



Referral Registration Electronic Data Submission

2026 Birth Year

Table of Contents

WHAT IS ELECTRONIC DATA SUBMISSION (EDS)?	2
BENEFITS OF EDS PARTICIPATION	2
CAVEATS AND CONSIDERATIONS	2
HOW TO PARTICIPATE IN EDS.....	4
EDS DATA CHANGES	4
RACE AND ETHNICITY	4
IMPORTANT TERMS.....	5
FILES (OR DATA FILES).....	5
DATA FIELDS	5
RECORDS	5
FILE CONTENTS.....	5
SUMMARY OF EDS PROCEDURES FOR 2026.....	9
WHAT TO EXPECT	9
SUBMITTING EDS FILES.....	9
COMMON FILE RECORD ISSUES	10
TRACKING FIELDS OF THE EDS SPECIFICATIONS.....	10
RECORD KEYS.....	10
Row ID	10
Submit Type	10
HRIF Clinic ID.....	10
APPENDICES.....	11
APPENDIX A. HRIF REFERRAL REGISTRATION EDS SPECIFICATIONS	11

What is Electronic Data Submission (EDS)?

Benefits of EDS Participation

The Referral Registration (RR) Electronic Data Submission (EDS) is an optional method for submitting HRIF data to CPQCC. Instead of entering an infant's referral/registration record one at a time through the HRIF Reporting System, CCS NICU Centers and HRIF Clinics can submit many records at once in a comma separated values (.csv) file, saving time and effort. Extracting the data from the center's electronic medical record (EMR) removes the requirement for abstracting that information out by hand, which makes the whole process much more efficient.

Caveats and Considerations

CCS NICU Centers and HRIF Clinics that elect to participate in EDS are those that have set up database queries or other types of programs to extract data from their EMR into electronic files in the CPQCC HRIF format, the specifications for which are in this manual.

Each participating center must build a system that is compatible with their own resources. It is very important that the system produces output files that meet CPQCC HRIF requirements for both data submissions and for documentation of the eligibility and enrollment status of individual infants.

An infant would meet HRIF eligibility:

Age Criteria: A neonate, infant or child is eligible for the HRIF Program from birth up to three years of age.

Residential Eligibility: The county CCS Program is responsible for determining whether the parent or legal guardian of a HRIF Program applicant is a resident of the county per CCS Program policy.

Financial Eligibility: Financial eligibility determination is not required for HRIF Program services as the HRIF Program provides diagnostic services only. While financial eligibility is not required, insurance information shall be obtained. See page 14, for information on authorization of HRIF services and other health coverage.

Medical Eligibility: A neonate, infant or child shall be medically eligible for the HRIF Program when the infant:

- A. Met CCS Program medical eligibility criteria for NICU care, in a CCS Program-approved NICU regardless of length of stay (per Numbered Letter [N.L.] 05-0502, Medical Eligibility in a CCS Program-approved NICU, or the most current N.L.). NOTE: Medical eligibility includes neonates who require direct admit to a CCS Program-approved PICU, who are never admitted to a CCS Program-approved NICU, but who otherwise meet all medical eligibility criteria for HRIF services in this section.

OR

- B. Had a CCS Program-eligible medical condition in a CCS Program-approved NICU regardless of length of stay, even if they were never CCS Program clients during their stay (per California Code of Regulations, Title 22 Section 41515.1 through 41518.9, CCS Program Medical Eligibility Regulations).

AND

- C. The birth weight was less than or equal to 1500 grams or the gestational age at birth was less than 32 weeks.

OR

- D. The birth weight was more than 1500 grams and the gestational age at birth was 32 weeks or more and one of the following documented criteria was met during the NICU stay:
1. pH less than 7.0 on an umbilical cord blood sample or a blood gas obtained within one hour of life) or an Apgar score of less than or equal to three at five minutes or an Apgar score of less than 5 at 10 minutes.
 2. An unstable infant manifested by hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.
 3. Persistent apnea which required caffeine or other stimulant medication for the treatment of apnea at discharge.
 4. Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease.
 5. Infants placed on extracorporeal membrane oxygenation (ECMO).
 6. Infants who received inhaled nitric oxide greater than four hours, and/or treatment during hospitalization with sildenafil or other pulmonary vasodilatory medications for pulmonary hypertension.
 7. Congenital heart disease (CHD) requiring surgery or minimally invasive intervention.
 8. History of observed clinical or electroencephalographic (EEG) seizure activity or receiving antiepileptic medication(s) at time of discharge.
 9. Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), white matter injury including periventricular leukomalacia, cerebral thrombosis, cerebral infarction or stroke, congenital structural central nervous system (CNS) abnormality or other CNS problems associated with adverse neurologic outcome.
 10. Clinical history and/or physical exam findings consistent with neonatal encephalopathy.
 11. Other documented problems that could result in a neurologic abnormality, such as:
 - a. History of CNS infection.
 - b. Documented sepsis.

