

DECISION SUPPORT 2000+ PERSON AND ENCOUNTER DATA STANDARDS FOR MENTAL HEALTH



**A Collaborative Activity of the Mental Health Statistics
Improvement Program (MHSIP) and the Decision
Support 2000+ (DS2000+) Team**

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Decision Support 2000+ Person and Encounter Data Standards for Mental Health

Introduction

This report provides the Decision Support 2000+ (DS2000+) recommendations for person (enrollment) and encounter data standards. The recommendations are presented in seven tables representing both core and state stakeholder-specific standards:

- Table A. DS2000+ Person Core HIPAA Data Standards
- Table B. DS2000+ Person Core Non-HIPAA Data Standards
- Table C. DS2000+ Person Non-Core State-Specific Data Standards
- Table D. DS2000+ Encounter Core HIPAA Data Standards for Professional Settings
- Table E. DS2000+ Encounter Core HIPAA Data Standards for Institutional Settings
- Table F. DS2000+ Encounter Core Non-HIPAA Data Standards
- Table G. DS2000+ Encounter Non-Core State-Specific Data Standards
- Table H. Items Removed from State-Specific Data Standards

Table H shows items removed from the State-Specific Data Standards on the recommendation of the DS2000+ MHSIP Liaison group in August 2001.

For details on data elements and categories, definitions, and codes for the HIPAA items, see the *Handbook and Master Data Set for Benefit Enrollment and Maintenance Transaction (834)* and the *Handbook and Master Data Set for Health Care Claim Professional and Institutional Transactions (837)*. Note that whereas the DS2000+ Person Core Non-HIPAA and the Person Non-Core State-Specific Data Standards contain several data items, the DS2000+ Encounter Core Non-HIPAA and Encounter Non-Core State-Specific Data Sets only contain four items, since most of the encounter data elements are included within HIPAA as well.

For those interested in how the DS2000+ State-Specific Data Standards compare with the original MHSIP FN11 Task Force data sets, tables include information about their original location within FN11. In addition, Table H provides the rationale for the items that the DS2000+ MHSIP Liaison Group omitted from the DS2000+ State-Specific Data Sets.

Person data are also called enrollment data. We have used the term “person” rather than the term “enrollment” since the latter is a concept more relevant to Medicaid, Medicare, and private insurance than it is to state and local mental health authorities. Eligible consumers enroll in Medicaid, Medicare, and private insurance plans; they become “enrollees” and therefore may use the services for which they are eligible. Data are typically collected upon enrollment, updated periodically, and are available on enrollees whether or not they ever use services. While eligibility criteria exist for use of



services sponsored by state and local mental health authorities, individuals do not “enroll” and typically are not known to the mental health authority until they actually begin to use services. Therefore, consumers in most public mental health programs become “enrollees” at the time of first use of services.

The lack of information about the numbers and types of persons who are eligible for services and who have “enrolled” (i.e., operationalized their eligibility) creates a significant problem for state and local mental health authorities: they do not have accurate counts of people who potentially could use their services and therefore lack critical information for planning for service use, budgeting, obtaining funds, and allocating resources. While most would agree that such information is vitally important to public mental health authorities, it is also clear that most public mental health authorities do not yet have mechanisms for collecting those data. The DS2000+ team has recommended the kinds of data to be collected on “enrollees” (i.e., persons eligible for services), but procedures still need to be worked out for collecting those data in public mental health systems—although possible solutions include importing encounter data into the person database, collecting person data at non-mental health sites such as medical centers, and population-based outreach efforts.



Table A. Decision Support 2000+ Person Core HIPAA Data Standards

The DS2000+ Person Core HIPAA Data Standards consist of the data elements in the HIPAA Benefit Enrollment and Maintenance (834) Implementation Guide (IG). Table A shows these data elements in the order presented in the IG by hierarchical level, loop, segment [Seg ID], reference designator ([Ref Des] a code indicating the data element's segment and sequential position within it), name, number, and page in the IG. Data elements are listed the first time they appear; readers should refer to first usage for detail. For example, N1 appears in several loops, but the data elements are listed only under the first occurrence (i.e., in Loop 1000A). If a data element appears several times, a note follows the first appearance (e.g., x3) to indicate it appears three times.

Table A. DS2000+ Person Core HIPAA Data Standards				
Seg ID	Ref Des	Data Element Name	Number	Page
Table 1—Header				
ST		Transaction Set Header	-	27
	ST01	Transaction Set Identifier Code	143	27
	ST02	Transaction Set Control Number	329	27
BGN		Beginning Segment	-	28
	BGN01	Transaction Set Purpose Code	353	28
	BGN02	Reference Identification	127	29
	BGN03	Date	373	29
	BGN04	Time	337	29
	BGN05	Time Code	623	29
	BGN06	Reference Identification	127	31
	BGN08	Action Code	306	31
REF		Transaction Set Policy Number	-	32
	REF01	Reference Identification Qualifier	128	32
	REF02	Reference Identification	127	33
DTP		File Effective Date	-	34
	DTP01	Date/Time Qualifier	374	34
	DTP02	Date Time Period Format Qualifier	1250	34
	DTP03	Date Time Period	1251	34
LOOP 1000A SPONSOR NAME				
N1		Sponsor Name	-	35
	N101	Entity Identifier Code	98	35
	N102	Name	93	36
	N103	Identification Code Qualifier	66	36
	N104	Identification Code	67	36
LOOP 1000B PAYER				
N1		Payer Name	-	37
LOOP 1000C TPA/BROKER NAME				



Table A. DS2000+ Person Core HIPAA Data Standards

Seg ID	Ref Des	Data Element Name	Number	Page
N1		TPA/Broker Name	-	39
LOOP 1100C TPA/BROKER ACCOUNT INFORMATION				
ACT		TPA/Broker Account Information	-	41
	ACT01	Account Number (x2)	508	41-42
Table 2 - Detail				
LOOP 2000 MEMBER LEVEL DETAIL				
INS		Member Level Detail	-	43
	INS01	Yes/No Condition or Response Code	1073	44
	INS02	Individual Relationship code	1069	44
	INS03	Maintenance Type Code	875	45
	INS04	Maintenance Reason Code	1203	46
	INS05	Benefit Status Code	1216	47
	INS06	Medicare Plan Code	1218	48
	INS07	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	1219	48
	INS08	Employment Status Code	584	49
	INS09	Student Status Code	1220	49
	INS10	Yes/No Condition or Response Code	1073	49
	INS11	Date Time Period Format Qualifier	1250	50
	INS12	Date Time Period	1251	50
	INS17	Number	1470	50
REF		Subscriber Number	-	51
	REF01	Reference Identification Qualifier	128	51
	REF02	Reference Identification	127	52
REF		Member Policy Number	-	53
REF		Member Identification Number	-	55
REF		Prior Coverage Months	-	57
DTP		Member Level Dates	-	59
LOOP 2100A MEMBER NAME				
NM1		Member Name	-	61
	NM101	Entity Identifier Code	98	62
	NM102	Entity Type Qualifier	1065	62
	NM103	Name Last or Organization Name	1035	62
	NM104	Name First	1036	62
	NM105	Name Middle	1037	62
	NM106	Name Prefix	1038	62
	NM107	Name Suffix	1039	62
	NM108	Identification Code Qualifier	66	63
	NM109	Identification Code	67	63
PER		Member Communication Numbers	-	64
	PER01	Contact Function Code	366	65
	PER03	Communication Number Qualifier	365	65
	PER04	Communication Number	364	65
	PER05	Communication Number Qualifier	365	65
	PER06	Communication Number	364	66
	PER07	Communication Number Qualifier	365	66
	PER08	Communication Number	364	66



Table A. DS2000+ Person Core HIPAA Data Standards

Seg ID	Ref Des	Data Element Name	Number	Page
N3		Member Residence Street Address	-	67
	N301	Address Information (x2)	166	67
N4		Member Residence City, State, Zip Code	-	68
	N401	City Name	19	68
	N402	State or Province Code	156	68
	N403	Postal Code	116	69
	N404	Country Code	26	69
	N405	Location Qualifier	309	69
	N406	Location Identifier	310	69
DMG		Member Demographics	-	70
	DMG01	Date Time Period Format Qualifier	1250	70
	DMG02	Date Time Period	1251	71
	DMG03	Gender Code	1068	71
	DMG04	Marital Status Code	1067	71
	DMG05	Race or Ethnicity Code	1109	72
	DMG06	Citizenship Status Code	1066	72
ICM		Member Income	-	73
	ICM01	Frequency Code	594	73
	ICM02	Monetary Amount	782	74
	ICM03	Quantity	380	74
	ICM04	Location Identifier	310	74
	ICM05	Salary Grade	1214	74
AMT		Member Policy Amounts	-	75
	AMT01	Amount Qualifier Code	522	75
	AMT02	Monetary Amount	782	75
HLH		Member Health Information	-	76
	HLH01	Health-Related Code	1212	76
	HLH02	Height	65	77
	HLH03	Weight	81	77
LUI		Member Language	-	78
	LUI01	Identification Code Qualifier	66	79
	LUI02	Identification Code	67	79
	LUI03	Description	352	79
	LUI04	Use of Language	1303	79
LOOP 2100B INCORRECT MEMBER NAME				
NMI		Incorrect Member Name	-	80
DMG		Incorrect Member Demographics	-	83
	DMG01	Date Time Period Format Qualifier	1250	83
	DMG02	Date Time Period	1251	84
	DMG03	Gender Code	1068	84
LOOP 2100C MEMBER MAILING ADDRESS				
NMI		Member Mailing Address	-	85
	NM101	Entity Identifier Code	98	86
	NM102	Entity Type Code	1065	86
N3		Member Mail Street Address	-	87
N4		Member Mail City, State, Zip	-	88
LOOP 2100D MEMBER EMPLOYER				
	NM101	Entity Identifier Code	98	90



Table A. DS2000+ Person Core HIPAA Data Standards

Seg ID	Ref Des	Data Element Name	Number	Page
	NM102	Entity Type Qualifier	1065	91
NM1		Member Employer	-	90
	NM103	Name Last or Organization Name	1035	91
	NM104	Name First	1036	91
	NM105	Name Middle	1037	91
	NM107	Name Suffix	1039	91
	NM108	Identification Code Qualifier	66	91
	NM109	Identification Code	67	91
PER		Member Employer Communications Number	-	92
N3		Member Employer Street Address	-	95
N4		Member Employer City, State, Zip	-	96
LOOP 2100E MEMBER SCHOOL				
NM1		Member School	-	98
	NM101	Entity Identifier Code	98	98
	NM102	Entity Type Qualifier	1065	99
	NM103	Name Last or Organization Name	1035	99
PER		Member School Communications Numbers	-	100
N3		Member School Address	-	103
N4		Member School City, State, Zip	-	104
LOOP 2100F CUSTODIAL PARENT				
NM1		Custodial Parent	-	106
	NM101	Entity Identifier Code	98	107
	NM102	Entity Type Qualifier	1065	107
	NM103	Name Last or Organization Name	1035	107
	NM104	Name First	1036	107
	NM105	Name Middle	1037	107
	NM106	Name Prefix	1038	107
	NM107	Name Suffix	1039	107
	NM108	Identification Code Qualifier	66	107
	NM109	Identification Code	67	108
PER		Custodial Parent Communication Numbers	-	109
N3		Custodial Parent Street Address	-	112
N4		Custodial Parent City, State, Zip	-	113
LOOP 2100FG RESPONSIBLE PERSON				
NM1		Responsible Person	-	115
PER		Responsible Person Communications Numbers	-	118
N3		Responsible Person Street Address	-	121
N4		Responsible Person City, State, Zip	-	122
LOOP 2200 DISABILITY INFORMATION				
DSB		Disability Information	-	124
	DSB01	Disability Type Code	1146	124
	DSB07	Product/Service ID Qualifier	235	125
	DSB08	Medical Code Value	1137	125
DTP		Disability Eligibility Dates	-	126



Table A. DS2000+ Person Core HIPAA Data Standards

Seg ID	Ref Des	Data Element Name	Number	Page
LOOP 2300 HEALTH COVERAGE				
HD		Health Coverage	-	128
	HD01	Maintenance Type Code	875	128
	HD03	Insurance Line Code	1205	129
	HD04	Plan Coverage Description	1204	130
	HD05	Coverage Level Code	1207	130
DTP		Health Coverage Dates	-	132
AMT		Health Coverage Policy	-	134
REF		Health Coverage Policy Number	-	135
IDC		Identification Card	-	137
	IDC01	Plan Coverage Description	1204	137
	IDC02	Identification Card Type Code	1215	137
	IDC03	Quantity	380	138
	IDC04	Action Code	306	138
LOOP 2310 PROVIDER INFORMATION				
LX		Provider Info	-	139
	LX01	Assigned Number	554	139
NMI		Provider Name	-	140
N4		Provider City, State, Zip	-	143
PER		Provider Communications Number	-	145
PLA		PCP Change Reason	-	148
	PLA01	Action Code	306	148
	PLA02	Entity Identifier Code	98	148
	PLA03	Date	373	148
	PLA05	Maintenance Reason Code	1203	149
LOOP 2320 COORDINATION OF BENEFITS				
COB		Coordination of Benefits	-	150
	COB01	Payer Responsibility Sequence Number Code	1138	150
	COB02	Reference Identification	127	151
	COB03	Coordination of Benefits Code	1143	151
REF		Additional Coordination of Benefits Identifiers	-	152
N1		Other Insurance Company's Name	-	154
DTP		Coordination of Benefits	-	156
SE		Transaction Set Trailer	-	158
	SE01	Number of Included Segments	96	158
	SE02	Transaction Set Control Number	329	158



