



Referral Registration Electronic Data Submission

2023 & 2024 Birth Year



Table of Contents

WHAT IS ELECTRONIC DATA SUBMISSION (EDS)?	1
BENEFITS OF EDS PARTICIPATION	1
CAVEATS AND CONSIDERATIONS.....	1
HOW TO PARTICIPATE IN EDS	3
IMPORTANT TERMS	3
FILES (OR DATA FILES).....	3
DATA FIELDS.....	3
RECORDS	3
FILE CONTENTS.....	4
SUMMARY OF EDS PROCEDURES FOR 2023 & 2024	7
WHAT TO EXPECT.....	7
SUBMITTING EDS FILES (2023 & 2024 BIRTH YEAR)	7
COMMON FILE RECORD ISSUES	8
TRACKING FIELDS OF THE EDS SPECIFICATIONS	8
RECORD KEYS.....	8
<i>Row ID</i>	8
<i>Submit Type</i>	8
<i>HRIF Clinic ID</i>	8
APPENDICES	9
APPENDIX A. 2023 & 2024 HRIF REFERRAL REGISTRATION EDS SPECIFICATIONS	9

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

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 2023 & 2024 data via EDS.

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.

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 **2023 & 2024 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_OSHPD
	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	DISCHARGE_NICU_ID
	18	DATE_OF_DISCHARGE
	19	STILL_IN_HOSPITAL
	20	MOTHER_DATE_OF_BIRTH
	21	MOTHER_DATE_OF_BIRTH_UNKNOWN
	22	MOTHER_ETHNICITY_REFID
	23	MOTHER_RACE_REFID
	24	MOTHER_RACE_CAT_REFID
	25	CAREGIVER_LANG_HOME_REFID
	26	CAREGIVER_LANG_HOME_OTHER

	ORDER	FIELD NAMES
Required Section - At least one value MUST be TRUE for Insurance (INS) and Medical Eligibility Criteria (MEP) to upload the file.	27	INS_CCS
	28	INS_COMMERCIAL_HMO
	29	INS_COMMERCIAL_PPO
	30	INS_MEDI_CAL
	31	INS_POINTOFSERVICE_EPO
	32	INS_NO_INSURANCE
	33	INS_OTHER
	34	INS_UNKNOWN
	35	MEP_PERSISTENT_APNEA
	36	MEP_DOCU_SEIZURE_ACTIVITY
	37	MEP_OXYGEN_GT_28
	38	MEP_NEONATAL_ENCEPHALOPATHY
	39	MEP_PPHN_INO_GT_4
	40	MEP_ECMO
	41	MEP_CHD
	42	REFERRING_CARDIAC_CENTER_ID
	43	MEP_CHD_NORWOOD_REFID
	44	MEP_APGAR_SCORE_LT_3
	45	MEP_APGAR_SCORE_LT_5
	46	MEP_UMBILICAL_BLOOD_PH_LT_7
	47	MEP_BLOOD_GAS_PH_LT_7
	48	MEP_PROLONGED_HYPOXIA
	49	MEP_PROLONGED_ACIDEMIA
	50	MEP_PROLONGED_HYPOGLYCEMIA
	51	MEP_HYPOTEN_REQ_PRESSOR
	52	MEP_INTRACRANIAL_HEMORRHAGE
	53	MEP_PVL
	54	MEP_CEREBRAL_THROMBOSIS
	55	MEP_CEREBRAL_INFARCTION
	56	MEP_CNS_ABNORMALITY
	57	MEP_OTHER_INTRA_ADVERSE_NEURO
	58	MEP_CNS_INFECTION
	59	MEP_DOCUMENTED_SEPSIS
	60	MEP_BILIRUBIN
	61	MEP_CARDIOVASCULAR_INSTABILITY
	62	MEP_HIE