- c. Bilirubin at excessive levels concerning for brain injury as determined by NICU medical staff.
- d. History of cardiovascular instability as determined by NICU medical staff due to sepsis, congenital heart disease, patent ductus arteriosus (PDA), necrotizing enterocolitis, other documented conditions.

Reference the CCS HRIF Medical Eligibility Criteria available on [CPQCC HRIF Data Resources](#) website.

An experienced programmer or software developer is an integral part of the data collection team for any center interested in participating in EDS. Only centers with programming staff available for building and testing data extraction procedures are encouraged to participate in EDS.

How to Participate in EDS

Centers who are interested in participating in EDS must read these instructions and assess their resources. If your center has the appropriate resources (at minimum, a programmer or developer available to build a system capable of producing HRIF-standard files based on data extracted from the EMR), we will be happy to facilitate your participation. Centers will not be able to submit through EDS unless they have been approved by the HRIF Support team. Please submit a [Help Desk](#) ticket to discuss your center's capacities and to make specific plans for submitting 2026 data via EDS.

EDS Data Changes

Race and Ethnicity

The following data items are no longer required in the csv upload file:

Infant Data Items	Birth Mother Data Items
INFANT_ETHNICITY_REFID	MOTHER_ETHNICITY_REFID
INFANT_RACE_CAT_REFID	MOTHER_RACE_CAT_REFID
INFANT_RACE_REFID	MOTHER_RACE_REFID

Important Terms

Files (or Data Files)

Files must be sent as comma-separated value (.csv) file only.

Data Fields

A data field contains a single piece of information about each unique referral being submitted to the HRIF database. The [HRIF RR EDS Specifications](#) defines the ranges and coding rules for each data field.

NOTE: Each file must contain records from one birth year only. For example: Infants born in 2025 should not be included in a file with infants born in 2026.

Records

Each unique referral/registration reported in your data constitutes a record. A record is made up of the component fields.

File Contents

The first row of data must contain the field names for every file submitted. The field names and their order are listed below and available in the **2026 HRIF RR EDS Skeleton File** at <https://www.cpqcc.org/follow/hrif-data-resources>.

	ORDER	FIELD NAMES
REQUIRED FIELDS - must be a unique value.	1	ROW_ID
REQUIRED FIELDS - must have a value to upload the file.	2	SUBMIT_TYPE
	3	HRIF_CLINIC_ID
	4	CPQCC_HCAI
	5	NICU_RECORD_ID
	6	NOT_CPQCC_ELIGIBLE
	7	DATE_OF_BIRTH
	8	BIRTH_HOSP_ID
	9	BIRTH_WEIGHT
	10	GESTATIONAL_AGE_WEEKS