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Employment Status	At the person level, employment status is an important indicator of level of functioning. When assessed at baseline and subsequent points-in-time it can be used to indicate current level of functioning and show change over time. It can be used as an outcome measure for assessing the impact of treatments and interventions. It can be used to guide treatment, i.e., to indicate the need for vocational rehabilitation and other employment-related interventions, and to indicate the need for social service needs assessment, i.e., adequacy of income, housing, etc. and access to entitlement programs. At the program and population levels, employment may be used as a marker for socioeconomic status and income level, access to insurance coverage, and eligibility for services. Use of Current Population Survey data elements permits comparison of rates of employment in clinical populations with general (national- and community-level) populations. (See Attachment 3.)	Current Population Survey (CPS) (see Attachment 3 for detailed definitions of terms) FN11: Client Periodic #2, #3	Select one from 1-7, one from 1a-1b, and one from 1c-e. Collect data annually. The CPS asks about employment-related activities during a specified reference week. Activities during this week may differ from a person's normal or usual schedule. DS2000+ data should reflect usual activities over a specified period of time, perhaps the preceding month.
1. Employed-at work	Employed includes work for pay/profit, unpaid work in family business/farm, unpaid		



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	work.		
2. Employed-absent	Reasons for absence includes slack work/business conditions, waiting for a new job to begin, vacation/personal days, own illness/injury/medical problems, child care problems, other family/personal obligation, maternity/paternity leave, labor dispute, weather affected job, school/training, civic/military duty.		
3. Unemployed – on layoff	Separated from a job for which person is waiting to be recalled (i.e., layoff status temporary).		
4. Unemployed-looking for work			
5. Retired – not in labor force			
6. Disabled – not in labor force			
7. Other – Not in Labor Force	Looking for work includes directly contacting employer or a public or private employment agency, placing or answering ads, attending job training or programs/courses, contacting		



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	private employment agency, contacting friends or relatives, contacting school/university employment center, sending out resumes/filling out applications.		
Race	At the program level, unduplicated counts of consumers by race and ethnicity can be used to ensure adequate numbers of culturally competent staff and programs. Counts can also be compared to community-based population rates to evaluate access to and appropriateness of services. See Attachment 2.	US Census: Q 6 FN11: Client Master #4	Mark one or more races to indicate what this person considers himself/herself to be.
White			
Black, African American, or Negro			
American Indian or Alaska Native			
Asian Indian			
Chinese			
Filipino			
Japanese			
Korean			
Vietnamese			
Other Asian			
Native Hawaiian			



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Guamanian or Chamorro			
Samoan			
Other Pacific Islander			
Some Other Race			
Ethnicity		US Census: Q 5, 10 FN11: Client Master:#5.	Mark one.
Not Spanish/Hispanic/Latino			
Mexican, Mexican American, Chicano			
Puerto Rican			
Cuban			
Other Spanish/Hispanic/Latino			
Income and Source	At the person level, income (like employment status) is an important indicator of level of functioning and can show current level of functioning and change over time. Income can be used to indicate need for social service intervention to assess adequacy of housing, nutrition, and other supportive services; sources of income can be used to highlight gaps in access to entitlements. Use of data elements from the US Census permit population level comparisons including	US Census: Q 31, 32 Current Population Survey For complete definitions of terms see Attachment 3.	Collect data annually. For income, insert total income for person, total annual income for family, and number of persons in household/family. For source of income, check all that apply.



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	estimates of levels of poverty (see Attachment 1), comparison with community income/poverty rates, estimates of need, and synthetic estimates of local rates mental illness.		
Income			
\$XXX,XXX	Total income in past year from all sources for person on record.		
\$XXX,XXX	Total income in past year from all sources for family/household that is accessible to person on record.		
XX	Number of persons in household/family for computing poverty level.		
Source of Income			Check all that apply.
Employment	Wages, salary, commissions, bonuses, or tips from all jobs.		
Self employment	Income from own non-farm businesses or farm businesses, including proprietorships and partnerships.		
Interest and other	Interest, dividends, net rental income, royalty income, or income from estates and trusts.		
Social Security	Program that provides monthly benefits to retired and disabled workers, their dependents and survivors.		



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Railroad Retirement	The Railroad Retirement System provides retirement, disability and survivor annuities to workers whose employment was connected with the railroad industry for at least 10 years.		
Social Security Disability (SSDI)	Disabled individuals are those unable to engage in any substantial gainful activity by reason of medically determined physical or mental impairment expected to result in death or that has lasted, or can be expected to last, for a continuous period of at least 12 months.		
Supplemental Security Income (SSI)	Means-tested, federally administered, income assistance program authorized by title XVI of the Social Security Act. Provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to needy aged, blind and disabled persons.		
Any public assistance or welfare payments	Payments from state or local welfare office.		
Retirement, survivor or disability pensions	Do not include social security.		
Other	Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, alimony, etc.		



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
None			
Health Status	At the person level, perceived health status is an important indicator of level of wellbeing. As such it can be used for point-in-time assessments and to measure change over time in response to treatments and interventions. At the population level, comparisons can be made with the general population and other chronic illness groups.	National Health Interview Survey FN11: Client Periodic #8	Select one.
Excellent			
Very good			
Good			
Fair			
Poor			
Don't know/not sure			
Refused			
Custody Status	This data element indicates the custody/guardianship or conservatorship status of the person. For non-minors and minors whose guardians are not a parent, at the person level the element can be used to flag problems in level or nature of	FN11: Client Periodic #9	Select one.



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	functioning, problems within the family, etc.; at the program level it flags the need to obtain information, permissions, etc. from other persons and/or agencies. For all persons, at the program level, the category “state agency” can be used to flag the need for linkages with other pro-grams both clinically and for data transfer.		
Parent(s)			
Other relative(s)			
Non-relative(s)			
Independent/emancipated minor			
State agency			
Not applicable			
Education Status	At the person level, education status is an important indicator of level of functioning. For children and adolescents, when assessed at baseline and subsequent points-in-time it can be used to indicate current level of functioning and show change over time. It can be used as an outcome measure for assessing the impact of treatments and interventions.	US Census: Q 8, 9 FN11: Client Periodic #1	Select the highest grade, degree or level of school completed. To conform to US Census, compute the following: Nursery school to 4th grade, 5th grade or 6th grade, 7th grade or 8th grade.



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	<p>For young people and for adults with low education status, it can be used to guide treatment, i.e., to indicate the need for education-related interventions. At program and population levels, educational achievement may be used to characterize a program's consumers compared to the general population in the community and to ensure availability of and access to education-related programs.</p> <p>Educational attainment applies only to “regular” schools which include public, private, and parochial elementary and high schools, colleges, universities, professional, vocational, trade, and business schools.</p>		<p>To conform to the US Census, ask: “What is the highest level of school...completed or the highest degree...has received?”</p>
No schooling completed			
Nursery			
1st grade			
2nd grade			
3rd grade			
4th grade			
5th grade			



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
6th grade			
7th grade			
8th grade			
9th grade			
10th grade			
11th grade			
12 grade, no diploma			
High school graduate, high school diploma or the equivalent	e.g., GED		
Some college credit, but less than 1 year			
1 or more years of college, no degree			
Associates degree	Includes people with an associate degree (e.g., AA or AS) in (1) an occupational program that prepares students for a specific occupation, and the course work may or may not creditable toward a bachelor's degree or (2) an academic program primarily in the arts and sciences, and the course work is transferable to a bachelor's degree.		



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Bachelor's degree	E.g., BA, AB, BS		
Master's degree	E.g., MA, MS, Med, MSW, MBA		
Professional degree	E.g., MD, DDS, DVM, LLB, JD. Includes medicine, dentistry, pharmacy, law.		
Living Situation	This data element addresses two issues: private residence versus institutional residence and, within private residence, the need for support. Consequently, at the person level, it can be used as a point-in time indicator of level of functioning in the community, i.e., needs/does not need support, and the need for services, e.g., supported housing, shelter, etc. When measured over time, this data element shows the impact of treatment and specific interventions. At the program level it indicates the extent to which housing and related services and specialized staff are needed and can be used for comparison with community-based rates of persons in different living arrangements. When measured over time, it can show the number of consumers who move to or from different living situations.	16 State Performance Indicator Study FN11: Client Periodic #4 US Census: Q 33	Select one. Collect annually.



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Private residence without support	Individual lives in a house, apartment, trailer, hotel, dorm, barrack, single room occupancy (SRO) and does not require routine or planned support to maintain his/her independence in the living situation.		Use for adults and children
Private residence receiving support	Individual lives in a private residence (as above) and receives planned support to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living and/or manage symptoms. Support services are delivered in the person's home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home.		Use for adults and children
Foster home	Individual resides in a foster home. A foster home is a home licensed by a county department to provide foster care to children, adolescents, and/or adults. This includes		Use for children only



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families.		
24-hour residential care	Individual resides in a residential care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a group home, therapeutic group home, board and care, crisis residential, residential treatment, rehabilitation center, or residential care/treatment facility.		Use for adults and children
Institutional setting	Individual resides in an institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a skilled nursing/intermediate care facility, nursing homes, institutes of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility (PHF), veterans affairs hospital, or state hospital.		Use for adults and children
Jail/Correctional facility	Individual resides in a jail and/or correctional		Use for adults and children



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.		
Homeless/Shelter	A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is: a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).		Use for adults and children
Other			Specify
Unknown	Information on an individual's residence is not		



Table B. DS2000+ Person Core Non-HIPAA Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	available.		
Functional Status	A behavioral health-specific functional status measure is under development. The DS2000+ MHSIP. Liaison Group agreed that such a measure was important to include in the Person Core Data Standards. The data element recommended herein is a temporary placeholder for the final data element.	US Census: Q 16, 17	Select yes/no for all items. Collect annually.
Learning, remembering or concentrating	Because of a physical, mental, or emotional condition lasting 6 months or more does this person have any difficulty in doing any of the listed activities.		
Dressing, bathing, or getting around in home (yes/no)			
If 16 years or older: Going outside the home alone to shop or visit doctor's office (yes/no)			
If 16 years or older: Working at a job or business (yes/no)			





Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Racial Ethnic Group		URS Table 2A	
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian or Other Pacific Islander			
White			
More than one race reported			
Race not available			
Ethnic Status		URS Table 2B	
Non-Hispanic or Latino			
Hispanic or Latino			
Origin not available			
Age		URS Table 2A	
0-3			
4-12			
13-17			
18-20			
21-64			
65-74			
75+			
Not available			
English Proficiency	The client's reported ability to read,	FN11: Client Master #7	



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	understand, and speak English.		
Veteran Status	The client is/is not a US Veteran.	FN11: Client Master #9	Select one
Not a veteran			
Yes, previously on active duty			
Yes, currently on active duty			
Gender		URS Table 2A	
Male			
Female			
Not available			
Type of Employment		URS Table 4 FN11: Client Periodic #3	Select one
Competitively employed	Includes supported employment		
Supported			
Volunteer			
None			
Employed – at work full time	Full time is 35 or more hours per week. Specifies “competitively employed”.		
Employed – at work part time	Part time is less than 35 hours per week. Specifies “competitively employed”.		
Not in Labor Force	Retired, sheltered employment, sheltered workshops, other (homemaker, student, volunteer, disabled, etc)		



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Homelessness		URS Table 3A	
Homeless			
Non-homeless			
Homeless status not available			
Frequency of Homelessness Assessment		URS Table 3A	
at admission			
at discharge			
quarterly			
other			Describe



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Household Composition	<p>Household composition provides a count of persons. “A household “consists of all people who occupy a particular housing unit as their usual residence, or who live there at the time of the interview and have no usual residence elsewhere.... Households include not only occupants related to the householder but also any lodgers, roomers, boarders, partners, wards, foster children, and resident employees who share the living quarters of the householder. It includes people temporarily away for reasons such as visiting, traveling in connection with their jobs, attending school. In general hospitals, and in other temporary locations. ”</p> <p>(www.census.gov/hhes/www/housing/ahs/ahs99/appendixa.pdf)</p> <p>The number of family members living in a household is important for determining poverty level. It is also important for assessing a person’</p>	<p>US Census: Q1,2 and Person 2,3, etc. FN11: Client Periodic #5</p>	



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	available support system and social network.		
XX	How many people were living or staying in this house, apartment or mobile home on....?		Provide number.
Relationship	How is this person (number 2, 3, etc.) related to Person 1		Select one.
Husband/wife			
Natural-born son/daughter			
Stepson/stepdaughter			
Brother/sister			
Father/mother			
Grandchild			
Parent-in-law			
Son-in-law/daughter-in law			
Other relative (specify)			
Roomer			
Boarder			
Housemate			
Roommate			
Unmarried partner			
Foster child			
Other non-relative			



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Client lives alone			Select one.
Client lives with relatives			Specify relationship, plus biological, step, or adoptive
Client lives with non-related persons	Includes foster parents and other foster children, professional child care staff and other children in group care		Specify types of persons
Client lives with same age peers	E.g., adolescents		
Other			Specify
Referring Source	The provider or other source that referred the client for services.	FN11: Client Periodic #20	Select one
Self, family, or friend			
Police			
Court or correction agency			
School system or education agency			
Social Service agency			
Inpatient/residential organization			
Probation			
Other referral source			Specify
Disenrollment Disposition		FN11: Encounter #14 FN11: Client Eligibility #5	Select one
Transferred			



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Administratively discontinued	Indicates no contact with organization for 90 days		
Died			
Terminated services against advice			
Lost to contact			
Discharged – treatment completed; no referral			
Discharged – additional services advised; no referral			
Discharged – additional services advised; referral made			
Not applicable			
Income and Source		US Census: Q31, 32 Current Population Survey For complete definitions of terms see Attachment 3	
\$XXX,XXX	Total income in past year from all sources for person on record.		
\$XXX,XXX	Total income in past year from all sources for family/household that is accessible to person on record.		
XX	Number of persons in household/family for computing poverty level.		



