HCAi Department of Health Care Access and Information

Patient Data Section
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Quick Notes

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

Reporting Patient Address After a Natural Disaster or Other Emergency

This January saw unprecedented wildfires in and around the Los Angeles area. Many former residents of the homes that were lost will be seen in a licensed California hospital in 2025. When a natural disaster or other emergency takes place, how should patient address be reported to HCAI?

HCAI requirements state that *"If more than one address is available for the patient, report the address of the patient's usual residence. If exact address is unknown or the patient is experiencing homelessness, provide as much information as possible."* As such, the patient may not be homeless for HCAI reporting purposes. For instance, the patient may report their "usual address" as their address before the fires, especially if they still own the property and plan on reinhabiting it. In another scenario, the patient may have relocated to a new address and is therefore no longer homeless. Many hospitals have stored patient addresses in their system which they may choose to confirm with patients to ensure that the information is still accurate.

In addition, HCAI requires that facilities *"indicate whether a patient was experiencing homelessness at the time of admission. This may include chronic, episodic, or transitional homelessness, or in temporary shelter."* The definition of transitional homelessness may apply to patients that have been displaced from their home in that it is often the result of a catastrophic event of sudden life change. If the patient is experiencing transitional homelessness, then report the homeless indicator as "Yes" and report the address where the patient is experiencing transitional homelessness (for instance, a shelter or residence hotel). As always, if the patient has no housing at all, please report as much address information as possible (for example: city, state, and full or partial ZIP Code).

New Warning Edit for Patient Address

On January 1, 2023, HCAI enhanced the ZIP Code data element to include collection of the complete patient address. In the first year of patient address collection, nearly 18.8 million records were reported. Data in all three data types (IP/ED/AS) were reviewed for inconsistencies and errors resulting in the following analysis.

Invalid entries reported in the street address field are among the most common errors identified. Invalid entries include "homeless," "unknown," "general delivery," and other variations, as well as fictitious addresses such as "123 Default Street." In 2023, "Homeless" was reported as the street address within 89,052 IP and ED records. Facility addresses are also being incorrectly reported in the street address field: between all three report types, 25,853 records contained the facility's street address.

Reporting a single digit character in the street address field is also an invalid entry. To discourage the continued use of single character entries, HCAI implemented a new warning edit flag, SW20. The new flag is effective for data collected on or after July 1, 2024, and specifically identifies records with only one character in the street address field. For more information on the SW20 edit, please refer to the Inpatient and/or ED/AS Edit Flag Description Guide(s).

If you have attempted to collect a street address but no address information is available, unknown street address fields should be left blank. If you have any questions about patient address, please review the Inpatient and ED/AS Data Reporting Manuals, Quick Notes issues 65, 66, 67 and 69, and/or contact your assigned analyst.

Best Practices: When Merging Two Electronic Medical Record (EMR) Systems

Recently, the Patient Data Section has seen an increase in facilities transitioning from one Electronic Medical Record (EMR) system to another, which can present a unique challenge for reporting to HCAI since only one file per report type and period can be accepted. To minimize unforeseen delays, HCAI recommends these best practices:

• Submit early in the Report Period. Inpatient data reporting is open for report submission and certification three months in advance of each due date. ED and AS data reporting opens 45 days in advance of each due date. Early submission of data provides the facility ample time to make corrections and reduce the wait time for assistance.

• Testing submissions – SIERA is available for early submissions prior to the opening of each report period. Hospitals can use this time to test their files. This option will process the data through the edit programs and generate summary and detail reports, however, the data cannot be certified during this time period. Facilities can also submit their data as often as needed during the open report period to test any file and format changes.

• Be aware of transmittal errors and how to fix them. Refer to the [Trouble-Shooting Guide for Transmittal Errors](#) for possible solutions to guide you in correcting them.

Key Contact Information in SIERA

User Account Administrators (UAA) are facility staff responsible for maintaining their facility's user accounts and contact information in SIERA. UAAs can add or inactivate users, unlock user accounts and reset passwords, change role assignments, and update contact information. HCAI strongly recommends the assignment of more than one UAA to provide adequate backup coverage.

The Primary Contact receives all correspondence on behalf of the facility, including time-sensitive emails regarding the facility's data submission status. While not a requirement, HCAI strongly encourages facilities to designate a secondary contact.

The Facility Administrator is the person who directs the day-to-day operations of the facility (typically the Chief Executive Officer). If your Facility Administrator leaves the facility, the UAA must update the Facility Administrator contact information in SIERA.

Any updates to contacts should be made as soon as possible. Please review your facility's contact information regularly to confirm that phone numbers and email addresses are current. Also, to maintain security, it is essential to deactivate users when it is no longer appropriate for them to have access to SIERA.

Regulatory Update

Currently, the Patient Data Section is in the process of developing a regulatory proposal to adopt the updated federal Office of Management and Budget (OMB) [race and ethnicity standards](#) that were published in March 2024. 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 regulatory proposal may include additional updates to existing data elements and implement new data elements.

The Patient Data Section intends to conduct a survey to obtain opinions related to the upcoming regulatory proposal. The survey was initially planned to be sent out in September 2024; however, it was postponed. The survey is now expected to be sent out to facility and hospital system contacts in Spring 2025. Please ensure your contact information in SIERA is accurate. If you have any questions, please contact your assigned analyst.