	ORDER	FIELD NAMES
REQUIRED FIELDS - must have a value to upload the file. REQUIRED SECTION - At least <u>one</u> value MUST be TRUE for INFANT_RACEETH and MOTHER_RACEETH to upload the file.	11	GESTATIONAL_AGE_DAYS
	12	SINGLETON_MULTIPLE_REFID
	13	INFANT_SEX_REFID
	14	INFANT_RACEETH_AMIND
	15	INFANT_RACEETH_ASIAN
	16	INFANT_RACEETH_BLACK
	17	INFANT_RACEETH_NATHAWPI
	18	INFANT_RACEETH_MIDEAST
	19	INFANT_RACEETH_HISPANIC
	20	INFANT_RACEETH_WHITE
	21	INFANT_RACEETH_OTHER
	22	INFANT_RACEETH_UNKNOWN
	23	INFANT_RACEETH_DECLINED
	24	DISCHARGE_NICU_ID
	25	DATE_OF_DISCHARGE
	26	STILL_IN_HOSPITAL
	27	MOTHER_DATE_OF_BIRTH
	28	MOTHER_DATE_OF_BIRTH_UNKNOWN
	29	MOTHER_RACEETH_AMIND
	30	MOTHER_RACEETH_ASIAN
	31	MOTHER_RACEETH_BLACK
	32	MOTHER_RACEETH_NATHAWPI
	33	MOTHER_RACEETH_MIDEAST
	34	MOTHER_RACEETH_HISPANIC
	35	MOTHER_RACEETH_WHITE
	36	MOTHER_RACEETH_OTHER
	37	MOTHER_RACEETH_UNKNOWN
	38	MOTHER_RACEETH_DECLINED
	39	CAREGIVER_LANG_HOME_REFID
	40	CAREGIVER_LANG_HOME_OTHER
REQUIRED SECTION - At least <u>one</u> value MUST be TRUE for INSURANCE (INS) and MEDICAL ELIGIBILITY CRITERIA PROFILE (MEP) to upload the file.	41	INS_CCS
	42	INS_COMMERCIAL_HMO
	43	INS_COMMERCIAL_PPO
	44	INS_MEDICAL
	45	INS_POINTOFSERVICE_EPO
	46	INS_NO_INSURANCE

	ORDER	FIELD NAMES
REQUIRED SECTION - At least one value MUST be TRUE for INSURANCE (INS) and MEDICAL ELIGIBILITY CRITERIA PROFILE (MEP) to upload the file.	47	INS_OTHER
	48	INS_UNKNOWN
	49	MEP_PERSISTENT_APNEA
	50	MEP_DOCU_SEIZURE_ACTIVITY
	51	MEP_OXYGEN_GT_28
	52	MEP_NEONATAL_ENCEPHALOPATHY
	53	MEP_PPHN_INO_GT_4
	54	MEP_ECMO
	55	MEP_CHD
	56	REFERRING_CARDIAC_CENTER_ID
	57	MEP_CHD_NORWOOD_REFID
	58	MEP_APGAR_SCORE_LT_3
	59	MEP_APGAR_SCORE_LT_5
	60	MEP_UMBILICAL_BLOOD_PH_LT_7
	61	MEP_BLOOD_GAS_PH_LT_7
	62	MEP_PROLONGED_HYPOXIA
	63	MEP_PROLONGED_ACIDEMIA
	64	MEP_PROLONGED_HYPOGLYCEMIA
	65	MEP_HYPOTEN_REQ_PRESSOR
	66	MEP_INTRACRANIAL_HEMORRHAGE
	67	MEP_PVL
	68	MEP_CEREBRAL_THROMBOSIS
	69	MEP_CEREBRAL_INFARCTION
	70	MEP_CNS_ABNORMALITY
	71	MEP_OTHER_INTRA_ADVERSE_NEURO
	72	MEP_CNS_INFECTION
	73	MEP_DOCUMENTED_SEPSIS
	74	MEP_BILIRUBIN
	75	MEP_CARDIOVASCULAR_INSTABILITY
	76	MEP_HIE
	77	MEP_OTHER_RESULT_NEURO_ABNOR
	78	MEP_OTHER_RESULT_NEURO_DETAIL

	ORDER	FIELD NAMES
FIELD VALUES NEEDED - to complete and close the RR form	79	CAREGIVER_REFID
	80	CAREGIVER_ZIP
	81	PS_FACILITY_ZIP
	82	CAREGIVER_EDU_REFID
	83	CAREGIVER_EMPLOY_REFID
OPTIONAL FIELDS - Important to the HRIF Clinics for case management.	84	REFERRING_CCS_NICU_ID
	85	CAREGIVER_LANG_HOME_SEC_REFID
	86	CAREGIVER_LANG_HOME_SEC_OTHER
	87	CCS_NUM

Summary of EDS Procedures for 2026

What to Expect

As explained above, for successful EDS, it is important to closely follow the rules about file format, field names and contents.

IMPORTANT NOTE: Records with birth weight ≤ 1500 or gestational age < 32 weeks will automatically meet the requirement for the Medical Eligibility Profile (MEP) section. If the **only** qualifying MEP criteria is the birth weight or gestational age, then a “True” value is **not required** in MEP section to upload the .csv file.

