## **Change Log**

Date	Version	Changes
		Added Domain Filed.
		Added Needs Identified Field.
		Updated Field #s.
		Updated Screening_Answers_Code description.
		Intervention_Category description Updated.
		Updated Common Key description.
2.2.24	4	Updated Screenee_Unique_ID description.
		Updated field purposes to be more specific
		Updated Required/ Optional for: Screenee_Unique
		_ID/ SSN4/ Common Key/ Address_1/ City/
		Postal_Code/ State/ Mobile_Number/
		Home_Number
2.22.2024	4.1	

Field			Max			
#	Data Element	Туре	Length	Description	Required	Field Purpose
1	Source_Name	Char	125	Readable name of submitting organization: • may be different than screening practice name	Required	File management identifies the organization submitting the data (potentially on behalf of other practices or community organizaitons)
2	Source_OID	Char	125	Submitting organizations' unique identification number: • may be different than screening practice OID • follows V3, 2022 permitting only numbers and periods		unique identifier number for the organization submitting the data (potentially on behalf of other practices or community organizaitons)
3	Row_ID	Num	12	Unique Identifier for this row starting with 1:  • if no Row_ID is supplied, MiHIN will supply it and provide an updated file via SFTP.  • if Row_ID is provided that is not unique, MiHIN's error notifications won't indicate unique rows	Optional	Assists with locating errors from the file submission process.

4 Screenee_Unique	Char	125	Screening	Required	Patient Identifiers:
_ID			organizations unique	•	information is required if data sharing
			identifier for the		agreements are in place to support
			screenee: • this		sharing to the state
			is intended to be a		• common Key preferred •inclusion of
			unique id specific to the		last 4 of SSN improves patient matching
			screening organization		
			or MiHIN's common key		
			identifier;		
			If MiHIN's common		
			key is entered here		
			then the listing of		
			common key in the		
			spec should not be		
			entered again		
5 SSN4	Num	4		Situational (at	
			Number - Last 4 digits	least one of the	
				following is	
				required:	
				Phone Number,	
				SSN,	
				Address_1)	

6	Common Key	Num	40	Patient's MiHIN	Required if	]
				Common Key (CKS):	available	
				If common key used	(Required for	
				as Screenee_Unique	Common Key	
				_ID then not required	Use Cases)	
				here		
				If Screenee_Unique		
				_ID different then		
				inclusion of MiHIN		
				Common Key		
				encouraged here		
	First_Name	Char		Patient First Name	Required	
	Last_Name	Char		Patient Last Name	Required	
9	DOB	Char	10	Patient Date of Birth:	Required	
				• format: MM/DD/YYYY		
	_					
10	Sex	Char	1	Patient Sex	Required	• "M" = male • "F" =
						female • "N" =
						nonbinary • "D" =
						declined • "U" = unknown
						***case insensetive
11	Race	Char	64	Patient CDC race codes	Optional	Patient CDC race code information
**	Race	Char	04	Patient CDC race codes	Ориона	located on the resource tab
12	Ethnicity	Char	64	Patient CDC ethnicity co	Ontional	located on the resource tab
12	Limitity	Cilai	04	radent CDC ethnicity to	Optional	Patient CDC ethnicity code information
						located on the resource tab
						iocatea on the resource tab

13	Address_1	Char		Patient Home Street Address	following is required:	<ul> <li>Geographic Data:</li> <li>this information will be used to support positive patient matching</li> <li>matching individuals from community to those in healthcare may take different data elements</li> <li>While not technically required, the</li> </ul>
14	Address_2	Char		Patient Home Additional Street Address	Optional	more data elements that are available to match individuals on the greater the positive match rate will be
15	City	Char	30	Patient City	Situational (required: if Address_1 is supplied)	
16	Postal_Code	Char	7	• format: "12345" or "A1A 1A1" • postal codes can be inclusive of US zip and Canadian postal codes	Situational (required: if Address_1 is supplied)	
17	State	Char		Patient 2 digits USPS state abbreviation codes: • state data element can be inclusive of US state and Canadian provincial abbreviation codes	Situational (required: if Address_1 is supplied)	

18	Mobile_Number	Char	12	Patient Mobile	Situational (at	Added Demographic Data: •
	_			Number: •	· ·	inclusion of telephone numbers can
				format ###-###-####	following is	assist in patient matching in populations
					required:	where more traditional demographic
					Phone Number,	data less stable
					SSN,	
					Address_1)	
19	Home_Number	Char	12	Patient Home Number:	Situational (at	
				• format ###-###-####	least one of the	
					following is	
					required:	
					Phone Number,	
					SSN,	
					Address_1)	
20	Screen_Id	Char	64	Id identifying/linking	Required	Linking related rows
				all rows belonging to		
				one patient screening		
21	Screen_Date	Char	10	Date Patient was	Required	Screening information
				screened for SDoH		
				needs:		
				<ul><li>format MM/DD/YYYY</li></ul>		

