Electronic Health Record Dataset (EHRD)

Data Collection File

File Submission Guide

Calendar Year 2023

Effective June 20, 2023

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# **Electronic Health Record Dataset (EHRD)** **Data Collection Overview**

## ***Background***

This document includes information related to the Electronic Health Record Dataset (EHRD) data collection. The record specifications, data elements definitions, and code tables appear within this document.

Data Files must be submitted quarterly to CHIA according to the Submittal Schedule provided at the end of this document.

CHIA expects hospitals to submit a test file whenever there is a system update. Once a test file is successfully processed, quarterly files may be submitted.

Data are being collected to enable CHIA to create a dataset that aligns with health equity data standards and can support MassHealth’s health equity program requirements specific to data completeness of hospital RELD (Race, Ethnicity, Language, and Disability status) and SOGI (Sexual Orientation and Gender Identity) data. In addition, CHIA will be collecting data elements on patients’ health risk factors, which can greatly enhance meaningful analyses of health care utilization, population health outcomes, and health system performance. These fields, listed below, are being collected outside of MassHealth’s health equity program, and are not included in their data completeness requirements.

* Smoking Status
* Body Weight
* Body Height
* Systolic Blood Pressure
* Diastolic Blood Pressure

CHIA will collect all EHRD data on a fiscal year quarterly basis in accordance with preliminary Case Mix data collections. CHIA will report EHRD data to MassHealth in an Enhanced Demographics Data File on a quarterly calendar year basis to align with the MassHealth health equity program.

## ***Data to Include in EHRD Data Submissions***

Data included in the submission must be for all inpatient (IP), emergency department (ED) visits and outpatient observation (OO) bed stays to an acute care hospital within the reporting quarter. If available, CHIA is requesting that all hospital-based and clinic-based outpatient (OP) encounters for the reporting quarter be submitted. However, outpatient (OP) data is optional and not required for MassHealth’s Measurement Year 1 health equity program.

Outpatient (OP) refers to visits to a hospital or hospital licensed satelliteclinic for clinical services or telehealth encounters that did not result in admission or hospitalization.

Data included in this submission is encounter based.

* An inpatient encounter may include outpatient or emergency department services and be seen as one encounter. The visit/encounter type would be inpatient (IP).
* A visit/encounter type of emergency department (ED) would include all emergency department visits, including satellite emergency facility visits, by patients whose visits result in neither an outpatient observation stay nor an inpatient admission at the reporting facility.
* A visit/encounter type of outpatient observation (OO) would include observation bed services by patients whose visits do not result in a hospital admission. An outpatient observation stay may include emergency services. An example of an outpatient observation stay might be a post-surgical day care patient who, after a normal recovery period, continues to require hospital observation, and then is released from the hospital.

A visit/encounter type of outpatient (OP) would include all other outpatient services where the patient is not admitted (excluding visits to an emergency department or observation bed).

## ***Data File Format***

Data must be submitted in an asterisk delimiter format with a pipe delimiter separating data elements with more than one reported value.

1. File data elements and field formats are defined in the Record Specification Data Elements table.
2. Field # is the sequential number for the field in the record and is not a field in the data file.
3. Each file must include one header record (Record Type 1) and at least one data record (Record Type 2). Note: For 2023 only, the file must include one header record (Record Type 1) and at least one data record (Record Type 2) with the correct number of delimiters. Record Type 1 must contain the required data elements and be formatted correctly.
4. The record type itself is not a field in the data file.
5. The number of characters for each data element must not exceed the maximum length allowed.
6. A carriage return must be placed at the end of each record.
7. Header record requirements:
   1. The header record is represented as Record Type 1.
   2. Each data element in the header record must be separated by an asterisk (\*).
8. Data record requirements:
   * 1. The data record is represented as Record Type 2.
     2. Each data element in the data record must be separated by an asterisk (\*).
     3. If more than one value is reported for a data element, separate each value with a pipe delimiter (|). The following data elements may include more than one value:
9. Race
10. Granular Ethnicity
11. Sexual Orientation
12. Gender Identity

## ***File Samples***

**Record Type 1:**

1234567\*HOSPITAL NAME\*20230101\*20230331\*654321

**Record Type 2:**

The following sample represents one data record. Each data record must be submitted as one line in the file.

