

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.

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Outpatient (OP) refers to visits to a hospital or hospital licensed satellite clinic 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:
 - a. The header record is represented as Record Type 1.
 - b. Each data element in the header record must be separated by an asterisk (*).
8. Data record requirements:
 - a. The data record is represented as Record Type 2.
 - b. Each data element in the data record must be separated by an asterisk (*).

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- c. 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:
- i. Race
 - ii. Granular Ethnicity
 - iii. Sexual Orientation
 - iv. 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*446151
000124109*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

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
3	1	Period Starting Date	Integer	Date [8]	Report the starting date of the quarter for which data are being submitted. Format is CCYYMMDD.	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - Must be present
2	2	Health Plan Member ID	Varchar	Varchar [40]	The unique primary health plan / payer member ID for the patient.	<ul style="list-style-type: none"> - Must be present - If patient is self-pay, then report "SELPAY"
3	2	Medicaid Claim Certificate Number (New MMIS ID/ Medicaid ID)	Numeric	Varchar [12]	If applicable, the unique MassHealth ID for the patient.	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Must be present

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
					apostrophes. Name should be contracted where punctuation is removed, do not report spaces. EXAMPLE: O'Brien becomes OBRIEN; Carlton-Smythe becomes CARLTONSMYTHE	
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

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
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

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
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

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
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

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
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	Varchar	Varchar [8]	See Data Code Table 12 for acceptable values.	If present, must be valid

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
		condition, do you have serious difficulty concentrating, remembering, or making decisions?				
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	Varchar	Varchar [8]	See Data Code Table 15 for acceptable values.	If present, must be valid

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
		such as visiting a doctor's office or shopping?				
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	If present, must be numeric

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification
					discharge. Report as mmHg, numeric values only.	
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

HISPANIC ETHNICITY	
DESCRIPTION	VALID CODES
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

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

GRANULAR ETHNICITY	
DESCRIPTION	VALID CODES
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

WRITTEN LANGUAGE	
DESCRIPTION	VALID CODES
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

SPOKEN LANGUAGE	
DESCRIPTION	VALID CODES
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

GENDER IDENTITY	
DESCRIPTION	VALID CODES
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

Disability Q1 (all ages): Are you deaf or do you have difficulty hearing?	
DESCRIPTION	VALID CODES
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

Disability Q4 (age 5 or older): Do you have difficulty walking or climbing stairs?	
DESCRIPTION	VALID CODES
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

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
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