

Quick Notes

Access to Safe, Quality Healthcare Environments that
Meet California's Dynamic and Diverse Needs

Issue 55

October 14, 2019

IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

Upgrades Ahead! Please Take Our Survey

The Medical Information Reporting for California (MIRCal) system was originally developed in response to SB 1973 (Chapter 735, 1998) and is approaching 20 years in operation. Due to the age of the system and the continual necessity to make enhancements, OSHPD is exploring making extensive technical upgrades.

While we make these upgrades, we have the opportunity to include some changes to make the system work better for our data submitters. We would like your input on what you currently like about the MIRCal system and what types of improvements you would like to see.

A link to a survey will be sent out via email the week of October 21st and should take less than 5 minutes to complete. If you are a MIRCal user and do not receive the link, please contact your analyst by October 28th.

We highly encourage all users to participate in the survey to ensure a variety of opinions are heard. OSHPD is looking forward to the new upgrades to make the process of submitting patient data to us more efficient.

Please check Quick Notes regularly in the upcoming months to get the latest updates on the system changes.

Don't Miss Important Notifications Resubscribe Today!

OSHPD has recently changed email communication platforms to better serve our subscribers. Multiple email notifications were sent beginning in August, alerting subscribers of the change.

If you have not recently updated your subscription, you must resubscribe using the link below if you wish to continue to receive announcements and updates from OSHPD without interruption. Your subscription can be updated or cancelled at any time.

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Interested parties that do not resubscribe will no longer receive any general OSHPD announcements after November 1, 2019. OSHPD values your interest, and we hope you will sign up to receive OSHPD news and notification of interesting products that use the patient data you provide.



Emergency Encounters - \$1 Charges

As of January 1, 2019, facilities are required to report total charges on all Emergency Department and Ambulatory Surgery encounters. In cases when there is no charge for an encounter, facilities are to report \$1.

The new total charges data has yielded much information, including the revelation that some facilities have been including ED records on their submission that do not meet OSHPD's definition of an encounter, and therefore should not be reported.

An ED encounter is defined as the face to face contact between a patient and a healthcare provider who has primary responsibility for assessing and treating the condition of the patient and exercises independent judgment in the care of the patient. OSHPD has discovered that in some cases, \$1 charges are being reported on records that do not represent encounters as defined above, including cases where a patient left without being seen. Please work with your MIRCAl analyst to review \$1 charges to ensure that the records have not been reported in error.

Regulatory Bulletin

Nonsubstantive Section 100 regulations were approved by the Office of Administrative Law (OAL) on September 23, 2019. The update pertains to the Inpatient Expected Source of Payment plan code table.

The table which lists licensed Knox-Keene plan codes as found on the Department of Managed Health Care's [website](#) has been removed from regulation. However, you will continue to see the list of plan codes in the Inpatient Data Reporting Manual. Please check the manual for plan code updates. If you have any questions regarding these changes, please contact your assigned analyst.

Modification Reminders

Occasionally, it is discovered that data for a given data element was not compliant with reporting requirements. In these cases, OSHPD places a *Modification to Data Reporting Requirements* notation on the data, to alert researchers and data users of the incorrect data. Due to the numerous 2019 regulatory changes, we would like to review the process of validating expired modifications.

Upon a modification expiring, a message will appear on the Submission Status screen when you log in to MIRCAl. The message includes the data element in question with the date of expected correction.

If your facility has an expired modification, verify that the data has been corrected and that your facility is now meeting reporting guidelines. Please contact your MIRCAl analyst, outlining the method used to confirm that your data has been submitted accurately.

Reporting Manual Updates

New editions of the [Inpatient Reporting Manual](#) and the [ED & AS Reporting Manual](#) are available on our website.

Changes include an update to the Inpatient Plan Code list as noted previously in this bulletin, as well as more detailed discussions on correctly reporting Race, Ethnicity, and Preferred Language Spoken.

Please review these areas and share them with applicable departments to ensure data is collected accurately.

If you have any questions, please contact your assigned analyst.