

MICRS

REPORTING

MANUAL

Medically Indigent Care Reporting System

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

OFFICE OF COUNTY HEALTH SERVICES

Linette T. Scott, M.D., M.P.H.

Deputy Director

Health Information and Strategic Planning Division

ADMINISTRATIVE SERVICES UNIT

The Administrative Services Unit is located at:

MS 5203

P.O. Box 997377

Sacramento, CA 95899-7377

Requests for copies or questions about the MICRS Reporting Manual may be directed to Cindy Tanaka Fong at (916) 552-8065, Cindy.Tanaka-Fong@cdph.ca.gov (e-mail) or the address listed above.

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Introduction

When the Medically Indigent Care Reporting System (MICRS) was implemented in 1991, the MICRS Data Dictionary (MDD) was used to report data according to State requirements. However, users of the MDD were confused by some of the data definitions and reporting instructions. As a result, counties operated under variable definitions and methods of reporting data for some of the MICRS tables. In 1997, efforts were begun to identify problems with the definitions and reporting instructions contained in the Data Dictionary. A major goal of this effort was to clear up any confusion by providing counties with a clear and concise reporting manual in order to standardize reporting of the data. During this process, it was found that the quality of the MICRS data could be improved by revising the reporting system. During 1998, the State worked with the County Health Executives Association of California (CHEAC) and the reporting counties on revising the reporting system. In January 1999, these revisions were finalized. Accordingly, this MICRS Reporting Manual (MRM) has clarified existing reporting instructions and definitions and incorporated information regarding the revisions. MRM covers all aspects of the MICRS data definitions and instructions and becomes operational beginning with the fiscal year (FY) 1999-2000 report period.¹

MRM has been re-organized and condensed in an effort to make the instructions easier to follow. The instructions for the 16 MICRS tables are organized into five main sections that include information on indigents' socio-demographics and the following types of medical services: inpatient, outpatient, emergency, and other services. Appendix A contains, on one page, a listing of tables and rows users can check to validate their data. This information was originally spread over 16 pages and, consequently, not easily used. Appendix B describes revisions to seven of the MICRS tables. Appendix C presents the seven original tables that were revised. These tables were in use from the FY 1991-92 through the FY 1998-99 report periods. Appendix D lists acute care hospitals that served indigents and their corresponding provider numbers. Appendix E contains all 16 MICRS tables in use as of the FY 1999-2000 report period.

Legislation

MICRS was designed to capture data on indigent health care services provided or paid for by California counties. Under the provisions of Section 16915 (a) of the Welfare and Institutions (W&I) Code, counties receiving an allocation from the Cigarette and Tobacco Product Surtax Fund are required to report all county indigent-related demographic, expenditure, and utilization health care data to the California Department of Health Services. An unduplicated count of indigent patients is also required. Quarterly and annual MICRS reports are to be reported on a schedule specified in Section 16915 (b) of the W&I Code (see MICRS Reporting Schedule on page 2). Counties are also required to maintain county indigent patient-specific data for 24 months after the last day of the fiscal year for which the data were collected (Section 16915 (b)(4)).

¹ Counties may implement changes to Tables 12 and 13 during the FY 1999-2000 or FY 2000-2001 report periods.

Purpose of MICRS

Since counties are responsible for serving those indigents with no other means of public or private support, the counties provide a "safety net" for the poor. MICRS data, therefore, serves the purpose of providing information specifically on health care that is provided to the medically indigent and paid for by counties. California has millions of uninsured people, most of who are poor and many who need medical care. Consequently, there are large demands made on the safety net on a continuing basis. MICRS was also developed to provide information for local and state officials so they could assess health care issues for the poor and uninsured and make informed decisions regarding health care policy.

Source of Funding for County Indigents

County indigent health care services are paid for in whole or in part by Realignment Funds, Rural Health Services funds, California Health Care for Indigent Program funds (taxes on tobacco products) and any other funding sources including the State General Fund, county general funds and fees collected from county indigents.

MICRS Reporting Schedule

MICRS' Quarterly reports are due no later than 90 days after the last day of the quarter to be reported. For example, for the report period of July 1, 1999 through September 30, 1999, the first quarter report would be due no later than December 31, 1999.

The Estimated Annual report is due no later than 180 days after the last day of the fiscal year to be reported. For example, for the report period covering FY 1999-2000, the estimated annual report would be due December 31, 2000.

The Actual Annual report is due no later than 360 days after the last day of the fiscal year to be reported. For example, for the report period covering FY 1999-2000, the Actual Annual report would be due no later than June 30, 2001.

Actual versus Expected Sources of Payment

Quarterly and Estimated Annual MICRS reports may contain information based on both expected and actual sources of payment. This may occur due to insufficient time for counties to update indigent patients' change in financial classes between the end of the quarterly or estimated annual report period and the report's due date. However, the lag period (one to two years) between indigents' dates of service and the due date for the final Actual Annual report, allows enough time for counties to have all MICRS data based entirely on actual sources of payment.

MICRS Data Format

The MICRS data are contained in 16 tables and reported in rows numbered from 1.9##### through 122.0. The data are comma delimited, alphanumeric and numeric. Each field must contain a value. If there are no data to report in a particular field, enter 0 (zero). Following the row numbers are the row labels. Three tables have row labels that are reported as ZIP codes or hospital provider numbers. These tables are:

- ◆ 1A (ZIP codes)
- ◆ 8 (ZIP codes)
- ◆ 9 (hospital provider numbers)

The row labels for the 13 remaining tables are in ASCII text, ALL CAPS.

Below each MICRS data table presented in MRM, starting on page 10, the words FORMAT, COLUMNS and ROWS are listed to describe the table's configuration. The format refers to how each column in the table is formatted. The columns, including row numbers and labels, are either alphanumeric (AN) or numeric (N). For numeric data, N8X, means there are 8 columns of numeric data. The numeric data within each column of data are variable length. The number of columns and rows for each table is also listed except for Tables 1A, 8, and 9 where the number of rows are variable.

Submit the MICRS data on a 3-½ inch high density, 1.44Mb diskette with a label identifying the data as MICRS. Also include the following information on the label:

- ◆ name of county
- ◆ fiscal year (i.e., 1999-2000)
- ◆ report period (i.e., 1st, 2nd, 3rd, or 4th quarter, estimated annual, or annual)
- ◆ name of person submitting data
- ◆ date of submission

The counties may submit their data to their assigned analyst via the Internet as an ASCII formatted attachment. The State analyst will subsequently transfer the data to a diskette for processing and storage.

General Definitions

The definitions of unduplicated patient count and expenditures are applicable to several of the MICRS tables. Rather than repeat these definitions for each table, they are presented here one time for reference. Additional definitions applicable to different types of medical services are presented in the appropriate sections.

County Indigents

The medically indigent include people who do not have health insurance and cannot afford to pay for their health care. Not all of the medically indigent seek or require medical care during any given year. The medically indigent that obtain health care services provided or paid for by counties are defined as county indigents. County indigents include all patients covered under W&I Code Section 17000 for which a county is responsible including all uninsured patients with each of the following characteristics:

- ◆ lack the ability to pay for their health care
- ◆ are not classified as bad debt
- ◆ their medical care is paid for or provided by the county

County indigents are provided care in both county and non-county hospitals and clinics plus individual providers' offices and other settings when their medical care is paid for in whole or in part by the county. For the purpose of MICRS, counties are to report all demographic, expenditure, and utilization data pertaining to indigent services paid for or provided by counties regardless of patients' enrollment in any county sponsored program. Where there are contracts (e.g., annual) between counties and hospitals with pre-established funding allocations (i.e., capped dollar amounts), all indigent utilization data based on services provided by the hospitals during the reporting period are to be reported if the services were reimbursed in whole or in part by the counties. Also, if the county pays a lump sum amount for the provision of indigent services for a set period of time (e.g., fiscal year), then all services rendered during that time would be reported. If indigent services are provided, but there is no county reimbursement, the utilization data are not reported. For example, if services were provided on a fee-for-service basis, only the services that were paid for would be reported. Services provided to indigents by non-county providers free of charge are not reported. Services for patients covered by and paid for by Medi-Cal are not reported.

Unduplicated Patient Count

An unduplicated count of indigent patients is based on a county assigned number that uniquely identifies each patient and the records of the patient's medical care. Unduplicated means the patient is counted only once in specific tables though the patient may have had multiple outpatient visits or hospital admissions. All indigent patients represent the total unduplicated

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count of individual patients reported across all service categories. The total unduplicated count of patients across all service categories is reported in each of the following tables:

- ◆ Table 1A (ZIP code of patient's residence)
- ◆ Table 1B (race/ethnicity)
- ◆ Table 2 (income level)
- ◆ Table 3 (income source)

Unduplicated counts of patients who received specific types of medical services are reported in the following tables:

- ◆ Table 4 (inpatients)
- ◆ Table 5 (outpatients)
- ◆ Table 6 (emergency department patients)
- ◆ Table 7 (other patients)

Since indigents may use more than one type of service (i.e., outpatient services, emergency services, etc.), the total unduplicated number of patients reported in each of the Tables 1A, 1B, 2, and 3 should be equal to or less than the sum of the unduplicated number of patients reported in Tables 4, 5, 6, and 7. For example, an indigent may be counted as one unduplicated patient in Table 1A and also be counted in each of four tables (4-7) resulting in a duplicated count of four.

Beginning with FY 1999-2000 data, unduplicated counts of patients will also be reported in Table 9 (inpatient hospital providers) and Table 10 (discharge diagnoses).

Expenditures

MICRS requires reporting amounts paid out of the county indigent care funds to either county or non-county providers. These are referred to as "County Program Expenditures". Also reported are the amount of payments made by non-county payers such as self-paying patients, third party insurance carriers or any other source of non-county funds when the health care services provided for county indigents are also partially paid for by the county. These are referred to as "Non-County Payer Expenditures". Non-county payer expenditure data are only reported in Tables 9, 10, 11, 12, 13 and 15. If the county does not participate in the payment or incurs no expense for any of the services provided to an indigent, do not report the service or payment, if any. Medi-Cal expenditures are not reported.

For the purposes of MICRS, expenditures are defined as the total dollars expended by counties non-county payers for health care services rendered to county indigent patients. Expenditures reported to the State must include all county expenditures associated with directly providing indigent care plus all county payments to non-county providers who provided indigent care. Do not report charges if they are greater than the actual cost or amounts paid for providing the service. If charges exceed costs, then an adjusted amount reflecting the actual cost of indigent

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care must be reported by the county to the State. The amount paid by counties to providers may be less than the providers' cost of providing the indigent services or the value of the services. In other words, the provider was not fully reimbursed. In such cases, the county would report the amount paid by the county, rather than the actual cost to the provider.

Expenditures are reported for several types of services including hospital inpatient, hospital emergency department, outpatient, other, and related ancillary services. For indigents who were hospitalized (admitted), report the amount paid as a summation of all payments or county expenses for indigents' complete hospital stays, including all hospital accommodations, ancillary services, physician services, and services referred out.

Similarly, for indigents' ambulatory surgery or emergency department visits including related ancillary services, report the summed total of all associated payments and county expenses.

When indigents are admitted from emergency departments, report the emergency department and hospital inpatient expenditures separately. In other words, do not double count the expenditures.

For indigents' outpatient visits, report all county payments and expenses associated with that type of visit including all related ancillary service expenditures.

