Appendix J: Race, Ethnicity, Primary Language and Disability Status; Sexual Orientation and Gender Identity

Special Characters and Formatting Instructions:

- **Special Characters:** Each field should contain a single value unless the field indicates multiple values separated by a tilde (~). Special characters are allowed only if specified within each field and must comply with these rules.
- **Names:** All names must be stripped of special characters and converted to uppercase.
- **Commas:** Commas must be removed for all fields, including free text fields. Ensure that no commas are present in the data.
- **Open text data** should be submitted as provided by the individual, without editing, with the following exceptions:
  - **Quotes:** Open text fields cannot include any quotes within the data, but quotes should be used to enclose the text. Ensure the quotes are correctly placed around the text but not within it
    - Double quotations must be stripped from *within* open text responses.
  - Characters should be encoded using UTF-8.
- **Missing Fields:** If an individual hasn't provided a response (and hasn't selected 'Don't know', 'Don't want to answer', or 'Don't know what this question is asking'), the field should either be left blank or the value 'Did not answer' can be used. While reporting null values is allowed when there is no response, 'Did not answer' can be used for clarity. Refer to the [Equity and Inclusion Division's Data Dictionary](https://www.oregon.gov/oha/ei/pages/datadictionary.aspx) (https://www.oregon.gov/oha/ei/pages/datadictionary.aspx) for more information about "Did not answer' values for specific fields.
- **Values:** Referenced links are to specific sections of the data dictionary noted above.

Appendix J is the only file that uses a .csv format and that includes column names as the first row of the file. All fields/columns must be represented in each row even if the value is Null/blank.

The following requirements apply only to the reporting of this file to APAC. Follow OHA's Equity and Inclusion Division's requirements for surveying members.

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
1	DateReported	Date Reported to OHA	Date (8)	Date the individual record data row was submitted to OHA	YYYYMMDD	**Yes**	File created date
2	FacilityNm	Facility Name	varchar (100)	Name of the facility, system, agency, or program that administered the survey	N/A	No	Name of insurer or CCO
3	FacilityID	Facility ID	varchar (100)	Unique identifier for the facility (e.g., CLIA, NPI). If no unique identifier exists, one must be assigned by the eCR Coordinator prior to testing.	Payer abbreviation currently used with APAC reporting	**Yes**	APAC payer abbreviation
4	FacilityAddress	Facility Address	varchar (100)	Facility's Address. Include number, direction, and street name	N/A	No	Insurer or CCO primary address, following instructions on special characters and formatting
5	FacilityAddress2	Facility Address 2	varchar (100)	May include PO Box, Suite, etc.	N/A	No	Insurer or CCO primary address, following instructions on special characters and formatting
6	FacilityCity	Facility City	varchar (100)	City where facility is located	N/A	No	Insurer or CCO primary address, following instructions on special characters and formatting
7	FacilityState	Facility State	varchar (2)	Two character state identifier (e.g., OR)	US State and Territory 2-character codes	No	Insurer or CCO state or territory in primary address as indicated under Values column
8	FacilityZip	Facility Zip	Int (10)	Facility zip code. Five digits required, additional four optional (separated by hyphen)	5 digits	No	Insurer or CCO zip of primary address as indicated under Values column
9	FacilityPhone	Facility Phone	Int (20)	Facility Phone Number	E.164 standard	No	APAC does not expect the insurer or CCO phone number; if submitted, following standard in Values column
10	ProviderID	Provider ID	Int (10)	National Provider Identifier (NPI) preferred	N/A	No	Leave blank

