

Quick Notes

Issue 66

March 7, 2023

IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

New 2023 Requirements Reporting is Weeks Away!

As we quickly approach the time to submit 2023 ED and AS data for the January – March reporting period, we hope that your facility is ready for the new requirements as previously discussed in Quick Notes [64](#) and [65](#). Issue 65 is devoted to FAQs that will help answer your reporting questions.

Reminders of Key Changes for All Data Types

- **Patient Address** – 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 Homeless Indicator for patients experiencing homelessness.
- **Other Diagnoses** – Expanded definition of Other Diagnoses to include ICD-10-CM codes for Social Determinants of Health (Z55-Z65).
- **Format and File Specifications** – The length of each file remains unchanged for all data types. Patient Address will be reported in a previously unused portion of the file. Please review all Format and File Specifications for these changes.

Reminder for IP Data Only

- **Source of Admission** – New Route of Admission 'G:' Transfer from a Designated Disaster Alternate Care Site.

2023 cont.

Additional FAQs

Below are some additional FAQs that were not previously addressed in Quick Notes issue [65](#). Please contact your assigned analyst if you have other questions.

Q: Who can provide the patient's address?

A: The patient should be the person providing the information. In cases where a patient is unconscious or incapacitated, a family member or other party may provide the information.

Q: Frequently our homeless patients only provide us with the city they live in. Is that what our facility should report?

A: The goal is to collect and report as much information as possible. In cases where you only have the name of the city for the patient's address, please also report the first 3 digits of the city's ZIP Code whenever possible. Please refer to issue [65](#) for more information and guidance.

With so many important changes taking effect, it is recommended that facilities submit their data as early as possible to allow time to resolve any submission issues. Please review the links on page 2 of this Quick Notes for updated resources.

Review Multi-Race Reporting for Data Quality

In 2019, Patient Level Data (PLD) requirements changed to include the ability for patients to report more than one race. California is a highly diverse state and includes persons of mixed race in many areas. Facilities located in racially diverse cities should have data that reflects the diversity of their patients.

Regularly reviewing your race data to ensure it aligns with your area's racial makeup is a good data quality practice. Start by reviewing your Data Distribution Report (DDR) in SIERA to see if the values reported match with what is expected. Possible tools to aid in review are your DDR used in conjunction with the [Hospital Inpatient - Characteristics by Facility](#) pivot table for nearby facilities. If there are large disparities in the reporting of race or of multi-race without reasonable explanation, it may indicate the need for further inquiry. Checking the U.S. Census data for your city or county may also be helpful.

In conjunction with collecting race, ethnicity (Hispanic or Latino/Non-Hispanic or Latino) must be collected separately in accordance with regulation. Hispanic or Latino must never be defaulted to race White or Other. All facilities should review race distribution and confirm that collection methods allow persons of Hispanic descent to self-identify their race(s).

Using pre-2019 historical demographic data for a patient may not be accurate for reporting multiple races. Ideally, patients should be asked to self-report their race(s) when they have a new hospital stay or encounter to ensure the data is current. It should be clear to patients that they have the option to designate multiple races. This also applies if the patient's information is being collected via phone and/or by a third-party vendor. A patient's race is most accurately obtained directly from the patient.

Race cont.

PLD race data is used for a variety of important purposes, which include the study of medical conditions, outcomes, and access to care. Race and ethnicity data is more frequently being requested and used by researchers, so it is essential that it is collected correctly to ensure data accuracy. If you have questions, please contact your assigned analyst.

Regulatory Update

The Patient Data Section submitted a non-substantive Section 100 regulatory proposal to the Office of Administrative Law that was approved on January 24, 2023. In 2021, the Office of Statewide Health Planning and Development (OSHPD) transitioned to the Department of Health Care Access and Information (HCAI). As a result, updates to the patient level data reporting requirements were needed. The recently approved changes removed all references to the "Office" and "OSHPD" and replaced them with the "Department" and "HCAI," which includes references in two forms cited in regulations. In addition, non-substantive updates to the Format and File Specifications documents were approved. See HCAI's [Laws and Regulations](#) page for details.

What's New

The following resources have been recently updated on our website to reflect the new 2023 reporting requirements:

ED/AS

- [ED & AS Edit Flag Description Guide](#)
- [Format and File Specifications for ED & AS Data](#)
- [ED & AS 2023 Calendar with Due Dates](#)

Inpatient

- [IP Edit Flag Description Guide](#)
- [Format and File Specifications for IP Data](#)
- [IP 2023 Calendar with Due Dates](#)