HCAi — Department of Health Care Access and Information

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Quick Notes

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

2023 Reporting Requirements FAQs

The recent regulatory changes that were outlined in Quick Notes 63 and 64 will be taking effect soon. This issue will focus on frequently asked questions to assist you in correctly collecting and reporting the data to meet the new 2023 reporting requirements.

Q1. When are the changes in effect?

The new reporting requirements will apply when you report 2023 patient level data. The report periods when you will first report the data are:

ED/AS: January 1–March 31, due May 15, 2023
IP: January 1–June 30, due September 30, 2023

Q2. Why were the changes made?

Please refer to our 2023 Regulatory Fact Sheet for a summary of why the changes were implemented.

Q3. Have the file formats changed?

The IP and ED/AS record lengths have not changed. However, the reporting location of some information within the record has changed. Please note that patient address will be reported at the end of the record while the current 2022 location of ZIP Code will now be unused space (blank) when reporting 2023 data.

2023 Inpatient Format and File Specifications

2023 ED/AS Format and File Specifications

Q4. When can we test our file format?

As soon as the January 2023 report periods open in SIERA, you may submit data to test file formats. Note, full validations may not be functioning until data collection for the report period is complete. For example, full validation for January 1 – March 31, 2023, ED/AS data will be in place by April 1st.

Q5. What changes are required in 2023?

Patient Address consists of the street name and number, city, state, 5-digit ZIP Code, country code (when applicable), and a homeless indicator. The goal is to provide as much information as possible. For example, if you only have the street name but not the house number, report the street name. If you don't know the street but know the city the patient resides in, report the city, state, and ZIP Code.

Social Determinants of Health (SDOH) ICD Codes are now required to be reported when they are documented in the patient's medical record. Please refer to ICD-10-CM SDOH codes Z55–Z65. Previously these codes were accepted but not required.

Q6. What do we do when a patient refuses to give us an address?

If you have attempted to collect the address but the patient refuses, it is appropriate to report as much information as is known. For ZIP Code, if you know the city the patient resides in, the full or partial city ZIP Code should be reported. Otherwise, report it as unknown (XXXXX).

Q7. Will the patient's address be kept confidential?

Patient address will be treated confidentially just as Social Security Number is treated at present. Patient addresses will be masked at intake and are inaccessible to those reviewing the data.

Under the Health and Safety Code Section 128735, subdivision (h); 128736, subdivision (b); and 128737, subdivision (b), patient social security numbers and other data elements that can be used to determine the identity of an individual patient are exempt from being disclosed as required by of the California Public Records Act.

Q8. Are we required to collect patient address at every encounter and admission, or can we use a previously stored address for the patient?

It is not a requirement to collect patient address at the time of every encounter or admission if it has already been documented in your system. If a stored address is used, it must be the patient's "usual residence" in order to comply with regulations.

Q9. What do we do if the patient gives us incorrect address information (e.g., misspelled street)?

For all fields, correct to the best of your ability. Report as much information as possible. Otherwise, follow the reporting guidelines in FAQ #6.

Q10. What ZIP code do we report if we only have the city name?

Report as much information as possible. In cases when only the patient's city is available, you are encouraged to also report a partial ZIP Code (first 3 digits + 00) whenever possible. Otherwise, the ZIP Code can be reported as Unknown (XXXXX).

Q11. How do we report patients that are from other countries?

If the patient is a foreign visitor, leave the street, city, and state blank. Report YYYYY in the ZIP Code field as previously required as well as the corresponding two-digit country code as listed in the ISO 3166 alpha-2.

Q12. Are we required to report the country code for US residents?

No. Only patients who do not normally reside in the US should be reported with a country code. Always report a country code in conjunction with reporting ZIP Code YYYYY.

Q13. Do we need to report CA as the state for every homeless patient?

If it is known that the patient's usual residence is in CA, you should report as much of the address as possible, including the state.

Q14. How do we report homelessness? Do we still report ZZZZZ for ZIP Code?

ZZZZZ will no longer be a valid ZIP Code value after 2022 data reporting is complete.

The new reporting requirements have a homeless indicator to capture when a patient is experiencing homelessness. Please see FAQ #15 below.

The goal is to report as much information as possible regarding where the person is experiencing homelessness. This may include the address of a shelter or other temporary housing, or the ZIP Code of the city where the patient is experiencing homelessness. If the patient does not provide any information, report the ZIP Code as Unknown (XXXXX).

Please refer to the glossaries in the reporting manuals for reference information on homeless patients and types of homelessness.

Q15. What is a homeless indicator (HI)?

It is a data point that indicates whether the patient was experiencing homelessness at the time of the encounter or admission. The values are Y/N/U (Yes/No/Unknown) with Y indicating that the patient was experiencing homelessness.

Q16. Do facilities have to ask every patient if they are homeless?

If you are correctly reporting based on the current 2022 guidelines, how you collect homeless data should not need to change. Refer to Senate Bill 1152, which was signed in 2018, for information on the requirements hospitals must meet in determining homelessness status.

Q17. When is it appropriate to report the HI as unknown?

Unknown should be reserved for when a patient's housing status is not apparent or available, such as when a patient arrives in a comatose state, or the episode of care ends without the patient ever speaking. Facilities must make the determination if reporting unknown may be appropriate. It is presumed most patients will be reported as either Y or N (Yes or No).

Q18. What do we report if the patient came from a shelter or temporary housing?

With the implementation of patient address and the homeless indicator, you are now able to report the address of any temporary housing while indicating the patient does not have permanent residence by reporting Y for the HI.

Q19. What critical flags apply to Patient Address?

Edits related to homelessness that were previously applied to ZIP Code ZZZZZ have been updated to apply to homeless indicator Y (Yes).

Blank and invalid ZIP Codes will continue to be flagged in the same way.

New in 2023

- If ZIP Code YYYYY is reported with no country code, the record will be flagged (S147).
- If no homeless indicator is reported, it will be flagged as "blank" (S001).
- If ZZZZZ is reported, it will be flagged as invalid (S002).

Partial addresses and incorrectly spelled cities will receive a warning flag.

If you have any questions that are not addressed in this edition of Quick Notes, please contact your assigned analyst.