Submitting EDS Files

1. Log in to the HRIF Reporting System at www.ccsHRIF.org.
2. Select **EDS Upload**, located under the user icon in the purple header
3. Click the **Browse/Choose File** button and choose your EDS csv. file from your system
4. Click the **Upload File** button - A table will display the following information for each record. **NOTE:** All records must be submitted before uploading additional files.
 - a. Row ID
 - b. NICU HCAI Code - NICU Record ID
 - c. DOB
 - d. Sex
 - e. Birth Hospital
 - f. HRIF Clinic
 - g. Issues
 - h. Submit
 - i. Action
5. If there are **Issues** identified, click the **Action - Review** button to make corrections.
6. If the record is a duplicate or uploaded by mistake, click the **Action – Delete** button to remove the record from the table.
7. The system will automatically check the **Submit** checkbox, for records without issues. **NOTE:** Only records with the Submit box checked will be uploaded and saved to the system.
8. Click the **Submit Records** button to successfully upload the records to the database.
 - a. All submitted records will be assigned a unique HRIF ID #
 - b. Referral records will be sent to the HRIF Clinic pending acceptance
9. Uploaded records can be viewed in the **Pending Cases – EDS Records Uploaded Within Last 6 Months** table.

Common File Record Issues

Here are some of the more common errors that you may see, and how to correct them. The EDS error check function issues errors for any of the following conditions:

1. Incorrect extension (extension is not .csv). Check to make sure that the file is saved in the correct (.csv) extension before trying to upload the file in the HRIF Reporting System.
2. Data required fields are not present or not in the correct order in submitted data. Refer to the **HRIF Referral Registration EDS Skeleton** available at <https://www.cpqcc.org/follow/hrif-data-resources>.
3. The data fields values are not coded correctly (see [HRIF Referral Registration EDS Specifications](#)).
4. The Row Identification Number (ID) is not unique (see Row ID definition below).

Tracking Fields of the EDS Specifications

Record Keys

Row ID

Each infant record in the EDS file must have a unique Row Identification Number (ID). No two infant records in the file can have the same Row ID. For example, if there are 10 infant records the first record's Row ID can be coded as 1 and the following records in numerical order to 10.

Submit Type

This data field must be coded as **REFERRAL**, **REGISTRATION**, or **CARDIAC**. This field is used to distinguish the permissions for user access in the HRIF Reporting System.

- **REFERRAL** - You have Referral user access, and the infant/child was discharged to home by your NICU and will be referred to a HRIF Clinic.
- **REGISTRATION** - You have Data user access, and the infant/child was discharged to home by your NICU and will receive follow up services at your HRIF Clinic.
- **CARDIAC** - You have Cardiac user access, and the infant/child was discharged to home by your Cardiac Center and will be referred to a HRIF Clinic.

HRIF Clinic ID

This data field must contain the 6-digit HCAI Facility ID of the HRIF clinic center where the patient will be receiving follow-up services (see [2026 CPQCC HCAI Location NICU+HRIF](#))