22	Screening_Practice _OID	Char	125	Screening organizations' unique identification number: • may be different than screening practice OID • follows V3, 2022 permitting only numbers and periods	Required	
23	Screening_Practice _Name	Char		Practice name that conducted screening: • Please ensure that correct and consistent practice names are submitted • failure to submit consistently can cause incorrect attribution of screenings	Required	
	Screening_Questio n_ Code (LOINC)	Char		Adopting Gravity Project LOINC codes	Required	Adopting the Gravity Project approved LOINC Codes.  • Information on Gravity project
25	Screening_Answer _Code (LOINC)	Char	24	Adopting Gravity Project LOINC codes	Required	questions, answers, Domains and LOINC codes are located in the resources tab

26	Domain	Char	64	Aligns with the Gravity	Required	Adopting the Gravity Project approved
				Project Terminology:		Domain Terminology:
				Identifies which		information on Gravity project
				domain a specific		questions, answers, Domains and LOINC
				LOINC question /		codes are located in the resources tab
				answer set aligns with:		<ul> <li>some screening tool questions</li> </ul>
				<ul> <li>Food Insecurity</li> </ul>		(examples: ER visits or inpatient stays)
				<ul> <li>Housing Instability</li> </ul>		may not map to a domain; these should
				<ul> <li>Homelessness</li> </ul>		not be included as they are more about
				Inadequate Housing		how to prioritize patients at the point of
				<ul> <li>Transportation</li> </ul>		care • screening
				Insecurity		sites are responsible for ensuring
				<ul> <li>Financial Insecurity</li> </ul>		accurate mapping according to validated
				Material Hardship		tools/ questions •
				Employment Status		values accepted are limited to the exact
				Health Insurance		terms/ domains listed in the
				Coverage Status		specification
				Veteran Status		
				• Stress		
				<ul> <li>Social Connection</li> </ul>		
				Intimate Partner		
				Violence		
				• Elder Abuse		
	,			Health Literacy		
				Medical Cost Burden		

27	Need_Identified	Char	1	Whether or not a need was identified ("Y","N","D","S")	Required	Adopting the Gravity Project approved LOINC Codes which identify which codes identify which codes correspond to a positive need:  • information on Gravity project questions, answers, Domains and LOINC codes are located in the resources tab
28	Intervention_Categ ory	Char	125	Provide either one or many:  Assistance Assessment Counseling Coordination Education Evaluation of eligibility Provision Referral None	Required	Intervention Categories currently map to HEDIS SNSE Measures:  • additional information and links can be found in the resources tab  • as gravity project care and data models continue to evolve there is the belief that this will evolve as well  • screening location responsible for ensuring that intervention categories map exactly to terms included in the specification
29	Intervention_Date	Char	10	Date of intervention • format: MM/DD/YYYY	Optional	Required to comply with NCQA SNS-E measures
30	Screening_Provider _NPI	Num	10		Optional	
31	Screening_Provider _First_Name	Char	125		Optional	
32	Screening_Provider _Last_Name	Char	125		Optional	

## Template\_v4.0

• All column headers have been condensed to 1 page for convenience

Source_Name	Source_OID	Row_ID	Screenee_Uni	ique _ID	First_Name	Last_Name	SSN4	DOB	Sex
Race	Ethnicity	Address_1	Address_2		City	Postal_Code	State	Screen_Id	Screen_Date
Screening_Loca	tion_Name	Screening_	Location_OID	Scree (LOIN	ning_Questio C)	ns_ Code			<u> </u>
Screening_Ansv (LOINC)	vers_Code	Intervention	n_Category	Interver	ntion_Date	Screening_Pro	vider_NPI		
Screening_Prov	ider_Name	Screenee_P	hone_Mobile	Screene me	e_Phone_Ho	Common_Key			

