

**Data Definitions Manual**

Health Equity Module

All sites in PC4, PAC3, and CNOC will have the option to submit Health Equity data. The data collected regarding patient’s primary language and need for an interpreter is an extension of the Demographics section in PC4/PAC3 and will synchronize with the patient ID. The primary insurance question and DeGAUSS responses will be collected on a hospitalization level and will synchronize with the hospitalization ID.

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| **Health Equity Module**  |
| **Primary Language** |
| *Required for case closure:* Yes |
| *Description*: | Primary language listed in the clinical information tab regarding a patient. Will assume primary language listed to be parent or guardians until patient is 18 years of age. |
| **Values** | EnglishSpanishCantoneseMandarinTagalogArabicFrenchGermanGreekHaitian CreoleJapaneseKannadaKorean | MarathiNepalesePolishPortugueseRussianSomaliTamilTeluguUkrainianVietnameseYiddishOther \_\_\_\_\_\_ |
| **Interpreter Needed** |
| *Required for case closure:* Yes |
| *Displayed if:* | Language other than English is selected for Primary Language |
| *Description:* | Determined by clinical information or demographic information section for patient. |
| **Values** | YesNo |

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| **Insurance Type** |
|  | *Required for case closure:* Yes |
| *Description:* |  | Indicate the primary insurance type at the beginning of this hospitalization. |
| **Values** | *Code* | *Text* |  |
|  | 1 | Public | Includes Medicare, Medicaid, Military Health Care (e.g., TriCare), State-Specific Plan, and Indian Health Service. |
|  | 2  | Private | Includes all indemnity (fee-for-service) carriers, Preferred Provider Organizations (PPOs), and Health Maintenance Organizations (HMOs). |
|  | 3  | Non-U.S. insurance | Includes all non-U.S. insurance |
|  | 4  | None / Self | No insurance was used by the patient to pay for this admission. |
| **Primary type of public insurance** |
| *Displayed if:* |  | Public is selected for insurance type |
|  | *Required for case closure:* No |
| *Description:* |  | Optional field for any public insurance type. \*\*Identify differentiation by billing or social worker at individual center |
| **Values** |  | MedicareMedicaidMilitary HealthIndian Health ServiceCorrectional FacilityState Specific PlanOther Government InsuranceUnknown |