MRN6789\*PLAN ID32467\*CERTNUM02\*SITE123\*LAST NAME\*FIRST NAME\*19850407\*123456789\* 501 ELM DRIVE\*ANY TOWN\*MA\*02233\*US\*\*\*\*\*N\*20230320\*1\*2054-5|2106-3\*20230120\*20230320\*2186-5\*20230120\*20230320\*2058-6|AMER|E-EUR\* 20230120\*20230320\*ENG\*20230120\*20230320\*ENG\*20230120\*20230320\*WELL\*20230120\*20230320\*38628009\*20230120\*20230320\*446151000124109\*20230120\*20230320\*LA32-8\*20230120\*20230320\*LA32-8\*20230120\*20230320\*LA32-8\*20230120\*20230320\*LA32-8\* 20230120\*20230320\*LA32-8\*20230120\*20230320\*LA32-8\*20230120\*20230320\*266919005\*20230320\*68.10\*20230320\*167.64\*20230320\* 120\*20230320\*70\*20230320

## ***File Naming Convention***

In order for CHIA to correctly associate each file with the proper provider, please use the following naming convention for all files:

EHRD\_#######\_MMDDYY\_MMDDYY

* ####### = Provider CHIA Organization ID – do not pad with zeros
* MMDDYY\_MMDDYY = quarter reporting period (Period Starting Date\_ Period Ending Date)

## 

## ***Data Transmission Media Specifications***

Data will be transferred to CHIA via the Internet. In order to do that in a secure manner, CHIA’s file encryption application (FileSecure) must be utilized. Each submitter must first download a copy of FileSecure from the CHIA web site. There is a separate installation guide for installing the FileSecure program. FileSecure will take each submission file and compress, encrypt and rename it in preparation for transmitting to CHIA. The newly created encrypted file shall be transferred to CHIA via its CHIA Submissions website. Providers should contact their CHIA liaison to submit test files. Detailed information on FileSecure and CHIA Submissions will be shared separately.

The edit specifications are incorporated into CHIA's system for receiving and editing incoming data. Edit reports are posted to CHIA Submissions for the provider to download. CHIA recommends that data processing systems incorporate these edits to minimize the potential of unacceptable data reaching CHIA.

# **EHRD Data Record Specification**

## ***Record Specification Data Elements***

The “Edit Specification” column in the following table defines field validation edits that will apply to Measurement Year 1 health equity program. Additional edits for Measurement years 2- 5 will be published at a later date.

The values for Data Code Table 1 through Data Code Table 15 are not case sensitive. You may report upper case, lower case, or a combination of both in these fields.

