

## Reporting REALD & SOGI Data to Oregon Health Authority

Using the CSV method, entities report data formatted to the specifications listed in this guide, extract those data into CSV format and submit data to OHA through a secure File Transfer Protocol (SFTP). To start submitting REALD or SOGI data to OHA through the CSV process, please contact the Equity & Inclusion Division REALD & SOGI team at:

[OHAREALD.Questions@odhsoha.oregon.gov](mailto:OHAREALD.Questions@odhsoha.oregon.gov)

### File Format – Comma Separated Values (CSV)

File names should be no more than 50 characters in length and should include the following elements:

- Name or abbreviation of the sending organization
- “realdsogi”
- Date file sent (YYYYMMDD)
- .csv extension

Example: General Hospital sends REALD file on 06/17/2023

**generalhosp\_realdsogi\_20230617.csv**

### Interpreting the REALD & SOGI Data Specifications table (p. 4-15)

The specification table provides the field order, variable name, type/length, and question text for the CSV submission.

- (Seq) refers to the field order. This is the required order for columns.
- (Variable Name) describes the field name, which should be used as the column header in the csv.
- (Element Name) provides a plain language name for the field.
- (Type (Max Length)) provides the data format type and expected maximum character length for a given response.
- (Values) provides a link to the Data Dictionary reference table containing the expected values for each field, where applicable. Note that several fields collect open text data and have no associated values table.

## Instructions for Submitting Data

- Data is submitted in CSV format, with columns sequenced as outlined in the Specification Table (see **Seq**). Column headers (i.e., the first row of the CSV) should match the “**Varname**” column of the specification table. Each record of data submission should be included as a row of data. If a person submits a REALD & SOGI survey multiple times within a reporting period, each instance of data collection should be represented as a separate row in the CSV, with dates accurately specified.
- Responses in fields with corresponding values tables should be submitted using the ‘**Attribute**’ string specified in the appropriate values table.
- Partial and incomplete survey data should be reported as it was submitted by the individual (excepting cleaning/processing required for submission as described in this section). Any survey fields for which no data was provided by the individual (including both fields left blank and conditional fields subject to response-based skip logic) may be reported as either null (empty/blank) or using the appropriate attribute string (corresponding to ‘Did not answer’) in the field’s associated values table. Note that rows that do not contain at minimum an individual’s first name (FirstNm), last name (LastNm), and date of birth (BirthDate), as well as the name and ID of the entity that collected the data (FacilityNm and FacilityID) should not be submitted, as a record cannot be created without this information.
- Fields with Variable names including the prefix O- and the suffix -S correspond to open-text “another item not listed” style responses to categorical questions. Fields ending with the suffix -open correspond to open text questions.
- Data should be collected and reported using the REALD & SOGI data standards outlined under current Oregon Administrative Rules, as described in the 2025 Data Dictionary (see Additional Information below) and the specification table included in this guide. Systems that began collecting and reporting REALD & SOGI data under earlier data standards or previous reporting specifications and that have not completed implementation of updated standards should use OHA-provided data crosswalks to map data to align with the 2025 data standards prior to reporting. When published, crosswalks will be available in the REALD & SOGI Implementation Guide.
- There are three date fields:
  - DateReported refers to the date the given row was submitted to OHA. This field was previously labeled ‘MessageDate’
  - DateSent refers to the date an individual was sent the REALD & SOGI survey. This date is only provided when data is collected asynchronously, e.g., when a form is sent in the mail or emailed to an individual.
  - DateCompleted refers to the date when an individual filled out the survey.
- All columns specified in the Specification Table below must be present in CSVs submitted to the Oregon Health Authority. However, some fields may not be applicable for a given context (e.g., some fields are conditional on responses to preceding fields, some fields apply only for those completing paper forms, and some fields are relevant only to medical or clinical contexts) and therefore may contain a null value.
- Auxiliary fields (see column A “**Class**” in the 2025 Data Dictionary) providing information about the facility where data is collected and the individual’s phone number, address, etc. are used to improve de-duplicated person-matching and to create complete longitudinal records within the REALD & SOGI data repository. These fields are not specified as demographic data under Oregon Administrative Rule and are not required to be asked directly from individuals. Systems may use metadata or existing administrative data to populate auxiliary fields.
- Open text data should be submitted as provided by the individual, without editing, with the following exceptions:
  - Double quotations must be stripped from *within* open text responses. Contents of open text fields should be enclosed in double quotes as string values.
  - Commas should be stripped from all fields.
  - Characters should be encoded using UTF-8.

