HCAI Department of Health Care Access and Information

2020 West El Camino Avenue, Suite 800
Sacramento, CA 95833
hcai.ca.gov

NOTICE OF PROPOSED RULEMAKING

CALIFORNIA CODE OF REGULATIONS

TITLE 22, DIVISION 7, CHAPTER 10, ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS

§§ 97215, 97219, 97222, 97226, 97231, 97246, 97255, 97259, and 97264

The Department of Health Care Access and Information ("the Department"), formerly known as the Office of Statewide Health Planning and Development, proposes to adopt the proposed regulations described below after considering all comments, objections, and recommendations regarding the proposed action.

The Department proposes to update several data element definitions to align them more closely with national standards, as the Department is required to do. Specifically, the Department proposes updating the source of admission data element with the addition of a route of admission for designated disaster alternate care site reporting, updating disposition code wording for consistency, and expanding the definition of the other diagnoses data element to include social determinants of health codes. In addition, the Department is proposing to make the data more useful by adding a requirement to report patient address, which includes a ZIP Code component and therefore repeal the existing ZIP Code only data element.

Included in the patient address data element, the Department is proposing to add an indicator of a patient's housing status. The Department proposes updating the User Account Administrator Agreement form (HCAI-ISD-773-User Account Administrator Agreement) to remove outdated requirements from a decommissioned reporting system. To implement the changes to the data elements, the electronic reporting Format and File Specifications document incorporated by reference must also be updated to address the changes, and the sections incorporating them by reference must be updated with new document dates.

I. PUBLIC HEARING

The Department has not scheduled a public hearing on this proposed action. However, the Department will hold a hearing if it receives a written request for a public hearing from any interested person, or their authorized representative, no later than 15 days before the close of the written comment period.

II. WRITTEN PUBLIC COMMENT PERIOD AND CONTACT PERSON

Any interested person, or their authorized representative, may submit written comments relevant to the proposed regulatory action. All comments must be received by the Department by May 9, 2022.

Inquiries and written comments regarding the proposed action should be addressed to the primary contact person named below. Comments delivered by email are preferred. Comments may also be faxed, hand delivered, or mailed.

Anthony Tapney, Manager
Information Services Division
Department of Health Care Access and Information
Fax: (916) 327-1262
Tel: (916) 326-3932
Email: anthony.tapney@hcai.ca.gov
Mailing address: 2020 West El Camino Avenue, Suite 1100
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Inquiries and comments may also be directed to the backup contact person at the same mailing address:

Rob Fox, Manager
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III. AUTHORITY AND REFERENCE

Authority: California Health and Safety Code, Section 128810. Reference: California Health and Safety Code, Sections 128735, 128736, 128737, and 128738.

IV. INFORMATIVE DIGEST/POLICY STATEMENT OVERVIEW

a. Summary of Existing Laws and Regulations

Hospitals and freestanding ambulatory surgery clinics licensed by the California Department of Public Health are required by law to file certain patient-level information with the Department at specified intervals. Health and Safety ("H&S") Code Section 128735, subdivision (g), requires that each California hospital file a Hospital Discharge Abstract Data Record including specified data elements for each patient discharged from the hospital. These records are sometimes referred to as the inpatient data. In addition, hospitals must file an Emergency Care Data Record for each encounter in a hospital emergency department (H&S Code, Section 128736) and hospitals and licensed freestanding ambulatory surgery clinics must file an Ambulatory Surgery Data Record for each patient encounter during which at least one ambulatory surgery procedure is performed (H&S Code, Section 128737). These two types of records are sometimes referred to as outpatient data. These data reporting requirements have been implemented in the California Code of Regulations, Article 8 (Patient Data Reporting Requirements) of Chapter 10 of Division 7 of Title 22.

b. Policy Statement Overview/Specific Benefits of Proposed Regulations

Under Health and Safety Code Sections 128735, subdivision (f); 128736, subdivision (d); and 128737, subdivision (d), "Data reporting requirements established by the department shall be consistent with national standards, as applicable." This regulations package updates several data element definitions to more closely align with national standards. Under Health and Safety Code Section 128738, subdivision (a), "The department shall allow and provide for, in accordance with appropriate regulations, additions or deletions to the patient level data elements listed in subdivision (g) of Section 128735, Section 128736, and Section 128737, to meet the purposes of this chapter."

Under HIPAA, all HIPAA-covered entities, which include all California licensed facilities, must comply with uniform standards for billing health care insurance and other similar entities for services provided. The United States Secretary of Health and Human Services (pursuant to 45 Code of Federal Regulations ("CFR") section 162.910) has designated the National Uniform Billing Committee (NUBC) as a Designated Standards Maintenance Organization (DSMO). The DSMOs maintain standards for health care transactions adopted by the Secretary. The Secretary adopted the ASC X12N 837 – Health Care Claim: Institutional (45 CFR section 162.1102) as the standard that must be used by health care facilities in billing for services provided. The ASC X12N 837 was incorporated by reference in 45 CFR section 162.920. Current statute and program regulations specify that International Classification of Diseases ("ICD") coding must be used for diagnoses for all three programs. The version of the code system currently used is the International Classification of Diseases, 10th Revision, Clinical Modification, commonly known as ICD-10-CM.

The Department proposes updating the source of admission data element with the addition of a route of admission for designated disaster alternate care site reporting, updating disposition code wording for consistency, and expanding the definition of the other diagnoses data element to include social determinants of health codes. These changes are to be more consistent with the ASC X12N 837, NUBC UB-04, and ICD-10-CM.

In addition, the Department is proposing to make the data more useful by adding a requirement to report patient address, which includes a ZIP Code component and therefore repeal the existing ZIP Code only data element. Included in the patient address data element, the Department is proposing to add an indicator of a patient's housing status.

Further, the Department proposes updating the User Account Administrator Agreement form (HCAI-ISD-773-User Account Administrator Agreement) to remove outdated requirements from a decommissioned reporting system.

Along with the changes to the data elements, the electronic reporting Format and File Specifications documents that are incorporated by reference must also be updated to implement the changes, and the sections incorporating them by reference must be updated with the new document dates. The new versions of the Format and File and Specifications that will be incorporated by reference to reflect these data element changes are titled "Format and File Specifications for Online Transmission: Inpatient Data Version 4.2 as revised on September 2021" and "Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.2 as revised on September 2021."

