COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
ENTERPRISE DATA MANAGEMENT & ENGINEERING

CBHC VISIT AND DEMOGRAPHICS DATA FILE

PRODUCTION-LEVEL SUBMISSION GUIDE

Version 1.4
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Revision History

Version	Date	Revision Note(s)
1.0	3/31/2025	CBHC Visit and Demographics Data File, Production-level Submission Guide Version 1 Published
1.1	7/9/2025	• General enhancements to improve the organization, formatting, and usability of the guide (e.g., add page numbers, expanded list of acronyms, replaced/added to screenshots for accessibility, etc.). • Section 2. Access Standards Data File (ASDF) ○ Updated contextual notes in 2.1-2.5. ○ Updated language in 2.6 to standardize and clarify field descriptions. • Section 4. Metadata File ○ Added two required records to provide the quarter start date and quarter end date of the submission. ○ Replaced screenshot example with a typed example that reflects the two added records. • Section 6. Requirements and Validation ○ Updated details for ASDF requirements and validation. ○ Added one additional error code to identify duplicate records.
1.2	10/9/2025	• Section 2. Access Standards Data File (ASDF) ○ Added and updated contextual information in section 2.3 Last Qualifying Visits and Qualifying Visits (After a Qualifying Triage). • Section 4. Metadata File ○ Format change to record seven, “RETURN_TO…” record: Version 1.2 accurately outlines that there should not be a space that follows the comma separating multiple email addresses. ○ Style revision: Replaced the Microsoft Word default left and right double quotation marks (Unicode: U+201C and U+201D, respectively) with the flat file standard straight double quotes (Unicode: U+0022) in 4.1 Metadata File: Layout and 4.3 Metadata File: Additional Information example to avoid confusion on flat file text qualifiers. ○ Updated Metadata File examples to reflect requirements.

		• Section 6. Requirements and Validation
		  ○ Added validation logic point in section 6.2.3 Appointment Occurrence Validation regarding the logic when Field 23-Appointment Occurred contains the valid value, “NR”.
		  ○ Clarified the requirement for matching dates and times in file names in a given submission.
		  ○ Expanded Metadata File error information found in 6.5 Requirements and Validation: Submission-level.
		  ○ Expanded list of Error Codes in section 6.6; additional error codes provide more detailed information on field(s) and logic producing errors.
		• Section 7. Error Resolution
		  ○ Updated examples to reflect requirements, including dates + times in the example file names that are distinct from the dates + times used in previous, submission examples earlier in the document.
		• Appendix
		  ○ Updated definition of value, “OTH” in Table 4: Visit Occurrence Type.

1.3	11/6/2025	• Section 2. Access Standards Data File (ASDF)
		  ○ Included additional contextual information in section 2.1 regarding data granularity and section 2.3 Last Qualifying Visits and Qualifying Visits (After a Qualifying Triage).
		• Section 3. Demographics Data File (DDF)
		  ○ Added section 3.1 to include additional contextual information regarding data granularity.
		• Section 6. Requirements and Validation
		  ○ Clarified naming convention requirement impact to file delivery.
		  ○ Included details on encoding and line break requirements.
		  ○ Rearranged section so the requirements and validation details align with the order in which they occur in the data ingestion process.

1.4	7/23/2026	• Section 6. Error Codes ○ Included additional error codes on date corrections for Last Qualifying Visit, Qualifying Triage, and Qualifying Visits in addition to completion of Time of Readiness fields for MCI Visits.

Acronym Definitions

Acronym	Definition
ASDF	Access Standards Data File
BH	Behavioral Health
CBHC	Community Behavioral Health Centers
CCQI	CBHC Clinical Quality Incentive program
CQEIP	CBHC Quality and Equity Incentive Program
DDF	Demographics Data File
EDME	Enterprise Data Management & Engineering (former Data Warehouse)
EOHHS	Executive Office of Health and Human Services
ETL	Extract, Transform, and Load
HHS	Department of Health and Human Services
LQV	Last Qualifying Visit
PIDSL	Provider ID, Service Location
RELD SOGI	Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender Identity
SFTP	Secure File Transfer Protocol
TIN	Tax Identification Number
VDDF	Visit and Demographics Data File
PGP	Pretty Good Privacy; encryption program and standard
PROD	Production; also used as, “production-level” when used to define real member data.