| **Field #** | **Record Type** | **Data Element Name** | **Type** | **Format / Length** | **Description** | **Edit Specification** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 | Hospital Submitter OrgID | Varchar | Varchar [7] | CHIA assigned organization ID assigned to the hospital submitting the data. | - Must be present  - Must be valid Organization ID as assigned by the Center for Health Information and Analysis |
| 2 | 1 | Hospital Name | Varchar | Char [30] | Name of the Hospital submitting the data. | - Must be present |
| 3 | 1 | Period Starting Date | Integer | Date [8] | Report the starting date of the quarter for which data are being submitted. Format is CCYYMMDD. | - Must be present  - Must be valid date  - Must be the first day of the quarter for which data are being submitted |
| 4 | 1 | Period Ending Date | Integer | Date [8] | Report the ending date of the quarter for which data are being submitted. Format is CCYYMMDD. | - Must be present  - Must be valid date  - Must be later than Starting Date  - Must be the last day of the quarter for which data are being submitted |
| 5 | 1 | Number of Records | Integer | Int [9] | Number of records in file, excluding the Header Record. Must match number of records found in the file. | - Must be present  - Must be equal to the total number of Record Type 2 included in the file |
| 1 | 2 | Medical Record Number | Varchar | Varchar [10] | The unique medical record number assigned to each patient within the hospital that distinguishes the patient and the patient’s hospital record(s) from all others in that institution. | - Must be present |
| 2 | 2 | Health Plan Member ID | Varchar | Varchar [40] | The unique primary health plan / payer member ID for the patient. | - Must be present  - If patient is self-pay, then report “SELFPAY” |
| 3 | 2 | Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID) | Numeric | Varchar [12] | If applicable, the unique MassHealth ID for the patient. | - Must be present if available  - If present, length must be 12  - If present, must be numeric |
| 4 | 2 | Hospital Service Site Reference | Varchar | Varchar [7] | Hospital Organization ID as assigned by the Center for Health Information and Analysis for the site where care was given. | - Must be present if provider is approved to submit multiple campuses in one file  - Must be valid Organization Id as assigned by the Center for Health Information and Analysis |
| 5 | 2 | Patient Last Name | Varchar | Varchar [35] | The last name of the patient. Exclude all punctuation, including hyphens, diacritics and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE | - Must be present |
| 6 | 2 | Patient First Name | Varchar | Varchar [25] | The first name of the patient. Exclude all punctuation, including hyphens, diacritics and apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: Anne-Marie becomes ANNEMARIE | - Must be present |
| 7 | 2 | Patient Date of Birth | Integer | Date [8] | The date of birth of the patient. Format is CCYYMMDD. | - Must be present |
| 8 | 2 | Patient Social Security Number | Numeric | Varchar [9] | The patient's social security number is to be reported as a nine - digit number. If the patient's social security number is not recorded in the patient's record, the social security number shall be reported as "not in patient’s record", by reporting the social security number as "000000001". | - Must be present  - Must be valid social security number  - Must be '000000001' if unknown |
| 9 | 2 | Permanent Patient Street Address | Text | Varchar [30] | The street address of the patient. If the patient homeless indicator is “Y”, this field may be left blank. | - Must be present if Permanent Patient Country is US and homeless indicator is not “Y” |
| 10 | 2 | Permanent Patient City/Town | Text | Varchar [25] | The city/town where the patient resides. This is expected if the patient is a United States citizen or permanent resident. | - Must be present if Permanent Patient Country is US |
| 11 | 2 | Permanent Patient State | Text | Varchar [2] | The US Postal Service code for the state where the patient resides. This is expected if the patient is a United States citizen or permanent resident. | - Must be present if Permanent Patient Country is US  - Must be a valid US postal state code |
| 12 | 2 | Permanent Patient Zip Code | Numeric | Varchar [9] | The US Postal Service zip code which designates the patient's residence. If the patient's residence is outside of the United States, or if the zip code is unknown record 0's. | - Must be present  - Must be numeric  - Must be a valid US postal zip code |
| 13 | 2 | Permanent Patient Country | Text | Varchar [2] | The International Standards Organization (ISO-3166) code for the country where the patient resides. This is their permanent country of residence. | If present, must be a valid International Standards Organization (ISO-3166) 2-digit country code |
| 14 | 2 | Temporary US Patient Street Address | Text | Varchar [30] | The temporary United States street address where the patient resides. |  |
| 15 | 2 | Temporary US Patient City/Town | Text | Varchar [25] | The temporary United States city/town where the patient resides. |  |
