



New Approved Regulations – 2019

The Patient Data Section's regulatory proposal was accepted and approved by the Office of Administrative Law on January 11, 2018. The new regulations change several data elements to align them more closely with the national standards, reduce inconsistencies between the inpatient and outpatient data sets, and enhance the reporting of race. *Please involve your IT department as early as possible because there are numerous and important changes to the Format and File Specifications for all data types.* Your facility is required to implement these changes effective with Inpatient discharges and Emergency Department (ED) and Ambulatory Surgery (AS) encounters occurring on or after January 1, 2019.

HIGHLIGHTS of CHANGES

ALL DATA TYPES

- Format and File Specifications updates
- Allow up to five race choices for each patient (expanded from the current one choice per patient).
- ZIP Code description updated to clarify Homeless as lacking a residence at admission
- Other Procedures: Total of 24 codes allowed
- External Causes of Morbidity: Total of 12 codes allowed

ED/AS

- Total Charges are required for ED and AS data
- ZIP Code will have values distinguishing between Homeless, Foreign, and Unknown and will match Inpatient ZIP Code requirements

INPATIENT

- Race and Ethnicity: Inpatient values updated to match ED/AS values
- The Total Charges field increases to 8 digits
- Present on Admission: Exempt diagnoses or External Cause of Morbidity codes must be reported as blank ("1" or "E" are no longer allowed)

Please inform all affected departments of your organization and refer to the [Laws and Regulations](#) page on our website. We value our continued partnership with you in providing quality data utilized in research and healthcare policy worldwide, and look forward to our future collaboration in successfully implementing these changes.

Point of Origin FAQs

Q1. If a patient is transferred between types of care within the hospital, what would be the Point of Origin?

The appropriate Point of Origin would be *D-Transfer from One Distinct Unit of the Hospital to another Distinct unit of the Same Hospital Resulting in a Separate Claim to the Payer*. This applies to all Types of Care reportable to OSHPD, but please refer to OSHPD's definition of a discharge in the Reporting Requirements section of the [California Inpatient Data Reporting Manual](#) to determine if a discharge took place when transferring within your facility. Not all transfers or claims will qualify as a discharge per OSHPD's definition.

Q2. When a patient is transferred from another hospital's emergency department and Route 2-Another ED is chosen, which Point of Origin Codes would be appropriate with that Route?

The appropriate Point of Origin codes would be *4-Transfer from a Hospital (Different Facility)* or *8-Court/Law Enforcement*, whichever applies.

For example, when a patient is transferred from another hospital's emergency department while under arrest, then *8-Court/Law Enforcement* would apply.

Q3. What is the difference between transfers from 4-Hospital (Different Facility) and 6-Another Health Care Facility?

The *4-Transfer from a Hospital (Different Facility)* category is for patients that are admitted as a hospital transfer from an acute care facility where he or she was an inpatient or outpatient. This category would include transfers from any type of care within a hospital, including Emergency Department and Ambulatory Surgery. This category *excludes* transfers from a hospital based Clinic or Physician's Office. (See Q4.)

6-Transfer from another Health Care Facility are for patients that are admitted as a transfer from another type of health care facility not defined in our Point of Origin code list. This category may include patients transferred from a freestanding chemical dependency facility, community crisis stabilization unit, and psychiatric facility that is not licensed as a hospital. All facilities included in this category must provide health care.

Q4. What Point of Origin code applies for patients that are transferred from an urgent care clinic or physician's office within another hospital?

Whether a patient is transferred from an Urgent Care Clinic within another hospital, freestanding urgent care clinic, or other type of clinic/physician's office, Point of Origin code *2-Clinic or Physician's Office* is appropriate.

New Edits for Homeless

As mentioned previously in [Quick Notes #47](#), it was discovered that many facilities were not reporting the appropriate ZIP Code for their homeless patient population.

You will see new edit flags when you report your data if there are inconsistencies in the ZIP code reporting for homeless. Standard edits S142 and S143 will look at relational discrepancies between the ZIP Code and diagnosis codes. The Comparative warning edit CW11 will flag if it appears that the homeless ZIP Codes are underreported. Please refer to the edit flag description guides on our [Manuals and Guides](#) page for more information.

ZIP Code Reporting Requirements

For current data, report homeless as ZIP Code ZZZZZ for Inpatient data and 99999 for ED and AS data. Beginning with 2019 data, ED and AS data will adopt the Inpatient ZIP Code standards so all data types will report homeless as ZZZZZ.

Thank you to all reporting facilities for making the necessary changes to correct your data and improve data quality.

Reporting Manual Updates

New editions of the Inpatient Data Reporting Manual and the ED & AS Data Reporting Manual will be posted to reflect the new 2019 regulatory requirements. Manual updates are posted frequently so please check the [Manuals and Guides](#) page of our website often.