The January 2023 effective date for the implementation of the new definitions allows reporting facilities a generous period of time to implement the necessary changes to their electronic reporting systems.

The changes in the data element definitions are anticipated to be beneficial to the reporting facilities – while there may be minor initial implementation costs, reporting using standard data definitions already used by the facilities in their business will be easier, more efficient, and less burdensome. In addition, the data collected, especially the address data, will be more detailed, more reflective of the industry, all of which will enhance the value, usability, and usefulness of the data for data users.

c. Determination of Inconsistency/Incompatibility with Existing State Regulations

As required by Government Code Section 11346.5, subdivision (a)(3)(D), the Department evaluated the language contained in the proposed amendments. The Department has determined that these proposed regulations are not inconsistent with or incompatible with existing state regulations. These regulations make modifications to existing programs.

d. Documents Incorporated by Reference

Format and File Specifications for Online Transmission: Inpatient Data Version 4.2 as revised on September 2021.

Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.2 as revised on September 2021.

V. DISCLOSURES REGARDING THE PROPOSED ACTION

The Department has made the following initial determinations:

a. Mandate on local agencies and school districts: None.

b. Cost or savings to any state agency: None.

c. Cost to any local agency or school district which must be reimbursed in accordance with Government Code sections 17500 through 17630: None.

d. Other nondiscretionary cost or savings imposed on local agencies: No direct impact on local governments; costs are incurred only by local governments that operate health facilities.

e. Cost or savings in federal funding to the state: None.

f. Cost impact on a representative private person or business/small business: The Department anticipates a minor one-time cost to facilities estimated to be less than $6,000 for most facilities to reprogram software. Facilities can submit reports using an internet web browser either by file transfer or data entry. To meet current or proposed reporting requirements, small businesses can determine whether file transfer or data entry is most cost effective. There are 1.2% of reporting facilities classified as small businesses. Therefore, the proposed regulations may affect small business.

g. Statewide adverse economic impact directly affecting businesses and individuals: As described in the Initial Statement of Reasons, Sections VI and VII, the Department has made an initial determination that the regulations will not have a significant, statewide adverse economic

impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

h. Significant effect on housing costs: None.

i. Business Reporting Requirement. It is necessary for the health, safety, or welfare of the people of the state that this regulation apply to businesses.

VI. STATEMENT OF THE RESULTS OF THE ECONOMIC IMPACT ANALYSIS (EIA)

The changes in the data elements are anticipated to be beneficial to the reporting facilities – while there may be minor initial implementation costs, reporting using standard data definitions already used by the facilities in their business will be easier, more efficient, and less burdensome. In addition, the data collected will be more detailed, more reflective of the industry, and more comparable to other existing data, all of which will enhance the value, usability, and usefulness of the data for the facilities and other data users.

Therefore, the Department concludes that:

(1) this regulatory action will not create jobs within the state;

(2) this regulatory action will not eliminate jobs within the state;

(3) this regulatory action will not create new businesses;

(4) this regulatory action will not eliminate existing businesses;

(5) this regulatory action will not affect the expansion of businesses currently doing business in the state; and

(6) the benefit to the public is that more comparable and useful data will be available. Such data are used for understanding California's healthcare environment, which may benefit the health and welfare of California residents. The proposed regulations are not expected to affect worker safety or the state's environment.

VII. REASONABLE ALTERNATIVES

The Department must determine that no reasonable alternative considered by the Department or that has otherwise been identified and brought to the attention of the Department would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

VIII. AVAILABILITY OF EXPRESS TERMS, INITIAL STATEMENT OF REASONS, AND INFORMATION UPON WHICH PROPOSED RULEMAKING IS BASED

The Department will have the entire rulemaking file available for inspection and copying throughout the rulemaking process at its office at the address given for the contact persons. As of the date this notice is published in the Notice Register, the rulemaking file consists of this notice, the text of the proposed regulations, the Format and File Specifications documents

incorporated by reference, the initial statement of reasons, and an economic impact analysis contained in the initial statement of reasons, and one survey conducted by the Department.

IX. AVAILABILITY OF SUBSTANTIAL CHANGES TO ORIGINAL PROPOSAL

After considering all timely and relevant comments received, the Department may adopt the proposed regulations substantially as described in this notice. If the Department makes modifications which are sufficiently related to the originally proposed text, it will make the modified text (with the changes clearly indicated) available to the public for at least 15 days before the Department adopts the regulations as revised.

Please send requests for copies of the modified text to the listed contact person. The modified text will also be available on the website at http://www.hcai.ca.gov/LawsRegs/ProgramStatutes.html. The Department will accept written comments on the modified regulations for 15 days after the date on which they are made available.

X. AVAILABILITY OF FINAL STATEMENT OF REASONS

The Final Statement of Reasons, including all of the comments and responses, will be available, after its completion, through our website at http://www.hcai.ca.gov/LawsRegs/ProgramStatutes.html. The Final Statement of Reasons will also be available for review from the designated contact person.

XI. AVAILABILITY OF DOCUMENTS ON THE INTERNET

Copies of the Notice of Proposed Action, the Initial Statement of Reasons, and the text of the regulations in underline and strikeout can be accessed through our website at http://www.hcai.ca.gov/LawsRegs/ProgramStatutes.html.

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INITIAL STATEMENT OF REASONS

CALIFORNIA CODE OF REGULATIONS

TITLE 22, DIVISION 7, CHAPTER 10,
ARTICLE 8: PATIENT DATA REPORTING REQUIREMENTS
§§ 97215, 97219, 97222, 97226, 97231, 97246, 97255, 97259, and 97264

I. BACKGROUND INFORMATION

Hospitals and freestanding ambulatory surgery clinics licensed by the California Department of Public Health are required by law to file certain patient-level information with the Department of Health Care Access and Information ("the Department"), formerly known as the Office of Statewide Health Planning and Development, at specified intervals. Health and Safety Code Section 128735, subdivision (g), requires that each California hospital file a Hospital Discharge Abstract Data Record for each patient discharged from the hospital. These records are sometimes referred to as the inpatient data. In addition, hospitals must file an Emergency Care Data Record for each encounter in a hospital emergency department (H&S Code, §128736) and hospitals and licensed freestanding ambulatory surgery clinics must file an Ambulatory Surgery Data Record for each patient encounter during which at least one ambulatory surgery procedure is performed (H&S Code, §128737). These two types of records are sometimes referred to as outpatient data. Records are submitted to the Department using the patient-level data online electronic reporting system.