| 16 | 2 | Temporary US Patient State | Text | Varchar [2] | The US Postal Service code for the state of the temporary address where the patient resides. | - Must be a valid US postal state code |
| 17 | 2 | Temporary US Patient Zip Code | Numeric | Varchar [9] | The US Postal Service zip code for the temporary address where the patient resides. | If present:  - Must be numeric  - Must be a valid US postal zip code |
| 18 | 2 | Patient Homeless Indicator | Text | Varchar [1] | See Data Code Table 9 for acceptable values. | If present, must be valid |
| 19 | 2 | Date of Service | Integer | Date [8] | The Date of Service (used for ED/OP) or Date of Discharge (used for IP).  Format is CCYYMMDD. | - Must be present  - Must be valid format |
| 20 | 2 | Visit Type | Numeric | Varchar [1] | Code denoting encounter was IP, ED, OO, OP. See Data Code Table 17 for acceptable values. | - Must be present  - Must be valid |
| 21 | 2 | Race | Varchar | Varchar [8] | The patient’s self-reported race. May report up to six values. See Data Code Table 1 for acceptable values. | If present, must be valid  If more than one present, each must be separated by a pipe delimiter |
| 22 | 2 | Race Update Date | Integer | Date [8] | Date patient self-reported Race was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 23 | 2 | Race Verification Date | Integer | Date [8] | Date hospital verified Race with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 24 | 2 | Hispanic Ethnicity | Varchar | Varchar  [8] | The patient’s self-reported Hispanic Ethnicity.  See Data Code Table 2 for acceptable values. | If present, must be valid |
| 25 | 2 | Hispanic Ethnicity Update Date | Integer | Date [8] | Date patient self-reported Hispanic Ethnicity was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 26 | 2 | Hispanic Ethnicity Verification Date | Integer | Date [8] | Date hospital verified Hispanic Ethnicity with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 27 | 2 | Granular Ethnicity | Varchar | Varchar [8] | The patient’s self-reported Granular Ethnicity. May report up to ten values. See Data Code Table 3 for acceptable values. | If present, must be valid  If more than one present, each must be separated by a pipe delimiter |
| 28 | 2 | Granular Ethnicity Update Date | Integer | Date [8] | Date patient self-reported Granular Ethnicity was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 29 | 2 | Granular Ethnicity Verification Date | Integer | Date [8] | Date hospital verified Granular Ethnicity with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 30 | 2 | Written Language | Varchar | Varchar [8] | The patient’s self-reported Written Language. See Data Code Table 4 for acceptable values. | If present, must be valid |
| 31 | 2 | Written Language Update Date | Integer | Date [8] | Date patient self-reported Written Language was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 32 | 2 | Written Language Verification Date | Integer | Date [8] | Date hospital verified Written Language with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 33 | 2 | Spoken Language | Varchar | Varchar  [8] | The patient’s self-reported Spoken Language. See Data Code Table 5 for acceptable values. | If present, must be valid |
| 34 | 2 | Spoken Language Update Date | Integer | Date [8] | Date patient self-reported Spoken Language was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 35 | 2 | Spoken Language Verification Date | Integer | Date [8] | Date hospital verified Spoken Language with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 36 | 2 | English Proficiency | Varchar | Varchar [8] | The patient’s self-reported English Proficiency. See Data Code Table 6 for acceptable values. | If present, must be valid |
| 37 | 2 | English Proficiency Update Date | Integer | Date [8] | Date patient self-reported English Proficiency was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 38 | 2 | English Proficiency Verification Date | Integer | Date [8] | Date hospital verified English Proficiency with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 39 | 2 | Sexual Orientation | Varchar | Varchar [8] | The patient’s self-reported Sexual Orientation. May report up to five values. See Data Code Table 7 for acceptable values. | If present, must be valid  If more than one present, each must be separated by a pipe delimiter |
| 40 | 2 | Sexual Orientation Update Date | Integer | Date [8] | Date patient self-reported Sexual Orientation was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 41 | 2 | Sexual Orientation Verification Date | Integer | Date [8] | Date hospital verified Sexual Orientation with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 42 | 2 | Gender Identity | Varchar | Varchar [15] | The patient’s self-reported Gender Identity. May report up to six values. See Data Code Table 8 for acceptable values. | If present, must be valid  If more than one present, each must be separated by a pipe delimiter |