Appendices

Appendix A. HRIF Referral Registration EDS Specifications

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
REQUIRED FIELDS - MUST be a unique value.	ROW_ID	Not on the RR form	Required	NUMERIC	{1 - 9999}	
REQUIRED FIELDS - MUST have a value to upload the file.	SUBMIT_TYPE	Not on the RR form	Required	CHARACTER	REFERRAL; REGISTRATION; CARDIAC	
REQUIRED SECTION - At least <u>one</u> value MUST be TRUE for INFANT_RACEETH and MOTHER_RACEETH to upload the file.	HRIF_CLINIC_ID	Not on the RR form. It is available on the electronic data entry form for capturing HRIF clinic ID	Required	NUMERIC	6-digits (HCAI ID)	
	CPQCC_HCAI	CPQCC Reference (HCAI Facility Code)	Required	NUMERIC	6-digits (HCAI ID)	
	NICU_RECORD_ID	CPQCC Reference (CPQCC Patient ID Number)	Required	NUMERIC	5-digits {00000 - 99999}	
	NOT_CPQCC_ELIGIBLE	Infant NOT CPQCC Eligible	Required	CHARACTER	True/False	
	DATE_OF_BIRTH	Date of Birth	Required	NUMERIC	MM-DD-YYYY	
	BIRTH_HOSP_ID	Birth Hospital	Required	NUMERIC	6-digits (HCAI ID)	
	BIRTH_WEIGHT	Birth Weight	Required	NUMERIC	{300 - 7000}	
	GESTATIONAL_AGE_WEEKS	Gestational Age (Weeks)	Required	NUMERIC	{22 - 50}	
	GESTATIONAL_AGE_DAYS	Gestational Age (Days)	Required	NUMERIC	{0 - 6}	
	SINGLETON_MULTIPLE_REFID	Singleton/Multiple	Required	NUMERIC	{63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 169}	63 = Unknown; 64 = 2A; 65 = 2B; 66 = 3A; 67 = 3B; 68 = 3C; 69 = 4A; 70 = 4B; 71 = 4C; 72 = 4D; 73 = 5A; 74 = 5B; 75 = 5C; 76 = 5D; 77 = 5E; 169 = Single
	INFANT_SEX_REFID	Infant's Sex	Required	NUMERIC	{78, 79, 80, 92}	78 = Unknown; 79 = Female; 80 = Male; 92 = Undetermined

	INFANT_RACETH_AMIND	Infant's Race/Ethnicity - American Indian or Alaskan Native	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_ASIAN	Infant's Race/Ethnicity - Asian	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_BLACK	Infant's Race/Ethnicity - Black	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_NATHAWPI	Infant's Race/Ethnicity - Native Hawaiian or Pacific Islander	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_MIDEAST	Infant's Race/Ethnicity - Middle Easterin or North African	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_HISPANIC	Infant's Race/Ethnicity - Hsipanic / Latino	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_WHITE	Infant's Race/Ethnicity - White	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_OTHER	Infant's Race/Ethnicity - Other	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_UNKNOWN	Infant's Race/Ethnicity - Unknown	INFANT_RACETH must have one True value	CHARACTER	True/False	
	INFANT_RACETH_DECLINED	Infant's Race/Ethnicity - Declined	INFANT_RACETH must have one True value	CHARACTER	True/False	
	DISHCARGE_NICU_ID	Hospital Discharging to Home	Required	NUMERIC	6-digits (HCAI ID)	
	DATE_OF_DISCHARGE	Date of Discharge to Home	Required	NUMERIC	MM-DD-YYYY	
	STILL_IN_HOSPITAL	Infant Still In hospital	Required	CHARACTER	True/False	
	MOTHER_DATE_OF_BIRTH	Birth Mother's Date of Birth	Required	NUMERIC	MM-DD-YYYY	
	MOTHER_DATE_OF_BIRTH_UNKNOWN	Birth Mother's Date of Birth UNKNOWN	Required	CHARACTER	True/False	

	MOTHER_RACETH_AMIND	Birth Mother's Race/Ethnicity - American Indian or	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_ASIAN	Birth Mother's Race/Ethnicity - Asian	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_BLACK	Birth Mother's Race/Ethnicity - Black	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_NATHAWPI	Birth Mother's Race/Ethnicity - Native Hawaiian or Pacific Islander	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_MIDEAST	Birth Mother's Race/Ethnicity - Middle Easterin or North African	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_HISPANIC	Birth Mother's Race/Ethnicity - Hsipanic / Latino	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_WHITE	Birth Mother's Race/Ethnicity - White	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_OTHER	Birth Mother's Race/Ethnicity - Other	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_UNKNOWN	Birth Mother's Race/Ethnicity - Unknown	MOTHER_RACETH must have one True value	CHARACTER	True/False	
	MOTHER_RACETH_DECLINED	Birth Mother's Race/Ethnicity - Declined	MOTHER_RACETH must have one True value	CHARACTER	True/False	