Inpatient records have been reported to the Department since the 1980s and Outpatient records have been reported to the Department since 2005. Since the implementation of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") roughly two decades ago, all health facilities have been required to use nationally adopted data standards in their health care transactions. The records include diagnosis and procedure information which is reported using standard code systems. Current statute and program regulations specify that International Classification of Diseases ("ICD") coding must be used for diagnoses for all three programs, as well as for procedures for inpatient data. The version of the code system currently used is the International Classification of Diseases, 10th Revision, Clinical Modification, commonly known as ICD-10-CM.

Use of ICD coding for diagnoses and inpatient procedures is consistent with coding requirements of HIPAA. All California hospitals and licensed ambulatory surgery centers are HIPAA-covered entities. Therefore, the facilities are using the same coding system to report diagnosis and inpatient procedure data to the Department as they use (pursuant to federal mandate) for business purposes.

Under HIPAA, all HIPAA-covered entities, which include all California licensed health facilities, must comply with uniform standards for billing health care insurance and other similar entities for services provided. The United States Secretary of Health and Human Services (pursuant to 45 Code of Federal Regulations ("CFR") section 162.910) has designated the National Uniform Billing Committee (NUBC) as a Designated Standards Maintenance Organization (DSMO). The DSMOs maintain standards for health care transactions adopted by the Secretary. The Secretary adopted the ASC X12N 837 – Health Care Claim: Institutional (45 CFR section 162.1102) as the standard that must be used by health facilities in billing for services provided. The ASC X12N 837 was incorporated by reference in 45 CFR section 162.920.

The purpose of the Department's data collection program is to collect accurate, reliable, useful, and timely information for use in making informed decisions in the health care marketplace, assessing the effectiveness of California's health care systems, and supporting statewide health policy development and evaluation. Under Health and Safety Code Sections 128735, subdivision (f); 128736, subdivision (d); and 128737, subdivision (d), "Data reporting requirements established by the department shall be consistent with national standards, as applicable." Patient data reporting requirements are defined in the California Code of Regulations, Article 8 of Chapter 10 of Division 7 of Title 22.

II. THE PROBLEM TO BE ADDRESSED

Since the implementation of HIPAA, all covered entities (including all hospitals and freestanding ambulatory surgery clinics required to report patient data records to the Department), have been required to use nationally adopted data standards in their health care transactions. The patient level data elements currently include two data elements that are inconsistent with recent updates to national standards that health facilities use for billing and other administrative purposes.

In addition to updating data elements to conform to existing national standards, this regulatory package seeks to address two problems. First, a growing number of needs have developed that make it clear that an enhancement of the geographic data collected, specifically patient address, is necessary. The Department's current collection of 5-digit ZIP Code has limited use as ZIP Codes do not necessarily represent specific geographic regions. Greater specificity is needed to allow for a better understanding of social determinants and health disparities in healthcare utilization, healthcare outcomes, and disease within neighborhoods, census tracts, cities, and counties. Second, the current definition of the other diagnoses data element unnecessarily restricts the diagnosis codes required to be reported to those which are medical diagnoses. Expanding the definition of other diagnoses to include Social Determinant of Health codes as required reporting would increase the usefulness and accuracy of the data.

In addition, the User Account Administrator Agreement (HCAI-ISD-773-User Account Administrator Agreement) document as referenced under 22 California Code of Regulations ("CCR") §97246 must be updated to remove requirements related to a decommissioned reporting system.

III. THE PURPOSE AND BENEFITS OF THIS REGULATORY ACTION

The purpose of this regulatory action is to update two data element definitions to align them more closely with national standards, as the Department is required to do. Specifically, the Department proposes updating the source of admission data element with the addition of a route of admission for designated disaster alternate care site reporting and updating disposition

code wording for consistency. In addition, the Department is proposing to make the data more useful by adding a requirement to report patient address, which includes a ZIP Code component. This will replace the existing ZIP Code only data element. Further, the Department is proposing to expand the definition of the other diagnoses data element to include social determinants of health codes.

Included in the patient address data element, the Department is proposing to add an indicator of a patient's housing status. Lastly, the Department proposes updating the User Account Administrator Agreement form (HCAI-ISD-773-User Account Administrator Agreement) to remove outdated requirements from a decommissioned reporting system. To implement the changes to the data elements, the electronic reporting Format and File Specifications document incorporated by reference must also be updated to address the changes, and the sections incorporating them by reference must be updated with new document dates.

The changes in the data element definitions are anticipated to be beneficial to the reporting facilities – while there may be minor initial implementation costs, reporting using standard data definitions already used by the facilities in their business will be easier and more efficient. Furthermore, the data collected will be more detailed, more reflective of the industry, all of which will enhance the value, usability, and usefulness of the data for data users.

These changes will be effective for reporting of discharges or encounters that occur on or after January 1, 2023. This will allow facilities a generous period of time to implement the necessary system changes for electronic reporting with the new data element definitions and formats.

IV. NECESSITY

The amendments to 22 California Code of Regulations ("CCR") Sections 97215, 97219, 97222, 97226, 97231, 97246, 97255, 97259, and 97264 are necessary to comply with Health and Safety Code Section 128735, subdivision (f), and Health and Safety Code Section 128736, subdivision (d), and Health and Safety Code Section 128737, subdivision (d), which require data reporting requirements established by the Department to "be consistent with national standards, as applicable." These changes are necessary to simplify data element collection and reporting for facilities.

The proposed enhancements to the datasets are necessary to meet the statutory goals of providing useful and comparable data to the public, the health care industry, researchers, and others.

The data collected will be more detailed, more reflective of the industry, and more comparable to other existing data, all of which will enhance the value, usability, and usefulness of the data for data users.

V. THE SPECIFIC PUPOSE OF EACH AMENDMENT

<u>22 CCR §97215. Format</u>

The Format and File Specifications documents instruct facilities on how to create files to submit to the patient-level data online electronic submission system.