1. Introduction

1.1 Background

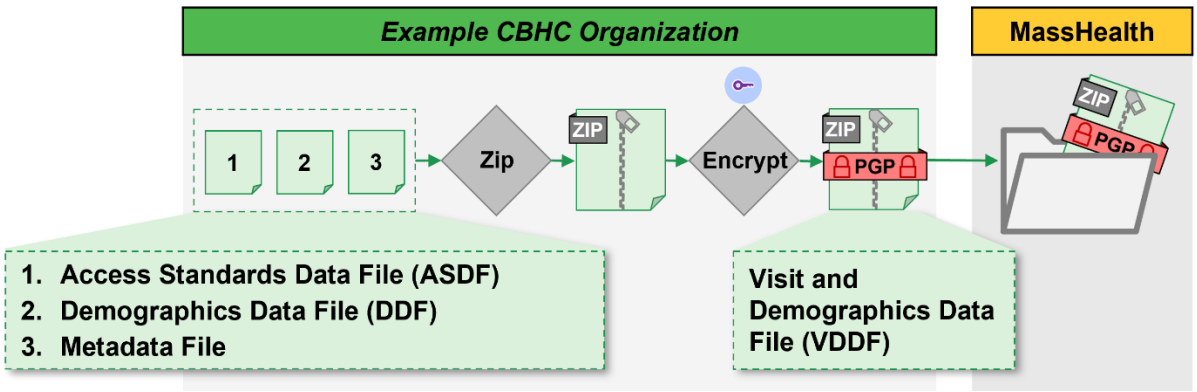
As part of the Roadmap for Behavioral Health Reform, Community Behavioral Health Centers (CBHCs) have launched across the Commonwealth since January 2023 to provide front-door access to care for individuals experiencing behavioral health (BH) crises in the community. To support the CBHCs' efforts of continuous quality improvement and to incentivize positive quality and equitable care outcomes for MassHealth members, EOHHS has implemented a CBHC Incentive Program, with a clinical quality incentive program (CCQI) component and a CBHC quality and equity incentive program (CQEIP) component for the CBHC provider network. These program components are part of larger efforts at EOHHS to center equity alongside quality as a pillar of value-based care and as a priority for the state's health care system.

1.2 Submission Overview

CBHC VDDF submissions to EOHHS include three files:

- The CBHC Access Standards File (ASDF) – data file containing time-stamped encounter and visit-level data
- The CBHC Demographics Data File (DDF)– data file containing member-level demographics data
- The CBHC VDDF Metadata File – file transfer/data loading supporting file containing information on the submission and contents of the data file(s)

The files will be compressed/zipped; the compressed/zipped file will be encrypted using PGP encryption and then securely submitted to EOHHS as depicted below.



Description: The image contains a green header with the text, "Example CBHC Organization". Under this header, three icons, labeled "1", "2", and "3" represent the three files: 1. Access Standards Data File (ASDF), 2. Demographics Data File (DDF), and 3. Metadata File. An arrow connects the three files to a diamond-shaped icon, used to denote a step in the process, labeled, "Zip". An arrow connects the "Zip" icon to an icon of a zipped file. An arrow connects the zipped file icon to a new diamond-shaped process icon labeled, "Encrypt" to illustrate that the zipped file is encrypted using PGP (Pretty Good Privacy) encryption. An arrow connects the "Encrypt" icon to an icon of the PGP encrypted zipped file, demonstrated by a red banner containing a padlock icon and the text, "PGP"; this icon is titled, "Visit and Demographics Data File (VDDF)". An arrow connects the "VDDF" icon to a folder icon under a yellow header with the text, "MassHealth". The folder icon contains the "VDDF" icon and illustrates that after the aforementioned steps, the "VDDF" is submitted to MassHealth (language referencing the VDDF submission to "MassHealth" or to "EOHHS" may be used interchangeably in this diagram/document).

Additional details on each file and the submission requirements are outlined in the sections that follow.

1.3 Document Context

This submission guide provides an overview of the CBHC Visit and Demographics Data File (VDDF) production-level file submission, which CBHCs will send to EOHHS quarterly. Please review the document in full and note that some sections, text, examples, etc., may be found across multiple pages.

2. Access Standards Data File (ASDF)

The Access Standards Data File (ASDF) section contains details specific to the ASDF data elements, fields, file layout, and name.

2.1 CBHC ASDF Reporting Requirements

To provide the necessary data elements in the ASDF, EOHHS requests that CBHCs capture and report on time-stamped, MassHealth members' Qualifying Triages and visit-level data for each performance year.

2.1.1 Data Granularity: ASDF Business Key

One record (line or row of data) in the ASDF represents one Qualifying Triage; the program reporting context drives the comprehensive list of fields that make up the business key:

- CBHC PIDSL
- Medicaid ID
- Qualifying Triage Date
- Qualifying Triage Time
- Appointment Type of Qualifying Triage

A MassHealth member may have more than one qualifying triage within a given quarter and therefore a MassHealth member may appear in an ASDF more than once.

2.1.2 Data Granularity: ASDF Additional Information

A record contains additional fields that provide information on the outcome of the Qualifying Triage. Since the outcome of a Qualifying Triage may span time, the examples below demonstrate how ASDF records align with the quarterly reporting schedule.

