Electronic Health Record Dataset (EHRD)

Data Collection File

File Submission Guide

Calendar Year 2024

Effective October 1, 2024

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Contents

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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.

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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 health equity program at this time.

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). Record Type 1 must contain the required data elements and be formatted correctly. Starting in 2024 the file must contain one data record for every inpatient (IP), emergency department (ED) visit and outpatient observation (OO) bed stay to an acute care hospital within the reporting quarter.
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, including the final record in the file.
7. Header record requirements:

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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 (*).
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****38628009*20230120*20230320*446151000124109*20230120*20 230320*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)
- Text files need to have the file extension ".txt" in lowercase

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.

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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. Error Type Category has been added for Measurement Year 2 (refer to EHRD Data Quality Standards). 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	Error Type Category
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	A
2	1	Hospital Name	Varchar	Char [100]	Name of the Hospital submitting the data.	- Must be present	A
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	A
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	A
5	1	Number of Records	Integer	Int [9]	Number of records in file, excluding the	- Must be present	A

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
					Header Record. Must match number of records found in the file.	- Must be equal to the total number of Record Type 2 included in the file	
1	2	Medical Record Number	Varchar	Varchar [25]	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	A
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"	A
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 - If present, must not start with zero.	A
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	A
5	2	Patient Last Name	Varchar	Varchar [35]	The last name of the patient. Exclude all punctuation, including	- Must be present	A

Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
					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		
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	A
7	2	Patient Date of Birth	Integer	Date [8]	The date of birth of the patient. Format is CCYYMMDD.	- Must be present - Cannot be after Date of Service	A
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	- Must be present - Must be valid social security number - Must be '000000001' if unknown	B

Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
					patient's record", by reporting the social security number as "000000001".		
9	2	Permanent Patient Street Address	Text	Varchar [100]	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"	B
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	B
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	B
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 -Must not contain a hyphen	B
13	2	Permanent Patient Country	Text	Varchar [2]	The International Standards Organization	If present, must be a valid International Standards	B

Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
					(ISO-3166) code for the country where the patient resides. This is their permanent country of residence.	Organization (ISO-3166) 2-digit country code	
14	2	Temporary US Patient Street Address	Text	Varchar [100]	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	B
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 -Must not contain a hyphen	B
18	2	Patient Homeless Indicator	Text	Varchar [8]	See Data Code Table 9 for acceptable values.	If present, must be valid	B
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 - Must be within the submission quarter dates	A
20	2	Visit Type	Numeric	Varchar [1]	Code denoting encounter was IP, ED, OO, OP. See Data Code	- Must be present - Must be valid	A

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
					Table 17 for acceptable values.		
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	A
22	2	Race Update Date	Integer	Date [8]	Date patient self-reported Race was updated. Format is CCYYMMDD.	If present, must be valid format	A
23	2	Race Verification Date	Integer	Date [8]	Date hospital verified Race with the patient. Format is CCYYMMDD.	If present, must be valid format	A
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	A
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	A
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	A
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	A

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
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	A
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	A
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	NOTE
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	NOTE
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	NOTE
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	NOTE
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	NOTE
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	NOTE

Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
36	2	English Proficiency	Varchar	Varchar [8]	The patient's self-reported English Proficiency. See Data Code Table 6 for acceptable values.	This field is expected to be blank.	NOTE
37	2	English Proficiency Update Date	Integer	Date [8]	Date patient self-reported English Proficiency was updated. Format is CCYYMMDD.	This field is expected to be blank.	NOTE
38	2	English Proficiency Verification Date	Integer	Date [8]	Date hospital verified English Proficiency with the patient. Format is CCYYMMDD.	This field is expected to be blank.	NOTE
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	A
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	A
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	A
42	2	Gender Identity	Varchar	Varchar [15]	The patient's self-reported Gender Identity. May report up to six values. See Data	- If present, must be valid - If more than one present, each must be separated by a pipe delimiter	A

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Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
					Code Table 8 for acceptable values.		
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	A
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	A
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	A
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	A
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	A
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	A
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	A

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

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

Field #	Record Type	Data Element Name	Type	Format / Length	Description	Edit Specification	Error Type Category
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	A
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	NOTE
64	2	Smoking Status Update Date	Integer	Date [8]	Date patient Smoking Status was updated. Format is CCYYMMDD.	If present, must be valid format	NOTE
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	NOTE
66	2	Body Weight Update Date	Integer	Date [8]	Date patient Body Weight was updated. Format is CCYYMMDD.	If present, must be valid format	NOTE
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	NOTE
68	2	Body Height Update Date	Integer	Date [8]	Date patient Body Height was updated. Format is CCYYMMDD.	If present, must be valid format	NOTE

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

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

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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

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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
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

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Table 4: Written Language

Acceptable Written Language codes are detailed in *EHRD Language and English Proficiency Codes* which is available on CHIA's website: **Information for Data Submitters: Acute Hospital EHRD Dataset (chiamass.gov)**

Table 5: Spoken Language

Acceptable Spoken Language codes are detailed in *EHRD Language and English Proficiency Codes* which is available on CHIA's website: **Information for Data Submitters: Acute Hospital EHRD Dataset (chiamass.gov)**

Table 6: English Proficiency

Acceptable English Proficiency codes are detailed in *EHRD Language and English Proficiency Codes* which is available on CHIA's website: **Information for Data Submitters: Acute Hospital EHRD Dataset (chiamass.gov)**

This field is expected to be blank.

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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
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 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

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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

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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	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

Deleted: February

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)

Deleted: February

EHRD Data Quality Standards

(1) The data will be edited for compliance with the edit specifications set forth in the EHRD Data Record Specifications. The standards to be employed for rejecting data submissions from hospitals will be based upon the presence of errors in data elements categorized as A or B errors in the Error Type Category column of the Record Table Specifications above.

(2) All errors will be recorded for each patient discharge/visit. A patient discharge/visit will be rejected under the following conditions:

(a) Presence of one or more errors for Category A elements.

(b) Presence of two or more errors for Category B elements.

(3) An entire file will be rejected and returned to submitter if:

(a) Any Category A elements of Header Record (Record Type 1) are in error or

(b) if 1% or more of discharges/visits are rejected.

(4) 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

Deleted: February