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Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
11	ProviderFirstNm	Provider First Name	varchar (100)	First name of provider	N/A	No	Leave blank
12	ProviderLastNm	Provider Last Name	varchar (100)	Last name of provider	N/A	No	Leave blank
13	ProviderPhone	Provider Phone	Int (20)	Provider phone number.	E.164 standard	No	Leave blank
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	**Yes**	Member id (ME010)
15	FirstLegNm	First Legal Name	varchar (100)	Individual's first legal name	N/A	No	If reported on survey, as reported following special character and formatting instructions
16	LastLegNm	Last Legal Name	varchar (100)	Individual's last legal name	N/A	No	If reported on survey, as reported following special character and formatting instructions
17	MiddleLegNm	Middle Legal Name	varchar (100)	Individual's middle legal name	N/A	No	If reported on survey, as reported following special character and formatting instructions
18	FirstNm*	First Name	varchar (100)	Individual's first name they want us to use	N/A	**Yes**	As reported on survey, as reported following special character and formatting instructions; if blank, report legal name
19	LastNm*	Last Name	varchar (100)	Individual's last name they want us to use	N/A	**Yes**	As reported on survey, as reported following special character and formatting instructions; if blank, report legal name
20	MiddleNm	Middle Name	varchar (100)	Individual's middle name they want us to use	N/A	No	If reported on survey, as reported following special character and formatting instructions
21	BirthDate*	Birth Date	Date (8)	Individuals date of birth	YYYYMMDD	**Yes**	As reported on survey, follow format indicated in Values column; if blank, report birth date in records
22	Sex	Sex	varchar (5)	What is your sex?	Sex	No	If reported on survey; as indicated under Values column

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Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
23	OSexspS	Sex Specified	varchar (100)	Not listed, my sex is:	N/A	No	If reported on survey, as reported following special character and formatting instructions
24	Address	Address	varchar (100)	Individual's address. Include house number, direction, and street name	N/A	No	If reported on survey, as reported following special character and formatting instructions
25	Address2	Address 2	varchar (100)	Individual's address 2. May include PO Box, Suite, etc.	N/A	No	If reported on survey, as reported following special character and formatting instructions
26	City	City	varchar (100)	Individual's city	N/A	No	If reported on survey, as reported following special character and formatting instructions
27	State	State	varchar (2)	Individual's state.	US State and Territory 2-character codes	No	If reported on survey, as specified under Values column
28	Zip	Zip Code	Int (5)	Individual's home zip code. Five digits required	5 digits	No	If reported on survey
29	County	County	varchar (100)	Individual's county	N/A	No	If reported on survey, as reported following special character and formatting instructions
30	Phone	Phone	varchar (20)	Individual's phone number	E.164 standard	No	If reported on survey, following standard specified in Values column
31	OREopen	Open Race Ethnicity	varchar (100)	How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?	N/A	No	If reported on survey, as reported following special character and formatting instructions
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.	REcat	No	If reported on survey; as indicated under Values column
33	OReRaceOthS	Other Specified Race Ethnicity	varchar (100)	Another category not listed. Specify:	N/A	No	If reported on survey, as reported following special character and formatting instructions
34	REPriRace	Primary Race	varchar (20)	If you checked more than one category, is there **one** you think of as your primary racial or ethnic identity?	REPriRace	No	If reported on survey; as indicated under Values column

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
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	No	If reported on survey, as reported following special character and formatting instructions
36	HomeLang	Home Language	varchar (500)	What language(s) do you use at home?	Lang (this HomeLang values table is required for electronic forms that have smart filtering capability) Short Lang (this HomeLang values table is permitted for paper forms and required for electronic forms without smart filtering capability)	No	If reported on survey; as indicated under Values column
37	OHomeLangS	Home Language Open Text	varchar (500)	**For paper forms,when used instead of HomeLang field:** What language(s) do you use at home? **For electronic forms using Lang values table (When respondent has selected HomeLang value qqo):** Other language not listed, specify **For electronic and paper forms using**	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	No	If reported on survey, as reported following special character and formatting instructions

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
				Short Lang values table (When respondent has selected Homelang value ara, cpf, kar, qaq, pus, or qqo): Please enter details:	Guidance). For forms using the multi-select HomeLang 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.		
38	SpokLang	Preferred Spoken Language	varchar (100)	**Service Based Settings:** In what language do you want us to communicate with you?	Lang (this SpokLang values table is required for electronic forms that have smart filtering capability) Short Lang (this SpokLang values table is permitted for paper forms and required for electronic forms	No	If reported on survey; as indicated under Values column