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Source of Income			
Employment	Wages, salary, commissions, bonuses, or tips from all jobs.		Check all that apply.
Self employment	Income from own non-farm businesses or farm businesses, including proprietorships and partnerships.		
Interest and other	Interest, dividends, net rental income, royalty income, or income from estates and trusts.		
Social Security	Program which provides monthly benefits to retired and disabled workers, their dependents and survivors.		
Railroad Retirement	The Railroad Retirement System provides retirement, disability and survivor annuities to workers whose employment was connected with the railroad industry for at least 10 years.		
Social Security Disability (SSDI)	Disabled individuals are those unable to engage in any substantial gainful activity by reason of medically determined physical or mental impairment expected to result in death		



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	or that has lasted, or can be expected to last, for a continuous period of at least 12 months.		
Supplemental Security Income (SSI)	Means-tested, federally administered, income assistance program authorized by title XVI of the Social Security Act. Provides monthly cash payments in accordance with uniform, nationwide eligibility requirements to needy aged, blind and disabled persons.		
Any public assistance or welfare payments	Payments from state or local welfare office.		
Retirement, survivor or disability pensions	Do not include social security.		
Other	Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, alimony, etc.		



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
None			
Health Status	At the person level, perceived health status is an important indicator of level of wellbeing. As such it can be used for point-in-time assessments and to measure change over time in response to treatments and interventions. At the population level, comparisons can be made with the general population and other chronic illness groups.	National Health Interview Survey (NHIS)	Select one.
Excellent			
Very good			
Good			
Fair			
Poor			
Don't know/not sure			
Refused			



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Custody Status	This data element indicates the custody/guardianship or conservatorship status of the person. For non-minors and minors whose guardians are not parents, the element can be used to flag problems in level or nature of functioning, problems within the family, etc. At the program level, the element flags the need to obtain information, permissions, etc. from other persons and/or agencies. The category “state agency” can be used to flag the need for linkages with other programs both clinically and for data transfer.	FN11: Client Periodic #9	Select one.
Parent(s)			
Other relative(s)			
Non-relative(s)			
Independent/emancipated minor			
State agency			
Not applicable			
Education Status	At the person level, education status is	US Census: Q 8, 9 FN11: Client Periodic #1	Select the highest grade, degree or



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	<p>an important indicator of level of functioning. For children and adolescents, when assessed at baseline and subsequent points-in-time it can be used to indicate current level of functioning and show change over time. It can be used as an outcome measure for assessing the impact of treatments and interventions. For young people and for adults with low education status, it can be used to guide treatment, i.e., to indicate the need for education-related interventions. At program and population levels, educational achievement may be used to characterize a program's consumers compared to the general population in the community and to ensure availability of and access to education-related programs.</p> <p>Educational attainment applies only to</p>		<p>level of school completed.</p> <p>To conform to US Census, compute the following: Nursery school to 4th grade, 5th grade or 6th grade, 7th grade or 8th grade.</p> <p>To conform to the US Census, ask: “What is the highest level of school...completed or the highest degree...has received?”</p>



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	“regular” schools which include public, private, and parochial elementary and high schools, colleges, universities, professional, vocational, trade, and business schools.		
No schooling completed			
Nursery			
1st grade			
2nd grade			
3rd grade			
4th grade			
5th grade			
6th grade			
7th grade			
8th grade			
9th grade			
10th grade			
11th grade			
12 grade, no diploma			
High school graduate, high school diploma or the equivalent	e.g., GED		
Some college credit, but less than 1			



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
year			
1 or more years of college, no degree			
Associates degree	Includes people with an associate degree (e.g., AA or AS) in (1) an occupational program that prepares students for a specific occupation, and the course work may or may not creditable toward a bachelor's degree or (2) an academic program primarily in the arts and sciences, and the course work is transferable to a bachelor's degree.		
Bachelor's degree	e.g., BA, AB, BS		
Master's degree	e.g., MA, MS, Med, MSW, MBA		
Professional degree	Includes medicine, dentistry, pharmacy, law (e.g., MD, DDS, DVM, LLB, JD).		
Living Situation	This data element addresses two issues: private residence versus institutional residence and, within private residence, the need for support. Consequently, at the person level, it can be used as a point-in time	16 State Performance Indicator Study FN11: Client Periodic #4 US Census: Q 33	Select one. Collect annually.



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	<p>indicator of level of functioning in the community, i.e., needs/does not need support, and the need for services, e.g., supported housing, shelter, etc. When measured over time, this data element shows the impact of treatment and specific interventions. At the program level it indicates the extent to which housing and related services and specialized staff are needed and can be used for comparison with community-based rates of persons in different living arrangements. When measured over time, it can show the number of consumers who move to or from different living situations.</p>		
<p>Private residence without support</p>	<p>Individual lives in a house, apartment, trailer, hotel, dorm, barrack, single room occupancy (SRO) and does not require routine or planned support to maintain his/her independence in the living situation.</p>		<p>Use for adults and children</p>



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Private residence receiving support	Individual lives in a private residence (as above) and receives planned support to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living and/or manage symptoms. Support services are delivered in the person's home environment. The person providing the support services may include a family member or a friend living with the client or a person/organization periodically visiting the home.		Use for adults and children
Foster home	Individual resides in a foster home. A foster home is a home licensed by a county department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes		Use for children only



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	of trained families.		
24-Hour residential care	Individual resides in a residential care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a group home, therapeutic group home, board and care, crisis residential, residential treatment, rehabilitation center, or residential care/treatment facility.		Use for adults and children
Institutional setting	Individual resides in an institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a skilled nursing/intermediate care facility, nursing homes, institutes of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility (PHF), Veterans Affairs hospital, or state hospital.		Use for adults and children
Jail/Correctional facility	Individual resides in a jail and/or		Use for adults and



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	<p>correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.</p>		<p>children</p>
<p>Homeless/Shelter</p>	<p>A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is: a supervised publicly or privately operated shelter designed to provide temporary living accommodations; an institution that provides a temporary residence for individuals intended to be institutionalized; a public or private place not designed for, or ordinarily used as, a regular sleeping</p>		<p>Use for adults and children</p>



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
	accommodation for human beings (e.g., on the street).		
Other			Specify
Unknown	Information on an individual's residence is not available.		
Functional Status	A behavioral health-specific functional status measure is under development. The DS2000+ MHSIP Liaison Group agreed that such a measure was important to include in the core Person Data Standards. The data element recommended herein is a temporary placeholder for the final data element.	US Census: Q 16, 17	Select yes/no for all items. Collect annually.
Learning, remembering or concentrating (yes/no)	Because of a physical, mental, or emotional condition lasting 6 months or more does this person have any difficulty in doing any of the listed activities.		



Table C. DS2000+ Person Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Dressing, bathing, or getting around in home (yes/no)			
If 16 years old or older: Going outside the home alone to shop or visit doctor's office (yes/no)			
If 16 years old or older: Working at a job or business (yes/no)			



Tables D and E. Decision Support 2000+ Encounter Core HIPAA Data Standards

The DS2000 Encounter + Core HIPAA Data Standards consist of the data elements in the HIPAA Health Care Claim Professional and Institutional Transactions (837) Implementation Guides (IG). Table D shows these data elements for professional settings and Table E shows them for institutional settings. In both Tables, the data elements are presented in the order in the IG by hierarchical level, loop, segment [Seg ID], reference designator ([Ref Des] a code indicating the data element's segment and sequential position within it), name, number, and page in the IG. Data elements are listed the first time they appear; readers should refer to the first usage for detail. For example, N1 appears in several loops, but the data elements are listed only under the first occurrence (i.e. in Loop 1000A). If a data element appears several times a note follows the first appearance (e.g., x3) to indicate it appears three times. The reader should refer to the IG for a complete reference of the loop, segment, and data element details.

Table D. DS2000+ Encounter Core HIPAA Data Standards For Professional Settings				
Seg ID	Ref Des	Data Element Name	Number	Page
Table 1 - Header				
ST		Transaction Set Header	-	62
	ST01	Transaction Set Identifier Code	143	62
	ST02	Transaction Set Control Number	329	62
BHT		Beginning of Hierarchical Transaction	-	63
	BHT01	Hierarchical Structure Code	1005	63
	BHT02	Transaction Set Purpose Code	353	64
	BHT03	Reference Identification	127	64
	BHT04	Date	373	64
	BHT05	Time	337	65
	BHT06	Transaction Type Code	640	65
REF		Transmission Type Identification	-	66
	REF01	Reference Identification Qualifier	128	66
	REF02	Reference Identification	127	66
LOOP 1000A SUBMITTER NAME				
NM1		Submitter Name	-	67
	NM101	Entity Identifier Code	98	68
	NM102	Entity Type Qualifier	1065	68
	NM103	Name Last or Organization Name	1035	68
	NM104	Name First	1036	68
	NM105	Name Middle	1037	68
	NM108	Identification Code Qualifier	66	68
	NM109	Identification Code	67	69
N2		Additional Submitter Name Information	-	70
	N201	Name	93	70
PER		Submitter EDI Contact Information	-	71
	PER01	Contact Function Code	366	72
	PER02	Name	93	72
	PER03	Communication Number Qualifier (x3)	365	72
	PER04	Communication Number (x3)	364	72



Table D. DS2000+ Encounter Core HIPAA Data Standards For Professional Settings				
Seg ID	Ref Des	Data Element Name	Number	Page
LOOP 1000B RECEIVER NAME				
NM1		Receiver Name	-	74
N2		Receiver Additional Name Information	-	76
Table 2 – Detail				
LOOP 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL				
HL		Billing/Pay-to Provider Hierarchical Level	-	77
	HL01	Hierarchical ID Number	628	78
	HL03	Hierarchical Level Code	735	78
	HL04	Hierarchical Child Code	736	78
PRV		Billing/Pay-to Provider Specialty Information	-	79
	PRV01	Provider Code	1221	79
	PRV02	Reference Identification Qualifier	128	80
	PRV03	Reference Identification	127	80
CUR		Foreign Currency Information	-	81
	CUR01	Entity Identifier Code	98	82
	CUR02	Currency Code	100	82
LOOP 2010AA BILLING PROVIDER NAME				
NM1		Billing Provider Name	-	84
N2		Additional Billing Provider Name Information	-	87
N3		Billing Provider Address		88
	N301	Address Information (X2)	166	88
N4		Billing Provider City/State/ZIP Code	-	89
	N401	City Name	19	89
	N402	State or Province Code	156	90
	N403	Postal Code	116	90
	N404	Country Code	26	90
REF		Billing Provider Secondary Identification	-	91
REF		Credit/Debit Card Billing Information	-	94
PER		Billing Provider Contact Information	-	96
LOOP 2010AB PAY-TO PROVIDER NAME				
NM1		Pay-to Provider Name	-	99
N2		Additional Pay-to Provider Name Information	-	102
N3		Pay-to Provider Address	-	103
N4		Pay-to Provider City/State/ZIP Code	-	104
REF		Pay-to-Provider Secondary Information	-	106



Table D. DS2000+ Encounter Core HIPAA Data Standards For Professional Settings

Seg ID	Ref Des	Data Element Name	Number	Page
LOOP 2000B SUBSCRIBER HIERARCHICAL LEVEL				
HL		Subscriber Hierarchical Level	-	108
	HL02	Hierarchical Parent ID Number	734	109
SBR		Subscriber Information	-	110
	SBR01	Payer Responsibility Sequence Number Code	1138	110
	SBR02	Individual Relationship Code	1069	111
	SBR03	Reference Identification	127	111
	SBR04	Name	93	111
	SBR05	Insurance Type Code	1336	111
	SBR09	Claim Filing Indicator Code	1032	112
PAT		Patient Information	-	114
	PAT05	Date Time Period Format Qualifier	1250	115
	PAT06	Date Time Period	1251	115
	PAT07	Unit or Basis for Measurement Code	355	115
	PAT08	Weight	81	115
	PAT09	Yes/No Condition or Response Code	1073	116
LOOP 2010BA SUBSCRIBER NAME				
NM1		Subscriber Name	-	117
N2		Additional Subscriber Name Information	-	120
N3		Subscriber Address	-	121
N4		Subscriber City/State/ZIP Code	-	122
DMG		Subscriber Demographic Information	-	124
	DMG01	Date Time Period Format Qualifier	1250	124
	DMG02	Date Time Period	1251	125
	DMG03	Gender Code	1068	125
REF		Subscriber Secondary Information	-	126
REF		Property and Casualty Claim Number	-	128
LOOP 2010BB PAYER NAME				
NM1		Payer Name	-	130
N2		Additional Payer Name Information	-	133
N3		Payer Address	-	134
N4		Payer City/State/ZIP Code	-	135
REF		Payer Secondary Information	-	137
LOOP 2010BC RESPONSIBLE PARTY NAME				
NM1		Responsible Party Name	-	139
N2		Additional Responsible Party Name Information	-	142
N3		Responsible Party Address	-	143
N4		Responsible Party City/State/ZIP Code	-	144
LOOP 2010BD CREDIT/DEBIT CARD HOLDER NAME				
NM1		Credit/Debit Card Holder Name	-	146
N2		Additional Credit/Debit Card Holder Name Information	-	149



