

**Patient Data Section**

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NOTICE OF INTENT TO PROPOSE REGULATIONS FOR PRESENT ON ADMISSION AND PRINCIPAL LANGUAGE SPOKEN DATA ELEMENTS

Title 22 California Code of Regulations
Division 7, Chapter 10 - *Health Facility Data*,
Amend Article 8, *Patient Data Reporting Requirements*,
to incorporate Present on Admission and Principal Language Spoken Data Elements

NOTICE IS HEREBY GIVEN that the Office of Statewide Health Planning and Development (OSHPD) proposes to update Sections 97215, 97225, 97226, 97227, 97241, 97244, and 97248, and to add sections 97234 and 97267 to Title 22, Division 7, Chapter 10, Article 8 of the California Code of Regulations (CCR). The proposed effective date is July 1, 2008.

PUBLIC HEARING: No public hearing is scheduled. Any interested person, or his or her duly authorized representative, may submit a written request for a public hearing, pursuant to section 11346.8(a) of the Government Code. The written request for hearing must be received by OSHPD's contact person, designated below, no later than 15 days prior to the close of the written comment period.

WRITTEN COMMENT PERIOD: Any interested person, or his or her duly authorized representative, may submit written statements, arguments or contentions (hereafter referred to as comments) relevant to the proposed regulatory action by OSHPD. Comments must be received by the Patient Data Section of OSHPD by 5p.m. on Monday, **June 2, 2008**, which is hereby designated as the close of the written comment period. Please address all comments to OSHPD, Patient Data Section, Attention: Regulations Coordinator. Comments may be transmitted by regular mail, fax, email or via the OSHPD website:

Website: www.oshpd.ca.gov/HID/MIRCal

E-mail: cdiamond@oshpd.ca.gov or ioqbonna@oshpd.ca.gov

Mail: Candace L. Diamond, Manager
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Please note, if comments are sent via the website, email or fax there is no need to send the same comments by mail delivery. Website and email are the preferred methods for receiving comments. All comments whether sent by website, email, fax or by mail should include the author's name, email address and U.S. Postal Service address so that OSHPD may provide commenters with notice or any additional proposed changes to the regulations text.

Inquiries concerning the proposed adoption of these regulations may be directed to cdiamond@oshpd.ca.gov or ioqbonna@oshpd.ca.gov

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AUTHORITY AND REFERENCE: Authority for the proposed regulations is provided by the California Health and Safety Code, Sections 123147, 128735(f), 128735(g)(5), 128736(a)(5), 128736(d), 128737(a)(5), 128737(d), 128755, and 128810. The reference citations are Sections 128735, 128736, and 128737, and 128770.

TEXT OVERVIEW and POLICY STATEMENT: OSHPD is attempting to minimize health facility data reporting burdens by aligning state requirements and definitions with established national standards (as required by California Health and Safety Code Section 128735(f) which requires reporting requirements established by OSHPD to be consistent with national standards as applicable). This regulation package proposes migration from the OSHPD Discharge Data set's proprietary "Whether the Condition was Present at Admission" (CP@A) data element to a similar national standard data element called the "Present on Admission Indicator" (POA). In May of 2007, when the Uniform Billing 1992 form (UB92) used by all facilities who generate electronic bills was superseded by the Uniform Billing 2004 (UB04) form, the "Present on Admission Indicator" (POA) began to be reported by all facilities who use the UB04. OSHPD would like to become consistent with the national standard by adopting the POA Indicator data element in place of the CP@A data element.

This regulation package also proposes that the new data element "Principal Language Spoken" be reported with discharges and encounters occurring on or after January 1, 2009. SB 680, Figueroa, (Statute of 2001), incorporated into the California Health and Safety Code in Sections 128735(g)(5), 128736(a)(5), and 128737(a)(5), required that "Principal Language Spoken" be added as a data element to both inpatient and outpatient OSHPD data collection. More recently AB 800, Yee, (Statute of 2006), incorporated into the California Health and Safety Code in Section 123147, also required that a patient's principal spoken language be included in a patient's health record.

INFORMATIVE DIGEST/SUMMARY OF PROPOSED CHANGES: This regulation package proposes that OSHPD Discharge Data set's proprietary "Whether the Condition was Present at Admission" (CP@A) data element should be replaced with a

similar national standard data element called the “Present on Admission Indicator” (POA). This would allow facilities who report POA to Medicare to report identical data to OSHPD and thus would reduce their reporting burden. Another benefit is that POA indicators are also reported on E-Codes (CP@A is reported only on diagnosis and procedure fields) and thus more data will be reported. Also, the use of a national standard when applicable is part of our mandate, stated in Sections 128735, 128736, and 128737.

This regulation package also proposes that the new data element “Principal Language Spoken” be reported with discharges and encounters occurring on or after January 1, 2009. Many facilities are already collecting this data because of its relevance to patient safety. The regulations will provide a standard way to report that data.

SB 680, Figueroa, (Statute of 2001), incorporated into the California Health and Safety Code in Sections 128735(g)(5), 128736(a)(5), and 128737(a)(5), required that “Principal Language Spoken” (PLS) be added as a data element to both inpatient and outpatient OSHPD data collection.