Socio-Demographic Data

County indigents' socio-demographic data are reported in Tables 1A, 1B, 2, and 3. These tables include information on indigents' area of residence, age group, gender, and race/ethnicity. Also, family size, level and sources of income, and type of employment are reported. Age group and gender data are also reported in other MICRS tables covering the four major types of services.

Definitions

ZIP Codes of Patients' Residence (Table 1A)

Identifies the ZIP code where the patient normally resides.

Each unique ZIP code accounts for one row in Table 1A. For each county, an unduplicated list of indigents' ZIP codes are reported including indigents living out of county or out of state. Use the following codes when the ZIP code data are unknown or missing:

99997 = not available, the patient has no known address (e.g., homeless)

99998 = unknown, the patient does not know, refuses to or cannot communicate

99999 = missing, the data are missing for reasons other than the above

Age Group Data

In addition to ZIP codes, the number of patients, visits, and expenditure data are reported by age group in several MICRS tables. There are a total of seven age groups (under 21, 21-24, 25-34, 35-44, 45-54, 55-64, 65 and over) plus an age unknown column. When reporting patients, the patients' age at the time of the first date of service during the report period can be used to determine what age group to report the patient. Age group data that includes visits and expenditures are based on the patient's age on the date of service.

Gender

Gender (male, female) data are reported in separate rows in Tables 1B, 4, 5, 6, and 7 along with indigents' age group, race/ethnicity, inpatient services, outpatient services, emergency services, and other services.

Race/Ethnicity (Table 1B)

MICRS collects the unduplicated number of indigent patients by age group and race/ethnicity. An indigent's race or ethnicity should be based on information provided by the indigent.

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Indigent patients' race/ethnicity, reported in Table 1B, include the following categories:

- ◆ White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ◆ Black: A person having origins in any of the Black racial groups of Africa.
- ◆ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or Other Spanish culture of origin, regardless of race.
- ◆ Native American/Eskimo/Aleutian: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ◆ Asian/Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, Hawaii, Guam, Samoa, or other Pacific Islands.
- ◆ Other
- ◆ Unknown

A patient is reported as **Other** when an indigent does not fit into any of the categories listed above. **Unknown** is reported when an indigent does not know, refuses to state, or cannot communicate their race or ethnic category.

The method of reporting race/ethnic data is to report a single set of mutually exclusive race/ethnic categories by first selecting individuals who indicate they are of Spanish/Hispanic origin, and then to categorize the remaining non-Spanish/Hispanic origin and unknown Spanish/Hispanic origin individuals into their selected race categories.

Family Size (Table 2)

Family size is defined as the number of individuals, including the indigent patient, who usually share the same place of residence. The family size ranges from one to six or more.

Previous Month Income (Table 2)

The amount of wages and salaries (including commissions, tips, and cash bonuses), net income from business or farm, pensions, dividends, interest, rents, welfare, unemployment or workers' compensations, alimony, child support, and any other money received from friends or relatives during the previous month before services were rendered by all related family members currently residing in the patient's household.

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The patient's or their family's previous month's income level is listed in Table 2 according to the following scheme:

\$0 - \$499	2500 - 2999
500 - 999	3000 - 3499
1000 - 1499	3500 - 3999
1500 - 1999	4000+
2000 - 2499	Unknown

Source of Income (Table 3)

The patient's prior month primary source of family income refers to the largest single source (i.e., spouse, relative, or friend), which may not always be the patient. The patient's source of income reported in Table 3 is either earned, unearned, none, or other and is recorded in one of the following six* categories:

- ◆ Earned through employment
- ◆ Disability, workers compensation
- ◆ Retirement
- ◆ General or public assistance
- ◆ Other source of income such as VA benefits, interest, dividends, rent, child support, alimony, unemployment benefits, etc.
- ◆ Unknown source of income
- ◆ None

*Other and Unknown are reported in the same row (30.0) but in separate columns.

Type of Employment (Table 3)

When the source of income is earned through employment, the occupation of the patient or the patient's primary wage earner's occupation are reported in Table 3 according to the following categories:

- ◆ Agricultural (i.e., farming, forestry, fishing)
- ◆ Service/Sales (i.e., sales, maid, gardener)
- ◆ Labor/Production (i.e., inspector, repairman, craftsman, bus driver)
- ◆ Professional/Technical (i.e., secretary, manager)
- ◆ Unknown

Socio-Demographic Tables

Table 1A

Shows the unduplicated number of patients by age group and ZIP code of residence.

Table 1A
Unduplicated Count of All Indigent Patients by Age Group and ZIP Code

Row and ZIP Code	ZIP Code	Age Groups							
		< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
1.#####	#####	#	#	#	#	#	#	#	#
1.99997 (Not Available)	#####	#	#	#	#	#	#	#	#
1.99998 (Unknown)	#####	#	#	#	#	#	#	#	#
1.99999 (Missing)	#####	#	#	#	#	#	#	#	#

FORMAT: AN, AN, N8X (first column is alphanumeric (AN), fixed length (7 characters); the second column is AN, fixed length (5 char.); the next 8 columns are numeric (N).

COLUMNS: 10 (10 = the total number of columns)

ROWS: VARIABLE (number of rows is not fixed but varies)

Example: "1.90210","90210",55,19,65,99,123,88,32,0

The example, above, shows the actual ASCII, comma-delimited format for one row of data in Table 1A. Additional examples of how the data are formatted and reported are provided under each MICRS table discussed in MRM.

Table 1A contains an unduplicated count of all indigent patients by age group and ZIP code of residence. The table's rows contain an unduplicated list of indigent patients' residential ZIP codes. For known ZIP codes, enter the ZIP code following the number 1. For example, if the patient is 25 and lives in an area with a ZIP code of 90210, enter the following data: 1.90210. The patient would be counted in the 25-34 age group column. Where the ZIP code is not available, unknown, or missing, enter the number of patients in the appropriate rows as shown above.

The row and ZIP code column is fixed length, seven characters; alphanumeric with the row always beginning with the number 1 followed by a decimal point. For each row, list the unduplicated number of indigent patients in each age group column. The age group columns are variable length, numeric. Omit ZIP codes that do not have any patients. The number of rows are variable based on the unduplicated count of ZIP codes. Where there are no patients in an age group column, enter 0 (zero).

SOCIO-DEMOGRAPHICS

Table 1B

Shows the racial/ethnic composition of indigents by age group and gender.

Table 1B
Unduplicated Count of All Indigent Patients by Race/Ethnicity, Gender and Age Group

Row	Race/Ethnicity and Gender	Age Group							Unknown
		< 21	21-24	25-34	35-44	45-54	55-64	65 +	
2.0	White Male	#	#	#	#	#	#	#	#
3.0	White Female	#	#	#	#	#	#	#	#
4.0	Black Male	#	#	#	#	#	#	#	#
5.0	Black Female	#	#	#	#	#	#	#	#
6.0	Hispanic Male	#	#	#	#	#	#	#	#
7.0	Hispanic Female	#	#	#	#	#	#	#	#
8.0	Native American/Eskimo/Aleutian Male	#	#	#	#	#	#	#	#
9.0	Native American/Eskimo/ Aleutian Female	#	#	#	#	#	#	#	#
10.0	Asian/Pacific Islander Male	#	#	#	#	#	#	#	#
11.0	Asian/Pacific Islander Female	#	#	#	#	#	#	#	#
12.0	Other Male	#	#	#	#	#	#	#	#
13.0	Other Female	#	#	#	#	#	#	#	#
14.0	Unknown Male	#	#	#	#	#	#	#	#
15.0	Unknown Female	#	#	#	#	#	#	#	#

FORMAT: AN, AN, N8X

COLUMNS: 10

ROWS: 14

Example: "2.0","WHITE MALE",1167,576,1371,1515,777,732,158,0

Table 1B contains the unduplicated count of indigent patients by race/ethnicity and gender, and age group. Age group data (patient counts) are numeric and variable length.

Refer to page 8 for race/ethnicity definitions.

Query: What if a patient lists himself as a Black Hispanic? How would that patient be reported?

Answer: Report as a Hispanic Male.

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Table 2

Shows family income for the month preceding services and family size.

Table 2
Unduplicated Count of All Indigent Patients by
Gross One Month Family Income and Family Size

Row	Month's Income	Family Size						Unknown
		1	2	3	4	5	6 +	
16.0	\$ 0 - 499	#	#	#	#	#	#	#
17.0	500 - 999	#	#	#	#	#	#	#
18.0	1000 - 1499	#	#	#	#	#	#	#
19.0	1500 - 1999	#	#	#	#	#	#	#
20.0	2000 - 2499	#	#	#	#	#	#	#
21.0	2500 - 2999	#	#	#	#	#	#	#
22.0	3000 - 3499	#	#	#	#	#	#	#
23.0	3500 - 3999	#	#	#	#	#	#	#
24.0	4000 +	#	#	#	#	#	#	#
25.0	Unknown	#	#	#	#	#	#	#

FORMAT: AN, AN, N7X

COLUMNS: 9

ROWS: 10

Example: "16.0","\$0-\$499",19491,557,288,149,82,40,233

Table 2 contains the unduplicated number of patients according to the size of the patient's family and the patient's family's gross monthly income received during the month prior to when the patient was provided medical care. If the patient lived alone and had no income, that patient would be counted in row 16.0, family size column 1.

Query: What if the patient's family income and family size change during the report period and the patient received health care services subsequent to the change in income and family size? What income level and family size should be reported?

Answer: Counties have the option of reporting the income level and family size based on the patient's first health care contact during the report period. In other words, data for this table does not need to be updated if the patient receives additional care and there is a change in the patient's family income or family size during the report period.

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Table 3

Shows indigents' general types of employment and other sources of income.

Table 3
Unduplicated Count of All Indigent Patients by Primary Source of Family Income and
Primary Wage Earner's Type of Employment

Row	Source of Income	Type of Employment					Unknown
		Unemployed	Agricultural	Services/ Sales	Labor/ Production	Professional/ Technical	
26.0	Earned	0	#	#	#	#	#
27.0	Disability	#	0	0	0	0	0
28.0	Retirement	#	0	0	0	0	0
29.0	General Assistance	#	0	0	0	0	0
30.0	Other/Unknown	#	0	0	0	0	#
31.0	None	#	0	0	0	0	0

FORMAT: AN, AN, N6X

COLUMNS: 8

ROWS: 6

Example: "26.0","EARNED",0,115,818,724,17,0

Table 3 captures the total unduplicated count of indigent patients by their primary source of family income. The source of income is reported for the month prior to when medical services were rendered to the indigent patient. By default, enter (zero) in row 26.0 in the unemployed column. That is because there cannot be any earned income if the patient's primary source of income is reported as unemployed. If the patient or patient's primary source of income was unknown, count the patient in row 30.0, and the column with type of employment listed as unknown. Where there is no earned income, enter 0 (zero) in rows 27.0 through 31.0 in the five columns listing the types of employment. In sum, patients are only counted in the first column and first row except row 30.0. In row 30.0 patients with other sources of income may be counted in the unemployed column when their source of income is something other than the items listed in the previous rows. In the same row 30.0, report in the last column the number of patients whose source of income and type of employment was unknown.

Inpatient Data

County indigent inpatient data are primarily reported in Tables 4, 9, and 10 and are based on hospital acute or intensive care provided or paid for by the county. Data on inpatients who received sub-acute or long-term types of inpatient care are reported in Table 7, Other Services. Since some acute care hospitals provide both acute/intensive inpatient care services and non-acute inpatient care services, the MICRS data are reported in the table(s) based on the type of bed the patient occupied. If the patient occupied an acute/intensive care bed, report the data in Tables 4, 9, and 10. If the patient occupied any other type of inpatient bed (i.e., sub-acute, long-term care), report the data in Table 7.

