

Certify and Submit Data

1. In order to finalize your data, first ensure all changes to your data submission are complete. If you have saved pending corrections, use one of the validation options on the Report Dashboard. This will run the data through the edit programs so you may confirm the results. Use Option 1 “Upload and Validate” only if you made all corrections in your facility’s system. A new file will overwrite all data saved in SIERA. If you made all corrections in SIERA, use Option 2.

You have two options to submit your patient data report:

Option 1: Upload and Validate a Patient Data File ?

Choose File No file chosen Upload & Validate

Option 2: Enter or Correct Patient Data Records ?

All patient data records can be viewed, and individual records can be selected for adding and updating on the Record Listing page. Enter/Correct Validate

2. Once validation is complete, confirm that all four edit programs have a green checkmark symbol on the Report Dashboard. This signifies you are below the Error Tolerance Level (ETL) for your data. Next, click Submit Report. Submit Report

Report Validation Summary Total records: 7 Last Validation: 03/02/2021 11:12 AM by Krista Todd

- Transmittal Validation
- Standard Edits Summary**

Records with Fatal Flags	Records with Critical Flags	Total Errors	Records with Warning Flags
0 0.0%	0 0.0%	0	0 0.0%
- Comparative Edits Summary**

Critical Errors	Warning Errors	Total Errors
0	0	0
- Trend Edits Summary**

Critical Errors	Warning Errors	Total Errors
0	0	0

When ready, click **Submit Report** to formally submit and certify your report: Submit Report

3. It is important to review your Data Distribution Report (DDR) to confirm the data summary looks accurate for your facility. The review of the DDR may reveal additional report issues that should be addressed before final submission. Facilities are responsible for correcting all data issues, not just the errors the system flags. See our [training video](#) for additional information.

Certify Report

John Muir Medical Center - Concord Campus OSHPD ID: 106071018 [Report Id: 134150]


Report Type: Ambulatory Surgery Report Period: 01/01/20-03/31/20 Due Date: 05/15/20 Status: Delinquent – Validation Passed

To certify this report, select the checkbox next to your name and click the Certify button. View Data Distribution Report (DDR)

I, _____ on behalf of John Muir Medical Center - Concord Campus, 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; **the report contains 7 records**, and that its content represents a complete and accurate summarization of the facility's medical records.

Certify

*NOTE: report data and status are fictional test data.

4. Read the certification message. Check the checkbox and then click Certify. 

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5. A message will display in green noting your submission was successful.

Certify Report

John Muir Medical Center - Concord Campus OSHDP ID: 106071018 [Report Id: 134150]

Report Type: Ambulatory Surgery Report Period: 01/01/20–03/31/20 Due Date: 05/15/20 Status: Approved – Validation Passed

To certify this report, select the checkbox next to your name and click the Certify button.

[View Data Distribution Report \(DDR\)](#)

Report has been successfully submitted. Confirmation No: AS-2020-Q1-0002

I, _____ on behalf of John Muir Medical Center - Concord Campus, 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; **the report contains 7 records**, and that its content represents a complete and accurate summarization of the facility's medical records.





6. You can also confirm the submission status on the Report Dashboard. It will show the status “Approved – Validation Passed.”

Report Dashboard

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Report Type: Ambulatory Surgery Report Period: 01/01/20–03/31/20 Due Date: 05/15/20 Status: Approved – Validation Passed

Report Status

APPROVED - VALIDATION PASSED This report has been submitted and certified, and its data has been approved.



Your submission is complete!