	ORDER	FIELD NAMES
	63	MEP_OTHER_RESULT_NEURO_ABNOR
	64	MEP_OTHER_RESULT_NEURO_DETAIL
Field value needed to complete and close the RR form	65	CAREGIVER_REFID
	66	CAREGIVER_ZIP
	67	PS_FACILITY_ZIP
	68	CAREGIVER_EDU_REFID
	69	CAREGIVER_EMPLOY_REFID
Optional Fields - Important to the HRIF Clinics for case management.	70	REFERRING_CCS_NICU_ID
	71	CAREGIVER_LANG_HOME_SEC_REFID
	72	CAREGIVER_LANG_HOME_SEC_OTHER
	73	MEDICAL_ID
	74	CCS_NUM
	75	FIRST_NAME
	76	LAST_NAME
	77	CAREGIVER_FIRST_NAME
	78	CAREGIVER_LAST_NAME
	79	ADDRESS
	80	CITY
	81	STATE_REFID
	82	ZIP
	83	HOME_PHONE
	84	ALT_PHONE
	85	AKA1_LAST_NAME
	86	AKA2_LAST_NAME
	87	ALT_ADDRESS
	88	ALT_CITY
	89	ALT_STATE_REFID
	90	ALT_ZIP

Summary of EDS Procedures for 2023 & 2024

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 (2023 & 2024 Birth Year)

1. Log in to the HRIF Reporting System at www.ccs.hrif.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 OSPHD 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 - Sorted by Hospital Name](#)).

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	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_OSHPD	CPQCC Reference (HCAI ID)	Required	NUMERIC	6-digits (HCAI ID formerly OSHPD)	
	NICU_RECORD_ID	CPQCC Reference (CPQCC Patient ID)	Required	NUMERIC	5-digits {00000 - 99999}	
	NOT_CPQCC_ELIGIBLE	Infant NOT CPQCC	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	

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
	INFANT_ETHNICITY_REFID	Infant's Ethnicity	Required	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	Required	NUMERIC	{428, 429}	428 = Single; 429 = Multiracial
	INFANT_RACE_REFID	Infant's Race	Required	NUMERIC	{84, 85, 87, 88, 89, 90, 91, 613}	84 = Unknown; 85 = American (North, South or Central) Indian or Alaskan Native; 87 = Black or African American; 88 = Asian; 89 = White; 90 = Native Hawaiian or Other Pacific Islander; 91 = Declined; 613 = Other
	DISHCHARGE_NICU_ID	Hospital Discharging to Home	Required	NUMERIC	6-digits (HCAI ID formerly OSHPD)	
	DATE_OF_DISCHARGE	Date of Discharge to	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	Required	NUMERIC	MM-DD-YYYY	
	MOTHER_DATE_OF_BIRTH_UNKNOW	Birth Mother's Date of	Required	CHARACTER	True/False	
	MOTHER_ETHNICITY_REFID	Birth Mother's Ethnicity	Required	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	Required	NUMERIC	{428, 429}	428 = Single; 429 = Multiracial

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
	MOTHER_RACE_REFID	Birth Mother's Race	Required	NUMERIC	{84, 85, 87, 88, 89, 90, 91, 613}	84 = Unknown; 85 = American (North, South or Central) Indian or Alaskan Native; 87 = Black or African American; 88 = Asian; 89 = White; 90 = Native Hawaiian or Other Pacific Islander; 91 = Declined; 613 = Other
	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	

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
Required Section - At least one value MUST be TRUE for Insurance (INS) and Medical Eligibility Criteria (MEP) to upload the file.	INS_CCS	CCS	INS must have one True value	CHARACTER	True/False	
	INS_COMMERCIAL_HMO	Commercial HMO	INS must have one True value	CHARACTER	True/False	
	INS_COMMERCIAL_PPO	Commercial PPO	INS must have one True value	CHARACTER	True/False	
	INS_MEDI_CAL	Medi-Cal	INS must have one True value	CHARACTER	True/False	
	INS_POINTOFSERVICE_EPO	Point of Service/EPO	INS must have one True value	CHARACTER	True/False	
	INS_NO_INSURANCE	No Insurance/Self Pay	INS must have one True value	CHARACTER	True/False	
	INS_OTHER	Other	INS must have one True value	CHARACTER	True/False	
	INS_UNKNOWN	Unknown	INS must have one True value	CHARACTER	True/False	
	MEP_PERSISTENT_APNEA	Persistent Apnea	MEP must have one True value	CHARACTER	True/False	
	MEP_DOCU_SEIZURE_ACTIVITY	Seizure Activity / Anti-Seizure Med	MEP must have one True value	CHARACTER	True/False	
MEP_OXYGEN_GT_28	Oxygen > 28 Days and CLD	MEP must have one True value	CHARACTER	True/False		