These acute/intensive care data consist of an unduplicated count of inpatients by age group and gender, number of discharges, inpatient days, amount of expenditures/payments associated with the inpatient services, discharge diagnostic categories, and hospital providers.

Definitions

Acute Care

Acute/intensive hospital inpatient care includes patients who receive the following types of care: Medical/Surgical Acute, Obstetrics Acute, Definitive Observation, Medical/Surgical Intensive Care, Coronary Intensive Care, Psychiatric Acute, and Psychiatric Intensive (Isolation) Care.

Hospital Provider Number

The hospital provider number is a unique six-digit number assigned by the Office of Statewide Health Planning and Development (OSHPD) to each California hospital. These provider numbers are reported in conjunction with the type of hospital code (see below) in Table 9. For a list of acute care hospitals that have served indigents and their corresponding provider numbers, see Appendix D. Since the list of hospitals and their provider numbers are subject to change, maintaining and updating the list of hospitals and hospital provider numbers on an annual basis is advisable.

Type of Hospital

There are four types of hospitals and associated codes reported to MICRS. They are as follows:

<u>Type of Hospital</u>	<u>MICRS Hospital Code</u>
County hospitals	Code 59
Contract hospitals	Code 60
University or teaching hospitals	Code 61
Other, non-contract hospitals	Code 62

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“County hospital” means that the facility is owned or operated by the county according to OSHPD's hospital classification system based on ownership and legal organization.

“Contract hospital” means a non-county facility that contracts with the county to provide inpatient services to indigents. This is a MICRS, not OSHPD, definition.

A “university” or “teaching hospital” is aligned with a medical school and has been designated as such by OSHPD according to their peer group classification scheme shown below.

- ◆ UCLA Medical Center
- ◆ UC San Diego - University Medical Center
- ◆ UC Davis Medical Center
- ◆ UC Irvine Medical Center
- ◆ Los Angeles County USC Medical Center
- ◆ Loma Linda University Medical Center
- ◆ Medical Center at UC San Francisco
- ◆ Stanford University Hospital

“Other, non-contract hospital” means that the hospital does not contract with the county but provides and is paid for indigent health care services by the county. This is defined by MICRS, not OSHPD.

These hospital classifications are not mutually exclusive. Some hospitals may belong to more than one category. For example, a county hospital may also be a university/teaching hospital. In this case the hospital would be reported as a county facility (code 59). Use the following coding priorities for reporting type of hospital when the hospital belongs to more than one category:

- ◆ County hospitals take priority over all other hospital types. Therefore, they are always coded as 59.
- ◆ University/teaching hospitals take priority over contract and non-contract hospitals. Unless a university/teaching hospital is also a county hospital, always assign the code 61.

Discharges

A discharge is the formal release of a formally admitted inpatient from the hospital, including deaths at the hospital. A discharge is also counted when an inpatient is transferred from one type of care (e.g., Acute Care), to another type of care (e.g., Psychiatric Care) within the hospital. Do not report nursery discharges or service discharges, which are transfers within a type of care. Report the number of discharges that occurred during the reporting period (quarter or annual).

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Days (Census)

The number of census days that all formally admitted inpatients spent in the hospital during the reporting period. Patient days include the day of the admission but not the day of discharge. If both admission and discharge occur on the same day, one patient day is counted. The number of acute care days is based on the types of acute care (see page 14) provided the indigent patient. Nursery days are excluded. Report the number of days that indigents spent in the hospital during the reporting period.

Inpatient Tables

Table 4

Shows inpatient data according to age group and gender.

Table 4
Inpatients, Discharges, Patient Days and Expenditures by Age Group and Gender

		Age Groups							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of Inpatients									
32.0	Male	#	#	#	#	#	#	#	#
33.0	Female	#	#	#	#	#	#	#	#
Number of Discharges									
34.0	Male	#	#	#	#	#	#	#	#
35.0	Female	#	#	#	#	#	#	#	#
Number of Patient Days									
36.0	Male	#	#	#	#	#	#	#	#
37.0	Female	#	#	#	#	#	#	#	#
Total Inpatient Expenditures									
38.0	Male	\$	\$	\$	\$	\$	\$	\$	\$
39.0	Female	\$	\$	\$	\$	\$	\$	\$	\$

FORMAT: AN, AN, N8X

COLUMNS: 10

ROWS: 8

Example: "32.0", "MALE", 27, 18, 46, 594, 464, 239, 8, 0

Table 4 captures the total unduplicated count of indigent inpatients by age group and gender. The total number of discharges, inpatient days, and associated county expenditures/payments made during the reporting period are also reported. Inpatient related expenditures include all county costs and payments for hospital accommodations and ancillary services and physician fees (see page 5 for guidelines on reporting expenditures). Also, where there has been county participation in the payment of hospital services, report all non-county payer payments including payments from indigents (self-pay) and third party payments.

Query: What if a patient is admitted in FY 1999-2000 and discharged during FY 2000-2001? How would the data be reported?

Answer: The discharge would be reported for FY 2000-2001 and all associated days and expenditures/payments made during that period. The days and expenditures/payments that occurred during the prior FY 1999-2000 are reported for that period.

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Table 9

Allows for the computation of the average length of stay, expenditure per day and per discharge, and the rate of patient re-admissions per hospital.

Table 9
Inpatients, Expenditures, Discharges, and Days by Hospital Provider

Type of Hospital and OSHPD #	OSHPD Provider #	County Expenditures	Non-County Payer Expenditures	Number of Discharges	Number of Patient Days	Unduplicated Count of Inpatients
59.#####	#####	\$	\$	#	#	#
60.#####	#####	\$	\$	#	#	#
61.#####	#####	\$	\$	#	#	#
62.#####	#####	\$	\$	#	#	#

FORMAT: AN, AN, N5X

COLUMNS: 7

ROWS: VARIABLE

Example: "59.361320","361320",25078826,0,3620,16133,3000

In the first column, report the type of hospital code (59.,60.,61.,and 62.) followed by the six-digit OSHPD provider number. In the second column, enter the six-digit OSHPD provider number. The hospital number should be unduplicated for each county. Report the county expenditures and payments, the non-county payer payments*, the number of discharges, and the number of days that occurred during the report period. **Starting with the FY 1999-2000 report period, report the unduplicated count of patients in the right column as an addition to the original Table 9.**

Query: What if a patient is admitted and discharged on two different occasions from two different hospitals? Is that patient counted more than once?

Answer: Yes. Report the unduplicated count of patients for each hospital. Thus, the unduplicated count of patients in Table 4 will not be equal to the count in Table 9 because an inpatient is only counted once in Table 4.

Query: What if more than one contract hospital (code 60) provides indigent services? Can additional rows of data for these types of hospitals be reported?

Answer: Yes. Since the number of rows in Table 9 is variable, any number of hospitals can be reported for each type of hospital.

*Non-County payer expenditures include amounts paid by the patient, third party insurance carriers or any other non-county sources of funding.

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Table 10

Allows the computation of the average length of stay, expenditure per day and discharge, and the rate of re-admissions per discharge diagnosis.

Table 10
Inpatients, Expenditures, Discharges, and Days by Discharge Diagnostic Category

Row	ICD-9 Codes (for reference only)	Diagnostic Category	County Expenditures	Non-County Payer Expenditures	Discharges	Patient Days	Unduplicated Count of Inpatients
63.0	001-139	Infectious and Parasitic Diseases	\$	\$	#	#	#
64.0	140-239	Neoplasms	\$	\$	#	#	#
65.0	240-270	Endocrine, Nutritional, Metabolic, and Immunity Disorders	\$	\$	#	#	#
66.0	280-289	Diseases of the Blood, and Blood Forming Organs	\$	\$	#	#	#
67.0	290-319	Mental Disorders	\$	\$	#	#	#
68.0	320-389	Nervous System and Sense Organs	\$	\$	#	#	#
69.0	390-459	Circulatory System	\$	\$	#	#	#
70.0	460-519	Respiratory System	\$	\$	#	#	#
71.0	520-579	Digestive System	\$	\$	#	#	#
72.0	580-629	Genitourinary System	\$	\$	#	#	#
73.0	630-676	Complications of Pregnancy, Childbirth, and Puerperium	\$	\$	#	#	#
74.0	680-709	Skin and Subcutaneous Tissue	\$	\$	#	#	#
75.0	710-739	Musculoskeletal System and Connective Tissue	\$	\$	#	#	#
76.0	740-759	Congenital Anomalies	\$	\$	#	#	#
77.0	760-779	Conditions Originating in the Perinatal Period	\$	\$	#	#	#
78.0	780-799	Symptoms, Signs, and Ill-Defined Conditions	\$	\$	#	#	#
79.0	800-999	Injury and Poisoning	\$	\$	#	#	#
80.0		Other or Unknown	\$	\$	#	#	#

FORMAT: AN, AN, N5X

COLUMNS: 7

ROWS: 18

Example: "64.0","NEOPLASMS",1342477,0,69

The principal diagnosis at discharge pertains to the condition that was established to have been the chief cause for the patient's hospital admission. Table 10 contains 17 diagnostic categories plus an other/unknown category. Report the expenditures, discharges, days, and unduplicated count of patients associated with each diagnostic category. As in Table 9, the total number of patients reported in Table 10 are equal to or greater than the number of patients reported in Table 4.

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Do not report the ICD-9 codes as they are only listed here as a reference. Starting with the FY 1999-2000 report period, report the unduplicated count of patients in the right column as an addition to the original Table 10.

Infrequently, ICD-9 codes are replaced by E or V codes that are generally used to indicate secondary conditions that contributed to the patients' admission. Report data associated with E codes (External Causes of Injury and Poisoning) and V codes (Factors Influencing Health Status and Contact with Health Services) in row 80.0, Other or Unknown, **only if they are the primary diagnoses**. If the primary discharge diagnosis category code is unknown (a rare event), report the data in row 80.0.

Outpatient Services Data

Outpatient Services data contain information on outpatient visits and expenditures and are reported in Tables 5, 8, 11, and 12. Additional outpatient data (emergency department services) are reported and discussed separately in the next section of MRM.

Beginning with the FY 1999-2000 report period, several revisions to the collection of outpatient data occurred. One major change was the capturing of all outpatient visits. Prior to FY 1999-2000, outpatient visits to a wide variety of non-physicians were not reported (Table 5). In Table 11, the number of outpatient visits (denominator data) that occurred at specified service settings was added so the cost per visit could be calculated. Table 12² contains fewer categories but added the number of visits data to correspond with expenditure data reported for three categories of outpatient service:

- ◆ general outpatient visits
- ◆ ambulatory surgery visits
- ◆ dental visits

Additionally, ancillary service expenditures are no longer reported separately but in conjunction with one of the three categories listed above. Ancillary services such as lab work, x-rays, prescriptions, and medical supplies should not be reported as being an outpatient visit, but only as expenditures associated with a current or earlier outpatient visit.

