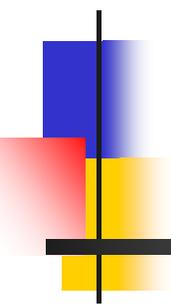


What's New in 2008

**OSHDPD/CHIA
Audio Seminar
March 25, 2008**

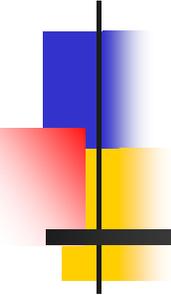
1



Candace L. Diamond Manager

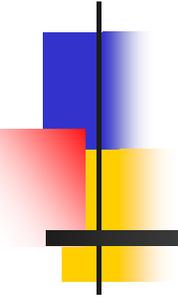


Patient Data Section



Agenda

- Welcome
- Principal Language Spoken
- Condition Present on Admission
- File Format Change
- MIRCAl Security Issues
- Patient Disposition Code Changes (ED and AS)
- Questions and Answers



Principal Language Spoken

- History, Need, and Mandate
- National Standard and Our Challenges
 - List of Languages
 - Edits
- Reports and Research
- CHIA, CHA, & Advisory Group Participation

California Code of Regulations, Title 22, Division 7, Chapter 10.
Health Facility Data, Article 8 Patient Data Reporting Requirements

Section 97234. Definition of Data Element for Inpatients - Principal Language Spoken.

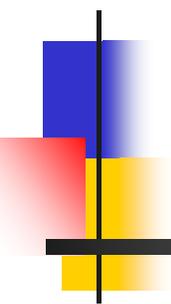
Effective with discharges occurring on or after January 1, 2009, the patient's Principal Language Spoken shall be reported using one of the following three alternatives:

(a) If the patient's Principal Language Spoken is known and is included in the following list of alternatives, report the three letter code from the list:

- (1) ENG – English
- (2) ARA – Arabic
- (3) ARM – Armenian
- (4) CHI – Chinese
- (5) FRE – French
- (6) CPF – French Creole
- (7) GER – German
- (8) GRE – Greek
- (9) GUJ – Gujarathi
- (10) HEB – Hebrew
- (11) HIN – Hindi
- (12) HUN – Hungarian
- (13) ITA – Italian
- (14) JPN – Japanese
- (15) KOR – Korean
- (16) LAO – Laotian
- (17) HMN – Miao, Hmong
- (18) KHM – Mon-Khmer, Cambodian
- (19) NAV – Navajo
- (20) PER – Persian
- (21) POL – Polish
- (22) POR – Portuguese
- (23) RUS – Russian
- (24) SCR – Serbo-Croatian
- (25) SPA – Spanish
- (26) TGL – Tagalog
- (27) THA – Thai
- (28) URD – Urdu
- (29) VIE – Vietnamese
- (30) YID – Yiddish

(b) Other. If the Principal Language Spoken is known but is not listed in subsection (a), report the full name of the language.

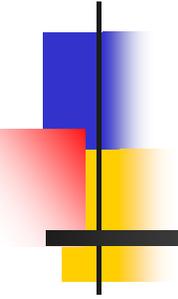
(c) If the Principal Language Spoken is unknown, report the three digit code 999.



Lorraine Sady Research Analyst

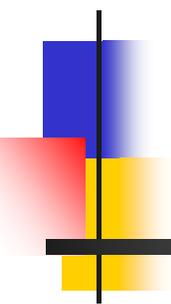


Data Collection and Validation



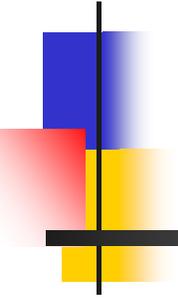
Condition Present at Admission

- Interim CPAA Reporting
- POA Implementation
- New and Future Edits



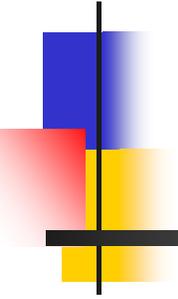
Rob Fox Assistant Manager





File Format Changes

- New File Format
 - Inpatient
 - Emergency Department and Ambulatory Surgery
- File Format Test Environment

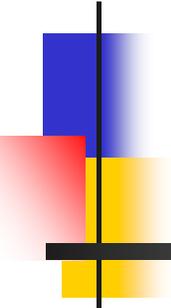


Robyn Strong

Analyst



Activity Desk Coordinator



MIRCal Access Don't Lose It!

