



# Referral Registration Electronic Data Submission

2024 / 2025 Birth Year

# Table of Contents

<b>WHAT IS ELECTRONIC DATA SUBMISSION (EDS)?</b> .....	<b>2</b>
BENEFITS OF EDS PARTICIPATION .....	2
CAVEATS AND CONSIDERATIONS.....	2
<b>HOW TO PARTICIPATE IN EDS</b> .....	<b>4</b>
<b>EDS DATA CHANGES</b> .....	<b>4</b>
FIELD NAMES.....	4
RACE AND ETHNICITY .....	4
<b>IMPORTANT TERMS</b> .....	<b>5</b>
FILES (OR DATA FILES).....	5
DATA FIELDS.....	5
RECORDS .....	5
FILE CONTENTS.....	6
<b>SUMMARY OF EDS PROCEDURES FOR 2024 / 2025</b> .....	<b>10</b>
WHAT TO EXPECT.....	10
SUBMITTING EDS FILES .....	10
COMMON FILE RECORD ISSUES .....	11
<b>TRACKING FIELDS OF THE EDS SPECIFICATIONS</b> .....	<b>11</b>
RECORD KEYS.....	11
<i>Row ID</i> .....	11
<i>Submit Type</i> .....	11
<i>HRIF Clinic ID</i> .....	11
<b>APPENDICES</b> .....	<b>12</b>
APPENDIX A. HRIF REFERRAL REGISTRATION EDS SPECIFICATIONS .....	12

## 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 2024 and 2025 data via EDS.

## EDS Data Changes

### Field Names

CPQCC\_OSHPD (skelton file, column D) was changed to **CPQCC\_HCAI**.

### Race and Ethnicity

Effective March 28, 2024, the Office of Management and Budget (OMB) has revised the Statistical Policy Directive No.15 (SPD 15): Standards for maintaining, collection and presenting federal data on race and ethnicity. SPD 15 has been updated to collect data using a single combined race and ethnicity and allowing for multiple responses. These revisions are intended to result in more accurate and useful race and ethnicity data across the Federal government.

Reference: <https://www.federalregister.gov/d/2024-06469>

For infants born in 2024, the following Race and Ethnicity data items must have a value:

Infant Data Items	Birth Mother Data Items
INFANT_ETHNICITY_REFIED	MOTHER_ETHNICITY_REFIED
INFANT_RACE_CAT_REFID	MOTHER_RACE_CAT_REFID
INFANT_RACE_REFID	MOTHER_RACE_REFID

For infants born in 2025, at least **one** of the options must have a TRUE value for the Infant’s Race and Ethnicity AND Birth Mother’s Race and Ethnicity data items:

Infant’s Race/Ethnicity	Birth Mother’s Race/Ethnicity
INFANT_RACETH_AMIND	MOTHER_RACETH_AMIND
INFANT_RACETH_ASIAN	MOTHER_RACETH_ASIAN
INFANT_RACETH_BLACK	MOTHER_RACETH_BLACK
INFANT_RACETH_NATHAWPI	MOTHER_RACETH_NATHAWPI
INFANT_RACETH_MIDEAST	MOTHER_RACETH_MIDEAST
INFANT_RACETH_HISPANIC	MOTHER_RACETH_HISPANIC
INFANT_RACETH_WHITE	MOTHER_RACETH_WHITE
INFANT_RACETH_OTHER	MOTHER_RACETH_OTHER
INFANT_RACETH_UNKNOWN	MOTHER_RACETH_UNKNOWN
INFANT_RACETH_DECLINED	MOTHER_RACETH_DECLINED

## 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 2024 should not be included in a file with infants born in 2025.

### 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 **2024/2025 HRIF RR EDS Skeleton File** at <https://www.cpqcc.org/follow/hrif-data-resources>.