| 43 | 2 | Gender Identity Update Date | Integer | Date [8] | Date patient self-reported Gender Identity was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 44 | 2 | Gender Identity Verification Date | Integer | Date [8] | Date hospital verified Gender Identity with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 45 | 2 | Disability Question 1: Are you deaf or do you have difficulty hearing? | Varchar | Varchar [8] | See Data Code Table 10 for acceptable values. | If present, must be valid |
| 46 | 2 | Disability Question 1 Update Date | Integer | Date [8] | Date patient self-reported Disability Question 1 was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 47 | 2 | Disability Question 1 Verification Date | Integer | Date [8] | Date hospital verified Disability Question 1 with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 48 | 2 | Disability Question 2: Are you blind or do you have difficulty seeing? | Varchar | Varchar [8] | See Data Code Table 11 for acceptable values. | If present, must be valid |
| 49 | 2 | Disability Question 2 Update Date | Integer | Date [8] | Date patient self-reported Disability Question 2 was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 50 | 2 | Disability Question 2 Verification Date | Integer | Date [8] | Date hospital verified Disability Question 2 with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 51 | 2 | Disability Question 3: Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | Varchar | Varchar [8] | See Data Code Table 12 for acceptable values. | If present, must be valid |
| 52 | 2 | Disability Question 3 Update Date | Integer | Date [8] | Date patient self-reported Disability Question 3 was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 53 | 2 | Disability Question 3 Verification Date | Integer | Date [8] | Date hospital verified Disability Question 3 with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 54 | 2 | Disability Question 4: Do you have difficulty walking or climbing stairs? | Varchar | Varchar [8] | See Data Code Table 13 for acceptable values. | If present, must be valid |
| 55 | 2 | Disability Question 4 Update Date | Integer | Date [8] | Date patient self-reported Disability Question 4 was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 56 | 2 | Disability Question 4 Verification Date | Integer | Date [8] | Date hospital verified Disability Question 4 with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 57 | 2 | Disability Question 5: Do you have difficulty dressing or bathing? | Varchar | Varchar [8] | See Data Code Table 14 for acceptable values. | If present, must be valid |
| 58 | 2 | Disability Question 5 Update Date | Integer | Date [8] | Date patient self-reported Disability Question 5 was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 59 | 2 | Disability Question 5 Verification Date | Integer | Date [8] | Date hospital verified Disability Question 5 with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 60 | 2 | Disability Question 6: Because of a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping? | Varchar | Varchar [8] | See Data Code Table 15 for acceptable values. | If present, must be valid |
| 61 | 2 | Disability Question 6 Update Date | Integer | Date [8] | Date patient self-reported Disability Question 6 was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 62 | 2 | Disability Question 6 Verification Date | Integer | Date [8] | Date hospital verified Disability Question 6 with the patient.  Format is CCYYMMDD. | If present, must be valid format |
| 63 | 2 | Smoking Status | Numeric | Varchar  [15] | Last smoking status at time of encounter or inpatient date of discharge. See Data Code Table 16 for acceptable values. | If present, must be valid |
| 64 | 2 | Smoking Status Update Date | Integer | Date [8] | Date patient Smoking Status was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 65 | 2 | Body Weight | Numeric | Numeric  [10] | Last weight collected at time of encounter or inpatient date of discharge. Report as kilograms, numeric values only. Up to two decimal places. | If present, must be valid format |
| 66 | 2 | Body Weight Update Date | Integer | Date [8] | Date patient Body Weight was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 67 | 2 | Body Height | Numeric | Numeric [6] | Last height collected at time of encounter or inpatient date of discharge. Report as centimeters, numeric values only. Up to two decimal places. | If present, must be valid format |
| 68 | 2 | Body Height Update Date | Integer | Date [8] | Date patient Body Height was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 69 | 2 | Systolic Blood Pressure | Integer | Numeric  [3] | Last value collected at time of encounter or inpatient date of discharge. Report as mmHg**,** numeric values only. | If present, must be numeric |
| 70 | 2 | Systolic Blood Pressure Update Date | Integer | Date [8] | Date patient Systolic Blood Pressure was updated.  Format is CCYYMMDD. | If present, must be valid format |
| 71 | 2 | Diastolic Blood Pressure | Integer | Numeric  [3] | Last value collected at time of encounter or inpatient date of discharge. Report as mmHg, numeric values only. | If present, must be numeric |
| 72 | 2 | Diastolic Blood Pressure Update Date | Integer | Date [8] | Date patient Diastolic Blood Pressure was updated.  Format is CCYYMMDD. | If present, must be valid format |