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
					without smart filtering capability)		
39	OSpokLangS	Spoken Language Open Text	varchar (100)	**For paper forms in Service Based Settings,when used instead of SpokLang field:** In what language do you want us to communicate with you? **For paper forms in Non-Service Based Settings,when used instead of SpokLang field:** What language would you prefer to use when communicating with someone outside the home about important matters such as medical, legal, or health information? **For electronic forms using Lang values table (When respondent has selected SpokLang value qqo):** Other language not listed, specify **For electronic and paper forms using Short Lang values table (When respondent has selected SpokLang value ara, cpf, kar, qaq, pus, or qqo):** Please enter details:	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). For forms using the multi-select SpokLang 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.	No	If reported on survey, as reported following special character and formatting instructions

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
40	WritLang	Preferred Written Language	varchar (100)	**Service Based Settings:** In what language do you want us to write to you?	Lang (this WritLang values table is required for electronic forms that have smart filtering capability) Short Lang (this WritLang values table is permitted for paper forms and required for electronic forms without smart filtering capability)	No	If reported on survey; as indicated under Values column
41	OWritLangS	Written Language Open Text	varchar (100)	**For paper forms in Service Based Settings,when used instead of WritLang field:** In what language do you want us to write to you? **For paper forms in Non-Service Based Settings,when used instead of WritLang field:** What language would you prefer to use to read important written information such as medical, legal, or health information? **For electronic forms using Lang values**	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). For forms using the multi-select	No	If reported on survey, as reported following special character and formatting instructions

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
				table (When respondent has selected WritLang value qqo): Other language not listed, specify **For electronic and paper forms using Short Lang values table (When respondent has selected WritLang value cpf, kar, qaq, or qqo):** Please enter details:	WritLang 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?	YesNo	No	If reported on survey; as indicated under Values column
43	IntTyp	Interpreter Type	varchar (60)	If yes, select all that apply.	IntTyp	No	If reported on survey; as indicated under Values column
44	OIntTypS	Interpreter Other	varchar (100)	Another sign language not listed. Specify:	N/A	No	If reported on survey, as reported following special character and formatting instructions
45	ENG	English Proficiency	varchar (5)	How well do you speak English? Select one.	ENG	No	If reported on survey; as indicated under Values column
46	DEAR	Deaf	varchar (2)	Are you deaf or do you have serious difficulty hearing?	YesNo	No	If reported on survey; as indicated under Values column
47	DEARAge	Deaf Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
48	DEYE	Blind	varchar (2)	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	YesNo	No	If reported on survey; as indicated under Values column
49	DEYEAge	Blind Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column
50	DPHY	Physical	varchar (2)	Do you have serious difficulty walking or climbing stairs?	YesNo	No	If reported on survey; as indicated under Values column
51	DPHYAge	Physical Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column
52	DREM	Cognitive Memory	varchar (2)	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	YesNo	No	If reported on survey; as indicated under Values column
53	DREMAge	Cognitive Memory Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
54	DDRS	Self-Care	varchar (2)	Do you have difficulty dressing or bathing?	YesNo	No	If reported on survey; as indicated under Values column
55	DDRSAge	Self-Care Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column
56	DLEA	Learning	varchar (2)	Do you have serious difficulty learning how to do things most people your age can learn?	YesNo	No	If reported on survey; as indicated under Values column
57	DLEAAge	Learning Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column
58	DCOM	Communication	varchar (2)	Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?	YesNo	No	If reported on survey; as indicated under Values column
59	DCOMAge	Communication Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
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?	YesNo	No	If reported on survey; as indicated under Values column
61	DOUTAge	Independent Living Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column
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?	YesNo	No	If reported on survey; as indicated under Values column
63	DMHDAge	Mental Health Age	varchar (10)	Yes – This condition began at age:	For electronic forms: DAge For paper forms; report values in DAge	No	If reported on survey; as indicated under Values column
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 condition in any way you prefer:	N/A	No	If reported on survey, as reported following special character and formatting instructions
65	OGIopen	Gender Open	varchar (100)	Describe your gender in any way you prefer:	N/A	No	If reported on survey, as reported following special character and formatting instructions

