record Position:	492 through 499
Data Length:	8
Data Type:	Numeric
Codes:	Whole dollars only—no cents Code 99999999 for Total Charges exceeding 8 positions
Special Instructions:	Total Charges must be right-justified, zero-filled, and unsigned The default value is all zeroes

ED and AS FORMAT AND FILE SPECIFICATIONS FOR ONLINE TRANSMISSION

NOT IN USE

Record Position:	500 through 583
Data Length:	84
Data Type:	Unused
Codes:	Space-filled

No Data to Report

Note: OSHPD recommends use of the online function for ~~MIRCa~~ users to submit No Data to Report information.

Please print clearly

1. Facility Name: _____

2. Facility ID Number:

--	--	--	--	--	--

3. We do not have data to report for the above mentioned facility for the following reason(s):

a) Hospital Inpatient Care:

Report Period: From _____ **to** _____

☐ We are not licensed to provide inpatient care effective: _____

☐ We are licensed for inpatient care for this report period, but did not have any discharges as defined in Section 97213(a) (1) of the California Code of Regulations.

b) Emergency Department:

Report Period: From _____ **to** _____

☐ We are not licensed to provide emergency department care effective: _____

☐ We are licensed for emergency department services for this report period, but did not have any encounters as defined in Section 97213(a) (2) of the California Code of Regulations.

c) Hospital-Based Ambulatory Surgery:

Report Period: From _____ **to** _____

☐ We did not perform procedures on an outpatient basis in a general operating room, ambulatory surgery room, endoscopy unit or cardiac catheterization laboratory as defined in Section 97213(a) (3) of the California Code of Regulations.

d) Freestanding Ambulatory Surgery Clinic:

Report Period: From _____ **to** _____

☐ We are not licensed by the State of California as a surgical clinic effective: _____

☐ We are licensed as a surgical clinic, but did not perform ambulatory surgery procedures for this report period, as defined in Section 97213(a) (3) of the California Code of Regulations.

4. Additional Explanation:

5. Submitted by:

Print Name

Title/Position

Signature

Date

Telephone

Email

Patient Data Reporting Extension Request

Note: OSHPD recommends use of the online function for ~~MIRCa~~ users to request an extension.

Please print clearly

Fax Request to: (916) 327-1262

Attn: Patient Data Section

Date: _____

All available days will be granted. There are 14 extension days allowed for each report period for each data type.

1. Facility Name: _____

2. Facility Identification Number: _____

3. Street Address: _____

City, State, ZIP: _____

4. Data Type:

- | |
|---|
| <input type="checkbox"/> Inpatient |
| <input type="checkbox"/> Emergency Department |
| <input type="checkbox"/> Ambulatory Surgery |

5. Report Period Begin Date: _____

6. Report Period End Date: _____

7. Designated Agent (if applicable): _____

8. Person Requesting Extension (print): _____

9. Signature: _____

10. Title: _____

11. Phone: _____

12. Email: _____

User Account Administrator (UAA) Agreement

Please print clearly

Section 1: ~~MIRCal~~ User Account Administrator Information *(all information is required)*

1. FACILITY ID NUMBER:	2. FACILITY NAME:
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
4. POSITION (TITLE):	5. SUPERVISOR NAME:
6. BUSINESS ADDRESS (MAILING ADDRESS):	7. UNIQUE EMPLOYEE IDENTIFIER : <i>Note: An identifier that uniquely distinguishes you within your organization.</i>
8. BUSINESS PHONE:	9. BUSINESS FAX:
10. EMAIL ADDRESS:	
11. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>	
a. <i>Your mother's maiden name:</i>	b. <i>Your city of birth:</i>
<p>I understand that as an appointed MIRCal User Account Administrator on behalf of the facility, I have the responsibility to:</p> <ol style="list-style-type: none"> 1. Create/add and inactivate user accounts for other MIRCal users on behalf of my facility. Creating a user account includes granting access roles for an individual to read, submit and/or correct my facility's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access. 2. Modify the information for my facility's Primary, Secondary and Administrator Contacts. This notifies OSHPD of any changes in name, mailing address, phone number, and email address for each contact. Modifying user account contact information directly changes the information on the OSHPD database. 3. Change passwords for MIRCal users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password. User accounts will be locked 4. Unlock MIRCal user accounts. MIRCal will lock user accounts after three (3) unsuccessful log on attempts. When the account is locked, users will be required to contact their User Account Administrator to unlock their account. 5. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, MIRCal user accounts may be inactivated. <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
12. USER ACCOUNT ADMINISTRATOR SIGNATURE:	13. DATE:

Section 2: Facility Administrator Approval *Authorized by the person in charge of the day-to-day operation of the facility (CEO or equivalent).*

14. FACILITY ADMINISTRATOR NAME <i>(please print):</i>	15. FACILITY ADMINISTRATOR SIGNATURE:
16. DATE:	17. PHONE NUMBER:

The completed form shall be sent to OSHPD for each User Account Administrator needing ~~MIRCal~~ UAA access. **Fax to: (916) 327-1262**

Section 3: For OSHPD use only

Date Received:	Date Authenticated/Enrolled:	By:
User Name:	Note:	

User Account Administrator (UAA) Agreement Instructions

Make a copy of the completed form for your records.

SECTION 1: ~~MIRCA~~ User Account Administrator Information *(All fields must be completed) -- To be completed by the prospective ~~MIRCA~~ User Account Administrator.*

1. Facility ID Number: Provide your OSHPD assigned six digit facility number.
2. Facility Name: Provide the licensed name of your facility.
3. Name and Credentials: Provide your full name and credentials (if applicable).
4. Position (Title): Provide the position held at your facility.
5. Supervisor Name: Provide the name of your supervisor/manager.
6. Business Address (Mailing Address): Enter the business address where you can receive mail.
7. Unique Employee Identifier: Provide an identifier that your facility uses that uniquely distinguishes you from other employees within your organization. (e.g. title, badge number, employee number, etc.)
8. Business Phone: Provide a phone number where you can be contacted.
9. Business Fax: Provide a fax number where you can receive faxes.
10. Email Address: Provide an email address where you can be contacted.
11. Authentication Words: The authentication words provided may be used to identify you in the event that a password reset is required. It is important to remember this information.
 - a. Provide your mother's maiden name.
 - b. Provide your city of birth.
12. User Account Administrator Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.
13. Date: Provide the date of signature.

SECTION 2: Facility Administrator Approval *(All fields must be completed) – To be completed by the Facility Administrator (CEO or equivalent). This should be the person who is in charge of the day-to-day operation of the facility. OSHPD will cross reference this name against the name supplied by your facility as the ~~MIRCA~~ Facility Administrator contact person.*

14. Facility Administrator Name: Print name.
15. Facility Administrator Signature: After you have reviewed and approved the completed User Account Administrator Agreement, provide your signature indicating approval of this person to act as a ~~MIRCA~~ User Account Administrator.
16. Date: Provide the date of signature.
17. Phone Number: Provide a phone number.

SECTION 3: For OSHPD Use Only