## Example\_v4.0

Source_Name	Source_OID	Row_ID		SSN4	CKS	First_Name
			Screenee_U	n		
			ique _ID			
Lansing PO	5.1.9.7	2	98765432	21 5987	afeuwdsvolwrdz	u6dufn3 Marlene
Lansing PO	5.1.9.7	3	98765432	21 5987	afeuwdsvolwrdz	u6dufn3 Marlene
Lansing PO	5.1.9.7	4	98765432	21 5987	afeuwdsvolwrdz	u6dufn3 Marlene
Lansing PO	5.1.9.7	5	98765432	21 5987	afeuwdsvolwrdz	u6dufn3 Marlene
Lansing PO	5.1.9.7	6	98765432	21 5987	afeuwdsvolwrdz	u6dufn3 Marlene
Lansing PO	5.1.9.7	7	98765432	21 5987	afeuwdsvolwrdz	u6dufn3 Marlene
Lansing PO	5.1.9.7	8	98765432	21 5987	afeuwdsvolwrdz	zu6dufn3 Marlene
Last_Name	DOB	Sex	Race	Ethnicity	Address_	1
Arellano	02/19/1957	F	2106-3	2135-2	1725 Slo	ugh Avenue
Arellano	02/19/1957	F	2106-3	2135-2	1725 Slo	ugh Avenue
Arellano	02/19/1957	F	2106-3	2135-2	1725 Slo	ugh Avenue
Arellano	02/19/1957	F	2106-3	2135-2		ugh Avenue
Arellano	02/19/1957	F	2106-3	2135-2	1725 Slo	ugh Avenue
Arellano	02/19/1957	F	2106-3	2135-2		ugh Avenue
Arellano	02/19/1957	F	2106-3	2135-2		ugh Avenue
Address_2	City	Postal_Co	de Sta	te Mob	oile_Number	Home_Number
	Scranton		18503 MI	555-	555-5555	515-555-555
	Scranton		18503 MI	555-	555-5555	515-555-555
	Scranton		18503 MI	555-	555-5555	515-555-555
	Scranton		18503 MI	555-	555-5555	515-555-555
	Scranton		18503 MI	555-	555-5555	515-555-555
	Scranton		18503 MI	555-	555-5555	515-555-555
	Scranton		18503 MI	555-	555-5555	515-555-555

Screen_Id	Screen_Date	Screening_Practice_N	ame	Screening_F	Practice_OID	
abcde	02/01/2023	Lansing Family Medicia	ne	5.1.9.7		
abcde	02/01/2023	Lansing Family Medicia	ne	5.1.9.7		
abcde	02/01/2023	Lansing Family Medicion	ne	5.1.9.7		
abcde	02/01/2023	Lansing Family Medicia	ne	5.1.9.7		
abcde	02/01/2023	Lansing Family Medicia		5.1.9.7		
abcde	02/01/2023	Lansing Family Medicia	ne	5.1.9.7		
abcde	02/01/2023	Lansing Family Medicin		5.1.9.7		
Screening_Q	_	Screening_Answers_	C Interv	ention Categ	ory	
Code (LOINC	<b>:</b> )	ode (LOINC)				
96446-0		LA33-6	Referr	al		
88122-7		LA6729-3	Referr	al		
71802-3		LA31995-6	Referr	al		
93030-5		LA32-8	Referr	al		
95618-5		LA6270-8	Referr	al		
76513-1		LA31980-8	Referr	al		
93673-2		LA32-8	Referr	al		
Interventio	n_Date	Screening_Provider	Screenin	g_Provider_	Screening_Prov	/ider_
		_NPI	First_Nai	me	Last_Name	
02/02/2023	3	1234567890	Jeremy		Trager	
02/02/2023	3	1234567890	Jeremy		Trager	
02/02/2023	3	1234567890	Jeremy		Trager	
02/02/2023	3	1234567890	Jeremy		Trager	
02/02/2023	3	1234567890	Jeremy		Trager	
02/02/2023	3	1234567890	Jeremy		Trager	
02/02/2023	3	1234567890	Jeremy		Trager	

## Resources

CDC race data standards	https://www.hl7.org/fhir/us/core/ValueSet-detailed-race.html
CDC ethnicity data standards	https://www.hl7.org/fhir/us/core/ValueSet-detailed-ethnicity.html
Gravity crosswalk of tools/ questions/ answers and domains. For	https://confluence.hl7.org/display/GRAV/Social+Risk+
assistance in being about to start to use this please see the Gravity	<u>Terminology+Value+Sets</u>
Guide Resource linked on the website.	
HEDIS SNSE information: Full requirements cannot be shared without	https://www.ncqa.org/blog/social-need-new-hedis-measure-uses-
direct purchase of measure information.	electronic-data-to-look-at-screening-
	intervention/#:~:text=interventions%20fall%20into%20eight%
	20categories%3A%201%20Assessment.%202,6%20Evaluation%20of%
	20eligibility.%207%20Provision.%208%20Referral.