To incorporate the data element definition changes, the two new Format and File Specifications must be adopted to be used with inpatient records and outpatient records (emergency

department and ambulatory surgery), for discharges or encounters on or after January 1, 2023. Format and File Specifications for Online Transmission: Inpatient Data Version 4.2 and Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.2 must be adopted to be used with discharges or encounters on or after January 1, 2023.

<u>22 CCR §97219. Definition of Data Element for Inpatients – Patient Address</u>

One component of this amendment is to add a requirement to report national standard patient address components consistent with National Uniform Billing Committee and ANSI X12N 837 Health Care Service Data Reporting Guide standards: Patient Address, State, and ZIP Code or Country Code, if non-US resident. Patient address includes a ZIP Code component and therefore the existing ZIP Code only data element will be repealed. In addition to aligning with national standards, patient address would make the data more useful and accurate.

The Department's current collection of 5-digit ZIP Code is limited on numerous levels as ZIP Codes do not necessarily represent specific, meaningful geographic regions. Greater specificity is needed to allow for a better understanding of social determinants and health disparities in healthcare utilization, healthcare outcomes, and disease within neighborhoods, census tracts, cities, and counties.

Patient address reporting will reduce the limitations of ZIP Code only data and will enhance the precision, accuracy, and utility in many different use cases including but not limited to: research of diseases and conditions and associated local exposures such as cancer due to contaminated ground water, asthma due to proximity to freeways, and exposure to wildfire smoke and respiratory conditions. In addition, patient address collection will increase the ability to link record level data with other geographical designations, such as Medically Underserved Areas (MUA) and Medical Service Study Areas (MSSA). The resulting linkages would establish increased capacity to evaluate the community needs of these MUAs and MSSAs and to better target health workforce development programs to address provider shortages and increase access to care.

Expanding the data elements to include patient address will also enhance the ability to understand a hospital's market share and the community inflow and outflow of patients, and to ascertain more-refined patient demographics and healthcare needs to the hospital's market share area. Further, patient address provides the opportunity to increase the accuracy of evaluating distance traveled for care and the reliability of evaluating geographic distributions of care and the association of these distributions to over-and-under-served areas.

Another component of this amendment is to include a housing status indicator to identify patients experiencing homelessness. This change is paralleled in the outpatient Patient Address data element.

<u>22 CCR §97222. Definition of Data Elements for Inpatients – Source of Admission</u>

This amendment provides an additional code to the route of admission portion of the source of admission data element. This additional code was added to align with national standards in order to provide a category for admissions from designated disaster alternate care sites. The need for this category became apparent during the COVID-19 pandemic.

22 CCR §97226. Definition of Data Element for Inpatients – Other Diagnoses and Present on Admission Indicator

This amendment explicitly adds reporting of social determinants of health codes to the definition of the other diagnoses and present on admission indicator data element. The current definition could be interpreted that only codes that are directly related to a medical diagnosis are required to be reported. Social determinants of health are the economic and social conditions that influence differences in health status. Adding social determinants of health codes as required reporting allows for examination of these factors. This change is paralleled in the outpatient other diagnoses data element.

22 CCR §97231. Definition of Data Element Inpatients – Disposition of Patient

The change is a non-substantive wording change needed to match updated national standards. Wording has been updated to reflect discharge to designated disaster alternate care site and discharge to an organized health service organization in anticipation of covered skilled care for hospital readmissions. This change is paralleled in the outpatient disposition of patient data element.

22 CCR §97246. Data Transmittal Requirements

This amendment is a non-substantive change to update the form number and revision date for the revised document that is incorporated by reference, (HCAI-ISD-773-User Account Administrator Agreement). The update to this document is necessary to remove references to a former online submission system that has been decommissioned. In the patient-level data reporting system, the password reset process for users is now automated. In addition, other elements of the form are updated to provide clarity to users.

22 CCR §97255. Definition of Data Element for ED and AS – Patient Address

One component of this amendment is to add a requirement to report national standard patient address components consistent with National Uniform Billing Committee and ANSI X12N 837 Health Care Service Data Reporting Guide standards: Patient Address, State, and ZIP Code or Country Code, if non-US resident. Patient address includes a ZIP Code component and therefore the existing ZIP Code only data element will be repealed. In addition to aligning with national standards, patient address would make the data more useful and accurate.

The Department's current collection of 5-digit ZIP Code is limited on numerous levels as ZIP Codes do not necessarily represent specific, meaningful geographic regions. Greater specificity is needed to allow for a better understanding of social determinants and health disparities in healthcare utilization, healthcare outcomes, and disease within neighborhoods, census tracts, cities, and counties.

Patient address reporting will reduce the limitations of ZIP Code only data and will enhance the precision, accuracy, and utility in many different use cases including but not limited to: research of diseases and conditions and associated local exposures such as cancer due to contaminated ground water, asthma due to proximity to freeways, and exposure to wildfire smoke and respiratory conditions. In addition, patient address collection will increase the ability to link record level data with other geographical designations, such as Medically Underserved Areas (MUA) and Medical Service Study Areas (MSSA). The resulting linkages would establish

increased capacity to evaluate the community needs of these MUAs and MSSAs and to better target health workforce development programs to address provider shortages and increase access to care.

Expanding the data elements to include the patient address will also enhance the ability to understand a hospital's market share and the community inflow and outflow of patients, and to ascertain more-refined patient demographics and healthcare needs to the hospital's market share area. Further, patient address provides the opportunity to increase the accuracy of evaluating distance traveled for care and the reliability of evaluating geographic distributions of care and the association of these distributions to over-and-under-served areas.

Another component of this amendment is to include a housing status indicator to identify patients experiencing homelessness. This change is paralleled in the inpatient Patient Address data element.

22 CCR §97259. Definition of Data Element for ED and AS – Other Diagnoses

This amendment explicitly adds reporting of social determinants of health codes to the definition of the other diagnoses and present on admission indicator data element. The current definition could be interpreted that only codes that are directly related to a medical diagnosis are required to be reported. Social determinants of health are the economic and social conditions that influence differences in health status. Adding social determinants of health codes as required reporting allows for examination of these factors. This change is paralleled in the inpatient other diagnoses data element.

22 CCR §97264. Definition of Data Element for ED and AS – Disposition of Patient

The change is a non-substantive wording change needed to match updated national standards. Wording has been updated to reflect discharge to designated disaster alternate care site and discharge to an organized health service organization in anticipation of covered skilled care for hospital readmissions. This change is paralleled in the inpatient disposition of patient data element.