Table D. DS2000+ Encounter Core HIPAA Data Standards For Professional Settings

Seg ID	Ref Des	Data Element Name	Number	Page
REF		Credit/Debit Card Information	-	150
LOOP 2000C PATIENT HIERARCHICAL LEVEL				
HL		Patient Hierarchical Level	-	152
PAT		Patient Information	-	154
LOOP 2010CA PATIENT NAME				
NM1		Patient Name	-	157
N2		Additional Patient Name Information	-	160
N3		Patient Address	-	161
N4		Patient City/State/ZIP Code	-	162
DMG		Patient Demographic Information	-	164
REF		Patient Secondary Information	-	166
REF		Property and Casualty Claim Number	-	168
LOOP 2300 CLAIM INFORMATION				
CLM		Claim Information	-	170
	CLM01	Claim Submitter's Identifier	1028	171
	CLM02	Monetary Amount	782	172
	CLM05	Health Care Service Location Information	C023	172
	CLM05-1	Facility Code Value	1331	173
	CLM05-3	Claim Frequency Type Code	1325	173
	CLM06	Yes/No Condition or Response Code	1073	174
	CLM07	Provider Accept Assignment Code	1359	174
	CLM08	Yes/No Condition or Response Code	1073	175
	CLM09	Release of Information Code	1363	175
	CLM10	Patient Signature Source Code	1351	176
	CLM11	RELATED CAUSES INFORMATION	C024	176
	CLM11-1	Related-Causes Code (X3)	1362	176-177
	CLM11-4	State or Province Code	156	177
	CLM11-5	Country Code	26	178
	CLM12	Special Program Code	1366	178
	CLM16	Provider Agreement Code	1360	178
	CLM20	Delay Reason Code	1514	179
DTP		Date – Order Date	-	180
	DTP01	Date/Time Qualifier	374	180
	DTP02	Date Time Period Format Qualifier	1250	180
	DTP03	Date Time Period	1251	181
DTP		Date – Initial Treatment	-	182
DTP		Date – Referral Date	-	184
DTP		Date – Date Last Seen	-	186
DTP		Date – Onset of Current Illness/Symptom	-	188
DTP		Date – Acute Manifestation	-	190
DTP		Date – Similar Illness/Symptom Onset	-	192
DTP		Date – Accident	-	194
DTP		Date – Last Menstrual Period	-	196
DTP		Date – Last X-ray	-	197
DTP		Date – Estimated Date of Birth	-	199
DTP		Date – Hearing and Vision Prescription Date	-	200
DTP		Date – Disability Begin	-	201
DTP		Date – Disability End	-	203



Table D. DS2000+ Encounter Core HIPAA Data Standards For Professional Settings

Seg ID	Ref Des	Data Element Name	Number	Page
DTP		Date – Last Worked	-	205
DTP		Date – Authorized Return to Work	-	206
DTP		Date – Admission	-	208
DTP		Date – Discharge	-	210
DTP		Date – Assumed and Relinquished Care Dates	-	212
PWK		Claim Supplemental Information	-	214
	PWK01	Report Type Code	755	215
	PWK02	Report Transmission Code	756	216
	PWK05	Identification Code Qualifier	66	216
	PWK06	Identification Code	67	216
CN1		Contract Information	-	217
	CN101	Contract Type Code	1166	217
	CN102	Monetary Amount	782	218
	CN103	Percent	332	218
	CN104	Reference Identification	127	218
	CN105	Terms Discount Percent	338	218
	CN106	Version Identifier	799	218
AMT		Credit/Debit Card Maximum Amount	-	219
	AMT01	Amount Qualifier Code	522	219
	AMT02	Monetary Amount	782	219
AMT		Patient Amount Paid	-	220
AMT		Total Purchased Service Amount	-	221
REF		Service Authorization Exception Code	-	222
REF		Mandatory Medicare (Section 4081) Crossover Indicator	-	224
REF		Mammography Certification Number	-	226
REF		Prior Authorization or Referral Number	-	227
REF		Original Reference Number (ICN/DCN)	-	229
REF		Clinical Laboratory Improvement Amendment (CLIA) Number	-	231
REF		Repriced Claim Number	-	233
REF		Adjusted Repriced Claim Number	-	235
REF		Investigational Device Exemption Number	-	236
REF		Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	-	238
REF		Ambulatory Patient Group (APG)	-	240
REF		Medical Record Number	-	241
REF		Demonstration Project Identifier	-	242
K3		File Information	-	244
	K301	Fixed Format Information	449	245
NTE		Claim Note	-	246
	NTE01	Note Reference Code	363	247
	NTE02	Description	352	247
CR1		Ambulance Transport Information	-	248
	CR101	Unit or Basis for Measurement Code	355	249
	CR102	Weight	81	249
	CR103	Ambulance Transport Code	1316	249
	CR104	Ambulance Transport Reason Code	1317	249
	CR105	Unit or Basis for Measurement Code	355	250
	CR106	Quantity	380	250
	CR109	Description (X2)	352	250
CR2		Spinal Manipulation Service Information	-	251
	CR201	Count	609	252
	CR202	Quantity	380	252
	CR203	Subluxation Level Code (X2)	1367	252-254
	CR205	Unit or Basis for Measurement Code	355	254
	CR206	Quantity (X2)	380	255
	CR208	Nature of Condition Code	1342	255
	CR209	Yes/No Condition or Response Code	1073	255
	CR210	Description (X2)	352	256
	CR212	Yes/No Condition or Response Code	1073	256



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Seg ID	Ref Des	Data Element Name	Number	Page
CRC		Ambulance Certification	-	257
	CRC01	Code Category	1136	257
	CRC02	Yes/No Condition or Response Code	1073	258
	CRC03	Condition Indicator (X5)	1321	258-259
CRC		Patient Condition Information: Vision	-	260
CRC		Homebound Indicator	-	263
	CRC03	Condition Indicator	1321	264
HI		Health Care Diagnosis Code	-	265
	H101	Health Care Code Information (X8)	C022	265-270
	H101-1	Code List Qualifier Code (X8)	1270	266-270
	H101-2	Industry Code (X8)	1271	266-270
HCP		Claim Pricing/Repricing Information	-	271
	HCP01	Pricing Methodology	1473	272
	HCP02	Monetary Amount (X2)	782	272-273
	HCP04	Reference Identification	127	273
	HCP05	Rate	118	273
	HCP06	Reference Identification	127	273
	HCP07	Monetary Amount	782	273
	HCP13	Reject Reason Code	901	274
	HCP14	Policy Compliance Code	1526	274
	HCP15	Exception Code	1527	275
LOOP 2305 HOME HEALTH CARE PLAN INFORMATION				
CR7		Home Health Care Plan Information	-	276
	CR701	Discipline Type Code	921	276
	CR702	Number (X2)	1470	277
HSD		Health Care Services Delivery	-	278
	HSD01	Quantity Qualifier	673	279
	HSD02	Quantity	380	279
	HSD03	Unit or Basis for Measurement Code	355	279
	HSD04	Sample Selection Modulus	1167	280
	HSD05	Time Period Qualifier	615	280
	HSD06	Number of Periods	616	280
	HSD07	Ship/Delivery or Calendar Pattern Code	678	280
	HSD08	Ship/Delivery Pattern Time Code	679	281
LOOP 2310A REFERRING PROVIDER NAME				
NM1		Referring Provider Name	-	282
PRV		Referring Provider Specialty Information	-	285
N2		Additional Referring Provider Name Information	-	287
REF		Referring Provider Secondary Identification	-	288
LOOP 2310B RENDERING PROVIDER NAME				
NM1		Rendering Provider Name	-	290
PRV		Rendering Provider Specialty Information	-	293
N2		Additional Rendering Provider Name Information	-	295
REF		Rendering Provider Secondary Identification	-	296



Table D. DS2000+ Encounter Core HIPAA Data Standards For Professional Settings				
Seg ID	Ref Des	Data Element Name	Number	Page
LOOP 2310C PURCHASED SERVICE PROVIDER NAME				
NM1		Purchased Service Provider Name	-	298
REF		Purchased Service Provider Secondary Identification	-	301
LOOP 2310D SERVICE FACILITY LOCATION				
NM1		Service Facility Location	-	303
N2		Additional Service Facility Location Name Information	-	306
N3		Service Facility Location Address	-	307
N4		Service Facility Location City/State/ZIP	-	308
REF		Service Facility Location Secondary Identification	-	310
LOOP 2310E SUPERVISING PROVIDER NAME				
NM1		Supervising Provider Name	-	312
N2		Additional Supervising Provider Name Information	-	315
REF		Supervising Provider Secondary Identification	-	316
LOOP 2320 OTHER SUBSCRIBER INFORMATION				
SBR		Other Subscriber Information	-	318
CAS		Claim Level Adjustments	-	323
	CAS01	Claim Adjustment Group Code	1033	326
	CAS02	Claim Adjustment Reason Code (X6)	1034	326-330
	CAS03	Monetary Amount (X6)	782	326-330
	CAS04	Quantity (X6)	380	326-331
AMT		Coordination of Benefits (COB) Payer Paid Amount	-	332
AMT		Coordination of Benefits (COB) Approved Amount	-	333
AMT		Coordination of Benefits (COB) Allowed Amount	-	334
AMT		Coordination of Benefits (COB) Patient Responsibility Amount	-	335
AMT		Coordination of Benefits (COB) Covered Amount	-	336
AMT		Coordination of Benefits (COB) Discount Amount	-	337
AMT		Coordination of Benefits (COB) Per Day Limit Amount	-	338
AMT		Coordination of Benefits (COB) Patient Paid Amount	-	339
AMT		Coordination of Benefits (COB) Tax Amount	-	340
AMT		Coordination of Benefits (COB) Total Claim Before Taxes Amount	-	341
DMG		Subscriber Demographic Information	-	342
OI		Other Insurance Coverage Information	-	344
	OI03	Yes/No Condition or Response Code	1073	345
	OI04	Patient Signature Source Code	1351	345
	OI06	Release of Information Code	1363	345
MOA		Medicare Outpatient Adjudication Information	-	347
	MOA01	Percent	954	347
	MOA02	Monetary Amount	782	348
	MOA04	Reference Identification (X5)	127	348-349
	MOA08	Monetary Amount (X2)	782	349



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Seg ID	Ref Des	Data Element Name	Number	Page
LOOP 2330A OTHER SUBSCRIBER NAME				
NM1		Other Subscriber Name	-	350
N2		Additional Other Subscriber Name Information	-	353
N3		Other Subscriber Address	-	354
N4		Other Subscriber City/State/ZIP Code	-	355
REF		Other Subscriber Secondary Identification	-	357
LOOP 2330B OTHER PAYER NAME				
NM1		Other Payer Name	-	359
N2		Additional Other Payer Name	-	362
PER		Other Payer Contact Information		363
	PER01	Contact Function Code	366	364
	PER02	Name	93	364
	PER03	Communication Number Qualifier (X3)	365	364-365
	PER04	Communication Number (X3)	364	364-365
DTP		Claim Adjudication Date	-	366
REF		Other Payer Secondary Identifier	-	368
REF		Other Payer Prior Authorization or Referral Number	-	370
REF		Other Payer Claim Adjustment Indicator	-	372
LOOP 2330C OTHER PAYER PATIENT INFORMATION				
NM1		Other Payer Patient Information	-	374
REF		Other Payer Patient Identification	-	376
LOOP 2330D OTHER PAYER REFERRING PROVIDER				
NM1		Other Payer Referring Provider	-	378
REF		Other Payer Referring Provider Identification	-	380
LOOP 2330E OTHER PAYER RENDERING PROVIDER				
NM1		Other Payer Rendering Provider	-	382
REF		Other Payer Rendering Provider Secondary Identification	-	384
LOOP 2330F OTHER PAYER PURCHASED SERVICE PROVIDER				
NM1		Other Payer Purchased Service Provider	-	386
REF		Other Payer Purchased Service Provider Identification	-	388
LOOP 2330G OTHER PAYER SERVICE FACILITY LOCATION				
NM1		Other Payer Service Facility Location	-	390
	NM101	Entity Identifier Code	98	391