	ORDER	FIELD NAMES
<b>REQUIRED FIELDS - must be a unique value.</b>	1	ROW_ID
<b>REQUIRED FIELDS - must have a value to upload the file.</b>	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
	11	GESTATIONAL_AGE_DAYS
	12	SINGLETON_MULTIPLE_REFID
	13	INFANT_SEX_REFID
	14	INFANT_ETHNICITY_REFID
	15	INFANT_RACE_CAT_REFID
	16	INFANT_RACE_REFID
	17	INFANT_RACETH_AMIND
	18	INFANT_RACETH_ASIAN
	19	INFANT_RACETH_BLACK
	20	INFANT_RACETH_NATHAWPI
	21	INFANT_RACETH_MIDEAST
	22	INFANT_RACETH_HISPANIC
	23	INFANT_RACETH_WHITE
	24	INFANT_RACETH_OTHER
	25	INFANT_RACETH_UNKNOWN
	26	INFANT_RACETH_DECLINED
	27	DISCHARGE_NICU_ID
	28	DATE_OF_DISCHARGE

	ORDER	FIELD NAMES
<b>REQUIRED FIELDS - must have a value to upload the file.</b>	29	STILL_IN_HOSPITAL
	30	MOTHER_DATE_OF_BIRTH
	31	MOTHER_DATE_OF_BIRTH_UNKNOWN
	32	MOTHER_ETHNICITY_REFID
	33	MOTHER_RACE_REFID
	34	MOTHER_RACE_CAT_REFID
	35	MOTHER_RACETH_AMIND
	36	MOTHER_RACETH_ASIAN
	37	MOTHER_RACETH_BLACK
	38	MOTHER_RACETH_NATHAWPI
	39	MOTHER_RACETH_MIDEAST
	40	MOTHER_RACETH_HISPANIC
	41	MOTHER_RACETH_WHITE
	42	MOTHER_RACETH_OTHER
	43	MOTHER_RACETH_UNKNOWN
	44	MOTHER_RACETH_DECLINED
<b>REQUIRED SECTION - At least one value MUST be TRUE for Insurance (INS) and Medical Eligibility Criteria (MEP) to upload the file.</b>	45	CAREGIVER_LANG_HOME_REFID
	46	CAREGIVER_LANG_HOME_OTHER
	47	INS_CCS
	48	INS_COMMERCIAL_HMO
	49	INS_COMMERCIAL_PPO
	50	INS_MEDI_CAL
	51	INS_POINTOFSERVICE_EPO
	52	INS_NO_INSURANCE
	53	INS_OTHER
	54	INS_UNKNOWN
	55	MEP_PERSISTENT_APNEA
	56	MEP_DOCU_SEIZURE_ACTIVITY
	57	MEP_OXYGEN_GT_28
	58	MEP_NEONATAL_ENCEPHALOPATHY
	59	MEP_PPHN_INO_GT_4
	60	MEP_ECMO
	61	MEP_CHD
	62	REFERRING_CARDIAC_CENTER_ID
	63	MEP_CHD_NORWOOD_REFID



	ORDER	FIELD NAMES
<b>REQUIRED SECTION - At least one value MUST be TRUE for Insurance (INS) and Medical Eligibility Criteria (MEP) to upload the file.</b>	64	MEP_APGAR_SCORE_LT_3
	65	MEP_APGAR_SCORE_LT_5
	66	MEP_UMBILICAL_BLOOD_PH_LT_7
	67	MEP_BLOOD_GAS_PH_LT_7
	68	MEP_PROLONGED_HYPOXIA
	69	MEP_PROLONGED_ACIDEMIA
	70	MEP_PROLONGED_HYPOGLYCEMIA
	71	MEP_HYPOTEN_REQ_PRESSOR
	72	MEP_INTRACRANIAL_HEMORRHAGE
	73	MEP_PVL
	74	MEP_CEREBRAL_THROMBOSIS
	75	MEP_CEREBRAL_INFARCTION
	76	MEP_CNS_ABNORMALITY
	77	MEP_OTHER_INTRA_ADVERSE_NEURO
	78	MEP_CNS_INFECTION
	79	MEP_DOCUMENTED_SEPSIS
	<b>Field value needed to complete and close the RR form</b>	80
81		MEP_CARDIOVASCULAR_INSTABILITY
82		MEP_HIE
83		MEP_OTHER_RESULT_NEURO_ABNOR
<b>Optional Fields - Important to the HRIF Clinics for case management.</b>	84	MEP_OTHER_RESULT_NEURO_DETAIL
	85	CAREGIVER_REFID
	86	CAREGIVER_ZIP
	87	PS_FACILITY_ZIP
	88	CAREGIVER_EDU_REFID
	89	CAREGIVER_EMPLOY_REFID
	90	REFERRING_CCS_NICU_ID
	91	CAREGIVER_LANG_HOME_SEC_REFID
	92	CAREGIVER_LANG_HOME_SEC_OTHER
	93	MEDICAL_ID
	94	CCS_NUM
	95	FIRST_NAME
	96	REFERRING_CCS_NICU_ID
	97	CAREGIVER_LANG_HOME_SEC_REFID
	98	CAREGIVER_LANG_HOME_SEC_OTHER
	99	CCS_NUM