- The Qualifying Triage and the outcome of the Qualifying Triage take place within the same quarter.
    - The record containing the Qualifying Triage and the outcome of the Qualifying Triage is reported in the ASDF aligned to the quarter in which the events occurred.
- The Qualifying Triage takes place within one quarter and the outcome of the Qualifying Triage takes place within a later quarter.
    - The record containing the Qualifying Triage is reported in the ASDF aligned to the quarter in which the Qualifying Triage occurred; since the outcome is unknown at the time of reporting, the value, "OTH" is used as a temporary placeholder (see Appendix Visit Occurrence Type table of valid values for additional details).
    - The record containing the Qualifying Triage is updated with the actual outcome information and reported in the ASDF aligned to the quarter in which the outcome occurred.
        - If the outcome of the Qualifying Triage is not realized/is inconclusive as of 12/31 at 11:59.59 PM of the year, the outcome should be update with an appropriate Visit Occurrence Type in the respective year's quarter 4 (Q4) ASDF.

The CBHC is responsible for reporting visit and demographics data as necessary for the CBHC clinical quality incentive program (CCQI) and quality and equity incentive program (CQEIP); please review program documentation (e.g., applicable measure technical specifications) for additional details.

2.2 Qualifying Triages

To report triage-level data, all Qualifying Triages that occurred in the performance measurement year between **January 1st to December 31st** to any of the 6 Qualifying Visit appointment types (*see Appendix, Table 3B: Appointment Types*) should be captured and reported quarterly in the ASDF in Fields 20-22. Non-qualifying triages should not be reported and will not be accepted in the file submission if it cannot be categorized as one of the six Qualifying Visit appointment types. Qualifying Triages that result in a non-Qualifying Visit or a Qualifying Visit that is different from the one scheduled during the Qualifying Triage should also be reported in the ASDF.

2.3 Last Qualifying Visits and Qualifying Visits (After a Qualifying Triage)

To capture visit-level data on Qualifying Visits for each performance year, CBHCs should identify and report on all Last Qualifying Visits and Qualifying Visits that occurred in the measurement year between **January 1st to December 31st**.

To capture and report on "Last Qualifying Visits" (LQVs), for members with more than one Qualifying Visit to any of the six appointment types (*see Appendix, Table 3B: Appointment Types*) within the performance measurement year, all Qualifying Visits prior to another Qualifying Visit scheduled from a Qualifying Triage should be captured and reported as the Last Qualifying Visit in ASDF Fields 17-19. A Qualifying Visit in one event can become a Last Qualifying Visit if another Qualifying Visit occurs after and should be reported as a separate event for the same member. When reporting Last Qualifying Visits, only the most recent Last Qualifying Visit prior to a Qualifying Triage with a scheduled Qualifying Visit should be reported in Fields 17-19. Do not report multiple Last Qualifying Visits for the same Qualifying Triage. If the Last Qualifying Visit resulted in a different appointment type than what the member was originally triaged to (Different Qualifying Visit or "DQ" in field 23), it should still be reported as the Last Qualifying Visit. Non-qualifying visits ("NQ" in field 23) should not be reported as a Last Qualifying Visit. If the last Qualifying Triage resulted in a no-show, the Qualifying Visit prior to the no-show should be reported as the Last Qualifying Visit.

Last Qualifying Visits prior to January 1st 2025 should not be reported if there were no Last Qualifying Visits starting in PY2 2025. If a member did NOT have a Last Qualifying Visit at any point throughout each measurement year, then the value "19510101" indicating no date of Last Qualifying Visit should be provided.

Ongoing/routine appointments that were not scheduled from a Qualifying Triage would not count as a Last Qualifying Visit or a Qualifying Visit and therefore should not be reported in the ASDF. A Last Qualifying Visit or Qualifying Visit that came from a Non-Qualifying Triage (e.g. triage to Peer Support Services or Recovery Coaching) should not be reported in the ASDF.

To capture and report on "Qualifying Visits" scheduled from a Qualifying Triage, one of the visit occurrence types defined in *Appendix, Table 4: Visit Occurrence Type* should be reported quarterly in field 23 with the date, time, service code, and appointment type reported in fields 24-27.

2.4 Edge-Case Qualifying Events

2.4.1 Multiple Qualifying Visits from a Single Qualifying Triage

To report multiple Qualifying Visits scheduled from one Qualifying Triage, report each scheduled Qualifying Visit as a separate entry with the same Qualifying Triage timestamp (Fields 20-21), but a different appointment type (Field 22 and 27) for each entry. If the scheduled Qualifying Visit does not have a Qualifying Triage with the same timestamp as other Qualifying Visits scheduled from the same Qualifying Triage, this will indicate a different entry for a separate Qualifying Triage. *Note: If the appointment type for Field 22 and Field 27 do not match, this will be considered a "Different Qualifying Visit" (DQ) appointment type.*

2.4.2 Intake for MOUD and Urgent Psychopharmacology Qualifying Visits as an Urgent Appointment

To report intakes as part of a workflow for Qualifying Triages to an MOUD or urgent psychopharmacology appointment, report the intake as an "urgent appointment" for the first Qualifying Triage appointment type (Field 22) and Qualifying Visit appointment type (Field 27). Similar to reporting multiple Qualifying Visits, report the MOUD or urgent psychopharmacology appointment with the same Qualifying Triage timestamp (Fields 20-21) as the one for intake in a separate entry. *Note: If the appointment type for Field 22 and Field 27 do not match, this will be considered a "Different Qualifying Visit" (DQ) appointment type.*