- DO NOT SHARE PASSWORDS
- Protecting User Accounts
 - Locked User Fields
- User Account Administrator's (UAA) Role
 - Submit New UAA Form
 - Benefits of Having Two UAAs
- Importance of Updating Contacts
- Inactive Accounts

User Account Administrator (UAA) Agreement

Please print clearly

Section 1: MIRCal User Account Administrator Information *(all information is required)*

1. FACILITY ID NUMBER:	2. FACILITY NAME:
3. NAME (FIRST, MIDDLE INITIAL, LAST AND CREDENTIALS):	
4. POSITION (TITLE):	5. SUPERVISOR NAME:
6. BUSINESS ADDRESS (MAILING ADDRESS):	7. UNIQUE EMPLOYEE IDENTIFIER : <i>Note: An identifier that uniquely distinguishes you within your organization.</i>
8. BUSINESS PHONE:	9. BUSINESS FAX:
10. E-MAIL ADDRESS:	
11. AUTHENTICATION WORDS: <i>Remember these words. You may be asked to identify yourself with this information if you call to reset your password.</i>	
a. <i>Your mother's maiden name:</i>	b. <i>Your city of birth:</i>
<p>I understand that as an appointed MIRCal User Account Administrator on behalf of the facility, I have the responsibility to:</p> <ol style="list-style-type: none"> 1. Create/add and inactivate user accounts for other MIRCal users within my facility. Creating a user account includes granting access roles for an individual to read, submit and/or correct my facility's confidential data. Removing granted access roles and/or inactivating user accounts revokes this access. 2. Modify the demographic information for my facility's Primary, Secondary and Administrator Contacts. This notifies OSHPD of any changes in name, mailing address, phone number, and e-mail address for each contact. Modifying contact demographic information directly changes the information on the OSHPD database. 3. Change passwords for MIRCal users within my facility. In the event that a user misplaces or forgets their password, they will be directed to contact their User Account Administrator to have it reset. The User Account Administrator should authenticate the user prior to resetting the password and issuing a new password. 4. Unlock MIRCal user accounts. MIRCal will lock user accounts after three (3) unsuccessful log on attempts. When the account is locked, users will be required to contact their User Account Administrator to unlock their account. 5. Reactivate inactive accounts. NOTE: After 270 consecutive days (9 months) of inactivity, MIRCal user accounts may be inactivated. <p>By signing this document I acknowledge reading, understanding, and agreeing to its contents.</p>	
12. USER ACCOUNT ADMINISTRATOR SIGNATURE:	13. DATE:

Section 2: Facility Administrator Approval *(all information is required) To be completed by the Facility Administrator (CEO or equivalent)*

14. FACILITY ADMINISTRATOR NAME:	15. FACILITY ADMINISTRATOR SIGNATURE:
16. DATE:	17. PHONE NUMBER:

The completed form shall be sent to OSHPD for each User Account Administrator needing MIRCal UAA access. Fax (916) 327-1262 or (916) 322-9555

Section 3: For OSHPD use only

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

12



Facility Contact Information



IMPORTANT: *It is the role and responsibility of the User Account Administrator (UAA) to update facility contact information within MIRCal. Complete this form only if you are a new facility, or the UAA is unable to conduct user account and contact information maintenance within the MIRCal system.*

If this form has been sent to you by OSHPD with the contact information already completed, review it for accuracy, make any necessary corrections directly on the form and return it to OSHPD.