Optional Fields - Important to the HRIF Clinics for case management.	ORDER	FIELD NAMES
	100	FIRST_NAME
	101	LAST_NAME
	102	CAREGIVER_FIRST_NAME
	103	CAREGIVER_LAST_NAME
	104	ADDRESS
	105	CITY
	106	STATE_REFID
	107	ZIP
	108	HOME_PHONE
	109	ALT_PHONE
	110	AKA1_LAST_NAME
	111	AKA2_LAST_NAME
	112	ALT_ADDRESS
	113	ALT_CITY
114	ALT_STATE_REFID	
115	ALT_ZIP	

## Summary of EDS Procedures for 2024 / 2025

### 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  $\leq 1500$  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.ccsrif.org](http://www.ccsrif.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 (*formerly OSHPD facility code*) of the HRIF clinic center where the patient will be receiving follow-up services (see [HCAI Facility ID – 2025 Hospital List](#)).

## 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	
	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 formerly OSHPD)	
	CPQCC_HCAI	CPQCC Reference (HCAI Facility Code)	Required	NUMERIC	6-digits (HCAI ID formerly OSHPD)	
	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 formerly OSHPD)	
	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_ETHNICITY_REFID	Infant's Ethnicity	<b>Required</b> - Infants born 2024	NUMERIC	{81, 82, 83, 170}	81 = Unknown; 82 = Hispanic/Latino; 83 = Non-Hispanic; 170 = Declined
INFANT_RACE_CAT_REFID	Infant's Race SINGLE vs. Multi	<b>Required</b> - Infants born 2024	NUMERIC	{428, 429}	428 = Single; 429 = Multiracial
INFANT_RACE_REFID	Infant's Race	<b>Required</b> - Infants born 2024	NUMERIC	{84, 85, 86, 87, 88, 89, 90, 91, 613}	84 = Unknown; 85 = American (North, South or Central) Indian or Alaskan Native; 86 = Asian, Native Hawaiian or Other Pacific Islander; 87 = Black or African American; 88 = Asian; 89 = White; 90 = Native Hawaiian or Other Pacific Islander; 91 = Declined; 613 = Other
INFANT_RACETH_AMIND	Infant's Race/Ethnicity - American Indian or Alaskan Native	<b>INFANT_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
INFANT_RACETH_ASIAN	Infant's Race/Ethnicity - Asian	<b>INFANT_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
INFANT_RACETH_BLACK	Infant's Race/Ethnicity - Black	<b>INFANT_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
INFANT_RACETH_NATHAWPI	Infant's Race/Ethnicity - Native Hawaiian or Pacific Islander	<b>INFANT_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
INFANT_RACETH_MIDEAST	Infant's Race/Ethnicity - Middle Easterin or North African	<b>INFANT_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	

INFANT_RACETH_HISPANIC	Infant's Race/Ethnicity - Hispanic / Latino	<b>INFANT_RACETH must have one True value -</b> Infants born 2025	CHARACTER	True/False	
INFANT_RACETH_WHITE	Infant's Race/Ethnicity - White	<b>INFANT_RACETH must have one True value -</b> Infants born 2025	CHARACTER	True/False	
INFANT_RACETH_OTHER	Infant's Race/Ethnicity - Other	<b>INFANT_RACETH must have one True value -</b> Infants born 2025	CHARACTER	True/False	
INFANT_RACETH_UNKNOWN	Infant's Race/Ethnicity - Unknown	<b>INFANT_RACETH must have one True value -</b> Infants born 2025	CHARACTER	True/False	
INFANT_RACETH_DECLINED	Infant's Race/Ethnicity - Declined	<b>INFANT_RACETH must have one True value -</b> Infants born 2025	CHARACTER	True/False	
DISHCHARGE_NICU_ID	Hospital Discharging to Home	<b>Required</b>	NUMERIC	6-digits (HCAI ID)	
DATE_OF_DISCHARGE	Date of Discharge to Home	<b>Required</b>	NUMERIC	MM-DD-YYYY	
STILL_IN_HOSPITAL	Infant Still In hospital	<b>Required</b>	CHARACTER	True/False	
MOTHER_DATE_OF_BIRTH	Birth Mother's Date of Birth	<b>Required</b>	NUMERIC	MM-DD-YYYY	
MOTHER_DATE_OF_BIRTH_UNKNO	Birth Mother's Date of Birth	<b>Required</b>	CHARACTER	True/False	
MOTHER_ETHNICITY_REFID	Birth Mother's Ethnicity	<b>Required</b> - Infants born 2024	NUMERIC	{81, 82, 83, 170}	81 = Unknown; 82 = Hispanic/Latino; 83 = Non-Hispanic; 170 = Declined
MOTHER_RACE_CAT_REFID	Infant's Race Single vs. Multi	<b>Required</b> - Infants born 2024	NUMERIC	{428, 429}	428 = Single; 429 = Multiracial