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Seg ID	Ref Des	Data Element Name	Number	Page
	NM102	Entity Type Qualifier	1065	391
	NM103	Name Last or Organization Name	1035	391
REF		Other Payer Service Facility Location Identification	-	392
LOOP 2330H OTHER PAYER SUPERVISING PROVIDER				
NM1		Other Payer Supervising Provider	-	394
REF		Other Payer Supervising Provider Identification	-	396
LOOP 2400 SERVICE LINE				
LX		Service Line	-	398
	LX01	Assigned Number	554	399
SV1		Professional Service	-	400
	SV101	Composite Medical Procedure Identifier	C003	400
	SV101-1	Product/Service ID Qualifier	235	401
	SV101-2	Product/Service	234	401
	SV101-3	Procedure Modifier (X4)	1339	401-402
	SV102	Monetary Amount	782	402
	SV103	Unit or Basis for Measurement Code	355	403
	SV104	Quantity	380	403
	SV105	Facility Code Value	1331	404
	SV107	Composite Diagnosis Code Pointer	C004	405
	SV107-1	Diagnosis Code Pointer (X4)	1328	405
	SV109	Yes/No Condition or Response Code (X3)	1073	406
	SV115	Copay Status Code	1327	407
SV4		Prescription Number	-	408
	SV401	Reference Identification	127	409
PWK		DMERCCMN Indicator	-	410
	PWK01	Report Type Code	755	410
	PWK02	Report Transmission Code	756	411
CR1		Ambulance Transport Information	-	412
CR2		Spinal Manipulation Service Information	-	415
	CR209	Yes/No Condition or Response Code	1073	419
CR3		Durable Medical Equipment Certification	-	421
	CR301	Certification Type Code	1322	421
	CR302	Unit or Basis for Measurement Code	355	422
	CR303	Quantity	380	422
CR5		Home Oxygen Therapy Information	-	423
	CR501	Certification Type Code	1322	424
	CR502	Quantity (X3)	380	424-425
	CR512	Oxygen Test Condition Code	1349	425
	CR513	Oxygen Test Findings Code (X3)	1350	425-426
CRC		Ambulance Certification	-	427
CRC		Hospice Employee Indicator	-	430
CRC		DMERC Condition Indicator	-	432
DTP		Date – Service Date	-	435
DTP		Date – Certification Revision Date	-	437
DTP		Date – Referral Date	-	439
DTP		Date – Begin Therapy Date	-	440
DTP		Date – Last Certification Date	-	442
DTP		Date – Order Date	-	444
DTP		Date – Date Last Seen	-	445
DTP		Date – Test	-	447
DTP		Date – Oxygen Saturation/Arterial Blood Gas Test	-	449



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Seg ID	Ref Des	Data Element Name	Number	Page
DTP		Date – Shipped	-	451
DTP		Date – Onset of Current Symptom/Illness	-	452
DTP		Date – Last X-ray	-	454
DTP		Date – Acute Manifestation	-	456
DTP		Date – Initial Treatment	-	458
DTP		Date – Similar Illness/Symptom Onset	-	460
QTY		Anesthesia Modifying Units	-	462
	QTY01	Quantity Qualifier	673	462
	QTY02	Quantity	380	463
MEA		Test Result	-	464
	MEA01	Measurement Reference ID Code	737	465
	MEA02	Measurement Qualifier	738	465
	MEA03	Measurement Value	739	465
CN1		Contract Information	-	466
	CN101	Contract Type Code	1166	466
	CN102	Monetary Amount	782	467
	CN103	Percent	332	467
	CN104	Reference Identification	127	467
	CN105	Terms Discount Percent	338	467
	CN106	Version Identifier	799	467
REF		Repriced Line Item Reference Number	-	468
REF		Adjusted Repriced Line Item Reference Number	-	469
REF		Prior Authorization or Referral Number	-	470
REF		Line Item Control Number	-	472
REF		Mammography Certification Number	-	474
REF		Clinical Laboratory Improvement Amendment (CLIA) Identification	-	475
REF		Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Information	-	477
REF		Immunization Batch Number	-	478
REF		Ambulatory Patient Group (APG)	-	479
REF		Oxygen Flow Rate	-	480
REF		Universal Product Number (UPN)	-	482
AMT		Sales Tax Amount	-	484
AMT		Approved Amount	-	485
AMT		Postage Claimed Amount	-	486
K3		File Information	-	487
NTE		Line Note	-	488
PS1		Purchased Service Information	-	489
	PS101	Reference Identification	127	489
	PS102	Monetary Amount	782	490
HSD		Health Care Services Delivery	-	491
HCP		Line Pricing/Repricing Information	-	495
LOOP 2420A RENDERING PROVIDER NAME				
NM1		Rendering Provider Name	-	501
PRV		Rendering Provider Specialty Information	-	504
N2		Additional Rendering Provider Name Information	-	506
REF		Rendering Provider Secondary Identification	-	507
LOOP 2420B PURCHASED SERVICE PROVIDER NAME				
NM1		Purchased Service Provider Name	-	509
REF		Purchased Service Provider Secondary Identification	-	512



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Seg ID	Ref Des	Data Element Name	Number	Page
LOOP 2420C SERVICE FACILITY LOCATION				
NM1		Service Facility Location	-	514
N2		Additional Service Facility Location Name Information	-	517
N3		Service Facility Location Address	-	518
N4		Service Facility Location City/State/ZIP	-	519
REF		Service Facility Location Secondary Identification	-	521
LOOP 2420D SUPERVISING PROVIDER NAME				
NM1		Supervising Provider Name	-	523
N2		Additional Supervising Provider Name Information	-	526
REF		Supervising Provider Secondary Identification	-	527
LOOP 2420E ORDERING PROVIDER NAME				
NM1		Ordering Provider Name	-	529
N2		Additional Ordering Provider Name Information	-	532
N3		Ordering Provider Address	-	533
N4		Ordering Provider City/State/ZIP Code	-	534
REF		Ordering Provider Secondary Identification	-	536
PER		Ordering Provider Contact Information	-	538
LOOP 2420F REFERRING PROVIDER NAME				
NM1		Referring Provider Name	-	541
PRV		Referring Provider Specialty Information	-	544
N2		Additional Referring Provider Name Information	-	546
REF		Referring Provider Secondary Identification	-	547
LOOP 2420G OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER				
NM1		Other Payer Prior Authorization or Referral Number	-	549
REF		Other Payer Prior Authorization or Referral Number	-	552
LOOP 2430 LINE ADJUDICATION INFORMATION				
SVD		Line Adjudication Information	-	554
	SVD01	Identification Code	67	555
	SVD02	Monetary Amount	782	555
	SVD03	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	C003	555
	SVD03-1	Product/Service ID Identifier	235	555
	SVD03-2	Product/Service ID	234	556
	SVD03-3	Procedure Modifier (x4)	1339	556
	SVD03-7	Description	352	557
	SVD05	Quantity	380	557
	SVD06	Assigned Number	554	557



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Seg ID	Ref Des	Data Element Name	Number	Page
CAS		Line Adjustment	-	558
DTP		Line Adjudication Date	-	566
LOOP 2440 FORM IDENTIFICATION CODE				
LQ		Form Identification Code	-	567
	LQ01	Code List Qualifier Code	1270	568
	LQ02	Industry Code	1271	568
FRM		Supporting Documentation	-	569
	FRM01	Assigned Identification	350	570
	FRM02	Yes/No Condition or Response Code	1073	570
	FRM03	Reference Identification	127	571
	FRM04	Date	373	571
	FRM05	Percent	332	571
SE		Transaction Set Trailer	-	572
	SE01	Number of Included Segments	96	572
	SE02	Transaction Set Control Number	329	572



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Seg ID	Ref Des	Data Element Name	Number	Page
Table 1- Header				
ST		Transaction Set Header	-	56
	ST01	Transaction Set Identifier Code	143	56
	ST02	Transaction Set Control Number	329	56
BHT		Beginning of Hierarchical Transaction	-	57
	BHT01	Hierarchical Structure Code	1005	57
	BHT02	Transaction Set Purpose Code	353	58
	BHT03	Reference Identification	127	58
	BHT04	Date	373	58
	BHT05	Time	337	58
	BHT06	Transaction Type Code	640	59
REF		Transmission Type Identification	-	60
	REF01	Reference Identification Qualifier	128	60
	REF02	Reference Identification	127	60
LOOP 1000A SUBMITTER NAME				
NM1		Submitter Name	-	61
	NM101	Entity Identifier Code	98	62
	NM102	Entity Type Qualifier	1065	62
	NM103	Name Last or Organization Name	1035	62
	NM104	Name First	1036	62
	NM105	Name Middle	1037	62
	NM108	Identification Code Qualifier	66	62
	NM109	Identification Code	67	63
PER		Submitter EDI Contact Information	-	64
	PER01	Contact Function Code	366	65
	PER02	Name	93	65
	PER03	Communication Number Qualifier (x3)	365	65-66
	PER04	Communication Number (x3)	364	65-66
LOOP 1000B RECEIVER NAME				
NM1		Receiver Name	-	67
Table 2 - Detail				
LOOP 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL				
HL		Billing/Pay-to Provider Hierarchical Level	-	69
	HL01	Hierarchical ID Number	628	70
	HL03	Hierarchical Level Code	735	70
	HL04	Hierarchical Child Code	736	70
PRV		Billing/Pay-to Provider Specialty Information	-	71
	PRV01	Provider Code	1221	71
	PRV02	Reference Identification Qualifier	128	72
	PRV03	Reference Identification	127	72



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Seg ID	Ref Des	Data Element Name	Number	Page
CUR		Foreign Currency Information	-	73
	CUR01	Entity Identifier Code	98	74
	CUR02	Currency Code	100	74
LOOP 2010AA BILLING PROVIDER NAME				
NM1		Billing Provider Name	-	76
N3		Billing Provider Address	-	79
	N301	Address Information (X2)	166	79
N4		Billing Provider City/State/ZIP Code	-	80
	N401	City Name	19	80
	N402	State or Province Code	156	81
	N403	Postal Code	116	81
	N404	Country Code	26	81
REF		Billing Provider Secondary Identification	-	82
REF		Credit/Debit Card Billing Information	-	85
PER		Billing Provider Contact Information	-	87
LOOP 2010AB PAY-TO PROVIDER NAME				
NM1		Pay-to Provider Name	-	91
N3		Pay-to Provider Address	-	94
N4		Pay-to Provider City/State/ZIP Code	-	95
REF		Pay-to-Provider Secondary Information	-	97
LOOP 2000B SUBSCRIBER HIERARCHICAL LEVEL				
HL		Subscriber Hierarchical Level	-	99
	HL01	Hierarchical ID Number	628	100
	HL02	Hierarchical Parent ID Number	734	100
	HL03	Hierarchical Level Code	735	100
	HL04	Hierarchical Child Code	736	100
SBR		Subscriber Information	-	101
	SBR01	Payer Responsibility Sequence Number Code	1138	102
	SBR02	Individual Relationship Code	1069	103
	SBR03	Reference Identification	127	103
	SBR04	Name	93	103
	SBR09	Claim Filing Indicator Code	1032	104
PAT		Patient Information	-	106
	PAT07	Unit or Basis for Measurement Code	355	107
	PAT08	Weight	81	107
	PAT09	Yes/No Condition or Response Code	1073	107
LOOP 2010BA SUBSCRIBER NAME				
NM1		Subscriber Name	-	108
N3		Subscriber Address	-	112
N4		Subscriber City/State/ZIP Code	-	113
DMG		Subscriber Demographic Information	-	115
	DMG01	Date Time Period Format Qualifier	1250	115
	DMG02	Date Time Period	1251	116



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Seg ID	Ref Des	Data Element Name	Number	Page
	DMG03	Gender Code	1068	116
REF		Subscriber Secondary Identification	-	117
REF		Property and Casualty Claim Number	-	119
LOOP 2010BB CREDIT/DEBIT CARD ACCOUNT HOLDER NAME				
NM1		Credit/Debit Card Holder Name	-	121
REF		Credit/Debit Card Information	-	124
LOOP 2010BC PAYER NAME				
NM1		Responsible Payer Name	-	126
N3		Payer Address	--	129
N4		Payer City/State /ZIP Code	-	130
REF		Payer Secondary Information	-	132
LOOP 2010BD RESPONSIBLE PARTY NAME				
NM1		Responsible Party Name	-	134
N3		Responsible Party Address	-	136
N4		Responsible Party City/State /ZIP Code	-	137
LOOP 2000C PATIENT HIERARCHICAL LEVEL				
HL		Patient Hierarchical Level	-	139
PAT		Patient Information	-	141
LOOP 2010CA PATIENT NAME				
NM1		Patient Name	-	145
N3		Patient Address	-	148
N4		Patient City/State/ZIP Code	-	149
DMG		Patient Demographic Information	-	151
REF		Patient Secondary Identification Number	-	153
REF		Property and Casualty Claim Number	-	155
LOOP 2300 CLAIM INFORMATION				
CLM		Claim Information	-	157
	CLM01	Claim Submitter's Identifier	1028	158
	CLM02	Monetary Amount	782	159
	CLM05	Health Care Service Location Information	C023	159
	CLM05-1	Facility Code Value	1331	159
	CLM05-2	Facility Code Qualifier	1332	159
	CLM05-3	Claim Frequency Type Code	1325	159
	CLM06	Yes/No Condition or Response Code	1073	160