2.4.3 Open Access as CBHC Core Bundle Service Visits

To identify how to report Open Access (unscheduled, walk-in) visits for core bundle service appointment types only, please refer to the latest version of the *CBHC CQI (CCQI) Technical Specifications* on how an Open Access Qualifying Triage and Qualifying Visit are defined to determine Open Access events that would count in the measure. *Note: If an Open Access Qualifying Triage resulted in a no-show where the Open Access walk-in appointment did not occur, do NOT report this event in the ASDF.*

2.5 MCI Time of Readiness

MCI Time of Readiness should be reported in Fields 28 and 29 when a member is triaged to an MCI appointment type in Field 22. Please refer to the latest version of the *CBHC CQI (CCQI) Technical Specifications* on the definition for "Time of Readiness".

2.6 ASDF: Layout

The table below provides the layout of the ASDF.

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
1.	CBHC TIN	CBHC Tax Identification Number.	9	N	Required
2.	CBHC Abbreviation	CBHC Abbreviation. See Appendix, Table 1 for table of valid values.	10	C	Required
3.	CBHC PIDSL	CBHC PIDSL where event(s) occurred.	10	C	Required
4.	CBHC PIDSL Name	Name of CBHC at PIDSL-level where event(s) occurred.	100	C	Provide if available
5.	Medicaid ID	The Medicaid ID, also referred to as the MassHealth ID, Medicaid Claim Certificate Number, or New MMIS ID.	12	C	Required
6.	Health Plan Member ID	The unique member ID for the individual's health plan/payer member ID. Health Plan Member ID should be included when available. Inclusion of Health Plan Member ID does not indicate the inclusion of a broader population (i.e., does not indicate expanding to include commercial payers).	40	C	Provide if available
7.	Medical Record Number	The unique medical record number that distinguishes a patient and a patient's record(s) from all patients and patient records at a given institution.	25	C	Required
8.	Member Birth Date	Member's Date of Birth. The date should follow the YYYYMMDD format	8	D	Required
9.	Member First Name	Member's First Name	100	C	Required
10.	Member Last Name	Member's Last Name	100	C	Required
11.	Member Middle Initial	Member's Middle Initial	1	C	Provide if available
12.	Member Address 1	Member's Street Address 1	100	C	Provide if available
13.	Member Address 2	Member's Street Address 2	100	C	Provide if applicable

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
14.	Member City	Member's City	40	C	Provide if available
15.	Member State	Member's State	2	C	Provide if available
16.	Member Zip Code	Member's Zip Code	5	C	Provide if available
17.	LQV Date	Last Qualifying Visit (LQV) prior to the date of the Qualifying Triage with CBHC in date format: "YYYYMMDD". If no LQV date, enter "19510101" if the member did not have a Qualifying Visit at the CBHC prior to the date of the Qualifying Triage with the CBHC and therefore no LQV date.	8	D	Required
18.	Service Code of the LQV	CBHC bundle services are behavioral health outpatient services and CBHC MCI services are defined as Mobile Crisis Intervention services for short-term mobile, on-site, face-to-face crisis assessment, intervention; these service types are accompanied by modifier codes to provide additional details on the services. The Service Code field must include the code-modifier combination that reflects the code-modifier associated with the encounter/visit. Only include any of the 6 Qualifying CBHC Appointment Types (Bundle Service or MCI Visits). *(Refer to Appendix, Table 3A: Service Codes)* If the member did not have a Qualifying Visit at the CBHC prior to the date of the Qualifying Triage with the CBHC and therefore no LQV service code, leave as blank.	11	C	Provide if applicable
19.	Appointment Type of the LQV	The CBHC Appointment Type provides appointment information based on the Service Code. *(Refer to Appendix, Table 3B: CBHC Appointment Types.)* If the member did not have a Qualifying Visit at the CBHC prior to the date of the Qualifying Triage with the CBHC and therefore no LQV appointment type, leave as blank.	19	C	Provide if applicable
20.	Qualifying Triage Date	Date of the Qualifying Triage when appointment was scheduled for a Qualifying Visit.	8	D	Required