# **Data Code Tables**

## **Table 1: Race**

| **RACE** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| American Indian/Alaska Native | 1002-5 |
| Asian | 2028-9 |
| Black/African American | 2054-5 |
| Native Hawaiian or other Pacific Islander | 2076-8 |
| White | 2106-3 |
| Other Race | OTH |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 2: Hispanic Ethnicity**

| **HISPANIC ETHNICITY** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Hispanic | 2135-2 |
| Not Hispanic | 2186-5 |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 3: Granular Ethnicity**

**Utilize full list of USCDI standard codes, per Center for Disease Control, and those listed below:** [**http://www.cdc.gov/nchs/data/dvs/Race\_Ethnicity\_CodeSet.pdf**](http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf)

| **GRANULAR ETHNICITY** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| American | AMER |
| Brazilian | BRAZ |
| Canadian | CANADA |
| Cape Verdean | CAPE-V |
| Caribbean Islander | CARIB |
| Eastern European | E-EUR |
| Portuguese | PORT |
| Russian | RUSSN |
| Unknown | UNK |
| Other | OTH |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## 

## **Table 4: Written Language**

| **WRITTEN LANGUAGE** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Arabic | ARA |
| Chinese | CHI |
| English | ENG |
| French | FRE |
| Haitian | HAT |
| Portuguese | POR |
| Russian | RUS |
| Spanish | SPA |
| Vietnamese | VIE |
| Other | OTH |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 5: Spoken Language**

| **SPOKEN LANGUAGE** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Arabic | ARA |
| Cape Verdean Creole | CAPE V |
| Chinese | CHI |
| Chinese - Cantonese | YUE |
| Chinese - Mandarin | CMN |
| English | ENG |
| French | FRE |
| Haitian | HAT |
| Portuguese | POR |
| Russian | RUS |
| Sign Language, such as ASL | SGN |
| Spanish | SPA |
| Vietnamese | VIE |
| Other | OTH |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 6: English Proficiency**

| **ENGLISH PROFICIENCY** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Very well | VERWELL |
| Well | WELL |
| Not well | NOTWELL |
| Not at all | NOTALL |
| Don’t know | DONTKNOW |
| Unknown | UNK |
| Choose not to answer | ASKU |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 7: Sexual Orientation**

| **SEXUAL ORIENTATION** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Straight or heterosexual | 20430005 |
| Lesbian or gay | 38628009 |
| Bisexual | 42035005 |
| Queer, pansexual, and/or questioning | QUEER |
| Something else | OTH |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 8: Gender Identity**

| **GENDER IDENTITY** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Male | 446151000124109 |
| Female | 446141000124107 |
| Transgender man/trans man | 407376001 |
| Transgender woman/trans woman | 407377005 |
| Genderqueer/gender nonconforming/non-binary, neither exclusively male nor female | 446131000124102 |
| Additional gender category or other | OTH |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 9: Patient Homeless Indicator**

| **PATIENT HOMELESS INDICATOR** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Patient is known to be homeless. | Y |
| Patient is not known to be homeless. | N |

## **Table 10: Disability Status Question 1**

| **Disability Q1 (all ages): Are you deaf or do you have difficulty hearing?** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Yes | LA33-6 |
| No | LA32-8 |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## 

## **Table 11: Disability Status Question 2**

| **Disability Q2 (all ages): Are you blind or do you have difficulty seeing?** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Yes | LA33-6 |
| No | LA32-8 |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## 