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
	MEP_NEONATAL_ENCEPHALOPATHY	Neonatal Encephalopathy	MEP must have one True value	CHARACTER	True/False	
	MEP_PPHN_INO_GT_4	INO > 4 Hours/Meds for PPHN	MEP must have one True value	CHARACTER	True/False	
	MEP_ECMO	ECMO	MEP must have one True value	CHARACTER	True/False	
	MEP_CHD	CHD Requiring Surgery / Intervention	MEP must have one True value	CHARACTER	True/False	
	REFERRING_CARDIAC_CENTER_ID	CCS Cardiac Center	Required if "CHD Requiring Surgery / Intervention" is True	NUMERIC	6-digits (HCAI ID formerly OSHPD)	
	MEP_CHD_NORWOOD_REFID	Was the Norwood or a single ventricle palliation procedure performed?	Required if "CHD Requiring Surgery / Intervention" is True	NUMERIC	{488, 489}	488 = No; 489 = Yes
	MEP_APGAR_SCORE_LT_3	Apgar Score ≤ 3 at 5 Minutes	MEP must have one True value	CHARACTER	True/False	
	MEP_APGAR_SCORE_LT_5	Apgar Score < 5 at 10 Minutes	MEP must have one True value	CHARACTER	True/False	
	MEP_UMBILICAL_BLOOD_PH_LT_7	PH < 7.0 on an Umbilical Blood Sample	MEP must have one True value	CHARACTER	True/False	

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
	MEP_BLOOD_GAS_PH_LT_7	PH < 7.0 on Blood Gas at < 1 Hour of Age	MEP must have one True value	CHARACTER	True/False	
	MEP_PROLONGED_HYPOXIA	Hypoxia	MEP must have one True value	CHARACTER	True/False	
	MEP_PROLONGED_ACIDEMIA	Acidemia	MEP must have one True value	CHARACTER	True/False	
	MEP_PROLONGED_HYPOGLYCEMIA	Hypoglycemia	MEP must have one True value	CHARACTER	True/False	
	MEP_HYPOTEN_REQ_PRESSOR	Hypotension Requiring Pressors	MEP must have one True value	CHARACTER	True/False	
	MEP_INTRACRANIAL_HEMORRHAGE	Intracranial Hemorrhage	MEP must have one True value	CHARACTER	True/False	
	MEP_PVL	PVL	MEP must have one True value	CHARACTER	True/False	
	MEP_CEREBRAL_THROMBOSIS	Cerebral Thrombosis	MEP must have one True value	CHARACTER	True/False	
	MEP_CEREBRAL_INFARCTION	Cerebral Infraction	MEP must have one True value	CHARACTER	True/False	
	MEP_CNS_ABNORMALITY	Developmental CNS Abnormality	MEP must have one True value	CHARACTER	True/False	
	MEP_OTHER_INTRA_ADVERSE_NEURO	Other	MEP must have one True value	CHARACTER	True/False	

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
	MEP_CNS_INFECTION	CNS Infection	MEP must have one True value	CHARACTER	True/False	
	MEP_DOCUMENTED_SEPSIS	Documented Sepsis	MEP must have one True value	CHARACTER	True/False	
	MEP_BILIRUBIN	Bilirubin	MEP must have one True value	CHARACTER	True/False	
	MEP_CARDIOVASCULAR_INSTABILITY	Cardiovascular Instability	MEP must have one True value	CHARACTER	True/False	
	MEP_HIE	HIE	MEP must have one True value	CHARACTER	True/False	
	MEP_OTHER_RESULT_NEURO_ABNOR	Other Problems that Could Result in Neurologic Abnormality	MEP 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	

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
Field Value 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	NUMERIC	5-digits	
	PS_FACILITY_ZIP	Zip Code of Pediatric Subacute Facility, if checked:	Value needed to complete	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

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
	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 formerly OSHPD)	
	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	CHARACTER	256 character limit	
	MEDICAL_ID		Optional			
	CCS_NUM	CCS #	Optional	NUMERIC		

	Variable Name	Item on RR Form / Description	Data Field	Data Type	Possible Value	Coding Rules
	FIRST_NAME		Optional			
	LAST_NAME		Optional			
	CAREGIVER_FIRST_NAME		Optional			
	CAREGIVER_LAST_NAME		Optional			
	ADDRESS		Optional			
	CITY		Optional			
	STATE_REFID		Optional			
	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			