



Office of Statewide Health Planning and Development



Coronavirus and COVID-19 related Source of Admission (Point of Origin) and Disposition OSHPD Reporting Guidance

The Office of Statewide Health Planning and Development has received some inquiries regarding how to report the Source of Admission and/or Disposition of patients who are coming from or being discharged to sites that have been created due to the Coronavirus and COVID-19 pandemic. We are providing the following FAQs to assist with determining the appropriate assignment for Source of Admission and Patient Disposition for those sites.

FAQs

Quarantine Sites: Patients coming from a cruise ship or evacuated by plane to quarantine sites such as on military bases or hotels. How shall the Source of Admission (Point of Origin) be coded? For patients being discharged to those sites, how shall the disposition be coded?

If healthcare is not being provided at the site, the Source of Admission (Point of Origin) will be 1 Non-Health Care Facility Point of Origin. Similarly, the Disposition will be 01 Discharged to home or self care (routine discharge).

Surge Capacity Sites: What about the surge capacity sites that are being created for this emergency?

What are **Designated Alternate Care Sites**?

The definition of Designated Alternate Care Sites can be found in the California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies. This is an excellent source of information to help determine whether a site is considered an Alternate Care Site. An excerpt of that document includes the following definition:

For surge planning purposes in California, a government-authorized Alternate Care Site is defined as:

A location that is not currently providing healthcare services and will be converted to enable the provision of healthcare services to support, at a minimum, inpatient and/or outpatient care required after a declared catastrophic emergency. These specific sites are not part of the expansion of an existing healthcare facility (i.e., extensions of general acute care hospitals, clinics, or long term care facilities), but rather are designated under the authority of the local government.

A government-authorized Alternate Care Site **DOES** include mobile field hospitals, schools, shuttered hospitals, stadiums, arenas, churches, and other facilities not currently licensed to provide healthcare services that, under the authority of local government, are designated as an Alternate Care Site to help absorb the patient load after all other healthcare resources are exhausted. *[Although not specifically listed here, for OSHPD reporting purposes, we consider the Mercy Ship to fall into this category.]*

A government-authorized Alternate Care Site **DOES NOT** include sites that are established as part of an expansion of existing healthcare facilities, such as tents set up for patient care in the parking lot of a hospital or sites set up for patient triage by Emergency Medical Services, such as field treatment sites.

1. Patients in our hospital were moved to a Designated Alternate Care Site to make room for COVID-19 patients. Would that be considered a Discharge? What would the disposition be?

Yes, this would be considered a discharge. The National Uniform Billing Committee released guidance that the proper disposition would be 69 Discharged/transferred to a designated Disaster Alternate Care Site.

2. What would the proper Source of Admission (Point of Origin) be for patients being admitted from a Designated Alternate Care Site?

On March 30, 2020, the National Uniform Billing Committee released guidance that the proper Point of Origin from these sites would be 6 Another Health Care Facility. This guidance from NUBC is effective for discharges through June 30, 2020.

NEW Effective July 1, 2020: The National Uniform Billing Committee released [guidance](#) that a new Point of Origin Code is being added: Point of Origin Code G --Transfer from a Designated Disaster Alternate Care Site.

Use of the new code, "G" is encouraged when appropriate for discharges on and after July 1, 2020. OSHPD will add this to the patient data reporting system and resources while work is done to formally adopt the use of this code via the rulemaking process.

3. How should we handle patients that are being moved to or from our existing beds to temporary surge capacity areas elsewhere on our existing hospital campus (tents, suspended beds, a building/wing not being actively used for this type of care prior to the surge)?

These should be coded as you would for any other patient moving within your hospital. If the level of care changes to a different Type of Care (i.e. Acute to Skilled Nursing), treat it as two separate records, one for each type of care. If the patient remains in the same level of care but was moved, no discharge has occurred. The data should be reported as a single record.