### Additional Information

Additional information about the format and contents for each field are included in the [REALD & SOGI Data Dictionary](#), in the table titled *Variable Fields*. Specifications necessary to ensure a compliant CSV are articulated below:

Column Name(s)	Description	Location
Class and Subclass	Indicates whether the field comes from the REALD & SOGI survey or from administrative ('auxiliary') data. REALD & SOGI data is further defined according to domain (Race/Ethnicity, Disability, Language, or SOGI) while auxiliary data defined as providing information about the individual (responder), the facility, the provider, or the date of data collection.	<a href="#">Variable Fields Table</a> ; Columns A-B
Varname	Aligns with the VarName Column in the table in Appendix A	<a href="#">Variable Fields Table</a> ; Column D
TemplateNbr	Corresponding question number on the <a href="#">REALD &amp; SOGI Service-Based Template</a>	<a href="#">Variable Fields Table</a> ; Column C
ResponseFormat	Indicates whether a given field captures free-text, single-select, or multi-select responses. Note: "Yes/No" questions are marked as "dichotomous" but include nonresponse options (e.g., "Don't know" and "Don't want to answer")	<a href="#">Variable Fields Table</a> ; Column I
Implementation Guidance	Links to general and/or domain-specific implementation guidance, and guidance for interpreting the Data Dictionary.	<a href="#">Variable Fields Table</a> ; Column L
Condition Columns	Flag indicating whether a field is conditional (i.e., whether skip logic applies). Information included about age, field, and response values that trigger conditional fields.	<a href="#">Variable Fields Table</a> ; Columns M-P

## REALD &amp; SOGI Data Specifications

\*Cannot be submitted with a null value

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
1	DateReported	Date Reported to OHA	Date (8)	Date the individual record data row was submitted to OHA	YYYYMMDD
2	FacilityNm*	Facility Name	varchar (100)	Name of the facility, system, agency, or program that administered the survey	N/A
3	FacilityID*	Facility ID	varchar (100)	Unique identifier for the facility, system, agency, or program (e.g., CLIA, NPI). If no unique identifier exists, one must be assigned by the eCR Coordinator prior to testing.	N/A
4	FacilityAddress	Facility Address	varchar (100)	Facility's Address. Include number, direction, and street name	N/A
5	FacilityAddress2	Facility Address 2	varchar (100)	May include PO Box, Suite, etc.	N/A
6	FacilityCity	Facility City	varchar (100)	City where facility is located	N/A
7	FacilityState	Facility State	varchar (2)	Two character state identifier (e.g., OR)	US State and Territory 2-character codes
8	FacilityZip	Facility Zip	Int (10)	Facility zip code. Five digits required, additional four optional (separated by hyphen)	5 digits
9	FacilityPhone	Facility Phone	Int (20)	Facility Phone Number	E.164 standard
10	ProviderID	Provider ID	Int (10)	National Provider Identifier (NPI) preferred	N/A
11	ProviderFirstNm	Provider First Name	varchar (100)	First name of provider	N/A
12	ProviderLastNm	Provider Last Name	varchar (100)	Last name of provider	N/A
13	ProviderPhone	Provider Phone	Int (20)	Provider phone number.	E.164 standard
14	IndID	Individual's ID	varchar (100)	Individual identifiers may include medical record number, account number, etc. Do not use individual's social security number.	N/A

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
15	FirstLegNm	First Legal Name	varchar (100)	Individual's first legal name	N/A
16	LastLegNm	Last Legal Name	varchar (100)	Individual's last legal name	N/A
17	MiddleLegNm	Middle Legal Name	varchar (100)	Individual's middle legal name	N/A
18	FirstNm*	First Name	varchar (100)	Individual's first name they want us to use	N/A
19	LastNm*	Last Name	varchar (100)	Individual's last name they want us to use	N/A
20	MiddleNm	Middle Name	varchar (100)	Individual's middle name they want us to use	N/A
21	BirthDate*	Birth Date	Date (8)	Individuals date of birth	YYYYMMDD
22	Sex	Sex	varchar (5)	What is your sex?	<a href="#">Sex</a>
23	OSexspS	Sex Specified	varchar (100)	Not listed, my sex is:	N/A
24	Address	Address	varchar (100)	Individual's address. Include house number, direction, and street name	N/A
25	Address2	Address 2	varchar (100)	Individual's address 2. May include PO Box, Suite, etc.	N/A
26	City	City	varchar (100)	Individual's city	N/A
27	State	State	varchar (2)	Individual's state.	US State and Territory 2-character codes
28	Zip	Zip Code	Int (5)	Individual's home zip code. Five digits required	5 digits
29	County	County	varchar (100)	Individual's county	N/A
30	Phone	Phone	varchar (20)	Individual's phone number	E.164 standard
31	OREopen	Open Race Ethnicity	varchar (100)	How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?	N/A
32	REcat	Race Ethnicity Identity	varchar (200)	Which of the following describes your racial or ethnic identity? Select all that apply and enter additional details in the spaces below.	<a href="#">REcat</a>
33	OReRaceOthS	Other Specified Race Ethnicity	varchar (100)	Another category not listed. Specify:	N/A
34	REPriRace	Primary Race	varchar (20)	If you checked more than one category, is there <b>one</b> you think of as your primary	<a href="#">REPriRace</a>