Other outpatient data elements include:

- ◆ Unduplicated count of outpatients by age group and gender (Table 5)
- ◆ Outpatient visits and expenditures by age group and gender (Table 5)
- ◆ Outpatient service settings by ZIP code of rendering provider (Table 8)
- ◆ Expenditures and visits at various types of outpatient service settings (Table 11)

Definitions

General Outpatient Visits

General outpatient visit data reported to MICRS cover a wide variety of providers including physicians and non-physicians who treat patients in ambulatory (outpatient) service centers. Outpatient service centers include clinics, physicians' offices, other types of providers' offices (see list of non-physician providers below), and hospital outpatient departments. If a patient is undergoing treatment or diagnosis that requires follow-up care or services, each follow-up appearance must be counted as an outpatient visit, even if the patient registers once and/or only one bill is made for the services. General outpatient visits include dental visits in Table 5 though

² Counties have the option of changing Table 12 in the FY 1999-2000 or FY 2000-2001 report periods.

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dental visits are reported separately in Table 12. Ambulatory surgery visits are reported separately in Tables 5 and 12.

Ambulatory Surgery Visits

Ambulatory Surgery Services data are based on services provided in a separately identifiable outpatient surgery room or ambulatory surgical facility that provides surgical services to patients who do not require an inpatient bed. There are approximately 60,000 procedure codes for outpatient surgery. The corresponding Current Procedural Terminology (CPT) codes range from 10040 to 69979. One visit is counted for each patient undergoing outpatient surgery, regardless of the number of surgical procedures performed while the patient was under local or general anesthetic in an operating or procedure room. In order to have an accurate number of ambulatory surgeries, follow-up visits subsequent to the outpatient surgery are reported as general outpatient visits.

Dental Visits

Report as a dental visit if the patient was seen by a dentist or dental hygienist who provided services related to the teeth, oral cavity, and associated structures, including the diagnosis and treatment of their diseases and the restoration of defective and missing tissue. If both a dentist and hygienist saw the patient on the same day, report it as one visit. All professional fees and ancillary (e.g., x-rays) service related expenditures are reported.

Outpatient Providers

Outpatient visits are counted and reported subsequent to the counties' provision or payment for services provided in the specified service settings by any of the following types of providers:

Acupuncturist	Hospital, Outpatient
Adult Day Health Care Center	Occupational Therapist
Audiologist	Optometrist
Chiropractor	Orthotist
Certified Pediatric Nurse	Outpatient Heroin Detox
Clinic	Physical Therapist
Dentist	Physician
Dental Hygienist	Podiatrist
Dispensing Optician	Prosthetist
Home Health Care	Psychologist
	Speech Therapist

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Ancillary Services and Expenditures

Ancillary services are normally associated with an inpatient or outpatient visit authorized by primary care or specialty care providers. Ancillary includes the following types of services or products: x-rays, medical supplies, pharmacy, and laboratory work. While ancillary services are not counted or reported as outpatient visits, they are reported as expenditures associated with a type of service or visit.

Outpatient Service Settings

For the purposes of reporting MICRS expenditure and utilization data in Table 11, the following outpatient service settings are defined:

Hospital Emergency Department

A licensed (standby, basic, comprehensive, or trauma center) department within an acute care hospital which provides emergency treatment to the ill and injured who require immediate medical, surgical, or psychiatric care on an unscheduled basis including care for conditions not considered emergencies.

Hospital Outpatient Department

A hospital or medical service setting owned or operated by a hospital where diagnostic, preventive, or therapeutic services are provided on an outpatient basis. Report the number of hospitals where services were rendered rather than the number of departments within the hospital.

Freestanding Clinic/Health Center

A medical service setting owned or operated by a public, non-profit, or for profit agency for the purpose of delivering medical care and is not part of, owned or associated with a hospital.

Physician or Dentist Office

Individual or group practice in an office setting that is not part of a clinic or hospital outpatient department.

Other Service Settings

Non-physician individual or group practice in an office setting that is not part of a clinic or hospital outpatient department. The patient's home may also be reported as an other service setting.

Outpatient Tables

Table 5

Provides data to compute the average cost per outpatient and outpatient visit and the number of visits per patient by age and gender for two categories of outpatient services.

Table 5
Outpatients, Visits, and Expenditures by Age Group and Gender

		Age Group							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of Outpatients									
40.0	Male	#	#	#	#	#	#	#	#
41.0	Female	#	#	#	#	#	#	#	#
Number of Outpatient and Dental Visits									
42.0	Male	#	#	#	#	#	#	#	#
43.0	Female	#	#	#	#	#	#	#	#
Number of Ambulatory Surgery Visits									
44.0	Male	#	#	#	#	#	#	#	#
45.0	Female	#	#	#	#	#	#	#	#
Total Outpatient Expenditures									
46.0	Male	\$	\$	\$	\$	\$	\$	\$	\$
47.0	Female	\$	\$	\$	\$	\$	\$	\$	\$

FORMAT: AN, AN, N8X

COLUMNS: 10

ROWS: 8

Example: "40.0","MALE",12,49,65,375,246,12,98,0

Table 5 contains data on the unduplicated count of outpatients, outpatient visits, ambulatory surgery visits, and outpatient-related expenditures/payments by age group and gender. Other outpatients such as emergency department patients, visits and expenditures are not reported in Table 5, but accounted for separately in Table 6. The number of outpatient visits reported in lines 42.0 and 43.0 account for all outpatient and dental visits except ambulatory surgery visits. Ambulatory surgery visits are reported separately in rows 44.0 and 45.0.

Beginning with the FY 1999-2000 report period, all outpatient visits to a wide variety of providers are reported instead of just outpatient visits to physicians and their extenders as was the case prior to FY 1999-2000. For example, prior to FY 1999-2000, visits to optometrists, dentists, podiatrists, and other providers were not reported. Now visits to these, plus additional providers (see page 22), are reported.

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Table 8

Shows the unduplicated count of service settings and the geographic distribution of providers of outpatient services.

Table 8
Unduplicated Number of Outpatient Service Settings by ZIP Code of Rendering Provider

Row and ZIP Code of Rendering Provider	ZIP Code	Hospital Emergency Department	Hospital Outpatient Department	Freestanding Clinics	Physicians'/ Dentists' Offices	Other & Unknown
58.#####	#####	#	#	#	#	#
58.#####	#####	#	#	#	#	#
58.#####	#####	#	#	#	#	#

FORMAT: AN, AN, N5X

COLUMNS: 7

ROWS: VARIABLE

Example: "58.95747","95747",1,2,3,4,0

Table 8 contains data on the unduplicated number of service settings within an unduplicated listing of ZIP codes where indigents were served. The number of rows for this table is variable depending on the number of ZIP codes. Where outpatient services were provided during the report period, list the ZIP code following 58. in the first column of Table 8. The ZIP code alone is reported in column 2. Report the unduplicated number of hospital sites that provided emergency services (column 3) or outpatient services (column 4) by ZIP code. Report the number of settings rather than the number of outpatient departments within a hospital that served the indigent. The ZIP codes should also be unduplicated, though there can be multiple service settings within a ZIP code.

In general, the total number of hospitals reported in columns three and four should not exceed the number of acute care hospitals located within the reporting county unless all the hospitals in the county plus out of county hospitals were used by indigents. Similarly, report the unduplicated number of clinics (column 5) and physicians' offices (column 6) by the ZIP code where services were rendered.

Do not count providers' billing agencies but the unduplicated numbers of providers' settings where services were rendered. Do not count drug stores or pharmacies.

OUTPATIENTS

Table 11

Provides the amount of outpatient expenditures/payments and the number of outpatient visits so the cost per visit by service setting can be computed.

Table 11
Expenditures and Visits for Outpatient Care by Service Setting and Payer

Row	Outpatient Service Setting	County Expenditures	Non-County Payer Expenditures	Number of Visits
81.0	Hospital Emergency Dept.	\$	\$	#
82.0	Hospital Outpatient Dept.	\$	\$	#
83.0	Freestanding Clinics	\$	\$	#
84.0	Physicians' or Dentists' Offices	\$	\$	#
85.0	Other or Unknown	\$	\$	#

FORMAT: AN, AN, N3X

COLUMNS: 5

ROWS: 5

Example: "81.0","HOSPITAL EMERGENCY DEPARTMENT",5592556,0,30352

Beginning with FY 1999-2000, report the number of visits that occurred at each service setting during the report period. These visit data represent an addition to the original Table 11.

Table 11 captures the amount of expenditures and number of outpatient visits that occurred at five different types of service settings (see page 23 for definitions). If the service did not occur at a hospital, clinic, or physician's office, then report the expenditures and associated visits in line 85.0, other or unknown. Other outpatient service settings (row 85.0) may include the patient's home or the following types of providers' offices not associated with a hospital or clinic: psychologist, prosthetist, podiatrist, physical therapist, orthotist, optometrist, chiropractor, and audiologist.

Non-county payer expenditures include those payments made by the patient or third party or any other non-county entity in association with county expenditures. Ancillary service expenditures (e.g., pharmacy) not linked with a service setting are reported in row 85.0, other or unknown, as expenditures/payments only, not as visits.

OUTPATIENTS

Table 12

The cost per outpatient visit by type of service, including ancillaries, can be computed.

Table 12
Expenditures and Visits by Type of Outpatient Service and Payer

Row	Type of Service	County Expenditures	Non-County Payer Expenditures	Number of Visits
86.0	Outpatient Care	\$	\$	#
87.0	Dental Care	\$	\$	#
88.0	Ambulatory Surgical Care	\$	\$	#
89.0	NONE	Zero Fill	Zero Fill	Zero Fill
90.0	NONE	Zero Fill	Zero Fill	Zero Fill
91.0	NONE	Zero Fill	Zero Fill	Zero Fill
92.0	NONE	Zero Fill	Zero Fill	Zero Fill
93.0	NONE	Zero Fill	Zero Fill	Zero Fill
94.0	NONE	Zero Fill	Zero Fill	Zero Fill
95.0	NONE	Zero Fill	Zero Fill	Zero Fill
96.0	NONE	Zero Fill	Zero Fill	Zero Fill
97.0	NONE	Zero Fill	Zero Fill	Zero Fill
98.0	NONE	Zero Fill	Zero Fill	Zero Fill

FORMAT: AN, AN, N3X

COLUMNS: 5

ROWS: 13

Example: "86.0", "OUTPATIENT CARE", 5667987, 0, 35000
"89.0", "NONE", 0, 0, 0

Beginning with the FY 1999-2000 report period,³ Table 12 was revised to add the number of visits to correspond with the expenditures/payments for three categories of service. Table 12 was also condensed from 13 categories in the original Table 12 to only three categories. The original Table 12 can be found in Appendix C.

Table 12 captures all outpatient visits and expenditures/payments. If the type of outpatient service is not dental or ambulatory surgery, then report, by default, the expenditures/payments and visits in row 86.0, outpatient care. Report ancillary service expenditures according to the outpatient category with which they are linked. If the ancillary service expenditure cannot be linked to a type of service, report the ancillary expenditure in row 86.0, outpatient care. Do not report ancillary services such as pharmacy, medical supplies, lab work, or x-rays as visits but only as expenditures associated with a visit. A visit is counted only when the patient is provided a service by one of the providers listed on page 22. For rows 89.0-98.0, enter NONE followed with three comma delimited zeroes.

³ Counties have the option of changing Table 12 in the FY 1999-2000 or FY 2000-2001 report periods.

Emergency Department Services Data

Emergency services are the provision of treatment to the ill and injured who often require immediate medical or surgical care on an unscheduled basis at an acute care hospital licensed to provide emergency medical services. This includes the treatment of patients who use the emergency facilities of the hospital for non-emergency medical care.

