

**State of California
Office of Administrative Law**

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

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:

Amend sections: 97210, 97212, 97213,
97221, 97241, 97244,
97246, 97248

Repeal sections:

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

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

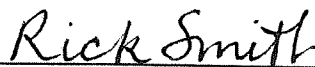
OAL Matter Number: 2021-0924-03

OAL Matter Type: Nonsubstantive (N)

The Office of Statewide Health Planning and Development (Office) submitted this action without regulatory effect, pursuant to California Code of Regulations, title 1, section 100, to amend regulations addressing requirements of California hospitals and licensed freestanding ambulatory surgery clinics to report patient data to the Office. The proposed amendments remove all references to the Office's obsolete online reporting system, Medical Information Reporting for California (MIRCal). The proposed amendments also remove obsolete references to designated agents, which was a function of the MIRCal system, as well as repeal two incorporated by reference forms related to designated agents. Additionally, the proposed amendments update cross-references and make other nonsubstantive changes.

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

Date: November 5, 2021



**Rick Smith
Senior Attorney**

**For: Kenneth J. Pogue
Director**

**Original: Elizabeth Landsberg, Director
Copy: Natasha Warrington**

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 10/2019)

NONSUBSTANTIVE

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2021-0924-03	EMERGENCY NUMBER N
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For use by Office of Administrative Law (OAL) only

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

NOV 05 2021

1:15 PM

OFFICE OF ADMIN. LAW
2021 SEP 24 PM1:04

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY

Office of Statewide Health Planning and Development

AGENCY FILE NUMBER (If any)

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) Patient Data Reporting Programs	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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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
	AMEND
	REPEAL
TITLE(S) 22	97210, 97212, 97213, 97221, 97241, 97244, and 97246, and 97248 per agency request

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<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"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

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)
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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

Natasha Warrington

TELEPHONE NUMBER

916-326-3946

FAX NUMBER (Optional)

E-MAIL ADDRESS (Optional)

natasha.warrington@oshpd.ca.gov

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

Starla Ledbetter

Digitally signed by Starla Ledbetter
Date: 2021.09.24 10:22:52 -0700

DATE

09/24/2021

TYPED NAME AND TITLE OF SIGNATORY

Starla Ledbetter, Chief Data Officer

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 05 2021

Office of Administrative Law

OSHPD Office of Statewide Health Planning and Development

Information Services Division

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**PROPOSED CHANGES WITHOUT REGULATORY EFFECT****CALIFORNIA CODE OF REGULATIONS****TITLE 22, DIVISION 7, CHAPTER 10,
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS**

§§ 97210, 97212, 97213, 97221, 97241, 97244, 97246, and 97248

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 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 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 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 User Account Administrators pursuant to Subsection ~~(d)~~(c) of Section 97246. Each reporting facility shall notify the Office's Patient Data Program in writing, by electronic mail or through the 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~~use an agent for this purpose. The reporting facility shall be responsible for ensuring compliance with regulations and reporting requirements when an agent is ~~designated~~used 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)~~(d) 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 ~~(y)~~(w) 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)~~(e) 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)~~(f) 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)~~(g) 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)~~(h) Encounter. An encounter is a face-to-face contact between an outpatient and a provider.

~~(j)~~(i) Error. Error means any record found to have an invalid entry or to contain incomplete data or to contain illogical data.

~~(k)~~(j) Facility Identification Number. A unique six-digit number that is assigned to each facility and shall be used to identify the facility.

~~(h)~~(k) 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)~~(l) 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)~~(m) (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).

~~(e)~~(n) 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)~~(o) 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 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)~~(p) 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)~~(q) 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)~~(r) 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)~~(s) 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)~~(t) 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)~~(u) 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)~~(v) 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>.

~~(y)~~(w) 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 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 ~~(y)~~(w) of this section.

~~(z)~~(x) User Account Administrator. A healthcare facility representative responsible for designating users, which may include agents, and maintaining the facility's 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 ~~(y)~~(w) 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 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 ~~(y)~~(w) 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 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 ~~(y)~~(w) 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 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 ~~(y)~~(w) 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 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 ~~(y)~~(w) 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 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.

97221. Definition of Data Element for Inpatients - Admission Date.

(a) For discharges occurring on or after January 1, 2017:

(1) For online transmission of data reports as electronic data files, the patient's admission date shall be reported in numeric form as follows: the 4-digit year, the 2-digit month, and the 2-digit day. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(2) For online entry of individual records, the patient's admission date shall be reported in numeric form as follows: the 2-digit month, the 2-digit day, and the 4-digit year. The numeric form for days and months from 1 to 9 must have a zero as the first digit.

(3) For discharges representing a transfer of a patient from one level of care within the hospital to another level of care within the hospital, as defined by Subsection ~~(y)~~(w) of Section 97212 and reported pursuant to Section 97212, the admission date reported shall be the date the patient was transferred to the level of care being reported on this record.

Note: Authority cited: Section 128810, Health and Safety Code. Reference: Section 128735, 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 Office's online submission system or by using the Patient Data Reporting Extension Request form (OSH-ISD-770 Rev. 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, and other users as requested 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 Office'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 MIRCai for submitting reports through either:~~

~~Online transmission of data reports as electronic data files, or~~

~~Online entry of individual records.~~

~~(b)~~(a) 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.

97246. Data Transmittal Requirements.

(a) Data shall be submitted using the Office's online submission system 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.~~

~~(e)~~(b) Reporting facilities with an approved exemption to submit records using a method other than 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.

~~(d)~~(c) 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. July 2019), hereby incorporated by reference, submitted to the Office.

~~(e)~~(d) 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.