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
				racial or ethnic identity?	
35	ORePriRaceS	Primary Race	varchar (20)	If you checked more than one category, is there one you think of as your primary racial or ethnic identity?	ORe*OthS string or substring
36	HomeLang	Home Language	varchar (500)	What language(s) do you use at home?	<p><a href="#">Lang (this HomeLang values table is required for electronic forms that have smart filtering capability)</a></p> <p><a href="#">Short Lang (this HomeLang values table is permitted for paper forms and required for electronic forms without smart filtering capability)</a></p>
37	OHomeLangS	Home Language Open Text	varchar (500)	<p><b>For paper forms,when used instead of HomeLang field:</b> What language(s) do you use at home?</p> <p><b>For electronic forms using Lang values table (When respondent has selected HomeLang value qqo):</b> Other language not listed, specify</p> <p><b>For electronic and paper forms using Short Lang values table (When respondent has selected Homelang value ara, cpf, kar, qaq, pus, or qqo):</b> Please enter details:</p>	<p>N/A - This is the minimum Home Language field required for paper forms. Paper forms may instead use the HomeLang Field and Short Lang Values, if preferred (See Guidance).</p> <p>For forms using the multi-select HomeLang field, this field is used to capture open text provided by the individual to indicate</p>

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
					language information that is not included in the list of available values.
38	SpokLang	Preferred Spoken Language	varchar (100)	<p><b>Service Based Settings:</b> In what language do you want us to communicate with you?</p> <p><b>Non-Service Based Settings:</b> What language would you prefer to use when communicating with someone outside the home about important matters such as medical, legal, or health information?</p>	<p><a href="#">Lang (this SpokLang values table is required for electronic forms that have smart filtering capability)</a></p> <p><a href="#">Short Lang (this SpokLang values table is permitted for paper forms and required for electronic forms without smart filtering capability)</a></p>
39	OSpokLangS	Spoken Language Open Text	varchar (100)	<p><b>For paper forms in Service Based Settings,when used instead of SpokLang field:</b> In what language do you want us to communicate with you?</p> <p><b>For paper forms in Non-Service Based Settings,when used instead of SpokLang field:</b> What language would you prefer to use when communicating with someone outside the home about important matters such as medical, legal, or health information?</p> <p><b>For electronic forms using Lang values table (When respondent has selected</b></p>	<p>N/A - This is the minimum Spoken Language field required for paper forms. Paper forms may instead use the SpokLang Field and Short Lang Values, if preferred (See Guidance).</p> <p>For forms using the multi-select SpokLang field, this field is used to capture open text provided by the</p>

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
				<p><b>SpokLang value qqo):</b> Other language not listed, specify</p> <p><b>For electronic and paper forms using Short Lang values table (When respondent has selected SpokLang value ara, cpf, kar, qaq, pus, or qqo):</b> Please enter details:</p>	individual to indicate language information that is not included in the list of available values.
40	WritLang	Preferred Written Language	varchar (100)	<p><b>Service Based Settings:</b> In what language do you want us to write to you?</p> <p><b>Non-Service Based Settings:</b> What language would you prefer to use to read important written information such as medical, legal, or health information?</p>	<p><a href="#">Lang (this WritLang values table is required for electronic forms that have smart filtering capability)</a></p> <p><a href="#">Short Lang (this WritLang values table is permitted for paper forms and required for electronic forms without smart filtering capability)</a></p>
41	OWritLangS	Written Language Open Text	varchar (100)	<p><b>For paper forms in Service Based Settings,when used instead of WritLang field:</b> In what language do you want us to write to you?</p> <p><b>For paper forms in Non-Service Based Settings,when used instead of WritLang field:</b> What language would you prefer to use to read important written information such as medical, legal, or health information?</p>	<p>N/A - This is the minimum Written Language field required for paper forms. Paper forms may instead use the WritLang Field and Short Lang Values, if preferred (See Guidance).</p> <p>For forms using the multi-select WritLang</p>



Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
				<p><b>For electronic forms using Lang values table (When respondent has selected WritLang value qqo):</b> Other language not listed, specify</p> <p><b>For electronic and paper forms using Short Lang values table (When respondent has selected WritLang value cpf, kar, qaq, or qqo):</b> Please enter details:</p>	field, this field is used to capture open text provided by the individual to indicate language information that is not included in the list of available values.
42	IntNeed	Interpreter Needed	varchar (2)	Do you need or want an interpreter?	<a href="#">YesNo</a>
43	IntTyp	Interpreter Type	varchar (60)	If yes, select all that apply.	<a href="#">IntTyp</a>
44	OIntTypS	Interpreter Other	varchar (100)	Another sign language not listed. Specify:	N/A
45	ENG	English Proficiency	varchar (5)	How well do you speak English? Select one.	<a href="#">ENG</a>
46	DEAR	Deaf	varchar (2)	Are you deaf or do you have serious difficulty hearing?	<a href="#">YesNo</a>
47	DEARage	Deaf Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms: DAge</a>
48	DEYE	Blind	varchar (2)	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<a href="#">YesNo</a>
49	DEYEage	Blind Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms: DAge</a>
50	DPHY	Physical	varchar (2)	Do you have serious difficulty walking or climbing stairs?	<a href="#">YesNo</a>
51	DPHYage	Physical Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms: DAge</a>
52	DREM	Cognitive Memory	varchar (2)	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	<a href="#">YesNo</a>
53	DREMAge	Cognitive Memory Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms:</a>

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
					<a href="#">DAge</a>
54	DDRS	Self-Care	varchar (2)	Do you have difficulty dressing or bathing?	<a href="#">YesNo</a>
55	DDRSAge	Self-Care Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms: DAge</a>
56	DLEA	Learning	varchar (2)	Do you have serious difficulty learning how to do things most people your age can learn?	<a href="#">YesNo</a>
57	DLEAAge	Learning Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms: DAge</a>
58	DCOM	Communication	varchar (2)	Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?	<a href="#">YesNo</a>
59	DCOMAge	Communication Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms: DAge</a>
60	DOUT	Independent Living	varchar (2)	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<a href="#">YesNo</a>
61	DOUTAge	Independent Living Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms: DAge</a>
62	DMHD	Mental Health	varchar (2)	Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?	<a href="#">YesNo</a>
63	DMHDAge	Mental Health Age	varchar (10)	Yes – This condition began at age:	<a href="#">For electronic forms: DAge</a>
64	ODAopen	Disability Open Text	varchar (200)	If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, describe your disability or	N/A

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
				condition in any way you prefer:	
65	OGlopen	Gender Open	varchar (100)	Describe your gender in any way you prefer:	N/A
66	GenIden	Gender Identity	varchar (10)	<p><b>For ages 14+:</b> What is your gender? Select all that apply.</p> <p><b>For ages 5-11:</b> Are you currently: Select all that apply.</p> <p><b>Child or adult question text and response values may be used for ages 12-13 (see guidance)</b></p>	<a href="#">GenIden</a>
67	OGIsps	Gender Specified	varchar (100)	<p><b>For ages 14+:</b> Not listed, my gender is:</p> <p><b>For ages 5-11:</b> Something else. Specify:</p> <p><b>Child or adult question text and response values may be used for ages 12-13 (see guidance)</b></p>	N/A
68	TransCat	Transgender	varchar (4)	Are you transgender?	<a href="#">TransCat</a>
69	OSOopen	Sexual Orientation Open	varchar (100)	Describe your sexual orientation or sexual identity in any way you prefer:	N/A
70	SexOri	Sexual Orientation	varchar (7)	What is your sexual orientation? Select <b>all</b> that apply.	<a href="#">SexOri</a>
71	OSOsps	Sexual Orientation Specified	varchar (100)	Not listed, my sexual orientation is:	N/A
72	IsLglNm	Legal Name Indicator	varchar (1)	Indicator if preferred name is same as legal name	N (No); Y (Yes)
73	Responders	Survey Respondent	varchar (100)	Identifies who is answering the REALD and SOGI questions	<a href="#">Responders</a>
74	ORspspS	Respondent Specified	varchar (100)	Open text response to identify who is answering the REALD and SOGI questions	N/A
75	LangEngOnly	English Only Speaker	varchar (2)	Do you only use English at home? Select	<a href="#">YesNo; A value of N</a>

