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Title 22@ Social Security

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Division 7@ Health Planning and Facility Construction

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Chapter 10@ Health Facility Data

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Article 8@ Patient Data Reporting Requirements

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Section 97219@ Definition of Data Element for Inpatients - Patient Address

## **97219 Definition of Data Element for Inpatients - Patient Address**

### **(a)**

Effective with discharges on or after January 1, 2023, the patient's address shall be reported. The address shall include the address number and street name, city, state, and ZIP Code. Do not report the address of the hospital. 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. (1) The address number and street name shall be reported. (A) If the address number and/or street name are unknown, leave blank. (B) If the address is not part of the United States, leave blank. (2) The city shall be reported. (A) If the city is unknown, leave blank. (B) If the city is not part of the United States, leave blank. (3) The state shall be reported using a standard two letter abbreviation. (A) If the state is unknown, leave blank. (B) If the state is not part of the United States, leave blank. (4) The ZIP Code shall be reported using the unique code assigned to a specific geographic area by the United States Postal Service. (A) If the patient has a 9-digit ZIP Code, only the first five digits shall be reported. (B) Unknown ZIP Codes shall be reported as "XXXXX." (C) ZIP Codes for persons who do not reside in the U.S. shall be reported as "YYYYY." (5) For patients with a non-US residence, report the country. (6) Indicate whether a patient was experiencing homelessness at the

time of admission. This may include chronic, episodic, or transitional homelessness, or in temporary shelter: (A) Include "Y" for patients experiencing homelessness. (B) Include "N" for patients not experiencing homelessness. (C) "U" for Unknown.

**(1)**

The address number and street name shall be reported. (A) If the address number and/or street name are unknown, leave blank. (B) If the address is not part of the United States, leave blank.

**(A)**

If the address number and/or street name are unknown, leave blank.

**(B)**

If the address is not part of the United States, leave blank.

**(2)**

The city shall be reported. (A) If the city is unknown, leave blank. (B) If the city is not part of the United States, leave blank.

**(A)**

If the city is unknown, leave blank.

**(B)**

If the city is not part of the United States, leave blank.

**(3)**

The state shall be reported using a standard two letter abbreviation. (A) If the state is unknown, leave blank. (B) If the state is not part of the United States, leave blank.

**(A)**

If the state is unknown, leave blank.

**(B)**

If the state is not part of the United States, leave blank.

**(4)**

The ZIP Code shall be reported using the unique code assigned to a specific geographic area by the United States Postal Service. (A) If the patient has a 9-digit ZIP Code, only the first five digits shall be reported. (B) Unknown ZIP Codes shall be reported as "XXXXX." (C) ZIP Codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

**(A)**

If the patient has a 9-digit ZIP Code, only the first five digits shall be reported.

**(B)**

Unknown ZIP Codes shall be reported as "XXXXX."

**(C)**

ZIP Codes for persons who do not reside in the U.S. shall be reported as "YYYYY."

**(5)**

For patients with a non-US residence, report the country.

**(6)**

Indicate whether a patient was experiencing homelessness at the time of admission. This may include chronic, episodic, or transitional homelessness, or in temporary shelter: (A) Include "Y" for patients experiencing homelessness. (B) Include "N" for patients not experiencing homelessness. (C) "U" for Unknown.

**(A)**

Include "Y" for patients experiencing homelessness.

**(B)**

Include "N" for patients not experiencing homelessness.

**(C)**

"U" for Unknown.