97248. Error Tolerance Level.

(a) The Error Tolerance Level (ETL) for data reported to the Office shall be no more than 2%. Errors as defined in Subsection ~~(j)~~(i) of Section 97212, must be corrected to the ETL.

(b) For discharges occurring on and after January 1, 2015: For hospital discharge abstract data reports that do not exceed the Error Tolerance Level specified in Subsection (a) of this Section, defaults will be as shown in Table 1.

Table 1: Hospital Discharge Abstract Data Record Defaults

Invalid Data Element	Default
Admission date	delete record
All other data elements	blank or zero

(c) For encounters occurring on and after January 1, 2015: For emergency care data reports that do not exceed the Error Tolerance Level specified in Subsection (a) of this Section, defaults will be as shown in Table 2.

Table 2: Emergency Care Data Record Defaults

<i>Invalid Data Element</i>	<i>Default</i>
Service date	delete record
All other data elements	blank or zero

(d) For encounters occurring on and after January 1, 2015: For ambulatory surgery data reports that do not exceed the Error Tolerance Level specified in Subsection (a) of this Section, defaults will be as shown in Table 3.

Table 3: Ambulatory Surgery Data Record Defaults

<i>Invalid Data Element</i>	<i>Default</i>
Service date	delete record
All other data elements	blank or zero

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

Patient Data Reporting Agent Designation Form

In order to designate a third party agent to submit data on your behalf, your facility must complete this form. All information must be provided, including a signature from a facility administrator or primary contact.

Please print clearly

Section 1: Facility Information *(all information is required)*

1. FACILITY ID NUMBER:	2. FACILITY NAME:
3. DATA TYPE(S): <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Ambulatory Surgery <small>Check one or more Data Type(s). If none are checked, the Agent will be given access to all Data Types associated with your facility.</small>	
4. FACILITY BUSINESS ADDRESS (MAILING ADDRESS):	
5. FACILITY CONTACT NAME:	6. TITLE:
7. PHONE:	8. EMAIL ADDRESS:

Section 2: Designated Agent Information *(all information is required)*

9. NAME OF DESIGNATED AGENT (COMPANY NAME):	
10. BUSINESS ADDRESS (MAILING ADDRESS):	
11. CONTACT NAME:	
12. PHONE:	13. EMAIL ADDRESS:
DESIGNATION EFFECTIVE DATE	
14. EFFECTIVE REPORT PERIOD BEGIN DATE:	Designation is effective until OSHPD receives written notification of revocation or new designation.

By signing this document, I certify that I am an official of my facility and I am approving the aforementioned Designated Agent to submit data on behalf of my facility for the designated data type(s) and effective date.

15. NAME (PRINT):	16. TITLE:
17. SIGNATURE:	18. DATE:

Designated Agent User Agreement

*Please print clearly***Section 1: MIRCAl Designated Agent User Information (all information is required)**

1. DESIGNATED AGENT BUSINESS NAME:	
2. NAME OF MIRCAl DESIGNATED AGENT USER (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
3. POSITION (TITLE):	4. SUPERVISOR NAME:
5. BUSINESS ADDRESS (MAILING ADDRESS):	6. UNIQUE EMPLOYEE IDENTIFIER: <i>Note: An identifier that uniquely distinguishes you within your organization.</i>
7. BUSINESS PHONE:	8. BUSINESS FAX:
9. EMAIL ADDRESS:	
10. 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>
I understand that as a Designated Agent User: 1. I can submit data and retrieve the status of the data on behalf of a facility. 2. My MIRCAl user account may be inactivated after 270 consecutive days (9 months) of inactivity. Only OSHPD can reactivate my account. By signing this document I acknowledge reading, understanding, and agreeing to its contents.	
11. DATE:	12. USER SIGNATURE:

Section 2: Designated Agent Primary Contact Approval (all information is required)

13. PRINT NAME:	14. DESIGNATED AGENT "PRIMARY" CONTACT SIGNATURE:
15. DATE:	16. PHONE NUMBER:

The completed form shall be sent to OSHPD for each Designated Agent user needing MIRCAl access. **Fax to: (916) 327-1262**

Section 3: For OSHPD use only

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

Please Note: The Facility Administrator or Primary Contact at each facility that you represent must complete and sign the Agent Designation Form (OSH-ISD-771) approving a Designated Agent to submit data on their behalf.

Designated Agent User Agreement Instructions

Make a copy of the completed form for your records.

SECTION 1: MIRCal Designated Agent User Information *(All fields must be completed) -- To be completed by a user (e.g. a third party acting on behalf of a facility) who is requesting access to MIRCal.*

1. Name of Designated Agent: Provide the name of your business.
2. Name and Credentials of MIRCal Designated Agent User: Provide full name and credentials (if applicable).
3. Position (Title): Provide the position held in your organization.
4. Supervisor Name: Provide the name of your supervisor/manager.
5. Business Address (Mailing Address): Enter the business address where you can receive mail.
6. 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.)
7. Business Phone: Provide a phone number where you can be contacted.
8. Business Fax: Provide a fax number where you can receive faxes.
9. Email Address: Provide an email address where you can be contacted.
10. 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.
11. Date: Provide the date of signature.
12. User Signature: If you acknowledge reading, understanding and agreeing to the contents of this document, provide your signature.

SECTION 2: Designated Agent Primary Contact Approval *(All fields must be completed) -- To be completed by the Designated Primary Contact.*

13. Print Name: Print the name of the Designated Agent Primary Contact.
14. Designated Agent Primary Contact Signature: When the completed information is reviewed and approved, provide your signature indicating approval of person to use MIRCal.
15. Date: Provide the date that this user agreement was approved and signed.
16. Phone Number: Provide a phone number.

SECTION 3: For OSHPD Use Only