Emergency Department Visits

Emergency department visits are counted for patients who obtain care for both emergency and non-emergency conditions. If the patient is admitted to the hospital directly from the emergency department, report the visit and associated emergency department expenditures/payments. If a patient appears for treatment at the emergency department and is not treated but transferred somewhere else (e.g., clinic) for outpatient treatment, do not double count or report as an emergency department visit.

MICRS collects emergency department services data primarily⁴ in Tables 6, 13, and 14. Emergency department information include the following data elements:

- ◆ Unduplicated count of emergency department patients (Table 6)
- ◆ Number of emergency department visits (Tables 6, 13, and 14)
- ◆ Emergency department expenditures/payments (Tables 6 and 13)
- ◆ Emergency department visits by patient condition and disposition (Table 13)
- ◆ Emergency department visits resulting in hospital admissions (Tables 13 and 14)
- ◆ Emergency department visits by type of hospital (Table 14)

Beginning with the FY 1999-2000 report period, Tables 13⁵ and 14 were revised. For Table 13, standardized definitions for emergency and non-emergency patient conditions, previously absent, were provided. Further, patient transfers from one emergency department to another and admits from emergency departments are no longer classified as to patients' conditions. These data (transfers and admits) have become a subset rather than a part of the total number of emergency department visits. Consequently, total emergency department visits and expenditures are reported in the first two rows of Table 13.

In the new Table 14, the number of emergency department visits to specified types of hospitals represents an addition to the original Table 14.

⁴ The subset of indigents diagnosed with AIDS who used the emergency department is reported in Table 15. Tables 8 and 11 also contain emergency department and other outpatient service setting data.

⁵ Counties may change Table 13 in either the FY 1999-2000 or FY 2000-2001 report periods.

Emergency Department Tables

Table 6

Shows emergency department expenditure/payments and utilization by age group and gender.

Table 6
Emergency Department Patients, Visits, and Expenditures by Age Group and Gender

		Age Group							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of Emergency Department Patients									
48.0	Male	#	#	#	#	#	#	#	#
49.0	Female	#	#	#	#	#	#	#	#
Emergency Department Visits									
50.0	Male	#	#	#	#	#	#	#	#
51.0	Female	#	#	#	#	#	#	#	#
Total Expenditures for Emergency Department Services									
52.0	Male	\$	\$	\$	\$	\$	\$	\$	\$
53.0	Female	\$	\$	\$	\$	\$	\$	\$	\$

FORMAT: AN, AN, N8X

COLUMNS: 10

ROWS: 6

Example: "48.0", "MALE", 2842, 1054, 3465, 3324, 1847, 900, 149, 0

For Table 6, rows 48.0 and 49.0, report the unduplicated count of emergency department patients for each gender.

Report in rows 50.0 and 51.0, the number of emergency department visits for each gender.

Report in rows 52.0 and 53.0, the total amount of county expenditures/payments associated with emergency department care for each gender.

EMERGENCY DEPARTMENT PATIENTS

Table 13

- ◆ Shows the number of non-emergency and emergency department visits and expenditures;
- ◆ The number and cost of transfers from non-county, non-contract hospitals to contract or county hospitals and;
- ◆ The number and cost of emergency department visits that resulted in hospital admissions

Table 13
Emergency Department Expenditures and Visits by Patient Condition and Disposition

Row	Patient Condition/Disposition	County Program Expenditures	Non-County Expenditures	Number of Visits
99.0	Non-Emergency	\$	\$	#
100.0	Emergency	\$	\$	#
101.0	None	0	0	0
102.0	Transfers	\$	\$	#
103.0	None	0	0	0
104.0	Admissions	\$	\$	#

FORMAT: AN, AN, N3X

COLUMNS: 5

ROWS: 6

**Example: "99.0","NON-EMERGENCY",5361678,0,28284
"101.0","NONE",0,0,0**

Beginning with the FY 1999-2000 report period, Table 13⁶ was revised to account for all emergency department visits in rows 99.0 and 100.0. Also, dispositions (i.e., release or death) previously reported in rows 99.0 and 100.0 were discontinued. Definitions for patients' conditions were standardized and transfers were defined per statute. Also, transfers and admissions from emergency departments were no longer reported according to patients' conditions (i.e., emergency or non-emergency) and are now reported as a subset to data in rows 99.0 and 100.0. See Appendix C for the original Table 13.

For Table 13, rows 99.0 and 100.0, report the total number of emergency department visits and associated expenditures/payments according to the patients' condition as emergency or non-emergency (see definitions on page 32). Include, as a subset, the number of visits associated with transfers and admissions in rows 102.0 and 104.0, respectively.

⁶ Counties may change Table 13 in either the FY 1999-2000 or FY 2000-2001 report periods.

EMERGENCY DEPARTMENT PATIENTS

Transfers (Row 102.0)

Transfers from non-county or non-contract hospitals' emergency departments to county or contract hospitals' emergency departments are reported in row 102.0 as a subset of the total number of visits reported in rows 99.0 and 100.0. Therefore, emergency department visits that emanate as transfers are reported in both rows 99.0 and/or 100.0 and row 102.0. It is not required to differentiate between emergency and non-emergency patients' conditions that are transferred. Therefore, row 101.0 is zero filled.

Since a patient transferred from one hospital emergency department to another hospital emergency department generates two emergency department visits, both visits would be reported in row 99.0/100.0 unless the county did not reimburse the non-county, non-contract hospital for the emergency department services. If the county did not pay for the emergency department service at the non-contract, non-county hospital then only one emergency department visit would be reported (the transfer to the county or contract hospital). Report all associated expenditures/payments made by the county for emergency department services rendered in the non-contract, non-county hospital and the county or contract hospital.

Expenditures/payments for medical transportation to transfer the patient are not included here since these services are reported in Table 7, Other Services.

Admissions from Emergency Departments (Row 104.0)

Emergency department visits that result in hospital admissions are reported as subset data in row 104.0. That is, admissions from emergency department visits are reported in row 99.0 and/or 100.0 and row 104. Differentiating between emergency and non-emergency patient conditions is not required here. Therefore, row 103.0 is zero filled.

Report in rows 99.0/100.0 and 104.0 all associated expenditures/payments made by the county for services rendered in the emergency department for patients who were later admitted into hospitals.

The definitions of emergency and non-emergency visits, shown on the next page, are based on the CPT definitions hospitals use to report all emergency department visits to OSHPD. While hospitals report three types of patient conditions (non-urgent, urgent, and critical) to OSHPD, MICRS requires only two types of patient conditions be reported. These CPT defined patient conditions are provided as suggested guidelines for counties without a current mechanism to differentiate between emergency and non-emergency visits. Counties may use a comparable method other than CPT codes to differentiate between emergency and non-emergency conditions. However, when reporting a visit as an emergency, the patient's condition should fit the definition as described on page 32.

EMERGENCY DEPARTMENT PATIENTS

Emergency Visit

A patient presents an acute injury or illness that could result in permanent damage, injury, or death (head injury, vehicular accident, shooting). Applicable CPT codes for this level of service are 99284 (no immediate significant threat to life) or 99285 (immediate threat to life).

Non-Emergency Visit

All other emergency department visits not considered an emergency as defined above. Applicable CPT codes for this level of service would be 99281 (single problem with straightforward medical decision making), 99282 (low complexity), or 99283 (low to moderate complexity).

Transfers

The number of visits and associated expenditures/payments for indigents treated in non-county or non-contract hospitals' emergency departments and transferred to county or contract hospitals' emergency departments.

Admits from Emergency

The number of emergency department visits that resulted in hospital admissions.

Query: What if the county paid for emergency department services at a non-county, non-contract hospital and the patient was transferred to a county, contract hospital emergency department and subsequently admitted from the emergency department? How many emergency department visits should be reported?

Answer: Depending on the patient's condition, a total of two visits are reported in rows 99.0 and/or 100.0. As subsets, one visit is also reported in row 102.0 (transfer) and one visit is reported in row 104.0 (admits from emergency department).

Query: How should transfers from county or contract hospitals to non-county, non-contract hospitals be reported?

Answer: If a patient was transferred out from a county, contract hospital to another hospital emergency department, then the emergency department visit would be reported in row 99.0 or 100.0 if the county paid the receiving hospital for the service. As specified by statute, only transfers into county, contract hospitals from non-county, non-contract hospitals are reported in row 102.0.

EMERGENCY DEPARTMENT PATIENTS

Table 14

Provides the numbers of emergency department visits and admissions from emergency departments by type of hospital.

Table 14
Number of Admissions from and Visits to Emergency Departments by Type of Hospital

Row	Type of Hospital	Admissions from Emergency Departments	Emergency Department Visits
105.0	County	#	#
106.0	Contract	#	#
107.0	University Teaching	#	#
108.0	Other Non-County, Non-Contract	#	#

FORMAT: AN, AN, N2X

COLUMNS: 4

ROWS: 4

Example: "105.0","COUNTY",56,278

Beginning with the FY 1999-2000 report period, Table 14 was modified by adding the number of emergency department visits by type of hospital. See Appendix C for the original Table 14.

The two columns of data reported in Table 14 are independent of each other. Report the number of admits from emergency department by type of hospital in one column and the number of emergency department visits by type of hospital in the other column. The emergency department visit does not have to be linked with the admission from the emergency department.

Refer to page 15 for the definitions of the types of hospitals shown in Table 14.

Other Services

Other services refer to medical transportation (ambulance services), intermediate and long-term care services, and physician fees for inpatient services (partial inpatient services). **Partial inpatient services** refer to services provided by a physician to an inpatient where the county paid the physician for treating the inpatient but did not pay for any of the hospital services.

Table 7

Captures all other patients and expenditures/payments for services not covered or reported in Tables 4, 5, or 6.

Table 7
Other Services

		Age Group							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of Other Patients									
54.0	Male	#	#	#	#	#	#	#	#
55.0	Female	#	#	#	#	#	#	#	#
Total Other Services Expenditures									
56.0	Male	\$	\$	\$	\$	\$	\$	\$	\$
57.0	Female	\$	\$	\$	\$	\$	\$	\$	\$

FORMAT: AN, AN, N8X

COLUMNS: 10

ROWS: 4

Example: "54.0","MALE",0,1,1,1,1,1,1,0

Table 7 captures the unduplicated count of patients and the associated expenditures/payments by age group and gender. Data on patients who occupy hospital beds designated as long term care, as opposed to acute care beds, are reported in this table. These are patients generally found in skilled nursing or intermediate care facilities. These patients may also be found in acute care hospitals that have designated long term care beds.

Query: What if the hospital and the physician bill the county for acute care inpatient services rendered and the county pays the physician but not the hospital? How or where would the data be reported?

Answer: The data would be reported in Table 7 since the county did not pay for any hospital accommodations and ancillary services. If the county had also paid the hospital any amount for services rendered, the data would be reported in Table 4, Inpatient Services.

AIDS Patients

Table 15

Provides information on the utilization and expenditures/payment for county indigents diagnosed with AIDS. The ICD-9 code for these patients is 042.