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
				one.	<a href="#">may be assumed if survey is administered in a language other than English (see Guidance)</a>
76	ComNeeds	Communication Needs	varchar (100)	<b>Service Based Settings:</b> Do you need or want any of the following for us to communicate with you? <b>Non-Service Based Settings:</b> Do you typically need or want any of the following to help with communications on important matters such as medical, legal, or health information?	<a href="#">ComNeeds</a>
77	OComNeedsS	Communication Needs Specified	varchar (100)	Yes - Assistive Listening Device such as an FM or Loop. Specify:	N/A
78	AcNeed	Accommodation Needs	varchar (2)	<b>Service Based Settings:</b> If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, do you need or want disability-related accommodations?  <b>Non-Service Based Settings:</b> If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, do you typically need or want disability-related accommodations to help with communications on important matters such as medical, legal, or health information?	<a href="#">YesNo</a>
79	ACDList	Accommodation Needs List	varchar (200)	If yes, select all that apply and enter additional details below.	<a href="#">ACDList (recommended alternative for electronic forms)</a>

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
80	OAcAltFspS	Alternate formats specified	varchar (200)	Alternate formats:	N/A
81	OAcdBldAspS	Building access specified	varchar (200)	Building access:	N/A
82	OAcComspS	Communication access specified	varchar (200)	Communication access (in-person, print materials, electronic):	N/A
83	OAcCorCarespS	Coordinating and scheduling care specified	varchar (200)	Coordinating and scheduling care or services:	N/A
84	OAcEnvSenspS	Environmental and sensory specified	varchar (200)	Environmental and sensory:	N/A
85	OAcEqpAspS	Equipment access specified	varchar (200)	Equipment access:	N/A
86	OAcStaffSspS	Other staff support specified	varchar (200)	Other staff support:	N/A
87	OAcdspS	Accommodations Specified	varchar (200)	Not listed. Specify:	N/A
88	OACDopen	Accommodations Open Text	varchar (500)	If yes, describe what accommodations you typically need or want:	N/A - This is the minimum required field for Non-service Contexts. Non-service Contexts may instead use ACDCat field and values table (paper or electronic collection), or the ACDList field and values (electronic collection)
89	OReAIANOthS	AIAN Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Inuit or Haida, Confederated Tribes of Siletz Indians, Navajo, Aztec, Maya, etc	N/A
90	OReAsianOthS	Asian Other Specified	varchar (100)	Enter details, for example, Mongolian,	N/A

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
		Race Ethnicity		Malaysian, Uzbeks, etc.	
91	OReBlackOthS	Black Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Trinidadian, Ghanaian, Congolese, etc.	N/A
92	OReHisOthS	Hispanic Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Colombian, Honduran, Spaniard, etc.	N/A
93	OReJewOthS	Jewish Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Mizrahi, etc.	N/A
94	OReMENAothS	Middle Eastern/North African/SWANA Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Moroccan, Yemeni, Kurdish, etc.	N/A
95	OReNHPIOthS	Native Hawaiian/Pacific Islander Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Chuukese, Palauan, Tahitian, etc.	N/A
96	OReWhiteOthS	White Other Specified Race Ethnicity	varchar (100)	Enter details, for example, French, Swedish, Norwegian, etc.	N/A
97	OGIcultS	Gender Identity Cultural Specific	varchar (100)	I have a gender identity not listed here that is specific to my ethnicity:	N/A
98	OSOcultS	Sexual Orientation Cultural Specific	varchar (100)	I have a sexual orientation not listed here that is specific to my ethnicity:	N/A
99	SurveyMode	Survey Mode	varchar (7)	Format for Survey	<a href="#">SurveyMode</a>
100	OSurveyModespS	Survey Mode specified	varchar (100)	Another not listed, specify:	N/A
101	MaidenNm	Maiden or Former Name	varchar (100)	Individual's maiden name or other previous legal name	N/A
102	ACDCat	Accommodation Needs Category	varchar (200)	If yes, select all that apply and enter additional details below.	<a href="#">ACDCat (Minimum required for all service-based surveys)</a>
103	DateCompleted	Date Survey Completed	Date (8)	Date the survey was completed by the individual	YYYYMMDD
104	DateSent	Date Survey Sent to Individual	Date (8)	Date the survey was mailed or sent to individual (if different from	YYYYMMDD

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values
				DateCompleted)	
105	FacilityZipFour	Facility Zip plus 4	Int (4)	Optional +4 digits of facility zip code	4 digits
106	FacilityPhoneExt	Facility Phone Extension	Int (8)	Optional facility phone number extension	1-6 digits
107	ProviderPhoneExt	Provider Phone Extension	Int (8)	Optional provider phone number extension	1-6 digits
108	ZipFour	Zip plus 4	Int (4)	Optional +4 digits of individual zip code	4 digits