MOTHER_RACE_REFID	Birth Mother's Race	<b>Required</b> - Infants born 2024	NUMERIC	{84, 85, 86, 87, 88, 89, 90, 91, 613}	84 = Unknown; 85 = American (North, South or Central) Indian or Alaskan Native; 86 = Asian, Native Hawaiian or Other Pacific Islander; 87 = Black or African American; 88 = Asian; 89 = White; 90 = Native Hawaiian or Other Pacific Islander; 91 = Declined; 613 = Other
MOTHER_RACETH_AMIND	Birth Mother's Race/Ethnicity - American Indian or Alaskan Native	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
MOTHER_RACETH_ASIAN	Birth Mother's Race/Ethnicity - Asian	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
MOTHER_RACETH_BLACK	Birth Mother's Race/Ethnicity - Black	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
MOTHER_RACETH_NATHAWPI	Birth Mother's Race/Ethnicity - Native Hawaiian or Pacific Islander	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
MOTHER_RACETH_MIDEAST	Birth Mother's Race/Ethnicity - Middle Easterin or North African	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
MOTHER_RACETH_HISPANIC	Birth Mother's Race/Ethnicity - Hsipanic / Latino	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	

	MOTHER_RACETH_WHITE	Birth Mother's Race/Ethnicity - White	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
	MOTHER_RACETH_OTHER	Birth Mother's Race/Ethnicity - Other	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
	MOTHER_RACETH_UNKNOWN	Birth Mother's Race/Ethnicity - Unknown	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
	MOTHER_RACETH_DECLINED	Birth Mother's Race/Ethnicity - Declined	<b>MOTHER_RACETH must have one True value</b> - Infants born 2025	CHARACTER	True/False	
	CAREGIVER_LANG_HOME_REFID	Primary Language Spoken at Home (Check only ONE)	<b>Required</b>	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	<b>Required if "Other" is selected for Primary Language</b>	CHARACTER	256 character limit	
<b>Required Section - At least one value MUST be TRUE for Insurance (INS) and</b>	INS_CCS	CCS	<b>INS section must have one True value</b>	CHARACTER	True/False	
	INS_COMMERCIAL_HMO	Commercial HMO	<b>INS section must have one True value</b>	CHARACTER	True/False	
	INS_COMMERCIAL_PPO	Commercial PPO	<b>INS section must have one True value</b>	CHARACTER	True/False	

(INS) and  
**Medical  
 Eligibility  
 Criteria  
 (MEP) to  
 upload the  
 file.**