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
		Note: For an Open Access Qualifying Triage, date when member initially walks in for a CBHC Core Bundle service type they were offered through Open Access from either a call or at the start of the walk-in. Date format: YYYYMMDD. Qualifying Triage is defined as a triage with a scheduled appointment or Open Access referral to one of the 6 Qualifying CBHC appointment types. *(Please refer to the latest version of the CBHC Clinical Quality Incentive (CCQI) Technical Specifications on the definition of "Qualifying Triage" for more information.)*			
21.	Qualifying Triage Time	Time of the Qualifying Triage when appointment was scheduled for a Qualifying Visit. **Note:** For an Open Access Qualifying Triage, time when member initially walks in for a CBHC Core Bundle service type they were offered through Open Access from either a call or at the start of the walk-in. Time format: hhmmss Qualifying Triage is defined as a triage with a scheduled appointment or Open Access referral to one of the 6 Qualifying CBHC appointment types. *(Please refer to the latest version of the CBHC Clinical Quality Incentive (CCQI) Technical Specifications on the definition of "Qualifying Triage" for more information.)*	6	T	Required
22.	Appointment Type from Qualifying Triage	CBHC Appointment Type scheduled on the Qualifying Triage date. **Note:** For an Open Access Qualifying Triage, the CBHC appointment type, the member was offered when they initially walked in for an Open Access Qualifying Visit. *(Refer to Appendix, Table 3B: CBHC Appointment Types)* Qualifying Triage is defined as a triage with a scheduled appointment or Open Access referral to one of the 6 Qualifying CBHC appointment types. *(Please refer to the latest version of the CBHC Clinical Quality Incentive (CCQI) Technical Specifications on the definition of "Qualifying Triage" for more information.)*	19	C	Required
23.	Appointment Occurred	Did the Qualifying Visit appointment scheduled or offered from a Qualifying Triage occur? If Yes: Enter Y	3	C	Required

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
		If No: Enter one of the following visit occurrence types: NS - Opt-Out (No-show/Cancellation) NR – Rescheduled Appointment from Triage DQ – Different Qualifying Visit Appointment Type NQ – Non-Qualifying Visit OTH – Other (*Refer to Appendix, Table 4: Visit Occurrence Type.)*			
24.	Appointment Occurred Date	Date appointment of Qualifying Visit occurred. Date format: YYYYMMDD	8	D	Provide if available
25.	Appointment Occurred Time	Time appointment of Qualifying Visit occurred. Time format: hhmmss	6	T	Provide if available
26.	Appointment Occurred (Service Code)	CBHC Bundle services are behavioral health outpatient services and CBHC MCI services are defined as Mobile Crisis Intervention services for short-term mobile, on-site, face-to-face crisis assessment, intervention; these service types are accompanied by modifier codes to provide additional details on the services. The Service Code field must include the code-modifier combination that reflects the code-modifier associated with the encounter/visit. *(Refer to Appendix, Table 3A: Service Codes)* ***NOTE:*** *If the patient receives a Qualifying Visit appointment type that differs from the Qualifying Triage appointment type, please provide the service code of the different appointment type that occurred.*	11	C	Provide if available
27.	Appointment Occurred (Appointment Type)	The CBHC Appointment Type provides appointment information based on the Service Code. *(Refer to Appendix, Table 3B: CBHC Appointment Types)* ***NOTE:*** *If the patient receives a Qualifying Visit appointment type that differs from the Qualifying Triage appointment type, please provide the different appointment type that occurred.*	19	C	Provide if available
28.	MCI Time of Readiness (Date)	This field evaluates if the patient indicated time of readiness for an MCI visit after a Qualifying Triage. Date format: YYYYMMDD If the member did not indicate time of readiness after the Qualifying Triage to an MCI Visit, this field should be left blank.	8	D	Provide if available

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
29.	MCI Time of Readiness (Time)	This field evaluates if the patient indicated time of readiness for an MCI visit after a Qualifying Triage. Time format: hhmmss If the member did not indicate time of readiness after the Qualifying Triage to an MCI Visit, this field should be left blank.	6	T	Provide if available

2.7 ASDF: Name

The ASDF name must follow the following naming convention:

- <insert CBHC abbreviation>_asdf_<insert date and time>.txt"
  - "<insert CBHC abbreviation>" must be replaced by the submitting CBHC's abbreviation found in Table 1 in the Appendix.
    - The CBHC abbreviation must be lowercase, as seen in Table 1 in the Appendix.
  - "<insert date and time>" must be replaced by the date and time of the submission in the format, "YYYYMMDDhhmmss" where:
    - "YYYY" is the four-digit Year
    - "MM" is the two-digit Month (01 = January, and so on)
    - "DD" is the two-digit Day of the Month (01 through 31)
    - "hh" is the two-digit Hour (00 through 23)
    - "mm" is the two-digit for Minutes (00 through 59)
    - "ss" is the two-digit for Seconds (00 through 59)
  - The date and time in the ASDF name must match the date and time in the DDF name.
  - File must be a text file with ".txt" file extension.

3. Demographics Data File (DDF)

The Demographics Data File (DDF) section contains details specific to the DDF data elements, fields, file layout, and name.

3.1 CBHC DDF Reporting Requirements

3.1.1 Data Granularity: DDF Business Key

One record (line or row of data) in the DDF represents one individual and their respective demographic data; therefore, the business key is:

- Medicaid ID

3.1.2 Data Granularity: DDF Additional Information

MassHealth members may have more than one Bundle Service and/or MCI evaluation at the respective CBHC within a given quarter and/or the CBHC may collect/update/verify the member's demographic data at a different point in the quarter/year.