VI. ECONOMIC IMPACT ANALYSIS

These changes are anticipated to be beneficial to the reporting facilities – while there may be minor initial implementation costs, reporting using standard data definitions already used by the facilities to meet their business needs will be easier, more efficient, less costly, and less burdensome. In addition, the data collected will be more detailed, more reflective of the industry, and more comparable to other existing data, all of which will enhance the value, usability, and usefulness of the data for data users.

Therefore, the Department concludes that:

(1) this regulatory action will not create jobs within the state;

(2) this regulatory action will not eliminate jobs within the state;

(3) this regulatory action will not create new businesses;

(4) this regulatory action will not eliminate existing businesses;

(5) this regulatory action will not affect the expansion of businesses currently doing business in the state; and

(6) the benefit to the public is that more accurate, comparable, and useful data will be available. Such data are used for understanding California's health care environment, which may benefit the health and welfare of California residents. Aligning the data sets to align with national standards will be more efficient and less burdensome for health facilities.

VI. EVIDENCE SUPPORTING FINDING OF NO SIGNIFICANT ADVERSE ECONOMIC IMPACT OF ANY BUSINESS

The Department has determined that adoption of the proposed regulations would not have a significant adverse economic impact on any business in the State of California. This reporting program is already in existence. These are relatively minor changes to current reporting requirements. This conclusion was supported by an online survey which was sent to licensed health facilities to determine the value and usefulness as well as anticipated cost impacts of the proposed changes. Responding facilities generally estimated low one-time implementation costs and confirmed administrative efficiency from reporting data elements with greater alignment in the format across inpatient and outpatient data sets.

VII. TECHNICAL, THEORETICAL, OR EMPIRICAL STUDY, REPORTS, OR SIMILAR DOCUMENT RELIED UPON

Except for the survey outlines above, the Department did not rely upon any other technical, theoretical, or empirical studies, reports or similar documents in proposing the adoption of this regulation.

IX. CONSIDERATION OF ALTERNATIVES

No reasonable alternatives have been identified by the Department or have otherwise been identified and brought to its attention that would be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed action or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

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PROPOSED CHANGES TO REGULATIONS

CALIFORNIA CODE OF REGULATIONS

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97215. Format.

(a) Hospital Discharge Abstract Data reports for discharges up to and including December 31, 2022 shall comply with the Office's Format and File Specifications for Online Transmission: Inpatient Data Version 4.1 as revised July 2019 and hereby incorporated by reference. Hospital Discharge Abstract Data reports for discharges occurring on or after January 1, 2023 shall comply with the Office's Format and File Specifications for Online Transmission: Inpatient Data Version 4.2 as revised September 2021 and hereby incorporated by reference.

(b) Emergency Care Data reports for encounters up to and including December 31, 2022 shall comply with the Office's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.1 as revised July 2019 and hereby incorporated by reference. Emergency Care Data reports for encounters occurring on or after January 1, 2023 shall comply with the Office's Format and File Specifications for Online Transmission: Emergency Department and Ambulatory Surgery Data Version 2.2 as revised September 2021 and herby incorporated by reference.

(c) Ambulatory Surgery Data reports for encounters up to and including December 31, 2022 shall comply with the Office's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.1 as revised July 2019 and hereby incorporated by reference. Ambulatory Surgery Data reports for encounters occurring on or after January 1, 2023 shall comply with the Office's Format and File Specifications for Online Transmission: Emergency Care and Ambulatory Surgery Data Version 2.2 as revised September 2021 and herby incorporated by reference.

(d) The Office's Format and File Specifications for 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 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.

97219. Definition of Data Element for Inpatients - ~~ZIP Code~~ Patient Address.

(a) Effective with discharges on or after January 1, 2019, <u>up to and including December 31, 2022,</u> the "ZIP code," a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient's usual residence shall be reported for each patient discharge. If the patient has a 9-digit ZIP code, only the first five digits shall be reported. Do not report the ZIP Code of the hospital, third party payer, or billing address if it is different from the usual residence of the patient.

> (1) If the city of residence is known, but not the street address, report the first three digits of the ZIP code, and the last two digits as zeros.

> (2) Unknown ZIP codes shall be reported as "XXXXX."

> (3) ZIP codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

> (4) ZIP codes for persons who are "homeless" (patients who at admission lack a residence) shall be reported as "ZZZZZ."

<u>(b) Effective with discharges on or after January 1, 2023, the patient's address shall be reported. The address shall include the address number and street name; city; state; and ZIP Code. Do not report the address of the hospital. If more than one address is available for the patient, report the address of the patient's usual residence. If exact address is unknown or the patient is experiencing homelessness, provide as much information as possible.</u>

> (1) <u>The address number and street name shall be reported.</u>
> > (A) <u>If the address number and/or street name are unknown, leave blank.</u>
> > (B) <u>If the address is not part of the United States, leave blank.</u>

> (2) <u>The city shall be reported.</u>
> > (A) <u>If the city is unknown, leave blank.</u>
> > (B) <u>If the city is not part of the United States, leave blank.</u>

> (3) <u>The state shall be reported using a standard two letter abbreviation.</u>
> > (A) <u>If the state is unknown, leave blank.</u>
> > (B) <u>If the state is not part of the United States, leave blank.</u>

> (4) <u>The ZIP Code shall be reported using the unique code assigned to a specific geographic area by the United States Postal Service.</u>
> > (A) <u>If the patient has a 9-digit ZIP Code, only the first five digits shall be reported.</u>
> > (B) <u>Unknown ZIP Codes shall be reported as "XXXXX."</u>
> > (C) <u>ZIP Codes for persons who do not reside in the U.S. shall be reported as "YYYYY."</u>

> (5) <u>For patients with a non-US residence, report the country.</u>

> (6) <u>Indicate whether a patient was experiencing homelessness at the time of admission. This may include chronic, episodic, or transitional homelessness, or in temporary shelter:</u>

(A) Include "Y" for patients experiencing homelessness.
(B) Include "N" for patients not experiencing homelessness.
(C) "U" for Unknown.

Authority: Section 128810, Health and Safety Code. Reference: Section 128735 and 128738, Health and Safety Code.