INS_MEDI_CAL	Medi-Cal	<b>INS section must have one True value</b>	CHARACTER	True/False	
INS_POINTOFSERVICE_EPO	Point of Service/EPO	<b>INS section must have one True value</b>	CHARACTER	True/False	
INS_NO_INSURANCE	No Insurance/Self Pay	<b>INS section must have one True value</b>	CHARACTER	True/False	
INS_OTHER	Other	<b>INS section must have one True value</b>	CHARACTER	True/False	
INS_UNKNOWN	Unknown	<b>INS section must have one True value</b>	CHARACTER	True/False	
MEP_PERSISTENT_APNEA	Persistent Apnea	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_DOCU_SEIZURE_ACTIVITY	Seizure Activity / Anti-Seizure Med	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_OXYGEN_GT_28	Oxygen > 28 Days and CLD	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_NEONATAL_ENCEPHALOPATHY	Neonatal Encephalopathy	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_PPHN_INO_GT_4	INO > 4 Hours/Meds for PPHN	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_ECMO	ECMO	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_CHD	CHD Requiring Surgery / Intervention	<b>MEP section must have one True value</b>	CHARACTER	True/False	
REFERRING_CARDIAC_CENTER_ID	CCS Cardiac Center	<b>MEP section must have one True value</b>	NUMERIC	6-digits (HCAI ID formerly OSHPD)	
MEP_CHD_NORWOOD_REFID	Was the Norwood or a single ventricle palliation procedure performed?	<b>MEP section must have one True value</b>	NUMERIC	{488, 489}	488 = No; 489 = Yes
MEP_APGAR_SCORE_LT_3	Apgar Score ≤ 3 at 5 Minutes	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_APGAR_SCORE_LT_5	Apgar Score < 5 at 10 Minutes	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_UMBILICAL_BLOOD_PH_LT_7	PH < 7.0 on an Umbilical Blood Sample	<b>MEP section must have one True value</b>	CHARACTER	True/False	

MEP_BLOOD_GAS_PH_LT_7	PH < 7.0 on Blood Gas at < 1 Hour of Age	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_PROLONGED_HYPOXIA	Hypoxia	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_PROLONGED_ACIDEMIA	Acidemia	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_PROLONGED_HYPOGLYCEMIA	Hypoglycemia	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_HYPOTEN_REQ_PRESSOR	Hypotension Requiring Pressors	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_INTRACRANIAL_HEMORRHAGE	Intracranial Hemorrhage	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_PVL	PVL	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_CEREBRAL_THROMBOSIS	Cerebral Thrombosis	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_CEREBRAL_INFARCTION	Cerebral Infraction	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_CNS_ABNORMALITY	Developmental CNS Abnormality	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_OTHER_INTRA_ADVERSE_NEURO	Other	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_CNS_INFECTIOIN	CNS Infection	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_DOCUMENTED_SEPSIS	Documented Sepsis	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_BILIRUBIN	Bilirubin	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_CARDIOVASCULAR_INSTABILITY	Cardiovascular Instability	<b>MEP section must have one True value</b>	CHARACTER	True/False	
MEP_HIE	HIE	<b>MEP section must have one True value</b>	CHARACTER	True/False	

	MEP_OTHER_RESULT_NEURO_ABN OR	Other Problems that Could Result in Neurologic Abnormality	<b>MEP section must have one True value</b>	CHARACTER	True/False	
	MEP_OTHER_RESULT_NEURO_ABN OR_DETAIL	Other Problems that Could Result Neurologic Abnormality - Other Text Field	<b>Required if "Other Problems that Could Result in Neurologic Abnormality" is True</b>	CHARACTER	512 character limit	
<b>Field Value Needed - To close and complete the RR form.</b>	CAREGIVER_REFID	Primary Caregiver	<b>Value needed to complete the form</b>	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:	<b>Value needed to complete the form</b>	NUMERIC	5-digits	
	PS_FACILITY_ZIP	Zip Code of Pediatric Subacute Facility, if checked:	<b>Value needed to complete the form</b>	NUMERIC	5-digits	
	CAREGIVER_EDU_REFID	Education of Primary Caregiver	<b>Value needed to complete the form</b>	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	<b>Value needed to complete the form</b>	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
<b>Optional Fields -</b>	REFERRING_CCS_NICU_ID	The CCS NICU that made the Referral	<b>Optional</b>	NUMERIC	6-digits (HCAI ID formerly OSHPD)	

**Important to the HRIF Clinics for case management.**

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	
MEDICAL_ID		Optional			
CCS_NUM	CCS #	Optional	NUMERIC		
FIRST_NAME		Optional			
LAST_NAME		Optional			
CAREGIVER_FIRST_NAME		Optional			
CAREGIVER_LAST_NAME		Optional			
ADDRESS		Optional			
CITY		Optional			
STATE_REFID		Optional	CHARACTER		CA = California; AZ = Arizona; NV = Nevada; OR = Oregon; WA = Washington
ZIP		Optional			
HOME_PHONE		Optional			
ALT_PHONE		Optional			
AKA1_LAST_NAME		Optional			
AKA2_LAST_NAME		Optional			
ALT_ADDRESS		Optional			
ALT_CITY		Optional			
ALT_STATE_REFID		Optional			
ALT_ZIP		Optional			