

## Social Security Number Randomization

On June 25, 2011, the Social Security Administration (SSA) changed the way Social Security Numbers (SSNs) are issued. This change is referred to as "randomization." The SSA developed this new method to extend the number of SSNs available for assignment for many years. The randomization method will also help protect an individual's SSN by making it more difficult to reconstruct an SSN using public information.

Randomization will affect the SSN assignment process in the following ways:

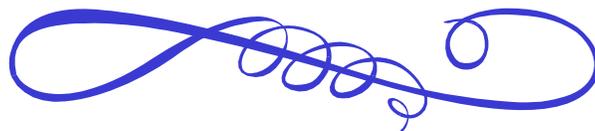
- It will eliminate the geographical significance of the first three digits of the SSN (the area number) by no longer allocating area numbers for assignment to individuals in specific states.
- It will eliminate the relationship between the middle two digits (the group number) and the area number. The group number is no longer assigned in sequential order to the area number. As a result, the "Highest Group Number List" dated June 24, 2011, is the final version and can be used for validation of SSNs issued prior to the randomization implementation date. This version can be found at:  
[http://www.ssa.gov/employer/ssns/HGJune2411\\_final.txt](http://www.ssa.gov/employer/ssns/HGJune2411_final.txt).
- Previously unassigned area numbers will be introduced for assignment **excluding** area numbers 000, 666 and 900-999. These will continue to be invalid. The last four digits 0000 and group number 00 are still invalid as well.

Please notify your IT Staff of this SSN change as it may require system and or business process updates to accommodate the SSN randomization.

MIRCal's Standard Edit Validation Program has been updated so that SSNs reported within the new area numbers will no longer flag as invalid.

Visit the SSA website for more information on this new process at:

<http://ssa.gov/employer/randomizationfaqs.html>



## Regulations Update

The Office of Statewide Health Planning and Development (OSHPD) carefully considered all of the comments received for the proposed clinical measures regulation. Given the significant impact to hospitals with regards to meeting the October 2013 federal mandate for implementing the new ICD-10 code sets, OSHPD has opted to withdraw the clinical measures regulatory proposal at this time.

OSHPD anticipates reintroducing the clinical measures regulations again at an undetermined future date through the rulemaking process.

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### ZIP Codes

OSHPD frequently receives questions regarding the proper reporting of ZIP Codes for patients admitted from prison or jail and the homeless.

If a patient is admitted from a prison or jail, this is considered the residence of the patient; therefore, the ZIP Code of the prison or jail must be reported. For Inpatient reporting, Source of Admission should be reported as 9 - Prison/Jail along with the prison/jail's ZIP Code.

If a patient indicates he/she does not have a permanent address or home, reporting the ZIP Code as homeless is appropriate. For Inpatient, report a ZIP Code of ZZZZZ for homeless. For Emergency Department and Ambulatory Surgery data, report 99999.

Reporting your facility's ZIP Code in place of the patient's is not appropriate.

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### No Charges - Reporting Reminder

For Inpatient cases where no bill is generated and no payment from any source will be required, facilities should report Total Charges of \$1. The Expected Source of Payment should be reported as Other Payer 09; Type of Coverage 0; and no Plan Code (09 0 0000).

## Data Quality Audits

The Patient Data Section conducts audits that focus on accurate reporting. Many are prompted by inquiries from internal and external data users. Examples of these data audits include Principal Language Spoken, Swing Beds, and Observation. During the most recent review of Observation, a significant problem was discovered that many facilities were not reporting encounters for patients who came in through the ED or AS and then were moved to Observation Status. Audits have revealed that changes to a facility's staff, business practices, software programs, or billing and reporting requirements can potentially impact data quality.

In an effort to maintain quality data, OSHPD analysts often contact a facility more than once to check on a facility's reporting practices. Initial research may determine whether a reporting problem exists. If a problem is identified, the analyst must determine whether it is limited to that particular facility or if the problem exists at other facilities, which may require additional research. Analysts also follow up with facilities later to verify that a problem has been resolved and that the data are being reported accurately.

We appreciate your responsiveness as we continue to strive for improved data quality.

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### HMO Plan Code Update

UnitedHealthcare (UHC), the largest single health carrier in the United States, recently became an HMO in California. Previously, UHC offered PPO plans in California and HMO plans as Health Plan of America, PacifiCare of California, and Secure Horizons. UHC intends to unite all its plans under one name by early 2012 and continue to offer a variety of health plan options. OSHPD is in the process of adding UHC to our plan code list.

Please refer to the Inpatient Data Reporting Manual for the most current list of plan codes, or contact your MIRCAl analyst for Expected Source of Payment concerns.