

Proposed Regulations Comment Period Open

The 45 day Public Comment Period is currently open for the proposed "Clinical Measurements" regulations. The comment period will close at 5:00 p.m. on January 17th.

The most important regulatory change in this proposal is the reporting of certain clinical measurements if collected within 24 hours of admission. The list of proposed measurements includes:

- Albumin, serum
- Aspartate, aminotransferase (AST)
- Blood urea nitrogen (BUN)
- Creatinine
- Hemoglobin (Hgb)
- International Normalized Ratio (INR)
- Oxygen Saturation
- pH
- Platelet count
- Potassium (K+)
- Sodium (Na+)
- White blood cell count (WBC)

We encourage your participation in the regulatory process by submitting any comments you may have on the proposed changes. Comments must be submitted in writing by the January 17th deadline. Please visit the [Proposed Regulation](#) website for details on how to submit your comments.

DNR vs. Reporting V49.86

The new ICD-9-CM code V49.86 (*Do Not Resuscitate Status*) does not change OSHPD's reporting requirement for the data element Prehospital Care and Resuscitation/Do Not Resuscitate (DNR). OSHPD requires facilities to report the patient's DNR status, based on the current regulations, as noted in the [Inpatient Data Reporting Manual](#), DNR section.

There is one important distinction between OSHPD's DNR reporting requirement and the reporting of V49.86: the time frame.

- OSHPD stipulates report "Yes" if a DNR Order was written "at the time of or within the first 24 hours of the patient's admission."
- For the V49.86 code, effective October 1, 2010, the Official Coding Guidelines state that "this code **may** be used when a provider documents that a patient is on a 'do not resuscitate status' at any time during the stay".

Because of these reporting criteria differences, a patient's record could be reported as 'No' for OSHPD's DNR reporting requirement along with the V49.86 status code. This may indicate that the patient's health status significantly worsened during the stay and resulted in a change to the DNR status.

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DNR vs. Reporting V49.86 (continued)

Similarly, a patient's record could be reported as 'Yes' for OSHPD's DNR reporting requirement, but without the V49.86 code.

These scenarios could provide important information to consumers, hospitals, and data researchers regarding patient outcomes and risk-adjusted inpatient mortality rates. Status code V49.86 will assist in identifying records for review as to whether or not the DNR status was changed during the stay.

We welcome your comments or questions regarding OSHPD DNR reporting. Please call your OSHPD analyst or email us at mircal@oshpd.ca.gov.

Expected Source of Payment (ESOP) Plan Code Update

OSHPD discovered the following Plan Codes have been discontinued. However, we will permissively accept these ESOP codes until December 31, 2010.

- 0296 - AET Health Care Plan of California
- 0159 - Health Plan of the Redwoods
- 0452 - Lakeside Comprehensive Healthcare, Inc.
- 0288 - Merit Behavioral Care of California, Inc. (MBC)
- 9048 - Solano Partnership Health Plan (Solano County)
- 0461 - Talbert Health Plan
- 0411 - VMC Behavioral Healthcare Services, Inc.

The ESOP data element remains dynamic and changes continue to occur. If you encounter ESOP issues, refer to the [Inpatient Data Reporting Manual](#), *Expected Source of Payment* section, the "What's New" link on the MIRCAl website, or contact your MIRCAl analyst for assistance.



Pre-population of the Principal Language Spoken Field

It has been brought to the attention of the Patient Data Section that when a patient was previously admitted to a facility, a facility's software may be pre-populating the Principal Language Spoken (PLS) field with the language collected on a previous hospital admission.

Not all patients report the same PLS for each encounter such as in the case of children who may be accompanied by a different caretaker on each visit. Verifying PLS for accuracy upon each encounter may improve the quality of PLS data.

OSHPD has seen significant improvement in the accurate collection and reporting of the data element as a result of facility effort and training since the January 1, 2009, requirement to report PLS. With verification of previously reported language data, we hope to see continued improvement.

Principal Language Spoken Regulatory Update

According to recent regulatory changes, effective January 1, 2011, OSHPD's Principal Language Spoken data element reflects the following changes:

- Added:** SGN (Sign Language)
- Removed:** AMI - Formosan (Amis) and HSN - Hsiang (Xiang Chinese)

Adding SGN will help to ensure consistency in capturing sign language data. If a patient provides a specific name of their sign language (e.g. Spanish Sign Language), then the facility should report the specific language. Formosan and Hsiang were deleted from the list of specified languages because 2009 data showed no Formosan or Hsiang reported. However, if a patient gives Formosan or Hsiang as their preferred language, these languages should still be reported to OSHPD.

Refer to the [Laws and Regulations](#) page under Recently Approved Regulations to review these changes.

**Handling Objections
Collecting Social Security Numbers**

The California Health and Safety Code, Sections 128735, 128736, and 128737, requires a Social Security Number (SSN) to be reported if it is contained in the patient’s medical record. OSHPD understands that there may be occurrences when SSNs are not available in the medical record (newborns, foreign nationals); however, we strongly encourage facilities to collect and report SSNs when possible.

OSHPD meets and/or exceeds HIPAA security standards, despite the fact that we are not a covered entity.

OSHPD has collected SSN for over 18 years with no security breaches. Patient data is submitted through a secure encrypted connection and protected through firewall mechanisms. The locations of the Patient Data Section (PDS) and the data warehouse are secured, and a full-time information security office is employed by OSHPD. When OSHPD receives patient data, the SSN is encrypted into a Record Linkage Number (RLN). This number is used to identify readmissions and multiple encounters for the same patient over time. OSHPD releases only aggregated data to the public. RLNs are not found on published materials.

OSHPD and researchers have used the RLNs to observe readmission trends, track Methicillin-Resistant Staphylococcus (MRSA) infections, and follow the outcomes for Coronary Artery Bypass Graft, amongst other important medical projects.

You can assure your patients that providing their SSN is safe and is vital for improving the healthcare of all Californians. We hope this information will allow you to continue to consider yourself and OSHPD, as patient advocates.

Please explore our website and contact OSHPD’s Health Information Resource Center (HIRC) to view some of our currently available, downloadable products.

Updated Reporting Manuals

New versions of the *Inpatient Data Reporting Manual* and the *Emergency Department and Ambulatory Surgery Reporting Manual* have been posted to reflect discussion updates and changes in regulations.

Please visit our [Manuals and Guides](#) page to review the new versions

**** UPCOMING IMPORTANT 2011 DATES ****

IP Due Dates:

July 1 – Dec 31, 2010

Due: March 31, 2011

ED & AS Due Dates:

Oct 1 – Dec 31, 2010

Due: February 14, 2011

Jan 1 – March 31, 2011

Due: May 15, 2011

January 17, 2011: Regulation Comment Period closes

June 13 – 15, 2011: CHIA Convention and Exhibit San Diego, California