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Seg ID	Ref Des	Data Element Name	Number	Page
	CLM07	Provider Accept Assignment Code	1359	160
	CLM08	Yes/No Condition or Response Code	1073	160
	CLM09	Release of Information Code	1363	161
	CLM11	Related Causes Information	C024	161
	CLM11-1	Related-Causes Code (X3)	1362	161
	CLM11-4	State or Province Code	156	162
	CLM11-5	Country Code	26	163
	CLM12	Special Program Code	1366	163
	CLM18	Yes/No Condition or Response Code	1073	163
	CLM20	Delay Reason Code	1514	164
DTP		Discharge Hour	-	165
	DTP01	Date/Time Qualifier	374	165
	DTP02	Date Time Period Format Qualifier	1250	165
	DTP03	Date Time Period	1251	165
DTP		Statement Dates	-	167
DTP		Admission Date/Hour	-	169
CLI		Institutional Claim Code	-	171
	CL101	Admission Type Code	1315	171
	CL102	Admission Source Code	1314	172
	CL103	Patient Status Code	1352	172
PWK		Claim Supplemental Information	-	173
	PWK01	Report Type Code	755	174
	PWK02	Report Transmission Code	756	174
	PWK05	Identification Code Qualifier	66	175
	PWK06	Identification Code	67	175
	PWK07	Description	352	175
CNI		Contract Information	-	176
	CN101	Contract Type Code	1166	176
	CN102	Monetary Amount	782	177
	CN103	Percent	332	177
	CN104	Reference Identification	127	177
	CN105	Terms Discount Percent	338	177
	CN106	Version Identifier	799	177
AMT		Payer Estimated Amount Due (X3)	-	178
	AMT01	Amount Qualifier Code	522	178
	AMT02	Monetary Amount	782	179
REF		Adjusted Repriced Claim Number	-	185
REF		Repriced Claim Number	-	186
REF		Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	-	187
REF		Document Identification Code	-	189
REF		Original Reference Number	-	191
REF		Investigational Device Exemption Number	-	193
REF		Service Authorization Exemption Code	-	195
REF		Peer Review Organization (PRO) Approval Number	-	197
REF		Prior Authorization or Referral Number	-	198
REF		Medical Record Number	-	200
REF		Demonstration Project Identifier	-	202
K3		File Information	-	204
	K301	Fixed Format Information	449	204
NTE		Claim Note	-	205
	NTE01	Note Reference Code	363	206
	NTE02	Description	352	207
NTE		Billing Note	-	208
CR6		Home Health Care Information	-	210
	CR601	Prognosis Code	923	211
	CR602	Date	373	211



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Seg ID	Ref Des	Data Element Name	Number	Page
	CR603	Date Time Period Format Qualifier	1250	211
	CR604	Date Time Period	1251	212
	CR605	Date	373	212
	CR606	Yes/No Condition or Response Code (X2)	1073	212-213
	CR608	Certification Type Code	1322	213
	CR609	Date	373	213
	CR610	Product/Service ID Qualifier	235	214
	CR611	Medical Code Value	1137	214
	CR612	Date (X3)	373	214-215
	CR615	Date Time Period Format Qualifier	1250	215
	CR616	Date Time Period	1251	215
	CR617	Patient Location Code	1384	216
	CR618	Date (X4)	373	216-217
CRC		Home Health Functional Limitations	-	218
	CRC01	Code Category	1136	218
	CRC02	Yes/No Condition or Response Code	1073	219
	CRC03	Condition Indicator (X5)	1321	219-220
CRC		Home Health Activities Permitted	-	221
	CRC01	Code Category	1136	221
	CRC02	Yes/No Condition or Response Code	1073	222
	CRC03	Condition Indicator (X5)	1321	222-223
CRC		Home Health Mental Status	-	224
	CRC01	Code Category	1136	224
	CRC02	Yes/No Condition or Response Code	1073	225
	CRC03	Condition Indicator (X5)	1321	225-226
HI		Principal , Admitting, E-Code And Patient Reason for Visit Diagnosis Information	-	227
	HI01	Health Care Code Information (X3)	C022	227
	HI01-1	Code List Qualifier Code (X3)	1270	228
	HI01-2	Industry Code (X3)	1271	228
HI		Diagnostic Related Group (DRG) Information	-	230
HI		Other Diagnosis Information	-	232
	HI01	Health Care Code Information (X12)	C022	232
	HI01-1	Code List Qualifier Code (X12)	1270	232
	HI01-2	Industry Code (X12)	1271	233
HI		Principal Procedure Information (x12)	-	242
	HI01	Health Care Code Information	C022	242
	HI01-1	Code List Qualifier Code	1270	242
	HI01-2	Industry Code	1271	243
	HI01-3	Date Time Period Format Qualifier	1250	243
	HI01-4	Date Time Period	1251	243
HI		Other Procedure Information (X12)	-	244
HI		Occurrence Span Information (X12)	-	256
HI		Occurrence Information (X12)	-	267
HI		Value Information (X12)	-	280
HI		Condition Information (X12)	-	290
HI		Treatment Code Information (X12)	-	299
QTY		Claim Quantity	-	306
	QTY01	Quantity Qualifier	673	306
	QTY02	Quantity	380	307
	QTY03	Composite Unit of Measure	C001	307
	QTY03-1	Unit or Basis for Measurement Code	355	307
HCP		Claim Pricing/Repricing Information	-	308
	HCP01	Pricing Methodology	1473	309
	HCP02	Monetary Amount (X2)	782	309-310
	HCP04	Reference Identification	127	310
	HCP05	Rate	118	310



Table E. DS2000+ Encounter Core HIPAA Data Standards For Institutional Settings

Seg ID	Ref Des	Data Element Name	Number	Page
	HCP06	Reference Identification	127	310
	HCP07	Monetary Amount	782	310
	HCP08	Product/Service	234	311
	HCP09	Product/Service ID Qualifier	235	311
	HCP10	Product/Service	234	311
	HCP11	Unit or Basis for Measurement Code	355	311
	HCP12	Quantity	380	312
	HCP13	Reject Reason Code	901	312
	HCP14	Policy Compliance Code	1526	312
	HCP15	Exception Code	1527	313
LOOP 2305 HOME HEALTH CARE PLAN INFORMATION				
CR7		Home Health Care Plan Information		314
	CR701	Discipline Type Code	921	314
	CR702	Number (X2)	1470	315
HSD		Health Care Services Delivery	-	316
	HSD01	Quantity Qualifier	673	317
	HSD02	Quantity	380	317
	HSD03	Unit or Basis for Measurement Code	355	317
	HSD04	Sample Selection Module	1167	318
	HSD05	Time Period Qualifier	615	318
	HSD06	Number of Periods	616	318
	HSD07	Ship/Delivery or Calendar Pattern Code	678	318
	HSD08	Ship/Delivery Pattern Time Code	679	320
LOOP 2310A ATTENDING PHYSICIAN NAME				
NMI		Attending Physician Name	-	321
PRV		Attending Physician Specialty Information	-	324
REF		Attending Provider Secondary Identification	-	326
LOOP 2310B OPERATING PHYSICIAN NAME				
NMI		Operating Physician Name	-	328
PRV		Operating Physician Specialty Information	-	331
REF		Operating Physician Secondary Identification	-	333
LOOP 2310C OTHER PROVIDER NAME				
NMI		Other Provider Name	-	335
PRV		Other Provider Specialty Information	-	338
REF		Other Provider Secondary Identification	-	340
LOOP 2310D REFERRING PROVIDER NAME				
NMI		Referring Provider Name	-	342
PRV		Referring Provider Specialty Information	-	345
REF		Referring Secondary Identification	-	347



Table E. DS2000+ Encounter Core HIPAA Data Standards For Institutional Settings

Seg ID	Ref Des	Data Element Name	Number	Page
LOOP 2310E SERVICE FACILITY NAME				
NM1		Service Facility Name	-	349
PRV		Service Facility Specialty Information	-	352
N3		Service Facility Address	-	354
N4		Service Facility City/State/ZIP Code	-	355
REF		Service Facility Secondary Identification	-	357
LOOP 2320 OTHER SUBSCRIBER INFORMATION				
SBR		Other Subscriber Information	-	359
CAS		Claim Level Adjustments	-	365
	CAS01	Claim Adjustment Group Code	1033	367
	CAS02	Claim Adjustment Reason Code (X6)	1034	367-370
	CAS03	Monetary Amount (X6)	782	367-370
	CAS04	Quantity (X6)	380	367-370
AMT		Payer Prior Payment	-	371
AMT		Coordination of Benefits (COB) Total Allowed Amount	-	372
AMT		Coordination of Benefits (COB) Total Submitted Charges	-	373
AMT		Diagnostic Related Group (DRG) Outlier Amount	-	374
AMT		Coordination of Benefits (COB) Total Medicare Paid Amount	-	376
AMT		Medicare Paid Amount – 100%	-	378
AMT		Medicare Paid Amount – 80%	-	380
AMT		Coordination of Benefits (COB) Medicare A Trust Fund Paid Amount	-	382
AMT		Coordination of Benefits (COB) Medicare B Trust Fund Paid Amount	-	384
AMT		Coordination of Benefits (COB) Total Non-Covered Amount	-	386
AMT		Coordination of Benefits (COB) Total Denied Amount	-	387
DMG		Other Subscriber Demographic Information	-	388
OI		Other Insurance Coverage Information	-	390
	OI03	Yes/No Condition or Response Code	1073	390
	OI06	Release of Information Code	1363	391
MIA		Medicare Inpatient Adjudication Information	-	392
	MIA01	Quantity (X3)	380	393
	MIA04	Monetary Amount	782	393
	MIA05	Reference Identification	127	393
	MIA06	Monetary Amount (X9)	782	393-395
	MIA15	Quantity	380	395
	MIA16	Monetary Amount (X4)	782	395
	MIA20	Reference Identification (X4)	127	396
	MIA24	Monetary Amount	782	396
MOA		Medicare Outpatient Adjudication Information	-	397
	MOA01	Percent	954	397
	MOA02	Monetary Amount	782	398
	MOA03	Reference Identification (X5)	127	398-399
	MOA08	Monetary Amount (X2)	782	399
LOOP 2330A OTHER SUBSCRIBER NAME				
NM1		Other Subscriber Name	-	400
N3		Other Subscriber Address	-	404
N4		Other Subscriber City/State/ZIP Code	-	406



Table E. DS2000+ Encounter Core HIPAA Data Standards For Institutional Settings

Seg ID	Ref Des	Data Element Name	Number	Page
REF		Other Subscriber Secondary Information	-	408
LOOP 2330B OTHER PAYER NAME				
NM1		Other Payer Name	-	410
N3		Other Payer Address	-	412
N4		Other Payer City/State/ZIP Code	-	413
DTP		Claim Adjustment Date	-	415
REF		Other Payer Secondary Identification & Reference No.	-	416
REF		Other Payer Prior Authorization or Referral Number	-	418
LOOP 2330C OTHER PAYER PATIENT INFORMATION				
NM1		Other Payer Patient Information	-	420
REF		Other Payer Patient Identification	-	422
LOOP 2330D OTHER PAYER ATTENDING PROVIDER				
NM1		Other Payer Attending Provider	-	424
REF		Other Payer Attending Provider Identification	-	426
LOOP 2330E OTHER PAYER OPERATING PROVIDER				
NM1		Other Payer Operating Provider	-	428
REF		Other Payer Operating Provider Identification	-	430
LOOP 2330F OTHER PAYER OTHER PROVIDER				
NM1		Other Payer Other Provider	-	432
REF		Other Payer Other Provider Identification	-	434
LOOP 2330G OTHER PAYER REFERRING PROVIDER				
NM1		Other Payer Referring Provider	-	436
REF		Other Payer Referring Provider Identification	-	438
LOOP 2330H OTHER PAYER SERVICE FACILITY PROVIDER				
NM1		Other Payer Service Facility Provider	-	440
REF		Other Payer Service Facility Provider Identification	-	442



Table E. DS2000+ Encounter Core HIPAA Data Standards For Institutional Settings

Seg ID	Ref Des	Data Element Name	Number	Page
LOOP 2400 SERVICE LINE NUMBER				
LX		Service Line Number	-	444
	LX01	Assigned Number	554	444
SV2		Institutional Service Line	-	445
	SV201	Product/Service	234	446
	SV202	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	C003	446
	SV202-1	Product/Service ID Qualifier	235	446
	SV202-2	Product/Service	234	447
	SV202-3	Procedure Modifier (X4)	1339	447-448
	SV203	Monetary Amount	782	448
	SV204	Unit or Basis for Measurement Code	355	448
	SV205	Quantity	380	449
	SV206	Unit Rate	1371	449
	SV207	Monetary Amount	782	449
SV4		Prescription Number	-	450
	SV401	Reference Identification	127	451
PWK		Line Supplemental Information	-	452
	PWK01	Report Type Code	755	453
	PWK02	Report Transmission Code	756	454
	PWK05	Identification Code Qualifier	66	454
	PWK06	Identification Code	67	454
DTP		Date – Service Line	-	465
DTP		Date – Assessment	-	458
AMT		Service Tax Amount	-	460
AMT		Facility Tax Amount	-	461
LOOP 2420A ATTENDING PHYSICIAN NAME				
NMI		Attending Physician Name	-	462
PRV		Attending Physician Specialty Information	-	465
REF		Additional Physician Secondary Identification	-	467
LOOP 2420B OPERATING PHYSICIAN NAME				
NMI		Operating Physician Name	-	469
PRV		Operating Physician Specialty Information	-	472
REF		Operating Physician Secondary Identification	-	474
LOOP 2420C OTHER PROVIDER NAME				
NMI		Other Provider Name	-	476
PRV		Other Provider Specialty Information	-	479
REF		Other Provider Secondary Identification	-	481
LOOP 2420D REFERRING PROVIDER NAME				
NMI		Referring Provider Name	-	483