97222. Definition of Data Element for Inpatients - Source of Admission.

(a) Effective with discharges on or after January 1, 2017, up to and including December 31, 2022, in order to describe the patient's source of admission, it is necessary to address two aspects of the source: first, the point of patient origin for this admission; and second, the route by which the patient was admitted. One alternative shall be selected from the list following each aspect:

(1) The point of patient origin. Use the appropriate code from the list below:

Code	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
Code	**Point of Origin for patients with Type of Admission "Newborn"**
5	Born Inside this Hospital
6	Born Outside of this Hospital

(2) Route of admission.

(A) Your Emergency Department. Any patient admitted as an inpatient after being treated or examined in this hospital's emergency department.

(B) Another Emergency Department. Any patient directly admitted as an inpatient after being transferred from another hospital's emergency department.

(C) Not admitted from an Emergency Department.

(b) Effective with discharges occurring on or after January 1, 2022, in order to describe the patient's source of admission, it is necessary to address two aspects of the source: first, the

point of patient origin for this admission; and second, the route by which the patient was admitted. One alternative shall be selected from the list following each aspect:

(1) The point of patient origin. Use the appropriate code from the list below:

Code	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
G	Transfer from a Designated Disaster Alternate Care Site
Code	Point of Origin for patients with Type of Admission "Newborn"
5	Born Inside this Hospital
6	Born Outside of this Hospital

(2) Route of admission.

(A) Your Emergency Department. Any patient admitted as an inpatient after being treated or examined in this hospital's emergency department.

(B) Another Emergency Department. Any patient directly admitted as an inpatient after being transferred from another hospital's emergency department.

(C) Not admitted from an Emergency Department.

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

97226. Definition of Data Element for Inpatients – Other Diagnoses and Present on Admission Indicator.

(a) For discharges occurring on and after October 1, 2015, up to and including December 31, 2022: The patient's other diagnoses are defined as all conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are to be excluded. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

(b) For discharges occurring on or after January 1, 2023: The patient's other diagnoses are defined as all conditions that coexist at the time of admission, that develop subsequently during the hospital stay, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode that have no bearing on the current hospital stay are to be excluded. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from Social Determinants of Health (Z55-Z65) shall be included if they are documented in the medical record. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

(b)(c) Effective with discharges on or after July 1, 2008, whether the patient's other diagnosis was present on admission shall be reported as one of the following:

(1) Y. Yes. Condition was present at the time of inpatient admission.

(2) N. No. Condition was not present at the time of inpatient admission.

(3) U. Unknown. Documentation is insufficient to determine if the condition was present at the time of inpatient admission.

(4) W. Clinically undetermined. Provider is unable to clinically determine whether the condition was present at the time of inpatient admission.

(5) (blank) Exempt from present on admission reporting.

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

97231. Definition of Data Element for Inpatients - Disposition of Patient.

(1)(a) Effective with discharges on or after January 1, 2015, up to and including December 31, 2022, the patient's disposition, defined as the consequent arrangement or event ending a patient's stay in the reporting facility, shall be reported using the code for one of the following:

Code	Patient Disposition
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
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
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

(b) Effective with discharges occurring on or after January 1, 2023, the patient's disposition, defined as the consequent arrangement or event ending a patient's stay in the reporting facility, shall be reported using the code for one of the following:

Code	Patient Disposition
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
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 Alternate 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
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 in anticipation of covered skilled care 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

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

(c) A facility's administrator may designate User Account Administrators. For each User Account Administrator there must be a signed facility User Account Administrator Agreement form (~~OSH-ISD-773~~HCAI-ISD-773-User Account Administrator Agreement Rev. ~~July 2019~~September 2021), hereby incorporated by reference, submitted to the Office.

(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.

97255. Definition of Data Element for ED and AS - ~~ZIP Code~~ Patient Address.

(a) For encounters occurring up to and including December 31, 2022, the~~The~~ "ZIP Code," a unique code assigned to a specific geographic area by the U.S. Postal Service, for the patient's usual residence shall be reported for each record. If the patient has a 9-digit ZIP Code, only the first five digits shall be reported. Do not report the ZIP Code of the hospital, third party payer, or billing address if it is different from the usual residence of the patient.

~~(a) For encounters occurring on or after January 1, 2019:~~

> (1) If the city of residence is known, but not the street address, report the first three digits of the ZIP code, and the last two digits as zeros.

> (2) Unknown ZIP codes shall be reported as "XXXXX."

> (3) ZIP codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

> (4) ZIP codes for persons who are "homeless" (patients who at start of care lack a residence) shall be reported as "ZZZZZ."

(b) Effective with encounters occurring on or after January 1, 2023, the patient's address shall be reported. The address shall include the address number and street name; city; state; and ZIP Code. Do not report the address of the hospital. If more than one address is available for the patient, report the address of the patient's usual residence. If exact address is unknown or the patient is experiencing homelessness, provide as much information as possible.

> (1) The address number and street name shall be reported.
>> (A) If the address number and/or street name are unknown, leave blank.
>> (B) If the address number and street name are not part of the United States, leave blank.

> (2) The city shall be reported.
>> (A) If the city of residence is unknown, leave blank.
>> (B) If the city of residence is not part of the United States, leave blank.

> (3) The state shall be reported using the two letter abbreviation.
>> (A) If the state of residence is unknown, leave blank.
>> (B) If the state of residence is not part of the United States, leave blank.

> (4) The ZIP Code shall be reported using the unique code assigned to a specific geographic area by the United States Postal Service.
>> (A) If the patient has a 9-digit ZIP Code, only the first five digits shall be reported.
>> (B) Unknown ZIP Codes shall be reported as "XXXXX."

(5) For patients with a non-US residence, report the country.

(6) Indicate whether a patient was experiencing homelessness at the time of admission. This may include chronic, episodic, transitional homelessness, or in temporary shelter:
(A) Include "Y" for patients experiencing homelessness.
(B) Include "N" for patients not experiencing homelessness.
(C) "U" for Unknown.

Authority: Section 128810, Health and Safety Code. Reference: Sections 128736, 128737, and 128738, Health and Safety Code.