## **Table 12: Disability Status Question 3**

| **Disability Q3 (age 5 or older): Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Yes | LA33-6 |
| No | LA32-8 |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 13: Disability Status Question 4**

| **Disability Q4 (age 5 or older): Do you have difficulty walking or climbing stairs?** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Yes | LA33-6 |
| No | LA32-8 |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 14: Disability Status Question 5**

| **Disability Q5 (age 5 or older): Do you have difficulty dressing or bathing?** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Yes | LA33-6 |
| No | LA32-8 |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond patient | UTC |

## 

## **Table 15: Disability Status Question 6**

| **Disability Q6 (age 15 or older): Because of a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping?** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Yes | LA33-6 |
| No | LA32-8 |
| Don’t know | DONTKNOW |
| Choose not to answer | ASKU |
| Unknown | UNK |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC |

## **Table 16: Smoking Status**

| **SMOKING STATUS** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Current every day smoker | 449868002 |
| Current some day smoker | 428041000124106 |
| Former smoker | 8517006 |
| Never smoker | 266919005 |
| Smoker, current status unknown | 77176002 |
| Unknown if ever smoked | 266927001 |
| Heavy tobacco smoker | 428071000124103 |
| Light tobacco smoker | 428061000124105 |

## **Table 17: Visit Type**

| **VISIT TYPE** | |
| --- | --- |
| **DESCRIPTION** | **VALID CODES** |
| Emergency Department (ED) | 1 |
| Inpatient (IP) | 2 |
| Outpatient (OP) | 3 |
| Outpatient Observation Bed (OO) | 4 |

# **Data Code Definitions**

The following definitions apply to codes provided for Race, Hispanic Ethnicity, Granular Ethnicity, Written Language, Spoken Language, English Proficiency, Sexual Orientation, Gender Identity and Disability Status Questions 1-6.

| **Description** | **Code** | **Definition** |
| --- | --- | --- |
| Choose not to answer | ASKU | Patient was asked to provide an answer, and the patient actively selected or indicated that they “choose not to answer.” |
| Don’t know | DONTKNOW | Patient was asked to provide an answer, and the patient actively selected or indicated that they did not know the answer. |
| Unable to collect this information on patient due to lack of clinical capacity of patient to respond | UTC | Unable to collect this information on patient due to lack of clinical capacity of patient to respond. (e.g., clinical condition that alters consciousness) |
| Unknown | UNK | The response of the patient is unknown since either:  (a) the patient was not asked to provide a response, or  (b) the patient was asked to provide a response, and a response was not given. Note that a patient actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK. |

# **Reporting Date Definitions**

|  |  |
| --- | --- |
| **Description** | **Definition** |
| <Data Element> Update Date | Date patient self-reported an update to the RELD SOGI (Race/Ethnicity/Language/etc.) data elements(s) or provider updated the patients’ health risk factors (Smoking Status/height/etc.) |
| <Data Element> Verification Date | Date hospital verified the information in the required RELD SOGI data field(s) with the patient (whether there was an update, or patient verified verbally or in writing there was no change. A non-response does not signify verification that there was no change) |

# **EHRD Data Quality Check**

1. The submitted data will be edited for compliance with the edit specifications set forth in the EHRD Data Record Specification.
2. All errors will be recorded for each EHRD record.
3. An EHRD record will fail if an invalid value is submitted.
4. An entire file will fail if a required field on Record Type 1 is either not submitted, or invalid. A required field is one where Edit Specification = Must be Present and/or Must be Valid.
5. Acceptance of data files under the edit check procedures shall not be deemed acceptance of the factual accuracy of the data contained therein.

# **Submittal Schedule**

Files must be submitted quarterly to the CHIA according to the following schedule:

| **Quarter** | **Quarter Begin & End Dates** | **Due Date for Data File: 30 days following the end of the reporting period** |
| --- | --- | --- |
| 1 | 10/1 – 12/31 | 1/31 |
| 2 | 1/1 – 3/31 | 4/30 |
| 3 | 4/1 – 6/30 | 7/31 |
| 4 | 7/1 – 9/30 | 10/31 |