- The DDF is a member-level (patient-level) file and will only contain one record per MassHealth member per quarterly file.
- The CBHC should report the demographic data that is considered the source of truth for the MassHealth member at the time of the quarterly DDF reporting.

The CBHC is responsible for reporting visit and demographics data as necessary for the CBHC clinical quality incentive program (CCQI) and quality and equity incentive program (CQEIP); please review program documentation (e.g., applicable measure technical specifications) for additional details.

3.2 DDF: Layout

The table below provides the layout of the DDF.

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
1.	CBHC TIN	CBHC Tax Identification Number. See Appendix, Table 1 for table of valid values.	9	N	Required
2.	CBHC Abbreviation	CBHC Abbreviation. See Appendix, Table 1 for table of valid values.	10	C	Required
3.	Medicaid ID	The Medicaid ID, also referred to as the MassHealth ID, Medicaid Claim Certificate Number, or New MMIS ID.	12	C	Required
4.	Health Plan Member ID	The unique member ID for the individual's health plan/payer member ID. Health Plan Member ID should be included when available. Inclusion of Health Plan Member ID does not indicate the inclusion of a broader population (i.e., does not indicate expanding to include commercial payers).	40	C	Provide If available
5.	Medical Record Number	The unique medical record number that distinguishes a patient and a patient's record(s) from all patients and patient records at a given institution.	25	C	Required
6.	Member Birth Date	Member's Date of Birth	8	D	Required

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
7.	Member First Name	Member's First Name	100	C	Required
8.	Member Last Name	Member's Last Name	100	C	Required
9.	Member Middle Initial	Member's Middle Initial	1	C	Provide if available
10.	Member Address 1	Member's Street Address 1	100	C	Provide if available
11.	Member Address 2	Member's Street Address 2	100	C	Provide if applicable
12.	Member City	Member's City	40	C	Provide If available
13.	Member State	Member's State	2	C	Provide If available
14.	Member Zip Code	Member's Zip Code	5	C	Provide If available
15.	Member Race 1	Member's Race. Up to six (6) values may be submitted for Race. When submitting multiple Race values, each must appear in a separate field starting with "Member Race 1" and ending with "Member Race 6". See Appendix, Table 5, for table of valid values.	8	C	Provide if available
16.	Member Race 2	Member's Race. Up to six (6) values may be submitted for Race. When submitting multiple Race values, each must appear in a separate field starting with "Member Race 1" and ending with "Member Race 6". See Appendix, Table 5, for table of valid values.	8	C	Provide if available
17.	Member Race 3	Member's Race. Up to six (6) values may be submitted for Race. When submitting multiple Race values, each must appear in a separate field starting with "Member Race 1" and ending with "Member Race 6". See Appendix, Table 5, for table of valid values.	8	C	Provide if available
18.	Member Race 4	Member's Race. Up to six (6) values may be submitted for Race. When submitting multiple Race values, each must appear in a separate field starting with "Member Race 1" and ending with "Member Race 6". See Appendix, Table 5, for table of valid values.	8	C	Provide if available
19.	Member Race 5	Member's Race. Up to six (6) values may be submitted for Race. When submitting multiple Race values, each must appear in a separate	8	C	Provide if available

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
		field starting with “Member Race 1” and ending with “Member Race 6”. See Appendix, Table 5, for table of valid values.			
20.	Member Race 6	Member’s Race. Up to six (6) values may be submitted for Race. When submitting multiple Race values, each must appear in a separate field starting with “Member Race 1” and ending with “Member Race 6”. See Appendix, Table 5, for table of valid values.	8	C	Provide if available
21.	Race Date Updated	Date that Race was originally entered or changed by the CBHC.	8	D	Provide if available
22.	Race Date Verified	Date that Race was last verified by the CBHC.	8	D	Provide if available
23.	Member Race Detailed	This field should reflect the “free text entry” response for instances where the CBHC has a value other than one listed in the table of Race valid values in the Appendix, Table 5.	255	C	Provide if available
24.	Member Hispanic Ethnicity	Member’s Hispanic Ethnicity. Only one (1) value may be submitted for Hispanic Ethnicity. See Appendix, Table 6, for table of valid values.	8	C	Provide if available
25.	Date Updated Hispanic Ethnicity	Date that Hispanic Ethnicity was originally entered or changed by the CBHC.	8	D	Provide if available
26.	Date Verified Hispanic Ethnicity	Date that Hispanic Ethnicity was last verified by the CBHC.	8	D	Provide if available
27.	Granular Ethnicity 1	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.	8	C	Provide if available
28.	Granular Ethnicity 2	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.	8	C	Provide if available
29.	Granular Ethnicity 3	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a	8	C	Provide if available

