Diagram, schematic

Description automatically generated

**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** | English  Spanish  Cantonese  Mandarin  Tagalog  Arabic  French  German  Greek  Haitian Creole  Japanese  Kannada  Korean | Marathi  Nepalese  Polish  Portuguese  Russian  Somali  Tamil  Telugu  Ukrainian  Vietnamese  Yiddish  Other \_\_\_\_\_\_ |
| **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** | Yes  No | |

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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** |  | Medicare  Medicaid  Military Health  Indian Health Service  Correctional Facility  State Specific Plan  Other Government Insurance  Unknown | | |