HCAi Department of Health Care Access and Information

Patient Data Section
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Quick Notes

Issue 69   September 4, 2024

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

Patient Address Reporting Updates and Reminders

Identifying the address of housed and unhoused patients allows for a better understanding of health disparities in healthcare utilization, healthcare outcomes, and diseases within specific communities or populations. Patient address collection increases the ability to link record level data with other geographical designations, such as Medically Underserved Areas (MUA) and Medical Service Study Areas (MSSA). The resulting linkages establishes increased capacity to evaluate the community needs and to target workforce development efforts to address provider shortages and increase access to care.

Reviews of Patient Address reporting for all data types have revealed a variety of common reporting issues/errors. Compiled below are some reminders for patient address reporting based on HCAI's findings:

For Patients Experiencing Homelessness:

- Report as much address information as possible for patients experiencing homelessness.
- Report partial ZIP Codes (first 3 digits + 00), whenever possible, if only the city of residence is known.
- Do not use placeholder values in any address field for patients experiencing homelessness. Some examples of placeholder values that have been observed are "Homeless," "Unknown," "General Delivery," and "ZZZZZ." If your data contains any placeholder values, please make corrections as needed.
- Do not report fictious address information (Ex. 123 Default St.).
- ZIP Codes (ZZZZZ and 99999) that were previously used to identify patients experiencing homelessness are now obsolete

and should not be reported to HCAI.
- Do not default address information for patients experiencing homelessness to blank or unknown.
- Do not report the full or partial address of the facility.
- Do not report the facility's name or other businesses' names or abbreviations in the Street Address field.

General Reminders:

- Do not default to filling in unknown fields with X or other values. Unknown Street Address, City, and/or State should be left blank.
- For persons residing outside of the United States, report the Country Code, using the 2-digit code from the ISO 3166 alpha-2 list. Report the ZIP Code as "YYYYY" and leave the Street Address, City, and State blank.
- Unknown ZIP Codes should be reported as "XXXXX." Do not leave the ZIP Code field blank.
- Report the patient's physical address. A P.O. Box or other mailing address may only be reported if the physical address is unknown.

HCAI understands that it is important for facilities to follow their internal address collection policies to capture address information. However, when it comes time to report Patient Address to HCAI, please ensure adherence to Patient Address reporting requirements. This may include collaborating with your IT Department and/or EMR Vendor. HCAI thanks you for your commitment to ensuring quality data. If you have any questions, please contact your analyst.

For additional information and FAQs on Patient Address reporting, please see Quick Notes 64, 65, 66, and 67.

Reviewing the Homeless Indicator on Your Data Distribution Report

Effective January 1, 2023, the formerly reported ZIP Code data element was expanded to include collection of full Patient Address and a homeless indicator. This indicator captures the patient's housing status upon admission. Facilities can report one of three options:

- "Y" - patient is experiencing homelessness
- "N" - patient is not experiencing homelessness
- "U" - unknown

Unknown is to be used 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 is appropriate.

Please review the Data Distribution Report (DDR) which is located on your SIERA dashboard to ensure the quality of your data. For instance, a large proportion of "Unknown" homeless indicators may point to a reporting problem. Also, if your facility has a large homeless population and all street addresses are reported as valid, this may mean that default addresses or placeholders are incorrectly being reported for homeless individuals who have no known address. If you have questions about your DDR, please contact your analyst.

Cybersecurity Measures at HCAI: What Is HCAI Doing to Protect the Data?

The patient level data that HCAI collects are an important part of HCAI's efforts to improve healthcare outcomes. Ensuring the security of the data is a critical piece of achieving these goals.

For instance, users have a new way to log into the SIERA system that has enhanced the security of the data that facilities submit to HCAI. Effective May 1, 2024, HCAI implemented a multi-factor authentication login process for accessing SIERA. Users will now enter their password followed by a code that is then sent to the user's email address.

Also, sensitive fields such as Patient Address are encrypted for patient privacy.

If a cyber security incident occurs at your facility, please contact your analyst immediately. Upon notification, HCAI's Information Security Officer will coordinate the security breach investigation alongside your facility with assistance from the Patient Data Section.

Reporting Organ Harvesting

When an inpatient or outpatient expires in your hospital or freestanding ambulatory surgery center, the death is to be reported to HCAI. The date and time that will appear on the patient's death certificate is the date of discharge, and the Disposition Code is 20.

If you are transferring a deceased patient to a facility that performs organ harvesting and the patient's death has been pronounced, Disposition Code 20 still applies. Do not report an additional record for the purpose of subsequent organ harvesting.

If the organ donor is a live patient as in the case of a kidney donation, then report the appropriate Disposition Code when the donor patient leaves your facility.

Reporting Requirements for Telemedicine

Telemedicine is defined as the use of telecommunications to provide remote patient care. Not surprisingly, a significant increase in telemedicine has occurred due to the global COVID-19 pandemic. Added benefits of telemedicine include accessibility, convenience, social distancing, and comfort.

Currently, HCAI does not recognize telemedicine as a reportable outpatient encounter. An encounter is defined in HCAI's ED/AS Reporting Manual as "a face-to-face contact between an outpatient and a provider." If your facility has incorrectly reported telemedicine visits in the past, please contact your analyst.

Finally, please note that if a telemedicine patient is admitted to your facility as an inpatient, the patient's Source of Admission will be their last physical location.

Regulatory Update

Currently the Patient Data Section has no active regulatory packages in process. However, there have been many questions from facilities about when HCAI will be adopting the new federal Office of Management and Budget (OMB) race and ethnicity standards that were published in March 2024. HCAI has begun initial work on adopting these standards though it may be some time before the new standards will be a part of the regulations that govern patient level data reporting. Three main changes to the new standards include elimination of the two-part race/ethnicity question in favor of a single question, a new category for patients of Middle Eastern or North African descent, and a higher degree of specificity about a patient's race and/or ethnicity.

The Patient Data Section intends to conduct a survey in September to collect opinions related to future regulatory updates to align patient level data Race and Ethnicity reporting requirements with the updated OMB standards. Survey links will be sent out to facility and hospital system contacts with instructions. Please ensure that your contact information in SIERA is accurate.

Any regulatory changes implemented by HCAI will allow facilities ample time to implement them. If you have any questions, please contact your analyst.

Expiring Modifications

On occasion, HCAI places a Modification to Data Reporting Requirements on one or more data elements if it is discovered that submitted data were not compliant with HCAI reporting requirements. The modification is meant to alert researchers and data users to a data element or

elements that are incorrect or unverifiable. Modifications have an expiration date by which your data must be correct as reported. When a modification is set to expire, you can see the details by clicking on the link labeled "View Current Mods and Vars" on your SIERA report dashboard. The data element or elements in question, whether the modification is current or has expired, the effective date of the modification, and the date of expected correction is listed here.

If your facility has an expired modification, please verify that the data have been corrected and that your facility is meeting current HCAI reporting guidelines. Additionally, your HCAI analyst may contact your facility to inquire about the method used to confirm that your data has been submitted accurately.

Links to HCAI Patient Level Data Reporting Resources

- [Inpatient Resources](#)
- [ED/AS Resources](#)
- [Tools, Forms, FAQs, Quick Notes](#)
- [Training](#)
- [Regulations](#)
- [Log in to SIERA](#)

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