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
		separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.			
30.	Granular Ethnicity 4	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.	8	C	Provide if available
31.	Granular Ethnicity 5	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.	8	C	Provide if available
32.	Granular Ethnicity 6	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.	8	C	Provide if available
33.	Granular Ethnicity 7	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.	8	C	Provide if available
34.	Granular Ethnicity 8	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.	8	C	Provide if available
35.	Granular Ethnicity 9	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular	8	C	Provide if available

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
		Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.			
36.	Granular Ethnicity 10	Member’s Granular Ethnicity. Up to ten (10) values may be submitted for Granular Ethnicity. When submitting multiple Granular Ethnicity values, each must appear in a separate field starting with “Granular Ethnicity 1” and ending with “Granular Ethnicity 10”. See Appendix, Table 7, for table of valid values.	8	C	Provide if available
37.	Date Updated Granular Ethnicity	Date that Granular Ethnicity was originally entered or changed by the CBHC.	8	D	Provide if available
38.	Date Verified Granular Ethnicity	Date that Granular Ethnicity was last verified by the CBHC.	8	D	Provide if available
39.	Member Preferred Spoken Language	Member’s Preferred Spoken Language (PSL). Only one (1) value may be submitted for Preferred Spoken Language. See Appendix, Table 8, for table of valid values.	8	C	Provide if available
40.	Date Updated Preferred Spoken Language	Date that Preferred Spoken Language was originally entered or changed by the CBHC.	8	D	Provide if available
41.	Date Verified Preferred Spoken Language	Date that Preferred Spoken Language was last verified by the CBHC.	8	D	Provide if available
42.	Member Preferred Spoken Language Detailed	This field should reflect the “free text entry” response for instances where the CBHC has a value other than one listed in the table of Preferred Spoken Language valid values in the Appendix, Table 8.	255	C	Provide if available
43.	Member Preferred Written Language	Member’s Preferred Written Language (PWL). Only one (1) value may be submitted for Preferred Written Language. See Appendix, Table 9, for table of valid values.	8	C	Provide if available
44.	Date Updated Preferred Written Language	Date that Preferred Written Language was originally entered or changed by the CBHC.	8	D	Provide if available
45.	Date Verified Preferred Written Language	Date that Preferred Written Language was last verified by the CBHC.	8	D	Provide if available
46.	Member Written Language Detailed	This field should reflect the “free text entry” response for instances where the CBHC has a value other than one listed in the table of Preferred Written Language valid values in the Appendix, Table 9.	255	C	Provide if available
47.	Member Deaf/Difficulty Hearing	HHS disability question #1 “Is member deaf or have serious difficulty hearing?” Only one (1)	8	C	Provide if available

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
		value may be submitted for this disability question response field. See Appendix, Table 10, for table of valid values.			
48.	Date Updated Member Deaf/Difficulty Hearing	Date that Deaf/Difficulty Hearing was originally entered or changed by the CBHC.	8	D	Provide if available
49.	Date Verified Member Deaf/Difficulty Hearing	Date that Deaf/Difficulty Hearing was last verified by the CBHC.	8	D	Provide if available
50.	Member Blind/Difficulty Seeing	HHS disability question #2 “Is member blind or does member have serious difficulty seeing, even when wearing glasses?” Only one (1) value may be submitted for this disability question response field. See Appendix, Table 10, for table of valid values.	8	C	Provide if available
51.	Date Updated Member Blind/Difficulty Seeing	Date that Disability Blind was originally entered or changed by the CBHC.	8	D	Provide if available
52.	Date Verified Member Blind/Difficulty Seeing	Date that Disability Blind was last verified by the CBHC.	8	D	Provide if available
53.	Member Difficulty Concentrating/Remembering/Making Decisions	HHS disability question #3 “Because of a physical, mental, or emotional condition, does member have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)” Only one (1) value may be submitted for this disability question response field. See Appendix, Table 10, for table of valid values.	8	C	Provide if available
54.	Date Updated Member Difficulty Concentrating/ Remembering/Making Decisions	Date that Disability Remembering was originally entered or changed by the CBHC.	8	D	Provide if available
55.	Date Verified Member Difficulty Concentrating/Remembering/Making Decisions	Date that Disability Remembering was last verified by the CBHC.	8	D	Provide if available
56.	Member Difficulty Walking/Climbing Stairs	HHS disability question #4 “Does member have serious difficulty walking or climbing stairs? (5 years old or older)” Only one (1) value may be submitted for this disability question response field. See Appendix, Table 10, for table of valid values.	8	C	Provide if available
57.	Date Updated	Date that Disability Walking was originally entered or changed by the CBHC.	8	D	Provide if available