Please print clearly.

Facility Name:	
Facility Identification Number:	

Primary Contact*:

Name (First, Middle Initial, Last, Credentials):	
Title:	
Phone Number:	
Fax Number:	
Mailing Address:	
E-mail:	

Facility Administrator* (CEO or equivalent). *This should be the person who directs the overall management of the facility.*

Name (First, Middle Initial, Last, Credentials):	
Title:	
Phone Number:	
Fax Number:	
Mailing Address:	
E-mail:	

Secondary Contact (optional):

Name (First, Middle Initial, Last, Credentials):	
Title:	
Phone Number:	
Fax Number:	
Mailing Address:	
E-mail:	

* MIRCal will generate important notices (approval letters, penalty letters, etc.) to the Primary and Facility Administrator Contacts.

As verification, please sign and date this form, then fax to OSHPD at **(916) 322-9555**.

Verified by:

Print Name	Title/Position
------------	----------------

Signature	Date
-----------	------

Main Menu

LOGOUT

Facility

- Change Facility
- Change Data Type
- Change Report Period
- Verify Facility Info

General Status

- Submission Status

Online Submission

- Submit File

Web Entry

- Manual Record Entry
- Submit Records

Results

- Main Error Summary
- Error Reports
- Special Documents

Correction

- Make Corrections
- Add Records
- Search Records
- Submit Corrections

Extension

- Extension Request
- Extension Status

User Information

- Maintain Users
- Assign Contacts

General Information

- FAQs
- Contact OSHPD
- Change Password

Need Help?

Verify Facility Information

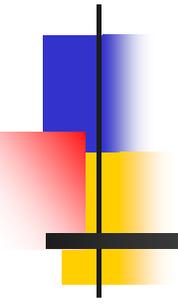
	Primary Contact	Secondary Contact	Facility Administrator	Designated Agent
Name	William Lobo	Saul T Bellow	Veronica Lobo	
Email	mircalt1@oshpd.ca.gov	mircal2002@yahoo.com	mircalt2@oshpd.ca.gov	
Phone	(916)324-6147	(916)324-6147	(916)324-6147	
Fax				
Address	818 K Street Suite 100 Sacramento CA 95814	818 K Street Sacramento CA 95814	818 K Street Suite 100 Sacramento CA 95814	
Corresp. Priority	Email status notices	Email status notices	Email status notices	

If this information is incorrect, please contact your User Account Administrator.

	Types of Care	Types of Services
Licenses		

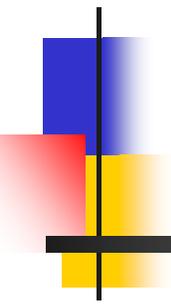
If this license information is incorrect, please contact your OSHPD Analyst. Click on the "Contact OSHPD" link for a list of analyst names and telephone numbers.

User Account Administrators	
Name	William Lobo Robert Lobo
Email	mircalt1@oshpd.ca.gov miracal2002@yahoo.com
Phone	(916)324-6147 (916)324-6147
Fax	
Address	818 K Street Suite 100 Sacramento CA 95814 818 K Street Suite 100 Sacramento CA 95814
Corresp. Priority	Email status notices Email status notices



Susan Olsen Lead Analyst



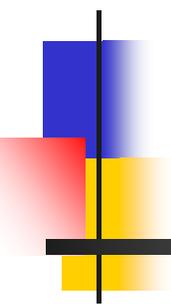


ED and AS Patient Disposition Code Changes

- Patient Disposition 05
- Patient Disposition 70

Questions And Answers





Thank You

**Office of Statewide Health Planning and Development
Patient Data Section
400 R Street, Suite 270
Sacramento, CA 95811
(916) 326-3935 (PDS Main)
(916) 327-1262 (Fax)
Email: mircal@oshpd.ca.gov**