Table E. DS2000+ Encounter Core HIPAA Data Standards For Institutional Settings

Seg ID	Ref Des	Data Element Name	Number	Page
PRV		Referring Provider Specialty Information	-	486
REF		Referring Provider Secondary Identification	-	488
LOOP 2430 SERVICE LINE ADJUDICATION INFORMATION				
SVD		Service Line Adjudication Information	-	490
	SVD01	Identification Code	67	491
	SVD02	Monetary Amount	782	491
	SVD03	Composite Medical Procedure Identifier	C003	491
	SVD03-1	Product/Service ID Qualifier	235	491
	SVD03-2	Product/Service ID	234	492
	SVD03-3	Procedure Modifier (X4)	1339	492
	SVD03-7	Description	352	492
	SVD04	Product/Service ID	234	492
	SVD05	Quantity	380	493
	SVD06	Assigned Number	554	493
CAS		Service Line Adjustment	-	494
	CAS01	Claim Adjustment Group Code	1033	495
	CAS02	Claim Adjustment Reason Code (X6)	1034	495-500
	CAS03	Monetary Amount (X6)	782	495-501
	CAS04	Quantity (X6)	380	495-501
DTP		Service Adjudication Date	-	502
SE		Transaction Set Trailer	-	503
	SE01	Number of Included Segments	96	503
	SE02	Transaction Set Control Number	329	503



Table F. DS2000+ Encounter Core Non-HIPAA Data Standards			
DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Medication	Medications taken at time of visit. Include medications for medical conditions.	National Drug Code (NDC) for drugs and biologics	Provide name or NDC Code, dose, and frequency for all medication at time of encounter.
Name or National Drug Code(s)			
Dose/Frequency			
Functional Status	This data element indicates limitations in a person's capacity to function in everyday life because of the symptoms of mental illness	FN11: Client Periodic #7	Measure at each encounter
XXX	Global Assessment of Functioning (GAF) Scale score		Provide GAF Score



Table G. DS2000+ Encounter Non-Core State-Specific Data Standards

DATA ELEMENTS AND CATEGORIES	PURPOSES AND DEFINITIONS	SOURCES	INSTRUCTIONS
Legal Status	Legal status at time of service	FN11: Client Periodic #10	Select one.
Voluntary			
Involuntary civil			
Involuntary criminal			
Involuntary juvenile			



Table H. Items Removed from Person and Encounter State-Specific Data Standards Based on Recommendations of DS2000+ MHSIP Liaison Group, August 2001*

DATA ELEMENT	LOCATION IN FN11	REASON FOR REMOVAL*
Eligibility status	FN11: Client Eligibility #2	Required by HIPAA
Enrollment begin date	FN11: Client Eligibility #3	Required by HIPAA
Enrollment ending date	FN11: Client Eligibility #4	Required by HIPAA
Disenrollment reasons	FN11: Client Eligibility #5, Encounter #14	Required by HIPAA
Citizenship	FN11: Client Periodic #14	Required by HIPAA
Primary care physician, clinician, care manager	FN11: Client Periodic #24	Required by HIPAA
Accommodation needed	FN11: Client Master #8	Nonessential
Inter-agency participation in assessment and provision of services	FN11: Client Periodic #11	Nonessential
Place of birth	FN11: Client Periodic #13	Nonessential
Year of entry to US	FN11: Client Periodic #15	Nonessential
Residence 5 years ago	FN11: Client Periodic #16	Nonessential



Table H. Items Removed from Person and Encounter State-Specific Data Standards Based on Recommendations of DS2000+ MHSIP Liaison Group, August 2001*

DATA ELEMENT	LOCATION IN FN11	REASON FOR REMOVAL*
Primary presenting problem at time of admission	FN11: Client Periodic #19	Nonessential
Unit of service	FN11: Encounter #10	Nonessential
Disposition of encounter	FN11: Encounter #15	Nonessential
Presence of other staff members	FN11: Encounter #16	Nonessential
Informed consent for treatment	FN11: Client Periodic #17	Under development
Informed consent for data sharing	FN11: Client Periodic #18	Under development
Advance directives		Under development

* Items recommended by MHSIP's FNII workgroup were removed from the state-specific data standards either because they were required by HIPAA and thereby included in the core data sets or considered nonessential. Certain items remain under development.



Attachment 1. Estimates of Poverty Level

The text below was taken directly from <http://aspe.hhs.gov/poverty/poverty.htm>

There are two slightly different versions of the U.S. Federal poverty measure: poverty thresholds and poverty guidelines. The poverty thresholds are the original version of the Federal poverty measure. They are updated each year by the Census Bureau (although they were originally developed by Mollie Orshansky of the Social Security Administration). The thresholds are used mainly for statistical purposes—for instance, preparing estimates of the number of Americans in poverty each year. Official poverty population figures are calculated using the poverty thresholds, not the guidelines.

The poverty guidelines are issued each year in the Federal Register by the Department of Health and Human Services (HHS). The guidelines are a simplification of the poverty thresholds for use for administrative purposes—for instance, determining financial eligibility for certain federal programs.

The poverty guidelines are sometimes loosely referred to as the "federal poverty level" (FPL), but that phrase is ambiguous and should be avoided, especially in situations (e.g., legislative or administrative) where precision is important.

2002 HHS Poverty Guidelines

Size of Family Unit	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$ 8,860	\$11,080	\$10,200
2	11,940	14,930	13,740
3	15,020	18,780	17,280
4	18,100	22,630	20,820
5	21,180	26,480	24,360
6	24,260	30,330	27,900
7	27,340	34,180	31,440
8	30,420	38,030	34,980
For each additional person, add	3,080	3,850	3,540

SOURCE: *Federal Register*, Vol. 67, No. 31, February 14, 2002, pp. 6931-6933.



The separate poverty guidelines for Alaska and Hawaii reflect Office of Economic Opportunity administrative practice beginning in the 1966-1970 period. Note that the poverty thresholds—the original version of the poverty measure—have never had separate figures for Alaska and Hawaii. The poverty guidelines are not defined for Puerto Rico, the U.S. Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. In cases in which a Federal program using the poverty guidelines serves any of those jurisdictions, the Federal office which administers the program is responsible for deciding whether to use the contiguous-states-and-D.C. guidelines for those jurisdictions or to follow some other procedure.

The poverty guidelines apply to both aged and non-aged units. The guidelines have never had an aged/non-aged distinction; only the Census Bureau (statistical) poverty thresholds have separate figures for aged and non-aged one-person and two-person units.

Programs using the guidelines (or percentage multiples of the guidelines—for instance, 125 percent or 185 percent of the guidelines) in determining eligibility include Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. Note that in general, cash public assistance programs (Temporary Assistance for Needy Families and its predecessor Aid to Families with Dependent Children, and Supplemental Security Income) do NOT use the poverty guidelines in determining eligibility. The Earned Income Tax Credit program also does NOT use the poverty guidelines to determine eligibility.

The poverty guidelines (unlike the poverty thresholds) are designated by the year in which they are issued. For instance, the guidelines issued in February 2002 are designated the 2002 poverty guidelines. However, the 2002 HHS poverty guidelines only reflect price changes through calendar year 2001; accordingly, they are approximately equal to the Census Bureau poverty thresholds for calendar year 2001.

With respect of use of poverty status for housing, HUD “very low income limits” for four-person households are 50 percent of median family income for families in each metropolitan area or nonmetropolitan county.

See www.census.gov/hhes/www/housing/ahs/ahs99/appendixa.pdf



Attachment 2. Race and Ethnicity

The text below was taken directly from
<http://www.whitehouse.gov/omb/fedreg/ombdir15.html>

The Executive Office of the President, Office of Management and Budget (OMB), Office of Information and Regulatory Affairs, announced its decision concerning the revision of Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting. OMB is accepting the recommendations of the Interagency Committee for the Review of the Racial and Ethnic Standards with the following two modifications: (1) the Asian or Pacific Islander category will be separated into two categories—"Asian" and "Native Hawaiian or Other Pacific Islander," and (2) the term "Hispanic" will be changed to "Hispanic or Latino."

The revised standards have five minimum categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino."

The new standards were used by the Bureau of the Census in the 2000 decennial census. Other Federal programs should adopt the standards as soon as possible, but not later than January 1, 2003, for use in household surveys, administrative forms and records, and other data collections.

Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

This classification provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all Federal reporting purposes. The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. They are not to be used as determinants of eligibility for participation in any Federal program. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies.

1. Categories and Definitions

The minimum categories for data on race and ethnicity for Federal statistics, program administrative reporting, and civil rights compliance reporting are defined as follows: *American Indian or Alaska Native*. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.



Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Respondents shall be offered the option of selecting one or more racial designations. Recommended forms for the instruction accompanying the multiple response question are "Mark one or more" and "Select one or more."

2. Data Formats

The standards provide two formats that may be used for data on race and ethnicity. Self-reporting or self-identification using two separate questions is the preferred method for collecting data on race and ethnicity. In situations where self-reporting is not practicable or feasible, the combined format may be used.

In no case shall the provisions of the standards be construed to limit the collection of data to the categories described above. The collection of greater detail is encouraged; however, any collection that uses more detail shall be organized in such a way that the additional categories can be aggregated into these minimum categories for data on race and ethnicity.

With respect to tabulation, the procedures used by Federal agencies shall result in the production of as much detailed information on race and ethnicity as possible. However, Federal agencies shall not present data on detailed categories if doing so would compromise data quality or confidentiality standards.



a. Two-question format. To provide flexibility and ensure data quality, separate questions shall be used wherever feasible for reporting race and ethnicity. When race and ethnicity are collected separately, ethnicity shall be collected first. If race and ethnicity are collected separately, the minimum designations are:

Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White

Ethnicity: Hispanic or Latino, Not Hispanic or Latino.

When data on race and ethnicity are collected separately, provision shall be made to report the number of respondents in each racial category who are Hispanic or Latino. When aggregate data are presented, data producers shall provide the number of respondents who marked (or selected) only one category, separately for each of the five racial categories. In addition to these numbers, data producers are strongly encouraged to provide the detailed distributions, including all possible combinations, of multiple responses to the race question. If data on multiple responses are collapsed, at a minimum the total number of respondents reporting "more than one race" shall be made available.

b. Combined format. The combined format may be used, if necessary, for observer-collected data on race and ethnicity. Both race (including multiple responses) and ethnicity shall be collected when appropriate and feasible, although the selection of one category in the combined format is acceptable. If a combined format is used, there are six minimum categories: American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White

When aggregate data are presented, data producers shall provide the number of respondents who marked (or selected) only one category, separately for each of the six categories. In addition to these numbers, data producers are strongly encouraged to provide the detailed distributions, including all possible combinations, of multiple responses. In cases where data on multiple responses are collapsed, the total number of respondents reporting "Hispanic or Latino and one or more races" and the total number of respondents reporting "more than one race" (regardless of ethnicity) shall be provided.

3. Use of the Standards for Record Keeping and Reporting

The minimum standard categories shall be used for reporting as follows:

a. Statistical reporting. These standards shall be used at a minimum for all federally sponsored statistical data collections that include data on race and/or ethnicity, except when the collection involves a sample of such size that the data on the smaller categories would be unreliable, or when the collection effort focuses on a specific racial or ethnic group. Any other variation will have to be specifically authorized by the Office of



Management and Budget (OMB) through the information collection clearance process. In those cases where the data collection is not subject to the information collection clearance process, a direct request for a variance shall be made to OMB.

b. *General program administrative and grant reporting.* These standards shall be used for all Federal administrative reporting or record keeping requirements that include data on race and ethnicity. Agencies that cannot follow these standards must request a variance from OMB. Variances will be considered if the agency can demonstrate that it is not reasonable for the primary reporter to determine racial or ethnic background in terms of the specified categories, that determination of racial or ethnic background is not critical to the administration of the program in question, or that the specific program is directed to only one or a limited number of racial or ethnic groups.

c. *Civil rights and other compliance reporting.* These standards shall be used by all Federal agencies in either the separate or combined format for civil rights and other compliance reporting from the public and private sectors and all levels of government. Any variation requiring less detailed data or data which cannot be aggregated into the basic categories must be specifically approved by OMB for executive agencies. More detailed reporting which can be aggregated to the basic categories may be used at the agencies' discretion.

4. Presentation of Data on Race and Ethnicity

Displays of statistical, administrative, and compliance data on race and ethnicity shall use the categories listed above. The term "nonwhite" is not acceptable for use in the presentation of Federal Government data. It shall not be used in any publication or in the text of any report.

In cases where the standard categories are considered inappropriate for presentation of data on particular programs or for particular regional areas, the sponsoring agency may use:

- a. the designations "Black or African American and Other Races" or "All Other Races" as collective descriptions of minority races when the most summary distinction between the majority and minority races is appropriate;
- b. the designations "White," "Black or African American," and "All Other Races" when the distinction among the majority race, the principal minority race, and other races is appropriate; or
- c. the designation of a particular minority race or races, and the inclusion of "Whites" with "All Other Races" when such a collective description is appropriate.



