

IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

Here at MIRCal, we are continuing to focus on improving the quality of the Principal Language Spoken (PLS) data that is being reported. In this edition we have noted the new and updated edits that have been placed on the PLS data element. On the last page you will find guidelines and helpful hints to reporting PLS which were also handed out at the 2010 CHIA conference. Please be sure to forward this guide to any department at your facility involved in collecting or correcting PLS data for OSHPD.

Comment Period Open

The 45 day Public Comment Period is currently open for the proposed "Principal Language Spoken and Patient Disposition" regulations. The comment period will close at 5:00 pm on August 30th. We encourage your participation in the regulatory process by submitting any comments you may have on the changes to be made. Please visit the website http://www.oshpd.ca.gov/HID/MIRCal/Proposed_Regulations.html for details on how to submit your comments.

OSHPD also anticipates that the Public Comment Period for regulation changes which include the addition of reporting clinical measurements will take place later in 2010. Please check our website or speak with your MIRCal analyst for the latest regulatory news.

New Principal Language Spoken (PLS) Edits

New and updated edits for the PLS data element have been applied to Inpatient Data beginning with the January – June 2010 report period, and to Emergency Department/Ambulatory Surgery Data beginning with the April – June 2010 report period. Below is a description of these edits.

Comparative Edit: **New!**

C048: The percentage of records with an SW14 flag is greater than 1%. These records are reported with a PLS write-in that is illogical and requires verification by the facility.

Comparative Edit: **Update!**

C047: Percentage of records with Unknown Principal Language Spoken (999) is greater than 0.5% (was 2%).

Updated Manuals

The updated Inpatient and Emergency Department/Ambulatory Surgery Data Edit Flag Description Guides are available on the [Manuals and Guides](#) page of our website.

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



Billing Requirements vs. OSHPD Reporting

Some questions have been posed regarding Center for Medicare and Medicaid Services (CMS) bundling (unbundling outpatient and inpatient billing if the Principal Diagnoses do not match exactly) and the impact it has on OSHPD reporting requirements. CMS bundling applies only to billing practices while OSHPD reporting requirements still state "A hospital shall not report an Emergency Care/Ambulatory Surgery Data Record if the encounter resulted in a same-hospital admission" [Section 97213, Subsection (a)(2) and (3)]. Further clarification can be found in the Reporting Requirements section of the California Emergency Department and Ambulatory Surgery Data Reporting Manual which directs that if a patient's Emergency Care/Ambulatory Surgery (ED/AS) encounter results in an inpatient admission, the ED/AS record is combined with the inpatient record, and a separate ED/AS record would not be reported. However, if the patient is sent home, returns to the hospital the next day and is admitted as an inpatient, there would be two records reported to OSHPD: one for the ED/AS encounter and one for the inpatient visit.

For more details, please see the California Emergency Department and Ambulatory Surgery Data Reporting Manual, Reporting Requirements at <http://www.oshpd.ca.gov/HID/MIRCal/EDASManual.html>

Similarly, the CMS change (MM6801) that affects Point of Origin does not change how Inpatient data is reported to OSHPD. Billing requirements affect only a facility's billing practices and this CMS change has no impact on how Source of Admission is reported to OSHPD. Please refer to the OSHPD IP reporting manual, Source of Admission section, for a complete list of requirements for reporting Source of Admission to OSHPD at <http://www.oshpd.ca.gov/HID/MIRCal/IPManual.html>

Outreach Visits

Over the past several months, our analysts have ventured out to several facilities to get a better understanding of what reporting data looks like from your perspective. We would like to give a whole-hearted thanks to the facilities who graciously welcomed us into their work-places. We believe those visits went a long way to improve our mutual communication through the constructive exchange of ideas.

Staff would still like to come out for more visits. If your facility is within driving distance of the Sacramento region and you'd like to sit down and share your thoughts with us, please contact your assigned analyst. We'd be happy to hear from you.

So Nice to See You

Thank you to all who stopped by our OSHPD booth at the 2010 CHIA Convention. It was a pleasure seeing both new and familiar faces. Likewise, our staff enjoyed meeting their facility contacts at the OSHPD Meet and Greet. We appreciate your commitment to data quality and look forward to seeing you next year in San Diego!

**** IMPORTANT 2010 DATES ****

August 30, 2010: Regulation Comment Period closes

IP Due Dates:

Jan 1 – June 30, 2010

Due: September 30, 2010

ED & AS Due Dates:

Apr 1 – June 30, 2010

Due: August 14, 2010

July 1– September 30, 2010

Due: November 14, 2010



Principal Language Spoken

DOs and DON'Ts of PLS Reporting

PLS is the language a patient prefers to be used when communicating with the health care community.

DO ensure your facility can collect and report any possible language a patient may state.

DO spell write-in languages correctly.

The International Standards Organization ISO 639-2 may be used as a reference tool.

DO use valid 3-digit code abbreviations from either OSHPD's regulatory code list or the ISO 639-2 list.

DO report only languages, their valid 3-digit codes, or "Unknown" in the PLS field.

DO report only one language for each patient.

DO use "Unknown" only for unconscious patients who never speak during the course of treatment and the PLS cannot be determined.

DO report the language a patient is using to communicate with staff if the patient refuses to self-declare their language preference.

DO report a child's language as the language of the parent or caretaker used to communicate with the physician.

DON'T use invalid abbreviations for a language.

DON'T report "Unknown" for patients who are communicating or are accompanied by someone who can indicate the patient's Principal Language.

DON'T report phrases like "Other", "Refuse to Declare", "Bilingual", etc. in the PLS field.

DON'T report a language different from what the patient indicates.

(i.e. Don't report American Indian if the patient indicates Navajo.)

For further details, please see the Principal Language Spoken section of the Reporting Manuals or contact your MIRCal analyst.

www.oshpd.ca.gov/HID/MIRCal