	CAREGIVER_LANG_HOME_REFID	Primary Language Spoken at Home (Check only ONE)	Required	NUMERIC	{592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 725, 726, 727, 728, 729}	592 = English; 593 = Arabic; 594 = Armenian; 595 = Cambodian/Khmer; 596 = Cantonese; 597 = Farsi/Persian; 598 = Hmong/Miao; 599 = Korean; 600 = Mandarin; 601 = Russian; 602 = Spanish; 603 = Tagalog; 604 = Vietnamese; 605 = Sign Language; 606 = Other; 725 = Japaneses; 726 = Hindi; 727 = Mixteco; 728 = Punjabi; 729 = Thai
	CAREGIVER_LANG_HOME_OTHER	Primary Language Spoken at Home - Other Text Field	Required if "Other" is selected for Primary Language	CHARACTER	256 character limit	
REQUIRED SECTION - At least <u>one</u> value MUST be TRUE for INSURANCE (INS) and MEDICAL ELIGIBILITY CRITERIA PROFILE (MEP) to upload the file.	INS_CCS	CCS	INS section must have one True value	CHARACTER	True/False	
	INS_COMMERCIAL_HMO	Commercial HMO	INS section must have one True value	CHARACTER	True/False	
	INS_COMMERCIAL_PPO	Commercial PPO	INS section must have one True value	CHARACTER	True/False	
	INS_MEDI_CAL	Medi-Cal	INS section must have one True value	CHARACTER	True/False	
	INS_POINTOFSERVICE_EPO	Point of Service/EPO	INS section must have one True value	CHARACTER	True/False	
	INS_NO_INSURANCE	No Insurance/Self Pay	INS section must have one True value	CHARACTER	True/False	
	INS_OTHER	Other	INS section must have one True value	CHARACTER	True/False	
	INS_UNKNOWN	Unknown	INS section must have one True value	CHARACTER	True/False	
	MEP_PERSISTENT_APNEA	Persistent Apnea	MEP section must have one True value	CHARACTER	True/False	

MEP_DOCU_SEIZURE_ACTIVITY	Seizure Activity / Anti-Seizure Med	MEP section must have one True value	CHARACTER	True/False	
MEP_OXYGEN_GT_28	Oxygen > 28 Days and CLD	MEP section must have one True value	CHARACTER	True/False	
MEP_NEONATAL_ENCEPHALOPATHY	Neonatal Encephalopathy	MEP section must have one True value	CHARACTER	True/False	
MEP_PPHN_INO_GT_4	INO > 4 Hours/Meds for PPHN	MEP section must have one True value	CHARACTER	True/False	
MEP_ECMO	ECMO	MEP section must have one True value	CHARACTER	True/False	
MEP_CHD	CHD Requiring Surgery / Intervention	MEP section must have one True value	CHARACTER	True/False	
REFERRING_CARDIAC_CENTER_ID	CCS Cardiac Center	MEP section must have one True value	NUMERIC	6-digits (HCAI ID)	
MEP_CHD_NORWOOD_REFID	Was the Norwood or a single ventricle palliation procedure performed?	MEP section must have one True value	NUMERIC	{488, 489}	488 = No; 489 = Yes
MEP_APGAR_SCORE_LT_3	Apgar Score ≤ 3 at 5 Minutes	MEP section must have one True value	CHARACTER	True/False	
MEP_APGAR_SCORE_LT_5	Apgar Score < 5 at 10 Minutes	MEP section must have one True value	CHARACTER	True/False	
MEP_UMBILICAL_BLOOD_PH_LT_7	PH < 7.0 on an Umbilical Blood Sample	MEP section must have one True value	CHARACTER	True/False	
MEP_BLOOD_GAS_PH_LT_7	PH < 7.0 on Blood Gas at < 1 Hour of Age	MEP section must have one True value	CHARACTER	True/False	
MEP_PROLONGED_HYPOXIA	Hypoxia	MEP section must have one True value	CHARACTER	True/False	
MEP_PROLONGED_ACIDEMIA	Acidemia	MEP section must have one True value	CHARACTER	True/False	
MEP_PROLONGED_HYPOGLYCEMIA	Hypoglycemia	MEP section must have one True value	CHARACTER	True/False	
MEP_HYPOTEN_REQ_PRESSOR	Hypotension Requiring Pressors	MEP section must have one True value	CHARACTER	True/False	
MEP_INTRACRANIAL_HEMORRHAGE	Intracranial Hemorrhage	MEP section must have one True value	CHARACTER	True/False	
MEP_PVL	PVL	MEP section must have one True value	CHARACTER	True/False	

