

Quick Notes

Access to Safe, Quality Healthcare Environments that
Meet California's Dynamic and Diverse Needs

Issue 56

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IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

Reporting Same-facility Hospice Care

Increasingly, hospitals are providing hospice services to patients within their facility in licensed acute beds. Sometimes these beds are leased to a hospice program which provides the care.

In this situation, the National Uniform Billing Committee guidelines state to discharge to Hospice at a medical facility. However, if the care is being provided in a licensed bed in your facility, in most cases the patient's stay would not be a split between two records for OSHPD reporting purposes because it does not meet OSHPD's definition of a discharge. Regulation states that in order to be considered a discharge, the patient must be either:

- 1) formally released and leave your facility, or
- 2) transferred to another type of care at your facility as defined in Section 97212 (x), or
- 3) leave against medical advice, or
- 4) dies

If the hospice patient still occupied a licensed bed at your facility and did not change type of care (such as acute to skilled nursing), the acute portion and hospice portion would be reported as one continuous acute stay, even if the bed was leased to a hospice program.

If your facility provides hospice care, please carefully review your Readmission Report and Data Distribution Report regularly to confirm these records are reported appropriately. For additional information, see Section 97212 (e) in the Reporting Requirements section of our [Inpatient Data Reporting Manual](#) for the complete definitions.

Race Reporting Reminders

2019 was a big year of changes in patient data reporting. One of those changes was the reporting of Race. Inpatient values changed to align with ED and AS values.

Prior to 2019, Race *White* was coded as 1 but is now coded as R5. *Asian and Pacific Islander* was coded as 4, and now the group is separated into two categories: R2 for *Asian* and R4 for *Native Hawaiian or Other Pacific Islander*.

OSHPD analysts have found discrepancies with these race categories when comparing 2018 to 2019 data. Please review your historical data on your Data Distribution Reports to ensure correct mapping before submitting data formally.

Survey Thank You

In our last edition of Quick Notes, we notified MIRCAl users of an upcoming survey that was subsequently sent out in October.

We appreciate all the users who took the time to respond to the survey and give their comments on what functions they would like to see in a future version of the patient data reporting system. We are using these remarks to work towards providing the best possible user experience, and we'll keep you updated on the changes in future editions of Quick Notes.

Thank you to everyone who participated. We value all of the comments about your experience with the Patient Data Section.

Correct Newborn Reporting

It is important to report newborn records appropriately to meet OSHPD's regulatory requirements. Below are a few helpful reminders and guidelines to assist you in reporting your newborn records with the highest level of accuracy.

Race and Ethnicity for Newborns

It is expected that a parent will declare the ethnicity and race of the child. If the parents are unable or unwilling to declare the newborn's race or ethnicity, it is appropriate to report the race and ethnicity of the mother for that of the newborn. Therefore, there should be a very low percentage of babies reported to OSHPD with unknown race or ethnicity. Your analyst may question your data if there are a high number of unknown.

Total Charges for Newborns

Correctly reporting charges can be challenging since OSHPD requirements may not be in alignment with billing requirements. Newborn charges must be reported on the baby's discharge data record and should never be included on the mother's record. If this error occurs, your facility may see one or both of the following standard edits when the principal diagnosis indicates a newborn:

- *S055 – Total Charges reported are less than \$100 for Newborn*
- *S057 – Total Charges are blank on Newborn record*

Reporting mom and baby charges separately, as OSHPD requires, ensures that data is accurate and useful. It is important to review Total Charges each report period to confirm correct reporting. As a best practice, please consider correcting these and other errors down to zero for data quality.

Preferred Language Spoken: Striving to Improve

The Preferred Language Spoken (PLS) data is utilized by healthcare researchers, policy makers – including local governments, and the media. It is vital that your facility review data that is flagged with the S002 edit (invalid) or the SW14 edit (questionable PLS) to accurately represent the populations served in your community.

The OSHPD [PLS Do's and Don'ts](#) guide can be shared as a training tool with any department or individuals responsible for PLS collection and correction. Below are some key points to remember when reporting PLS:

- OSHPD accepts values from our regulatory language list and the three-digit codes from the ISO 639-2 code list. OSHPD also accepts the full language name. Never report a two-character ISO code.
- If a patient refuses to self-declare a language, report whatever language the patient is using to communicate with healthcare staff.
- Never report statements such as *Refused*, *Decline to state*, *Other*, or *Unable to obtain*. Only a language or valid code should be reported in the PLS field.
- When reporting instances of Unknown language, you must use the appropriate three-digit regulatory code of 999. The reporting of Unknown should be extremely infrequent.

OSHPD and our data users appreciate the investment facilities make in reporting accurate data. If you have a question about reporting PLS that is not answered in the guide noted above or in the data reporting manuals found on our [website](#), please contact your assigned analyst.