HCAi Department of Health Care Access and Information

Patient Data Section
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Quick Notes

Issue 63   April 19, 2022

IP Inpatient Discharges   **ED** Emergency Department   **AS** Ambulatory Surgery

2023 Proposed Regulation Comment Period Open Until May 9th!

The official 45 Day Public Comment Period for Amendments to Patient Level Data reporting requirements is currently open. Comments will be accepted until Monday, May 9, 2022.

This regulatory proposal includes the following changes to take effect with 2023 discharges and encounters:

- **IP & ED/AS Patient Address** – Enhance current ZIP Code data element to include collection of full Patient Address, including the following components: Address number and street name, City, State, ZIP Code, Country Code (for non-U.S. residents) and a housing status indicator
- **IP & ED/AS Other Diagnoses** – Expand definition of Other Diagnoses to include ICD-10-CM codes from Social Determinants of Health (Z55-Z65)
- **IP & ED/AS Patient Disposition** – Minor wording changes to existing disposition codes
- **IP Source of Admission** – New Route of Admission 'G' Transfer from a Designated Disaster Alternate Care Site

We encourage you to share the information about the proposed regulations with any interested party. Please submit your comments before the May 9th deadline. You may view the proposed regulations as well as information on where to submit comments on our Laws & Regulations page. If you need additional assistance, please contact your assigned analyst.

Report Newborn Charges Correctly

The Inpatient S055 Standard Edit has been updated to flag when *Total Charges* reported are less than $1,000 and the Principal Diagnosis indicates a newborn.

Hospitals must report a separate record for each newborn as well as the mother. All charges associated with each patient must be reported on the appropriate record. Newborn charges should never be bundled on the mother's record when reporting to HCAI.

Total Charges are the amount billed for the stay at full established rates and should not include contractual adjustments or bad debt write-offs. Please see the Inpatient Data Reporting Manual for additional guidance on reporting Total Charges.

CHIACON 2022

A panel of three representatives from HCAI will be presenting at the 2022 California Health Information Association (CHIA) Conference. It is being held in Riverside from June 13-15. The Patient Data Section will be discussing important regulatory changes and future reporting requirements.

HCAI is scheduled to speak on June 14th. We hope you will have the chance to attend and hear all the latest HCAI program updates. We look forward to seeing you there!

Data Validation Options

Within SIERA you will find multiple places that allow you to validate your data. Each option may have slightly different functionality. The information below will help you understand what each Validate button does.

There are two validation options located on the Report Dashboard page:

- In the Option 1 box you will find the *Upload and Validate* button. The user must first choose a file to upload. Then, once the *Upload and Validate* button is selected, the file is run through all edit programs. You will only use this validation option when uploading a file. Any subsequent file uploads will overwrite any data and corrections saved on the system.
- In the Option 2 box you will see the *Validate Report* button. Choosing this button will run all data currently saved in the system through the edit programs. This button would be used after making corrections and will update all the edit summary reports to reflect the corrections. This will likely be the button you use most frequently.

You will see the *Validate Report* button at the bottom of two additional pages: the Records Listing page and Record Detail page. As noted above, choosing this option will run all records saved in the system through all edit programs.

One final validation option is the *Save and Validate* button which is also found at the bottom of the Record Detail page. Choosing this option will validate only the single record displayed and only for Standard Edits. This function is typically used for manual record entry.

We hope these descriptions will be a handy reference for you. For additional information, please review the Quick Guides on our [Training](#) page.

ED/AS Low Total Charges

A recent review of ED and AS charges uncovered a variety of possible data reporting issues. In the ED setting, most often unusually low charges were due to the record not meeting the definition of an encounter, which is defined as *a face-to-face contact between an outpatient and a provider*. A provider is defined as *the person who has primary responsibility for assessing and treating the condition of the patient at a given contact and exercises independent judgment in the care of the patient. This would include, but is not limited to, a practitioner licensed as a Medical Doctor (M.D.), a Doctor of Osteopathy (D.O.), a Doctor of Dental Surgery (D.D.S.), or a Doctor of Podiatric Medicine (D.P.M.)* [Section 97212 (h) & (r)].

For example, if a patient registers in the ED, is screened by an RN in triage, then leaves before seeing a doctor, the record would not be reported to HCAI. Since the patient did not see a provider, the visit does not qualify as a reportable ED encounter.

Another issue discovered in both the ED and AS settings was the general underreporting of charges. Total Charges is defined in regulation as *all charges for services rendered during the encounter for patient care at the facility, based on the facility's full established rates* (Section 97268). Contractual adjustment or adjustments resulting from bad debt write offs should not be included when reporting Total Charges for the encounter. This also means that write-offs should never be reported with a Total Charge of 0 or $1. A charge of $1 should only be reported in true cases of charity care where a bill was never generated.

For regulations noted above, refer to Title 22, Division 7, Chapter 10, Article 8. Information can also be found in the [ED/AS Data Reporting Manual.](#) Analysts continue to review Total Charges and will contact facilities as needed to clarify why charges are lower than expected.