	MEP_CEREBRAL_THROMBOSIS	Cerebral Thrombosis	MEP section must have one True value	CHARACTER	True/False	
	MEP_CEREBRAL_INFARCTION	Cerebral Infraction	MEP section must have one True value	CHARACTER	True/False	
	MEP_CNS_ABNORMALITY	Developmental CNS Abnormality	MEP section must have one True value	CHARACTER	True/False	
	MEP_OTHER_INTRA_ADVERSE_NEURO	Other	MEP section must have one True value	CHARACTER	True/False	
	MEP_CNS_INFECTION	CNS Infection	MEP section must have one True value	CHARACTER	True/False	
	MEP_DOCUMENTED_SEPSIS	Documented Sepsis	MEP section must have one True value	CHARACTER	True/False	
	MEP_BILIRUBIN	Bilirubin	MEP section must have one True value	CHARACTER	True/False	
	MEP_CARDIOVASCULAR_INSTABILITY	Cardiovascular Instability	MEP section must have one True value	CHARACTER	True/False	
	MEP_HIE	HIE	MEP section must have one True value	CHARACTER	True/False	
	MEP_OTHER_RESULT_NEURO_ABNOR	Other Problems that Could Result in Neurologic Abnormality	MEP section must have one True value	CHARACTER	True/False	
	MEP_OTHER_RESULT_NEURO_ABNOR_DETAIL	Other Problems that Could Result Neurologic Abnormality - Other Text Field	Required if "Other Problems that Could Result in Neurologic Abnormality" is True	CHARACTER	512 character limit	

FIELD VALUES NEEDED - To close and complete the RR form.	CAREGIVER_REFID	Primary Caregiver	Value needed to complete the form	NUMERIC	{101, 102, 103, 104, 106, 107, 108, 110, 419, 420}	101 = Foster/Adoptive Family; 102 = Both Parents; 103 = Father; 104 = Foster Family/CPS; 106 = Mother; 107 = Non Relative; 108 = Other Relatives/Not Parents; 110 = Other; 419 = Unknown; 420 = Pediatric Subacute Facility
	CAREGIVER_ZIP	Zip Code of Primary Caregiver Residence:	Value needed to complete the form	NUMERIC	5-digits	
	PS_FACILITY_ZIP	Zip Code of Pediatric Subacute Facility, if checked:	Value needed to complete the form	NUMERIC	5-digits	
	CAREGIVER_EDU_REFID	Education of Primary Caregiver	Value needed to complete the form	NUMERIC	{111, 112, 113, 114, 115, 116, 117, 421, 422}	111 = < 9th Grade; 112 = Some High School; 113 = High School Degree/GED; 114 = Some College; 115 = College Degree; 116 = Graduate School or Degree; 117 = Unknown; 421 = Other; 422 = Declined
	CAREGIVER_EMPLOY_REFID	Caregiver Employment	Value needed to complete the form	NUMERIC	{118, 119, 120, 121, 122, 123, 424, 425}	118 = Full-Time; 119 = Part-Time; 120 = Temporary; 121 = Multiple Jobs; 122 = Work From Home; 123 = Not Currently Employed; 424 = Unknown; 425 = Declined

OPTIONAL FIELDS - Important to the HRIF Clinics for case management.

REFERRING_CCS_NICU_ID	The CCS NICU that made the Referral	Optional	NUMERIC	6-digits (HCAI ID)	
CAREGIVER_LANG_HOME_SEC_REFID	Secondary language Spoken at Home (Optional - Check only ONE)	Optional	NUMERIC	{619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 730, 731, 732, 733, 734}	619 = N/A; 620 = English; 621 = Arabic; 622 = Armenian; 623 = Cambodian/Khmer; 624 = Cantonese; 625 = Farsi/Persian; 626 = Hmong/Miao; 627 = Korean; 628 = Mandarin; 629 = Russian; 630 = Spanish; 631 = Tagalog; 632 = Vietnamese; 633 = Sign Language; 634 = Other; 730 = Hindi; 731 = Japaneses; 732 = Mixteco; 733 = Punjabi; 734 = Thai
CAREGIVER_LANG_HOME_SEC_OTHER	Secondary Language Spoken at Home - Other Text Field	Required if "Other" is selected for Secondary Language	CHARACTER	256 character limit	
CCS_NUM	CCS #	Optional	NUMERIC		