Table 15
Utilization and Expenditures for County Indigents Diagnosed with AIDS

Row	Data Elements	Data
109.0	Total Unduplicated Number of AIDS Patients	#
110.0	Unduplicated Number of AIDS Inpatients	#
111.0	Number of Discharges	#
112.0	Total Inpatient Days	#
113.0	Inpatient Count Expenditures	\$
114.0	Inpatient Non-County Expenditures	\$
115.0	Unduplicated Number of AIDS Outpatients	#
116.0	Number of Outpatient Visits	#
117.0	Outpatient County Expenditures	\$
118.0	Outpatient Non-County Expenditures	\$
119.0	Unduplicated Number of AIDS Emergency Department Patients	#
120.0	Number of Emergency Department Visits	#
121.0	Emergency Department County Expenditures	\$
122.0	Emergency Department Non-County Expenditures	\$

FORMAT: AN, AN, N1X

COLUMNS: 3

ROWS: 14

Example: "109.0","AIDS PATIENTS",0

Data on indigents diagnosed with AIDS are a subset of data reported in Tables 4, 5, and 6. That is, data reported in Table 15 are also included in the aforementioned tables. Report the inpatient, outpatient, and emergency department AIDS patient data in Table 15 as previously instructed in the sections pertaining to inpatient, outpatient, and emergency department services.

If there are no data to report, zero fill rows 109.0 through 122.0.

Counties have the option of reporting Other Services data (Table 7) for AIDS patients by adding two rows, 123.0 and 124.0, with 123.0 containing the unduplicated patient count and 124.0 containing the expenditures. Only Los Angeles County has reported data in rows 123.0 and 124.0.

APPENDIX A

MICRS Data Validation Checks

Unduplicated Patient Count

Table 1A = Table 1B = Table 2 = Table 3

Patients: Table 4 (rows 32-33) + Table 5 (rows 40-41) + Table 6 (rows 48-49)
+Table 7 (rows 54-55) => Tables 1A, 1B, 2, or 3 (patients)

Expenditures

Table 4 (rows 38-39) = Table 9 (rows 59-62) = Table 10 (rows 63-80)
Table 5 (rows 46-47) = Table 11 (rows 82-85) = Table 12 (rows 86-88)
Table 6 (rows 52-53) = Table 11 (row 81) = Table 13 (rows 99-100)

Discharges and Patients

Table 4 (rows 34-35)(discharges) => Table 4 (rows 32-33) (patients)
Table 9 (rows 59-62) (discharges) => Table 9 (rows 59-62) (patients)
Table 10 (rows 63-80)(discharges) => Table 10 (rows 63-80) (patients)
Table 4 (rows 32-33)(patients) <= Table 9 (rows 59-62) (patients)
Table 4 (rows 32-33)(patients) <= Table 10 (rows 63-80) (patients)

Inpatient Days and Discharges

Days: Table 4 (rows 36-37) = Table 9 (rows 59-62) = Table 10 (rows 63-80)

Discharges: Table 4 (rows 34-35) = Table 9 (rows 59-62) = Table 10 (rows 63-80)
Table 4 (rows 36-37) (days) => Table 4 (rows 34-35) discharges
Table 9 (days) => Table 9 (discharges) for each row (rows 59-62)
Table 10 (days) => Table 10 (discharges) for each row (rows 63-80)

Hospital Admissions from ER: Table 13 (row 104) = Table 14 (rows 105-108)

Emergency Department Visits and Patients

ER Visits: Table 13 (rows 99-100) = Table 14 (rows 105-108) =
Table 6 (rows 50-51) = Table 11 (row 81)
Table 6 (rows 50-51)(visits) => Table 6 (rows 48-49)(patients)
Table 13 (rows 99-100)(visits) => Table 6 (rows 48-49)(patients)

Outpatient Visits

Table 5 (rows 42-45) = Table 11 (rows 82-85) = Table 12 (rows 86-88)

APPENDIX B

MICRS Table Revisions, Before and After

The following describes the tables before and after they were revised for FY 1999-2000.

Table 5 Outpatients, Visits, and Expenditures by Age Group and Gender

Before: Not all outpatient visits were reported though all outpatient expenditures were reported. Visits to dentists and other non-physician providers were not reported.

After: Report visits provided by additional providers so that all outpatients and outpatient visits together with outpatient expenditures are reported.

Table 9 Inpatient Expenditures, Discharges, Days, and Patients by Hospital Provider

Before: Unduplicated count of inpatients not reported.

After: Add the unduplicated count of inpatients so discharges and expenditures per patient by hospital can be computed.

Table 10 Inpatient Expenditures, Discharges, Days, and Patients by Discharge Diagnostic Category

Before: Unduplicated count of inpatients not reported.

After: Add the unduplicated count of inpatients so discharges and expenditures per patient by discharge diagnostic category can be computed.

Table 11 Outpatient Expenditures and Visits by Service Setting

Before: Outpatient expenditure data were reported without utilization data.

After: Add outpatient visits to correspond with outpatient expenditures.

Table 12 Outpatient Expenditures and Visits by Types of Services

Before: Outpatient expenditures reported without utilization; ancillary expenditures not linked to type of service.

After: Add utilization to correspond with expenditures; ancillary expenditures rolled into three categories of outpatient care.

Table 13 Emergency Department Expenditures and Visits by Condition of Patient and Disposition

Before: Emergency & non-emergency conditions not defined; patient transfers not defined; six rows of data reported.

After: Emergency & non-emergency conditions and transfers defined; subset two rows of data.

Table 14 Visits to and Hospital Admissions from Emergency Departments by Type of Hospital

Before: ER visits by type of hospital were not reported.

After: Add the number of ER visits by type of hospital so the ratio of ER visits to admits from ER can be computed.

APPENDIX C

The seven tables in this appendix were used during the FY 1991-92 and FY 1998-99 report periods. These tables have been revised and were replaced starting with the FY 1999-2000 report period. Counties had the option to implement changes to Tables 12 and 13 in either the FY 1999-2000 or FY 2000-2001 report period.

Table 5
OUTPATIENT SERVICES

		Age Group							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of All Patients									
40.0	Male	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
41.0	Female	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
Visits (Primary/Specialty Care)									
42.0	Male	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
43.0	Female	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
Ambulatory Surgery Visits									
44.0	Male	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
45.0	Female	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
Expenditures for All Services									
46.0	Male	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
47.0	Female	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx

Table 9
Inpatients Expenditures and Utilization by Hospital Provider

Hospital Provider Number	County Program Expenditures	Non-County Payer Expenditures	Number of Discharges	Number of Patient Days
County Hospital				
59.xxxxxx	xxx	xxx	xxx	xxx
Contract Hospital				
60.xxxxxx	xxx	xxx	xxx	xxx
University Teaching Hospital				
61.xxxxxx	xxx	xxx	xxx	xxx
Other Hospital				
62.xxxxxx	xxx	xxx	xxx	xxx
62.999999 (Unknown)	xxx	xxx	xxx	xxx

Table 10
Inpatient Expenditures and Utilization by Diagnostic Category

Row	ICD-9 Codes (for reference only)	Diagnostic Category	County Expenditures	Non-County Payer Expenditures	Discharges	Patient Days
63.0	001-139	Infectious and Parasitic	X	X	X	X
64.0	140-239	Neoplasms	X	X	X	X
65.0	240-270	Endocrine, Nutritional, and Metabolic	X	X	X	X
66.0	280-289	Blood and Blood Forming Organs	X	X	X	X
67.0	290-319	Mental Disorders	X	X	X	X
68.0	320-389	Nervous System and Sense Organs	X	X	X	X
69.0	390-459	Circulatory System	X	X	X	X
70.0	460-519	Respiratory System	X	X	X	X
71.0	520-579	Digestive System	X	X	X	X
72.0	580-629	Genitourinary System	X	X	X	X
73.0	630-676	Complications of Pregnancy, Childbirth, and Puerperium	X	X	X	X
74.0	680-709	Skin and Subcutaneous Tissue	X	X	X	X
75.0	710-739	Musculoskeletal System and Connective Tissue	X	X	X	X
76.0	740-759	Congenital Anomalies	X	X	X	X
77.0	760-779	Conditions Originating in the Perinatal Period	X	X	X	X
78.0	780-799	Symptoms, Signs, and Ill-Defined Conditions	X	X	X	X
79.0	800-999	Injury and Poisoning	X	X	X	X
80.0		Other or Unknown	X	X	X	X

Table 11
Expenditures for Outpatient & Emergency Room Care by Service Setting

Row	Outpatient Service Setting	County Expenditures	Non-County Payer Expenditures
81.0	Hospital Emergency Room	xxx	xxx
82.0	Hospital Outpatient Department	xxx	xxx
83.0	Freestanding Clinic/Center	xxx	xxx
84.0	Physician's Office	xxx	xxx
85.0	Other or Unknown	xxx	xxx

Table 12
Expenditures for Outpatient Care by Type of Service

Row	Type of Service	County Program Expenditures	Non-County Payer Expenditures
86.0	Primary Care	xxx	xxx
87.0	Specialty Care	xxx	xxx
88.0	Home Health Care	xxx	xxx
89.0	Dental Care	xxx	xxx
90.0	Laboratory	xxx	xxx
91.0	Medical Supplies	xxx	xxx
92.0	Optometry	xxx	xxx
93.0	Pharmacy	xxx	xxx
94.0	Podiatry	xxx	xxx
95.0	Detoxification	xxx	xxx
96.0	Radiology	xxx	xxx
97.0	Ambulatory Surgery	xxx	xxx
98.0	Other or Unknown	xxx	xxx

Table 13
Expenditures and Utilization of Emergency Medical Services
By Patient Condition and Disposition

Row	Patient Condition/Disposition	County Program Expenditures	Non-County Payer Expenditures	Visits
99.0	Non-Emergency	xxx	xxx	xxx
100.0	Emergency	xxx	xxx	xxx
101.0	Non-Emergency Transfer	xxx	xxx	xxx
102.0	Emergency Transfer	xxx	xxx	xxx
103.0	Non-Emergency Admit	xxx	xxx	xxx
104.0	Emergency Admit	xxx	xxx	xxx

Table 14
Utilization of Emergency Room Care which Results in
Hospital Admissions by Type of Hospital

Row	Type of Admitting Hospital	Admissions from ER
105.0	County	xxx
106.0	Contract	xxx
107.0	University Teaching	xxx
108.0	Other Non-County, Non-Contract	xxx

APPENDIX D

This list of hospitals and provider numbers are subject to change and are based on data reported through MICRS for the FY 1996-97 report period.