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
66	GenIden	Gender Identity	varchar (10)	**For ages 14+:** What is your gender? Select all that apply. **For ages 5-11:** Are you currently: Select all that apply. **Child or adult question text and response values may be used for ages 12-13 (see guidance)**	GenIden	No	If reported on survey; as indicated under Values column based on age
67	OGIspS	Gender Specified	varchar (100)	**For ages 14+** Not listed, my gender is: **For ages 5-11:** Something else. Specify: **Child or adult question text and response values may be used for ages 12-13 (see guidance)**	N/A	No	If reported on survey, as reported based on age and following special character and formatting instructions
68	TransCat	Transgender	varchar (4)	Are you transgender?	TransCat	No	If reported on survey; as indicated under Values column
69	OSOopen	Sexual Orientation Open	varchar (100)	Describe your sexual orientation or sexual identity in any way you prefer:	N/A	No	If reported on survey, as reported following special character and formatting instructions
70	SexOri	Sexual Orientation	varchar (7)	What is your sexual orientation? Select **all** that apply.	SexOri	No	If reported on survey; as indicated under Values column
71	OSOspS	Sexual Orientation Specified	varchar (100)	Not listed, my sexual orientation is:	N/A	No	If reported on survey, as reported following special character and formatting instructions
72	IsLglNm	Legal Name Indicator	varchar (1)	Indicator if preferred name is same as legal name	N (No); Y (Yes)	No	If reported on survey; as indicated under Values column
73	Responders	Survey Respondent	varchar (100)	Identifies who is answering the REALD and SOGI questions	Responders	No	If reported on survey; as indicated under Values column

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
74	ORspspS	Respondent Specified	varchar (100)	Open text response to identify who is answering the REALD and SOGI questions	N/A	No	If reported on survey, as reported following special character and formatting instructions
75	LangEngOnly	English Only Speaker	varchar (2)	Do you only use English at home? Select **one**.	YesNo; A value of N may be assumed if survey is administered in a language other than English (see Guidance)	No	If reported on survey; as indicated under Values column
76	ComNeeds	Communication Needs	varchar (100)	**Service Based Settings:** Do you need or want any of the following for us to communicate with you?	ComNeeds	No	If reported on survey; as indicated under Values column
77	OComNeedsS	Communication Needs Specified	varchar (100)	Yes - Assistive Listening Device such as an FM or Loop. Specify:	N/A	No	If reported on survey, as reported following special character and formatting instructions
78	AcdNeed	Accomodation Needs	varchar (2)	**Service Based Settings:** 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?	YesNo	No	If reported on survey; as indicated under Values column
79	ACDList	Accommodation Needs List	varchar (200)	If yes, select all that apply and enter additional details below.	ACDList (recommended alternative for electronic forms)	No	If reported on survey; as indicated under Values column
80	OAcdAltFspS	Alternate formats specified	varchar (200)	Alternate formats:	N/A	No	If reported on survey, as reported following special character and formatting instructions
81	OAcdBldAspS	Building access specified	varchar (200)	Building access:	N/A	No	If reported on survey, as reported following special character and formatting instructions

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
82	OAcdCo mspS	Communication access specified	varchar (200)	Communication access (in-person, print materials, electronic):	N/A	No	If reported on survey, as reported following special character and formatting instructions
83	OAcdCor CarespS	Coordinating and scheduling care specified	varchar (200)	Coordinating and scheduling care or services:	N/A	No	If reported on survey, as reported following special character and formatting instructions
84	OAcdEnv SenspS	Environmental and sensory specified	varchar (200)	Environmental and sensory:	N/A	No	If reported on survey, as reported following special character and formatting instructions
85	OAcdEqp AspS	Equipment access specified	varchar (200)	Equipment access:	N/A	No	If reported on survey, as reported following special character and formatting instructions
86	OAcdStaf fSspS	Other staff support specified	varchar (200)	Other staff support:	N/A	No	If reported on survey, as reported following special character and formatting instructions
87	OAcdspS	Accommodations Specified	varchar (200)	Not listed. Specify:	N/A	No	If reported on survey, as reported following special character and formatting instructions
88	OACDop en	Accommodations Open Text	varchar (500)	If yes, describe what accommodations you typically need or want:	N/A	No	If reported on survey, as reported following special character and formatting instructions
89	OReAIA NOthS	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	No	If reported on survey, as reported following special character and formatting instructions
90	OReAsia nOthS	Asian Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Mongolian, Malaysian, Uzbeks, etc.	N/A	No	If reported on survey, as reported following special character and formatting instructions
91	OReBlac kOthS	Black Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Trinidadian, Ghanaian, Congolese, etc.	N/A	No	If reported on survey, as reported following special character and formatting instructions
92	OReHisp OthS	Hispanic Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Colombian, Honduran, Spaniard, etc.	N/A	No	If reported on survey, as reported following special character and formatting instructions