97259. Definition of Data Element for ED and AS - Other Diagnoses.

(a) For encounters occurring on and after October 1, 2015, up to and including December 31, 2022: The patient's other diagnoses are defined as all conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

(b) or encounters occurring on or after January 1, 2023: The patient's other diagnoses are defined as all conditions that coexist at the time of the encounter for emergency or ambulatory surgery care, that develop subsequently during the encounter, or that affect the treatment received. ICD-10-CM Social Determinants of Health codes (Z55-Z65) shall be included if they are documented in the medical record. Diagnoses shall be coded according to the ICD-10-CM. ICD-10-CM codes from External Causes of Morbidity (V00-Y99) shall not be reported as other diagnoses.

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

97264. Definition of Data Element for ED and AS - Disposition of Patient.

(1)(a) The patient's disposition, defined as the consequent arrangement or event ending a patient's encounter in the reporting facility, shall be reported as one of the following for encounters on or after January 1, 2015, up to and including December 31, 2022:

Code	Patient Disposition
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
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
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 in anticipation of covered skilled care 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

(b) The patient's disposition, defined as the consequent arrangement or event ending a patient's encounter in the reporting facility, shall be reported as one of the following for encounters occurring on or after January 1, 2023:

Code	Patient Disposition
01	Discharged to home or self care (routine discharge)
02	Discharged/transferred to a short term general hospital for inpatient care
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 Alternate 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

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 in anticipation of covered skilled care 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

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

FORMAT and FILE SPECIFICATIONS
for
ONLINE TRANSMISSION:
INPATIENT DATA

Effective with discharges occurring on or after
~~January 1, 2019~~January 1, 2023

Version 4.~~1~~4.2

Revised ~~July 2019~~September 2021

INPATIENT FORMAT AND FILE SPECIFICATIONS
FOR ONLINE TRANSMISSION

Effective with discharges occurring on and after ~~January 1, 2019~~ January 1, 2023

SUMMARY OF CHANGES

Title Page
 Changed Effective Date from 'January 1, 2019' to 'January 1, 2023'
 Changed Version Number from '4.1' to '4.2'
 Changed Revision Date from 'July 2019' to 'September 2021'

Standard Record Format (Pages 4 – 5)
 Removed 'ZIP Code' and replaced it with 'Not in Use'
 Added Patient Address data elements consisting of the following:
- Address Number and Street Name
- City
- State
- ZIP Code
- Country Code
- Homeless Indicator

Facility ID Number (Page 7)
 Replaced 'OSHPD' with 'HCAI'.

ZIP Code (Page 8)
 Replaced 'ZIP Code' with 'Not in Use'

Source of Admission (Page 9)
 Added Point of Origin Code 'G - Transfer from a Designated Disaster Alternate Care Site'

Disposition (Page 15)
 Updated Disposition Code 69 from "Discharged/transferred to a designated Disaster Alternative Care Site" to "Discharged/transferred to a Designated Disaster Alternate Care Site".
 Updated Disposition Code 86 from "Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission" to "Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care with a planned acute care hospital inpatient readmission".

Patient Address (Pages 18 – 19)
 Added Patient Address data elements consisting of the following:
- Address Number and Street Name
- City
- State
- ZIP Code
- Country Code
- Homeless Indicator

Not in Use (Page 19)
 Updated character length due to the introduction of Patient Address

INPATIENT FORMAT AND FILE SPECIFICATIONS
FOR ONLINE TRANSMISSION

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 3
Additional Requirements
Removed 'if zipped, submit the zipped file with a ".zip" extension'

Page 8
Race-Ethnicity
Codes: Updated 'E1 = Hispanic or Latino' to 'E1 = Hispanic or Latino Ethnicity'

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"

INPATIENT FORMAT AND FILE SPECIFICATIONS
FOR ONLINE TRANSMISSION

Standard Record Format

Data Element	Start	End	Type & Size[1]
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~~_Not in Use_	_29_	_33_	~~A/N~~_X_ _(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**

Data Element	Start	End	Type & Size
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

Data Element	Start	End	Type & Size
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**

Standard Record Format (continued)

Data Element	Start	End	Type & Size[1]	
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)
<u>Patient Address</u>				
<u>Address Number and Street Name</u>	<u>796</u>	<u>835</u>	<u>A/N</u>	<u>(40)</u>
<u>City</u>	<u>836</u>	<u>865</u>	<u>A</u>	<u>(30)</u>
<u>State</u>	<u>866</u>	<u>867</u>	<u>A</u>	<u>(2)</u>
<u>ZIP Code</u>	<u>868</u>	<u>872</u>	<u>N</u>	<u>(5)</u>
<u>Country Code</u>	<u>873</u>	<u>874</u>	<u>N</u>	<u>(2)</u>
<u>Homeless Indicator</u>	<u>875</u>	<u>875</u>	<u>A</u>	<u>(1)</u>
Not in Use	*~~796~~<u>876</u>*	*1231*	*X*	*(~~436~~<u>345</u>)*

Footnotes are on the next page

FOOTNOTES

[1]Type & 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~~HCAI). This field is required for each record

DATE OF BIRTH
Record Position:	8 through 15
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

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~~NOT IN USE
Record Position: 29 through 33
Data Length: 5
Data Type: ~~Alphanumeric~~Unused

Codes: ~~5-digit ZIP Code~~
~~XXXXX = Unknown~~
~~YYYYY = Persons who do not reside in the U.S.~~
~~ZZZZZ = Homeless~~
Space-filled

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

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
	G = Transfer from a Designated Disaster Alternate Care Site
	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

TYPE OF ADMISSION (continued)

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

DISCHARGE DATE

Record Position:	49 through 60
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
	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
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 Maximum of 24 POA fields ending in position 260
Data Length:	1
Data Type:	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

INPATIENT FORMAT AND FILE SPECIFICATIONS
FOR ONLINE TRANSMISSION

PRINCIPAL PROCEDURE DATE

Record Position:	268 through 275
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 is no Principal Procedure Date, the default value is all spaces

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

OTHER PROCEDURE DATES (continued)

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
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
	Maximum of 12 POA fields, ending in position 731
Data Length:	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

PATIENT'S SOCIAL SECURITY NUMBER (continued)

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

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

DISPOSITION OF PATIENT (continued)

Codes:

66 Discharged/transferred to a Critical Access Hospital (CAH)

69 Discharged/transferred to a ~~designated~~Designated Disaster ~~Alternative~~Alternate 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

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 <u>in anticipation of covered skilled care</u> 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