In displaying detailed information that represents a combination of race and ethnicity, the description of the data being displayed shall clearly indicate that both bases of classification are being used.

When the primary focus of a report is on two or more specific identifiable groups in the population, one or more of which is racial or ethnic, it is acceptable to display data for each of the particular groups separately and to describe data relating to the remainder of the population by an appropriate collective description.

5. Effective Date

The provisions of these standards are effective immediately for all new and revised record keeping or reporting requirements that include racial and/or ethnic information. All existing record keeping or reporting requirements shall be made consistent with these standards at the time they are submitted for extension, or not later than January 1, 2003.



Attachment 3. Current Population Survey

The text below was taken directly from

<http://www.census.gov/population/www/cps/cpsdef.html>

The definitions of terms currently used in the Current Population Survey are provided below. Since the survey changes periodically, these terms may also change.

Family

A family is a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. Beginning with the 1980 Current Population Survey, unrelated subfamilies (referred to in the past as secondary families) are no longer included in the count of families, nor are the members of unrelated subfamilies included in the count of family members. The number of families is equal to the number of family households, however, the count of family members differs from the count of family household members because family household members include any non-relatives living in the household.

Family household

A family household is a household maintained by a householder who is in a family (as defined above), and includes any unrelated people (unrelated subfamily members and/or secondary individuals) who may be residing there. The number of family households is equal to the number of families. The count of family household members differs from the count of family members, however, in that the family household members include all people living in the household, whereas family members include only the householder and his/her relatives. See the definition of family.

Household

A household consists of all the people who occupy a housing unit. A house, an apartment or other group of rooms, or a single room, is regarded as a housing unit when it is occupied or intended for occupancy as separate living quarters; that is, when the occupants do not live and eat with any other persons in the structure and there is direct access from the outside or through a common hall.

A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. The count of households excludes group quarters. There are two major categories of households, "family" and "nonfamily."

Household, family, or subfamily, Size of



The term "size of household" includes all the people occupying a housing unit. "Size of family" includes the family householder and all other people in the living quarters who are related to the householder by birth, marriage, or adoption. "Size of related subfamily" includes the husband and wife or the lone parent and their never-married sons and daughters under 18 years of age. "Size of unrelated subfamily" includes the reference person and all other members related to the reference person. If a family has a related subfamily among its members, the size of the family includes the members of the related subfamily.

Household, nonfamily

A nonfamily household consists of a householder living alone (a one-person household) or where the householder shares the home exclusively with people to whom he/she is not related.

Householder

The householder refers to the person (or one of the people) in whose name the housing unit is owned or rented (maintained) or, if there is no such person, any adult member, excluding roomers, boarders, or paid employees. If the house is owned or rented jointly by a married couple, the householder may be either the husband or the wife. The person designated as the householder is the "reference person" to whom the relationship of all other household members, if any, is recorded.

The number of householders is equal to the number of households. Also, the number of family householders is equal to the number of families.

Head versus householder

Beginning with the 1980 CPS, the Bureau of the Census discontinued the use of the terms "head of household" and "head of family." Instead, the terms "householder" and "family householder" are used. Recent social changes have resulted in greater sharing of household responsibilities among the adult members and, therefore, have made the term "head" increasingly inappropriate in the analysis of household and family data. Specifically, beginning in 1980, the Census Bureau discontinued its longtime practice of always classifying the husband as the reference person (head) when he and his wife are living together.

Income, Official definition of

For each person in the sample 15 years old and over, the CPS asks questions on the amount of money income received in the preceding calendar year from each of the following sources:

1. Earnings
2. Unemployment compensation
3. Workers' compensation
4. Social security



5. Supplemental security income
6. Public assistance
7. Veterans' payments
8. Survivor benefits
9. Disability benefits
10. Pension or retirement income
11. Interest
12. Dividends
13. Rents, royalties, and estates and trusts
14. Educational assistance
15. Alimony
16. Child support
17. Financial assistance from outside of the household
18. Other income

Data on consumer income collected in the CPS by the Census Bureau cover money income received (exclusive of certain money receipts such as capital gains) before payments for personal income taxes, social security, union dues, medicare deductions, etc. Therefore, money income does not reflect the fact that some families receive part of their income in the form of noncash benefits, such as food stamps, health benefits, rent-free housing, and goods produced and consumed on the farm. In addition, money income does not reflect the fact that noncash benefits are also received by some nonfarm residents which often take the form of the use of business transportation and facilities, full or partial payments by business for retirement programs, medical and educational expenses, etc. Data users should consider these elements when comparing income levels. Moreover, readers should be aware that for many different reasons there is a tendency in household surveys for respondents to underreport their income. Based on an analysis of independently derived income estimates, the Census Bureau determined that respondents report income earned from wages or salaries much better than other sources of income and that the reported wage and salary income is nearly equal to independent estimates of aggregate income.

The Census Bureau collects data for the following income sources.

Earnings. The Census Bureau classifies earnings from longest job (or self-employment) and other employment earnings into three types:

- a. Money wage or salary income is the total income people receive for work performed as an employee during the income year. This category includes wages, salary, armed forces pay, commissions, tips, piece-rate payments, and cash bonuses earned, before deductions are made for items such as taxes, bonds, pensions, and union dues.



- b. Net income from nonfarm self-employment is the net money income (gross receipts minus expenses) from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include items such as costs of goods purchased, rent, heat, power, depreciation charges, wages and salaries paid, and business taxes (not personal income taxes). In general, the Census Bureau considers inventory changes in determining net income from nonfarm self-employment; replies based on income tax returns or other official records do reflect inventory changes. However, when respondents do not report values of inventory changes, interviewers will accept net income figures exclusive of inventory changes. The Census Bureau does not include the value of saleable merchandise consumed by the proprietors of retail stores as part of net income.
- c. Net income from farm self-employment is the net money income (gross receipts minus operating expenses) from the operation of a farm by a person on their own account, as an owner, renter, or sharecropper. Gross receipts include the value of all products sold, payments from government farm programs, money received from the rental of farm equipment to others, rent received from farm property if payment is made based on a percent of crops produced, and incidental receipts from the sale of items such as wood, sand, and gravel. Operating expenses include items such as cost of feed, fertilizer, seed, and other farming supplies; cash wages paid to farmhands; depreciation charges; cash rent; interest on farm mortgages; farm building repairs; and farm taxes (not state and federal personal income taxes). The Census Bureau does not include the value of fuel, food, or other farm products used for family living as part of net income. In determining farm self-employment income, the Census Bureau considers inventory changes in determining net income only when they are accounted for in replies based on income tax returns or other official records which reflect inventory changes; otherwise, the Census Bureau does not take inventory changes into account.

Unemployment compensation includes payments the respondent received from government unemployment agencies or private companies during periods of unemployment and any strike benefits the respondent received from union funds.

Workers' compensation includes payments people receive periodically from public or private insurance companies for injuries received at work.

Social security includes social security pensions and survivors' benefits and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance. The Census Bureau does not include medicare reimbursements for health services as social security benefits.



Supplemental security income includes federal, state, and local welfare agency payments to low-income people who are 65 years old and over or people of any age who are blind or disabled.

Public assistance or welfare payments include cash public assistance payments low-income people receive, such as aid to families with dependent children (AFDC, ADC), temporary assistance to needy families (TANF), general assistance, and emergency assistance.

Veterans' payments include payments disabled members of the armed forces or survivors of deceased veterans receive periodically from the Department of Veterans Affairs for education and on-the-job training, and means-tested assistance to veterans.

Survivor benefits include payments people receive from survivors' or widows' pensions, estates, trusts, annuities, or any other types of survivor benefits. Respondents can report payments from ten different sources: private companies or unions; federal government (Civil Service); military; state or local governments; railroad retirement; workers' compensation; Black lung payments; estates and trusts; annuities or paid-up insurance policies; and other survivor payments.

Disability benefits include payments people receive as a result of a health problem or disability (other than those from social security). Respondents can report payments from ten sources: workers' compensation; companies or unions; federal government (Civil Service); military; state or local governments; railroad retirement; accident or disability insurance; Black lung payments; state temporary sickness; or other disability payments.

Pension or retirement income includes payments people receive from eight sources: companies or unions; federal government (Civil Service); military; state or local governments; railroad retirement; annuities or paid-up insurance policies; individual retirement accounts (IRAs), Keogh, or 401(k) payments; or other retirement income.

Interest income includes payments people receive (or have credited to accounts) from bonds, treasury notes, IRAs, certificates of deposit, interest-bearing savings and checking accounts, and all other investments that pay interest.

Dividends include income people receive from stock holdings and mutual fund shares. The CPS does not include capital gains from the sale of stock holdings as income.

Rents, royalties, and estates and trusts include net income people receive from the rental of a house, store, or other property, receipts from boarders or lodgers, net royalty income, and periodic payments from estate or trust funds.



Educational assistance includes Pell Grants; other government educational assistance; any scholarships or grants; or financial assistance students receive from employers, friends, or relatives not residing in the student's household.

Child support includes all periodic payments a parent receives from an absent parent for the support of children, even if these payments are made through a state or local government office.

Alimony includes all periodic payments people receive from ex-spouses. Alimony excludes one-time property settlements.

Financial assistance from outside of the household includes periodic payments people receive from nonhousehold members. This type of assistance excludes gifts or sporadic assistance.

Other income includes all other payments people receive regularly that are not included elsewhere on the questionnaire. Some examples are state programs such as foster child payments, military family allotments, and income received from foreign government pensions.

Government transfers include payments people receive from the following sources: unemployment compensation, state workers' compensation, social security, Supplemental Security Income (SSI), public assistance, veterans' benefits, government survivor benefits, government disability benefits, government pensions, and government educational assistance.

The Census Bureau does not count the following receipts as income: capital gains people received (or losses they incur) from the sale of property, including stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the CPS counts the net proceeds as income from self-employment); withdrawals of bank deposits; money borrowed; tax refunds; gifts; and lump-sum inheritances or insurance payments.

The Census Bureau combines all sources of income into two major types:

- a. **Total money earnings** is the algebraic sum of money wages and salary and net income from farm and nonfarm self-employment.
- b. **Income other than earnings** is the algebraic sum of all sources of money income except wages and salaries and income from self-employment.



Labor Force Terminology

See Technical Paper 63RV. Current Population Survey: Design and Methodology, March 2002. www.bls.census.gov/cps/tp/tp63.htm for labor force terminology

The CPS classifies people as employed, unemployed, or not in the labor force. These categories are defined hierarchically and are mutually exclusive. The CPS asks people to report on their activities during a specified reference week.

Employed persons are those who, during the reference week, (a) did any work at all (for at least 1 hour) as paid employees; worked in their own businesses, professions, or on their own farms; or worked 15 hours or more as unpaid workers in an enterprise operated by a family member or (b) were not working, but who had a job or business from which they were temporarily absent because of vacation, illness, bad weather, childcare problems, maternity or paternity leave, labor-management dispute, job training, or other family or personal reasons whether or not they were paid for the time off or were seeking other jobs. The term “employed person” does not include someone whose only activity consisted of work around his/her own house (painting, repairing, cleaning, or other home-related housework) or volunteer work for religious, charitable, or other organizations.

At work part time for economic reasons refers to individuals who gave an economic reason for working 1 to 34 hours during the reference week. Economic reasons include slack work or unfavorable business conditions, inability to find full-time work, and seasonal declines in demand. Those who usually work part time also must indicate that they want and are available to work full time to be classified as being part time for economic reasons.

At work part time for noneconomic reasons refers to individuals who usually work part time for non economic reasons such as illness or other medical limitation, childcare problems or other family or personal obligations, school or training, retirement or social security limits on earnings, and being in a job where full-time work is less than 35 hours. The group also includes those who gave an economic reason for usually working 1 to 34 hours but said they do not want to work full time or were unavailable for such work.

Full-time labor force includes all employed who usually work full time and unemployed persons who are either looking for full-time work or are on layoff from full-time jobs.

Part-time labor force consists of employed persons who usually work part time and unemployed persons who are seeking or are on layoff from part-time jobs.

Unemployed persons are those who were not employed during the reference week but were available for work (excluding temporary illness) and had made specific efforts to find employment some time during the 4-week period ending with the reference week.



Individuals who are waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed (as opposed to being classified as not in the labor force). There are two ways for people to be classified as unemployed: looking for work (job seekers) or temporarily separated from a job (persons on layoff).

Unemployed-Looking for work (job seekers) are persons who were engaged in active job search during the 4-week reference period including going to an employer directly or to a public or private employment agency, seeking assistance from friends or relatives, placing or answering ads, or pursuing some other active method. Passive methods, which do not qualify as job search, include reading (as opposed to answering or placing) “help wanted” ads and taking a job training course.

Unemployed-On layoff are persons who have been separated from a job for which they are waiting to be recalled (i.e., their layoff status temporary).

Not in the labor force are persons who are neither employed nor unemployed. This includes discouraged workers, defined as persons who want are are available for a job and who have looked for work sometime in the past 12 months but are not currently looking because they believe there are no jobs available or there are none for which they would qualify.