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
93	OReJew OthS	Jewish Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Mizrahi, etc.	N/A	No	If reported on survey, as reported following special character and formatting instructions
94	OReMEN AOthS	Middle Eastern/North African/SWANA Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Moroccan, Yemeni, Kurdish, etc.	N/A	No	If reported on survey, as reported following special character and formatting instructions
95	OReNHP IOthS	Native Hawaiian/ Pacific Islander Other Specified Race Ethnicity	varchar (100)	Enter details, for example, Chuukese, Palauan, Tahitian, etc.	N/A	No	If reported on survey, as reported following special character and formatting instructions
96	OReWhit eOthS	White Other Specified Race Ethnicity	varchar (100)	Enter details, for example, French, Swedish, Norwegian, etc.	N/A	No	If reported on survey, as reported following special character and formatting instructions
97	OGIcultS	Gender Identity Cultural Specific	varchar (100)	I have a gender identity not listed here that is specific to my ethnicity:	N/A	No	If reported on survey, as reported following special character and formatting instructions
98	OSOcult S	Sexual Orientation Cultural Specific	varchar (100)	I have a sexual orientation not listed here that is specific to my ethnicity:	N/A	No	If reported on survey, as reported following special character and formatting instructions
99	SurveyM ode	Survey Mode	varchar (7)	Format for Survey	SurveyMode	No	From reporter records, as indicated under Values column
100	OSurvey ModespS	Survey Mode specified	varchar (100)	Another not listed, specify:	N/A	No	From reporter records, following special characters and formatting instructions
101	MaidenN m	Maiden or Former Name	varchar (100)	Individual's maiden or other previous legal name	N/A	No	If reported on survey, as reported following special character and formatting instructions
102	ACDCat	Accomodation Needs Category	varchar (200)	If yes, select all that apply and enter additional details below.	ACDCat (Minimum required for all service-based surveys)	No	If reported on survey; as indicated under Values column

Seq	VarName	Element Name	Type (Max Length)	QuestionText/ElementDefinition	Values	Required in file submitted?	APAC instructions
103	DateCompleted	Date Survey Completed	Date (8)	Date the survey was completed by the individual	YYYYMMDD	No	If reported on survey or within system if electronic
104	DateSent	Date Survey Sent to Individual	Date (8)	Date the survey was mailed or sent to individual (if different from DateCompleted)	YYYYMMDD	No	From reporter's system
105	FacilityZipFour	Facility Zip plus 4	Int (4)	Optional +4 digits of facility zip code	4 digits	No	
106	FacilityPhoneExt	Facility Phone Extension	Int (8)	Optional facility phone number extension	1-6 digits	No	
107	ProviderPhoneExt	Provider Phone Extension	Int (8)	Optional provider phone number extension	1-6 digits	No	
108	ZipFour	Zip plus 4	Int (4)	Optional +4 digits of individual zip code	4 digits	No	

File naming convention prior to encryption and zipping:

Equity and Inclusion limits file names to no more than 50 characters in length

<payer abbreviation>_<submitter abbreviation>_realdsogi_<quarter>_<file created date>.csv

Example: OHA_OHA_realdsogi_2025Q4_20260115.csv

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.	Variable Fields Table; Columns A-B
Varname	Aligns with the VarName Column in the table in Appendix A	Variable Fields Table; Column D
TemplateNbr	Corresponding question number on the REALD & SOGI Service-Based Template	Variable Fields Table; 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")	Variable Fields Table; Column I
Implementation Guidance	Links to general and/or domain-specific implementation guidance, and guidance for interpreting the Data Dictionary.	Variable Fields Table; 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.	Variable Fields Table; Columns M-P