More recently AB 800, Yee, (Statute of 2006), incorporated into the California Health and Safety Code in Section 123147, also requires that a patient’s principal spoken language be included in a patient’s health record. The Census 2000 Summary File #3, prepared by the U. S. Census Bureau, shows that approximately 40% of Californians speak a language other than English at home. Poor communication between providers and patients can lead to lack of understanding that can have a negative impact on health care. Capturing principal language spoken will highlight the need for health care delivered in a language that both the provider and patient understand.

This regulations package also adds place-holder spaces to the Inpatient File Format and Specifications to allow for the eventual collection of ICD-10 codes. (These place-holder spaces are already included in the ED and AS File and Format Specifications.) Facilities will already be updating their computer systems to accommodate the new PLS data element and the POA indicators on E-Codes so the additional cost of accommodating ICD-10 placeholder spaces at the same time should be minimal.

This regulation package also makes the following minor changes: Table 1 (in Section 97248) is updated to remove a Condition Present at Admission default and also includes the unrelated removal of an unused Discharge Date default from the Table. There is also an unrelated clean-up change to delete a sentence from Section 97241 that provides outdated information about the availability of certain facility notices through MIRCal.

The following materials are available for review:

Section 97215. Format.

- Format and File Specifications for MIRCal Online Transmission Inpatient Data Effective with discharges occurring on or after July 1, 2008, revised on March 20, 2008

- Format and File Specifications for MIRCAl Online Transmission Emergency Department and Ambulatory Surgery Data Effective with encounters occurring on or after January 1, 2009, revised on March 20, 2008

Section 97244. Method of Submission.

- Hospital Inpatient Data Record Manual Abstract Reporting Form (1370.IP), Effective with discharges occurring on or after July 1, 2008, revised January 18, 2008
- Hospital Inpatient Data Record Manual Abstract Reporting Form (1370.IP), Effective with discharges occurring on or after January 1, 2009, revised February 26, 2008
- Emergency Department Data Record Manual Abstract Reporting Form (1370.ED), Effective with encounters occurring on or after January 1, 2009, revised February 26, 2008
- Ambulatory Surgery Data Record Manual Abstract Reporting Form (1370.AS), Effective with encounters occurring on or after January 1, 2009, revised February 26, 2008

AVAILABILITY OF THE TEXT OF PROPOSED REGULATIONS, INITIAL STATEMENT OF REASONS, AND RULEMAKING FILE

INTERNET AVAILABILITY: Materials regarding this notice of proposed changes, the text of the proposed regulations, the Initial Statement of Reasons, and all of the updated forms, information upon which the rulemaking is based, and the Final Statement of Reasons may be accessed at the OSHPD website www.oshpd.ca.gov

AVAILABILITY OF CHANGED OR MODIFIED TEXT: The text of proposed changes or modifications to the regulations will be available from the OSHPD website www.oshpd.ca.gov/hid and will be available from OSHPD upon request. The text of any modified regulation, unless the modification is non-substantial or solely grammatical in nature, will be made available on the website at least 15 days prior to the date that OSHPD adopts the regulation. The changes will be underlined where text is added and ~~struckthrough~~ where text is deleted. OSHPD may adopt, amend, or repeal the foregoing proposal substantially as set forth without further notice.

ALTERNATIVES CONSIDERED: OSHPD has determined in accordance with Government Code Section 11346.5(a)(13) that no reasonable alternative considered by OSHPD or that has otherwise been identified and brought to the attention of OSHPD would be more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the

proposed action.

FISCAL IMPACT ESTIMATES: Local Mandate Determination (Cal. Gov't Code 11346.5(a)(5)): As the proposed updates will impose requirements upon all California hospitals, and all licensed Ambulatory Surgery clinics, and will only incidentally affect governmental hospitals, there is no local mandate created by the proposed revisions that would require state reimbursement.

1. Estimate of Cost or Savings to Any State Agency (Cal. Gov't Code 11346.5(a)(6)): None.
2. Cost to Any Local Agency or School District That is Required to be Reimbursed by the State (Cal. Gov't Code 11346.5(a)(6)): None.
3. Non-Discretionary Cost or Savings Imposed on Local Agencies (Cal. Gov't Code 11346.5(a)(6)): None.
4. Cost or Savings in Federal Funding to the State (Cal. Gov't Code 11346.5(a)(6)): None.
5. Impact on Housing Costs (Cal. Gov't Code (11346.5(a)(12)): None.
6. Potential Cost Impact on Private Persons or Affected Business, Other Than Small Businesses (Cal. Gov't Code 11346.5(a)(9)): OSHPD is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.
7. Potential Adverse Economic Impact on Businesses: All California hospitals and all licensed Ambulatory Surgery clinics may have to make adjustments to their computer systems and reporting abilities to reflect the new changes.

OSHPD has determined that the regulations would not have a significant statewide adverse economic impact directly affecting businesses, including the ability of California businesses to compete with businesses in other states.

OSHPD has determined that these regulations will affect all California Licensed Ambulatory Surgery Clinics. 71 California Licensed Ambulatory Surgery Clinics are small businesses.

DETERMINATIONS: OSHPD has determined that the regulations would not significantly affect the following:

1. The creation or elimination of jobs within the State of California.
2. The creation of new businesses or the elimination of existing businesses within the State of California.
3. The expansion of businesses currently doing business within the State of

California.

Dated: April 8, 2008

Sacramento, California

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Healthcare Information Division