COUNTY and HOSPITAL	OSHPD HOSPITAL PROVIDER NUMBER
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Alameda County

Alameda County Medical Center	010846
Eden Hospital	010805
Thunder Road Chemical Dependency Recovery Hospital	010811
Alameda Hospital	010782
Alta Bates Medical Center	010739
Children's Hospital Medical Center of Northern California	010776
Merritt Peralta Institute C.D.R.H.	013687
Washington Hospital Fremont	010987
Valley Memorial Hospital	010983
St. Rose Hospital	010967

Contra Costa County

Merrithew Memorial Hospital	070924
John Muir Medical Center	070988
Mt. Diablo Medical Center	071018
Brookside Hospital	070904
Los Medanos Community Hospital	073638
Doctors Hospital of Pinole	073449
Delta Memorial Hospital	070934
East Bay Hospital	071053

El Dorado County

Marshall Hospital	090933
Barton Memorial Hospital	090793

Fresno County

Valley Medical Center	100822
Fresno Community Hospital Medical Center	100717
St. Agnes Medical Center	100899
Selma District Hospital	100793
Valley Child Hospital & Guild Clinic	100819
Sierra Kings Hospital	100797
Sierra Hospital - Fresno	100796
Sanger General Hospital	100791
Clovis Community Hospital	100005

Humboldt County

Redwood Memorial Hospital	121051
The General Hospital	120981

Imperial County

Pioneers Memorial Hospital	130760
Calexico Hospital	130666
El Centro Regional Medical Center	130699

Kern County

Kern Medical Center	150736
San Joaquin Community Hospital	150788
Bakersfield Memorial Hospital	150722
Mercy Hospital - Bakersfield	150761
Ridgecrest Community Hospital	150782
Delano Regional Medical Center	150706
Good Samaritan Hospital Bakersfield	150775
Kern Valley Hospital	150737
West Side District Hospital & Nursing Hospital	150830
Bakersfield Regional Rehabilitation Hospital	154022
Tehachapi Hospital	150808

Kings County

Central Valley General Hospital	160787
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Los Angeles County

Los Angeles County/USC Medical Center	191228
Los Angeles County/Harbor - UCLA Medical Center	191227
Los Angeles County/Martin Luther King Drew	191230
Los Angeles County/Olive View Medical Center	191231
Los Angeles County/Rancho Los Amigos Hospital	191306
Los Angeles County/High Desert Hospital	191261
City of Hope National Medical Center	190176
St. Mary Medical Center - Long Beach	190053
Long Beach Memorial Medical Center	190525
Cedars-Sinai Medical Center	190555
Huntington Memorial Hospital	190400
Northridge Hospital Medical Center	190568
Holy Cross Medical Center	190385
Henry Mayo Newhall Memorial	190949
UCLA Medical Center	190796
Daniel Freeman Memorial	190230
Queen of Angels - Hollywood Presbyterian Medical Center	190382
California Hospital Medical Center	190125
St. Francis Medical Center - Lynwood	190754

Los Angeles County

Pomona Valley Community Hospital	190630
Presbyterian Intercommunity Hospital	190631
Daniel Freeman - Marina	190500
St. Johns Hospital Health Center - Santa Monica	190756
Torrance Memorial Medical Center	190422
The Hospital of the Good Samaritan	190392
St. Joseph Medical Center - Burbank	190758
Beverly Hospital	190081
Little Company of Mary Hospital	190470
White Memorial Medical Center	190878
Queen of Valley - West Covina	190636
Methodist Hospital - Southern California	190529
St. Vincent Medical Center	190762
Pacifica Hospital of the Valley	190696
Children's Hospital of Los Angeles	190170
Inter-Community Medical Center	190413
Valley Hospital Medical Center	190810
Orthopaedic Hospital	190581
Westlake Community Hospital	190867
Washington Hospital - Culver City	190847
Antelope Valley Hospital Medical Center	190034
Verdugo Hills Hospital	190818
Thompson Medical Center	190114
Pioneer Hospital	190619
Valley Presbyterian Hospital	190812
Glendale Adventist Medical Center	190323
Brotman Medical Center	190110
Sherman Oaks Hospital & Health Center	190708
Midway Hospital Medical Center	190534
Lakewood Regional Medical Center New Beginnings	190453
West Valley Hospital	190860
San Pedro Peninsula Hospital	190680
Pacific Hospital of Long Beach	190587
Alhambra Hospital	190017
Robert F. Kennedy Medical Center	190366
Greater El Monte Community	190352
Long Beach Community Hospital	190475
Downey Community Hospital	190243
Glendale Memorial Hospital	190522
Centinela Hospital Medical Center	190148
Garfield Medical Center	190315
Medical Center of North Hollywood	190654
Rio Hondo Memorial Hospital	190651
Lancaster Community Hospital	190455
Los Angeles Community Hospital	190198
Huntington East Valley Hospital	190328

Los Angeles County

Granada Hills Community Hospital	190348
Tarzana Encino Regional Medical Center	190517
Santa Monica Hospital Medical Center	190687
Santa Teresita Hospital	190691
Citrus Valley Medical Center - QV Campus	190636
Santa Marta Hospital	190685
South Bay Hospital	190734

Merced County

Merced Community Medical Center	240942
Mercy Hospital - Merced	240948
Dos Palos Memorial Hospital	240853
Los Banos Community Hospital	240924

Monterey County

Natividad Medical Center	270831
Salinas Valley Memorial Hospital	270875
Community Hospital Monterey Peninsula	270744
George L. Mee Memorial Hospital	270777

Nevada County

Tahoe Forest Hospital	291053
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Orange County

University of California Irvine Medical Center	301279
Western Medical Center - Santa Ana	301566
Anaheim Memorial Hospital	301098
Hoag Memorial Hospital	301205
St. Jude Medical Center	301342
West Anaheim Medical Center	301379
Fountain Valley Regional Hospital	301175
Ami-Garden Grove Hospital Medical Center	301283
St. Joseph Hospital Orange	301340
Martin Luther Hospital Medical Center	301761
Huntington Beach Medical Center	301209
Western Medical Center - Anaheim	301188
Anaheim General Hospital	301097
Samaritan Medical Center of San Clemente	301325
La Palma Intercommunity Hospital	301234
Los Alamitos General Hospital	301248
Saddleback Hospital & Health Center	301317
Chapman General Hospital	301140
South Coast Medical Center	301337

Orange County

Placentia-Linda Community Hospital	301297
Irvine Medical Center	304045
Mission Regional Medical Center	301262
Tustin Hospital Medical Center	301357
Kaiser FND Hospital Anaheim	301132
Pacifica Community Hospital	301282
Santa Ana Hospital Medical Center	301314
Children's Hospital of Orange County	300032
Brea Community Hospital	301126
Coastal Communities Hospital	301258
Children's Hospital at Mission	304113

Placer County

Auburn Faith Community Hospital	310791
Roseville Community Hospital	311000

Riverside County

Riverside General - University Medical Center	331313
Riverside General Hospital - Mental Health Facility	331314
Eisenhower Medical Center	331168
Desert Hospital	331164
Riverside Community Hospital Medical Center	331312
Corona Regional Medical Center	331145
Palo Verde Hospital	331288
Hemet Valley District Hospital	331194
John F. Kennedy Memorial Hospital	331216
Sharp Healthcare Murietta	334068
San Geronio Pass Memorial Hospital	331326
Inland Valley Regional Medical Center	334001
Menifree Valley Medical Center	334018
Moreno Valley Medical Center	334048
Parkview Community Hospital	331293
Corona Community Hospital	331152

Sacramento County

University of California Davis Medical Center	341006
Sutter General Hospital	341051
Mercy San Juan Hospital	340950
Mercy General Hospital	340947
Sutter Memorial Hospital	341052
Mercy American River Hospital	340869
Methodist Hospital - Sacramento	340951
Mercy Hospital Folsom	344029

San Bernardino County

San Bernardino County Medical Center	361320
St. Bernardine Medical Center	361339
Loma Linda University Medical Center	361246
San Antonio Community Hospital	361318
San Bernardino Community Hospital	361323
Victor Valley Community Hospital	361370
Redlands Community Hospital	361308
San Bernardino County Mental Health Services	364121
High Desert Medical Center	362041
Needles-Desert Community Hospital	361458
Chino Valley Medical Center	361144
Bear Valley Community	361110
St. Mary Desert Valley Hospital	361343
Barstow Community Hospital	361105
Ontario Community Hospital	361274
Doctors-Montclair	361166

San Diego County

UCSD/San Diego - University Medical Center	370782
Mercy Hospital Medical Center - San Diego	370744
Sharp Memorial Hospital	370694
Palomar Medical Center	370755
Grossmont Hospital	370714
Tri City Medical Center	370780
Paradise Valley Hospital	370759
Scripps Memorial - Chula Vista	370658
Scripps Memorial - La Jolla	370771
Sharp Chula Vista Medical Center	370875
Sharp Cabrillo Hospital	370693
Scripps Hospital - East County	370697
Scripps Memorial - Encinitas	371394
Pomerado Hospital	370977
Villa View Community Hospital	370787
Mission Bay Memorial Hospital	370746
Alvarado Medical Center	370652
Coronado Hospital	370689
Green Hospital of Scripps Clinic	371256
Kaiser FND Hospital - San Diego	370730

San Francisco County

San Francisco General Hospital Medical Center	380939
Medical Center at UCSF	381154
California Pacific Medical Center - Pacific Campus	380929
UCSF/Mt. Zion	380895
St. Francis Memorial Hospital - San Francisco	380960
St. Mary's Hospital Medical Center - San Francisco	380965
California Pacific Medical Center California Campus	380777
Davies Medical Center	380933
St. Luke's Hospital - San Francisco	380964

San Joaquin County

San Joaquin General Hospital	391010
St. Joseph's Medical Center Stockton	391042
Lodi Memorial Hospital	390923
Dameron Hospital	390846
Tracy Community Memorial Hospital	391056
St. Dominic's Hospital	394009
Doctors - Manteca	392287

San Luis Obispo County

San Luis Obispo General Hospital	400511
Twin Cities Community Hospital	400548
French Hospital - San Luis Obispo	400480
Sierra Vista Medical Center	400524
Arroyo Grande Community	400466

San Mateo County

San Mateo General Hospital	410782
Sequoia Hospital	410891
Seton Medical Center	410817
Mills Memorial Hospital	410742

Santa Barbara County

Santa Barbara Cottage Hospital	420514
Marian Medical Center	420493
Lompoc District Hospital	420491
St. Francis Medical Center Santa Barbara	420528
Goleta Valley Community Hospital	420483
Santa Ynez Valley Hospital	420522
Rehabilitation Institute of Santa Barbara	421167
Valley Community Hospital	420535

Santa Clara County

Santa Clara Valley Medical Center	430883
Santa Clara Valley Mental Health Facility	430884
Stanford University Hospital	430905
O'Conner Hospital	430837
San Jose Medical Center	430879
Children's Hospital At Stanford	430741
Good Samaritan Hospital - Santa Clara	430779
Alexian Brothers Hospital	430705
El Camino Healthcare System	430763
South Valley Hospital	434016
St. Louise Health Center	434020

Santa Cruz County

Dominican Santa Cruz Hospital	440755
Watsonville Community Hospital	440920

Solano County

Sutter Solano Medical Center	481094
Vaca Valley Hospital	484001
North Bay Medical Center	481357
Kaiser Foundation Hospital-Rehabilitation – Vallejo	480989

Sonoma County

Community Hospital Sonoma County	490919
Petaluma Valley Hospital	491001
Santa Rosa Memorial	491064
Sonoma Valley Hospital	491076

Stanislaus County

Stanislaus Medical Center	501015
Doctors Medical Center	500852
Memorial Hospital Modesto	500939
Oak Valley District Hospital	500967
Emanuel Medical Center	500867
Central California Rehabilitation Hospital	500954
Del Puerto Hospital	500850

Tulare County

Kaweah Delta District Hospital	540734
Sierra View District Hospital	540798
Tulare District Hospital	540816
Lindsay Hospital Medical Center	540746
Alta Hospital District	540680
Visalia Community Hospital	540827
Memorial Hospital At Exeter	540755

Ventura County

Ventura County Medical Center	560481
St. John's Regional Medical Center - Oxnard	560529
Comm Memorial Hospital - San Buena	560473
Simi Valley Hospital & Health Services	560525
Santa Paula Memorial Hospital	560521
Los Robles Regional Medical Center	560492
Ojai Valley Community Hospital	560501
St. John's Pleasant Valley Hospital	560508

Yolo County

Sutter Davis Hospital	571215
Woodland Memorial Hospital	571086

Appendix E

MICRS Data Tables

The 16 tables in this section represent the entire MICRS data set effective beginning with the FY 1999-2000 report period.