DISPOSITION OF PATIENT (continued)

Codes:	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

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

INPATIENT FORMAT AND FILE SPECIFICATIONS
FOR ONLINE TRANSMISSION

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

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
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

PATIENT ADDRESS

ADDRESS NUMBER AND STREET NAME

Record Position:	796 through 835
Data Length:	40
Data Type:	Alphanumeric
Codes:	
Special Instructions:	

CITY

Record Position:	836 through 865
Data Length:	30
Data Type:	Alpha
Codes:	
Special Instructions:	

STATE

Record Position:	876 through 867
Data Length:	2
Data Type:	Alpha
Codes:	
Special Instructions:	

ZIP CODE

Record Position:	878 through 872
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

INPATIENT FORMAT AND FILE SPECIFICATIONS
FOR ONLINE TRANSMISSION

<u>**COUNTRY CODE**</u>
<u>Record Position:</u>   <u>883 through 874</u>
<u>Data Length:</u>   <u>2</u>
<u>Data Type:</u>   <u>Numeric</u>
<u>Codes:</u>
<u>Special Instructions:</u>

<u>**HOMELESS INDICATOR**</u>
<u>Record Position:</u>   <u>885 through 875</u>
<u>Data Length:</u>   <u>1</u>
<u>Data Type:</u>   <u>Numeric</u>
<u>Codes:</u>
<u>Special Instructions:</u>

NOT IN USE
Record Position: ~~796~~<u>876</u> through 1231
Data Length: ~~436~~<u>356</u>
Data Type: Unused

Codes: Space-filled

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

Effective with encounters occurring on or after
~~January 1, 2019~~ January 1, 2023

Version ~~2.1~~ 2.2
~~Revised July 2019~~ September 2021

ED and AS FORMAT AND FILE SPECIFICATIONS
FOR ONLINE TRANSMISSION

Effective with encounters occurring on and after ~~January 1, 2019~~ January 1, 2023

SUMMARY OF CHANGES

Title Page
Changed Effective Date from 'January 1, 2019' to 'January 1, 2023'
Changed Version Number from '2.1' to '2.2'
Changed Revision Date from 'July 2019' to 'September 2021'

Standard Record Format (Page 4)
Added Patient Address data elements consisting of the following:
- Address Number and Street Name
- City
- State
- ZIP Code
- Country Code
- Homeless Indicator

Facility ID Number (Page 6)
Replaced 'OSHPD' with 'HCAI'

ZIP Code (Page 6)
Replaced 'ZIP Code' with 'Not in Use'

Disposition (Pages)
Updated Disposition Code 69 from "Discharged/transferred to a designated Disaster Alternative Care Site" to "Discharged/transferred to a Designated Disaster Alternate Care Site".

Updated Disposition Code 86 from "Discharged/transferred to home under care of organized home health service organization with a planned acute care hospital inpatient readmission" to "Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care with a planned acute care hospital inpatient readmission".

Patient Address (Page 14)
Added Patient Address data elements consisting of the following:
- Address Number and Street Name
- City
- State
- ZIP Code
- Country Code
- Homeless Indicator

Not in Use (Page 14)
Updated character length due to the introduction of Patient Address

~~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 3

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 8

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 11

Expected Source of Payment
Codes: Updated 'Health Maintenance Organization' to 'Health Maintenance Organization (HMO)'

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

ADDITIONAL requirements

- No packed or binary data
- No Null Values
- The data file must be a text file with the extension of ".txt"

ED and AS FORMAT AND FILE SPECIFICATIONS
FOR ONLINE TRANSMISSION

Standard Record Format

Data Element	Start	End	Type & Size[1]	
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~~*Not In Use*	*28*	*32*	*~~A/N~~X*	*(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)
Not In Use	*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)
Patient Address				
Address Number and Street Name	500	539	A/N	(40)
City	540	569	A	(30)
State	570	571	A	(2)
ZIP Code	572	576	N	(5)
Country Code	577	578	N	(2)
Homeless Indicator	579	579	A	(1)
Not In Use	*~~500~~580*	*583*	*X*	*(~~84~~4)*

Footnotes are on the next page

FOOTNOTES

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

    A = Alpha

    N = Numeric

    A/N = Alphanumeric

    X = Unused

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~~HCAI)
	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~~NOT IN USE

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

DATE OF BIRTH

Record Position:	33 through 40
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 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

ETHNICITY

Record Position:	52 through 53
Data Length:	2
Data Type:	Alphanumeric
Codes:	E1 Hispanic or Latino Ethnicity
	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:	01 Discharged to home or self care (routine discharge)
	02 Discharged/transferred to a short term general hospital for inpatient care

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~~Designated Disaster ~~Alternative~~ Alternate 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

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 in anticipation of covered skilled care 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

EXPECTED SOURCE OF PAYMENT

Record Position:	81 through 83
Data Length:	3
Data Type:	Alphanumeric

Codes:	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 (HMO)
	MA	Medicare Part A
	MB	Medicare Part B
	MC	Medicaid (Medi-Cal)
	OF	Other federal program
	TV	Title V
	VA	Veterans 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

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, 4th Edition)
Special Instructions:	When there is no Principal Procedure, the default value is all spaces

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
	Maximum of 24 Other Procedure codes, ending in position 467
Data Length:	5
Data Type:	Alphanumeric
Codes:	CPT-4 code set (Current Procedural Terminology, 4ᵗʰ 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

PATIENT ADDRESS

ADDRESS NUMBER AND STREET NAME
Record Position: 500 through 539
Data Length: 40
Data Type: Alphanumeric
Codes:
Special Instructions:

CITY
Record Position: 540 through 569
Data Length: 30
Data Type: Alpha
Codes:
Special Instructions:

STATE
Record Position: 570 through 571
Data Length: 2
Data Type: Alpha
Codes:
Special Instructions:

ZIP CODE
Record Position: 572 through 576
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

COUNTRY CODE
Record Position: 577 through 578
Data Length: 2
Data Type: Numeric
Codes:
Special Instructions:

HOMELESS INDICATOR
Record Position: 579 through 579
Data Length: 1
Data Type: Numeric
Codes:
Special Instructions:

NOT IN USE
Record Position: ~~500~~580 through 583
Data Length: ~~84~~4
Data Type: Unused

Codes: Space-filled