Table 1A
Unduplicated Count of All Indigent Patients by Age Group and ZIP Code

Row and ZIP Code	ZIP Code	Age Groups							Unknown
		< 21	21-24	25-34	35-44	45-54	55-64	65 +	
1.#####	#####	#	#	#	#	#	#	#	#
1.99997 (Not Available)	#####	#	#	#	#	#	#	#	#
1.99998 (Unknown)	#####	#	#	#	#	#	#	#	#
1.99999 (Missing)	#####	#	#	#	#	#	#	#	#

Table 1B
Unduplicated Count of All Indigent Patients by Race/Ethnicity, Gender and Age Group

Row	Race/Ethnicity and Gender	Age Group							Unknown
		< 21	21-24	25-34	35-44	45-54	55-64	65 +	
2.0	White Male	#	#	#	#	#	#	#	#
3.0	White Female	#	#	#	#	#	#	#	#
4.0	Black Male	#	#	#	#	#	#	#	#
5.0	Black Female	#	#	#	#	#	#	#	#
6.0	Hispanic Male	#	#	#	#	#	#	#	#
7.0	Hispanic Female	#	#	#	#	#	#	#	#
8.0	Native American/Eskimo/Aleutian Male	#	#	#	#	#	#	#	#
9.0	Native American/Eskimo/Aleutian Female	#	#	#	#	#	#	#	#
10.0	Asian/Pacific Islander Male	#	#	#	#	#	#	#	#
11.0	Asian/Pacific Islander Female	#	#	#	#	#	#	#	#
12.0	Other Male	#	#	#	#	#	#	#	#
13.0	Other Female	#	#	#	#	#	#	#	#
14.0	Unknown Male	#	#	#	#	#	#	#	#
15.0	Unknown Female	#	#	#	#	#	#	#	#

Table 2
Unduplicated Count of All Indigent Patients by
Gross One Month Family Income and Family Size

Row	Month's Income	Family Size						Unknown
		1	2	3	4	5	6 +	
16.0	\$0 - \$499	#	#	#	#	#	#	#
17.0	500 - 999	#	#	#	#	#	#	#
18.0	1000 - 1499	#	#	#	#	#	#	#
19.0	1500 - 1999	#	#	#	#	#	#	#
20.0	2000 - 2499	#	#	#	#	#	#	#
21.0	2500 - 2999	#	#	#	#	#	#	#
22.0	3000 - 3499	#	#	#	#	#	#	#
23.0	3500 - 3999	#	#	#	#	#	#	#
24.0	4000 +	#	#	#	#	#	#	#
25.0	Unknown	#	#	#	#	#	#	#

Table 3
Unduplicated Count of All Indigent Patients by Primary Source of Family Income and
Primary Wage Earner's Type of Employment

Row	Source Of Income	Type of Employment					Unknown
		Unemployed	Agricultural	Services/ Sales	Labor/ Production	Professional/ Technical	
26.0	Earned	0	#	#	#	#	#
27.0	Disability	#	0	0	0	0	0
28.0	Retirement	#	0	0	0	0	0
29.0	General Assistance	#	0	0	0	0	0
30.0	Other/Unknown	#	0	0	0	0	#
31.0	None	#	0	0	0	0	0

Table 4
Inpatients, Discharges, Patient Days and Expenditures by Age Group and Gender

		Age Groups							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of Inpatients									
32.0	Male	#	#	#	#	#	#	#	#
33.0	Female	#	#	#	#	#	#	#	#
Number of Discharges									
34.0	Male	#	#	#	#	#	#	#	#
35.0	Female	#	#	#	#	#	#	#	#
Number of Patient Days									
36.0	Male	#	#	#	#	#	#	#	#
37.0	Female	#	#	#	#	#	#	#	#
Total Inpatient Expenditures									
38.0	Male	\$	\$	\$	\$	\$	\$	\$	\$
39.0	Female	\$	\$	\$	\$	\$	\$	\$	\$

Table 5
Outpatients, Visits, and Expenditures by Age Group and Gender

		Age Groups							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of Outpatients									
40.0	Male	#	#	#	#	#	#	#	#
41.0	Female	#	#	#	#	#	#	#	#
Number of Outpatient and Dental Visits									
42.0	Male	#	#	#	#	#	#	#	#
43.0	Female	#	#	#	#	#	#	#	#
Number of Ambulatory Surgery Visits									
44.0	Male	#	#	#	#	#	#	#	#
45.0	Female	#	#	#	#	#	#	#	#
Total Outpatient Expenditures									
46.0	Male	\$	\$	\$	\$	\$	\$	\$	\$
47.0	Female	\$	\$	\$	\$	\$	\$	\$	\$

Table 6
Emergency Department Patients, Visits, and Expenditures by Age Group and Gender

		Age Group							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of Emergency Department Patients									
48.0	Male	#	#	#	#	#	#	#	#
49.0	Female	#	#	#	#	#	#	#	#
Number of Emergency Department Visits									
50.0	Male	#	#	#	#	#	#	#	#
51.0	Female	#	#	#	#	#	#	#	#
Total Emergency Department Services Expenditures									
52.0	Male	\$	\$	\$	\$	\$	\$	\$	\$
53.0	Female	\$	\$	\$	\$	\$	\$	\$	\$

Table 7
Other Services

		Age Group							
	Gender	< 21	21-24	25-34	35-44	45-54	55-64	65 +	Unknown
Unduplicated Count of Other Patients									
54.0	Male	#	#	#	#	#	#	#	#
55.0	Female	#	#	#	#	#	#	#	#
Total Other Services Expenditures									
56.0	Male	\$	\$	\$	\$	\$	\$	\$	\$
57.0	Female	\$	\$	\$	\$	\$	\$	\$	\$

Table 8
Unduplicated Number of Outpatient Service Settings by ZIP Code of Rendering Provider

Row and ZIP Code of Rendering Provider	ZIP Code	Hospital Emergency Department	Hospital Outpatient Department	Freestanding Clinics	Physicians'/ Dentists' Offices	Other & Unknown Settings
58.#####	#####	#	#	#	#	#
58.#####	#####	#	#	#	#	#
58.#####	#####	#	#	#	#	#

Table 9
Inpatients, Expenditures, Discharges, and Days by Hospital Provider

Type of Hospital and OSPHD #	OSHPD Provider #	County Expenditures	Non-County Payer Expenditures	Number of Discharges	Number of Patient Days	Unduplicated Count of Inpatients
59.#####	#####	\$	\$	#	#	#
60.#####	#####	\$	\$	#	#	#
61.#####	#####	\$	\$	#	#	#
62.#####	#####	\$	\$	#	#	#

Table 10
Inpatients, Expenditures, Discharges, and Days by Discharge Diagnostic Category

Row	ICD-9 Codes (for reference only)	Diagnostic Category	County Expenditures	Non-County Payer Expenditures	Discharges	Patient Days	Unduplicated Count of Inpatients
63.0	001-139	Infectious and Parasitic Diseases	\$	\$	#	#	#
64.0	140-239	Neoplasms	\$	\$	#	#	#
65.0	240-270	Endocrine, Nutritional, Metabolic, and Immunity Disorders	\$	\$	#	#	#
66.0	280-289	Diseases of the Blood, and Blood Forming Organs	\$	\$	#	#	#
67.0	290-319	Mental Disorders	\$	\$	#	#	#
68.0	320-389	Nervous System and Sense Organs	\$	\$	#	#	#
69.0	390-459	Circulatory System	\$	\$	#	#	#
70.0	460-519	Respiratory System	\$	\$	#	#	#
71.0	520-579	Digestive System	\$	\$	#	#	#
72.0	580-629	Genitourinary System	\$	\$	#	#	#
73.0	630-676	Complications of Pregnancy, Childbirth, and Puerperium	\$	\$	#	#	#
74.0	680-709	Skin and Subcutaneous Tissue	\$	\$	#	#	#
75.0	710-739	Musculoskeletal System and Connective Tissue	\$	\$	#	#	#
76.0	740-759	Congenital Anomalies	\$	\$	#	#	#
77.0	760-779	Conditions Originating in the Perinatal Period	\$	\$	#	#	#
78.0	780-799	Symptoms, Signs, and Ill-Defined Conditions	\$	\$	#	#	#
79.0	800-999	Injury and Poisoning	\$	\$	#	#	#
80.0		Other or Unknown	\$	\$	#	#	#

Table 11
Expenditures and Visits for Outpatient Care by Service Setting and Payer

Row	Outpatient Service Setting	County Expenditures	Non-County Payer Expenditures	Number of Visits
81.0	Hospital Emergency Dept.	\$	\$	#
82.0	Hospital Outpatient Dept.	\$	\$	#
83.0	Freestanding Clinics	\$	\$	#
84.0	Physicians' or Dentists' Offices	\$	\$	#
85.0	Other or Unknown	\$	\$	#

Table 12
Expenditures and Visits by Type of Outpatient Service and Payer

Row	Type of Service	County Expenditures	Non-County Payer Expenditures	Number of Visits
86.0	Outpatient Care	\$	\$	#
87.0	Dental Care	\$	\$	#
88.0	Ambulatory Surgical Care	\$	\$	#
89.0	NONE	Zero Fill	Zero Fill	Zero Fill
90.0	NONE	Zero Fill	Zero Fill	Zero Fill
91.0	NONE	Zero Fill	Zero Fill	Zero Fill
92.0	NONE	Zero Fill	Zero Fill	Zero Fill
93.0	NONE	Zero Fill	Zero Fill	Zero Fill
94.0	NONE	Zero Fill	Zero Fill	Zero Fill
95.0	NONE	Zero Fill	Zero Fill	Zero Fill
96.0	NONE	Zero Fill	Zero Fill	Zero Fill
97.0	NONE	Zero Fill	Zero Fill	Zero Fill
98.0	NONE	Zero Fill	Zero Fill	Zero Fill

Table 13
Emergency Department Expenditures and Visits by Patient Condition and Disposition

Row	Patient Condition/Disposition	County Program Expenditures	Non-County Expenditures	Number of Visits
99.0	Non-Emergency	\$	\$	#
100.0	Emergency	\$	\$	#
101.0	None	0	0	0
102.0	Transfers	\$	\$	#
103.0	None	0	0	0
104.0	Admissions	\$	\$	#

Table 14
Number of Admissions from and Visits to Emergency Departments by Type of Hospital

Row	Type of Hospital	Admissions from Emergency Departments	Emergency Department Visits
105.0	County	#	#
106.0	Contract	#	#
107.0	University Teaching	#	#
108.0	Other Non-County, Non-Contract	#	#

Table 15
Utilization and Expenditures for County Indigents Diagnosed with AIDS

Row	Data Elements	Data
109.0	Total Unduplicated Number of AIDS Patients	#
110.0	Unduplicated Number of AIDS Inpatients	#
111.0	Number of Discharges	#
112.0	Total Inpatient Days	#
113.0	Inpatient County Expenditures	\$
114.0	Inpatient Non-County Expenditures	\$
115.0	Unduplicated Number of AIDS Outpatients	#
116.0	Number of Outpatient Visits	#
117.0	Outpatient County Expenditures	\$
118.0	Outpatient Non-County Expenditures	\$
119.0	Unduplicated Number of AIDS Emergency Department Patients	#
120.0	Number of Emergency Department Visits	#
121.0	Emergency Department County Expenditures	\$
122.0	Emergency Department Non-County Expenditures	\$