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
	Member Difficulty Walking/Climbing Stairs				
58.	Date Verified Member Difficulty Walking/Climbing Stairs	Date that Disability Walking was last verified by the CBHC.	8	D	Provide if available
59.	Member Difficulty Dressing/Bathing	HHS disability question #5 "Does member have difficulty dressing or bathing? (5 years old or older)" Only one (1) value may be submitted for this disability question response field. See Appendix, Table 10, for table of valid values.	8	C	Provide if available
60.	Date Updated Member Dressing/Bathing	Date that Disability Dressing was originally entered or changed by the CBHC.	8	D	Provide if available
61.	Date Verified Member Dressing/Bathing	Date that Disability Dressing was last verified by the CBHC.	8	D	Provide if available
62.	Member Difficulty Doing Errands	HHS disability #6 "Because of a physical, mental, or emotional condition, does member have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)" Only one (1) value may be submitted for this disability question response field. See Appendix, Table 10, for table of valid values.	8	C	Provide if available
63.	Date Updated Member Difficulty Doing Errands	Date that Disability Errands was originally entered or changed by the CBHC.	8	D	Provide if available
64.	Date Verified Member Difficulty Doing Errands	Date that Disability Errands was last verified by the CBHC.	8	D	Provide if available
65.	Sexual Orientation 1	Member's Sexual Orientation. Up to five (5) values may be submitted for Sexual Orientation. When submitting multiple Sexual Orientation values, each must appear in a separate field starting with "Sexual Orientation 1" and ending with "Sexual Orientation 5". See Appendix, Table 11, for table of valid values.	8	C	Provide if applicable
66.	Sexual Orientation 2	Member's Sexual Orientation. Up to five (5) values may be submitted for Sexual Orientation. When submitting multiple Sexual Orientation values, each must appear in a separate field starting with "Sexual Orientation 1" and ending with "Sexual Orientation 5". See Appendix, Table 11, for table of valid values.	8	C	Provide if applicable

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
67.	Sexual Orientation 3	Member's Sexual Orientation. Up to five (5) values may be submitted for Sexual Orientation. When submitting multiple Sexual Orientation values, each must appear in a separate field starting with "Sexual Orientation 1" and ending with "Sexual Orientation 5". See Appendix, Table 11, for table of valid values.	8	C	Provide if applicable
68.	Sexual Orientation 4	Member's Sexual Orientation. Up to five (5) values may be submitted for Sexual Orientation. When submitting multiple Sexual Orientation values, each must appear in a separate field starting with "Sexual Orientation 1" and ending with "Sexual Orientation 5". See Appendix, Table 11, for table of valid values.	8	C	Provide if applicable
69.	Sexual Orientation 5	Member's Sexual Orientation. Up to five (5) values may be submitted for Sexual Orientation. When submitting multiple Sexual Orientation values, each must appear in a separate field starting with "Sexual Orientation 1" and ending with "Sexual Orientation 5". See Appendix, Table 11, for table of valid values.	8	C	Provide if applicable
70.	Member Sexual Orientation Detailed	This field should reflect the "free text entry" response for instances where the CBHC has a value other than one listed in the table of Sexual Orientation valid values in the Appendix, Table 11.	255	C	Provide if applicable
71.	Date Updated Sexual Orientation	Date that Sexual Orientation was originally entered or changed by the CBHC.	8	D	Provide if applicable
72.	Date Verified Sexual Orientation	Date that Sexual Orientation was last verified by the CBHC.	8	D	Provide if applicable
73.	Gender Identity 1	Member's Gender Identity. Up to six (6) values may be submitted for Gender Identity. When submitting multiple Gender Identity values, each must appear in a separate field starting with "Gender Identity 1" and ending with "Gender Identity 6". See Appendix, Table 12, for table of valid values.	15	C	Provide if applicable
74.	Gender Identity 2	Member's Gender Identity. Up to six (6) values may be submitted for Gender Identity. When	15	C	Provide if applicable

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
		submitting multiple Gender Identity values, each must appear in a separate field starting with “Gender Identity 1” and ending with “Gender Identity 6”. See Appendix, Table 12, for table of valid values.			
75.	Gender Identity 3	Member’s Gender Identity. Up to six (6) values may be submitted for Gender Identity. When submitting multiple Gender Identity values, each must appear in a separate field starting with “Gender Identity 1” and ending with “Gender Identity 6”. See Appendix, Table 12, for table of valid values.	15	C	Provide if applicable
76.	Gender Identity 4	Member’s Gender Identity. Up to six (6) values may be submitted for Gender Identity. When submitting multiple Gender Identity values, each must appear in a separate field starting with “Gender Identity 1” and ending with “Gender Identity 6”. See Appendix, Table 12, for table of valid values.	15	C	Provide if applicable
77.	Gender Identity 5	Member’s Gender Identity. Up to six (6) values may be submitted for Gender Identity. When submitting multiple Gender Identity values, each must appear in a separate field starting with “Gender Identity 1” and ending with “Gender Identity 6”. See Appendix, Table 12, for table of valid values.	15	C	Provide if applicable
78.	Gender Identity 6	Member’s Gender Identity. Up to six (6) values may be submitted for Gender Identity. When submitting multiple Gender Identity values, each must appear in a separate field starting with “Gender Identity 1” and ending with “Gender Identity 6”. See Appendix, Table 12, for table of valid values.	15	C	Provide if applicable
79.	Member Gender Identity Detailed	This field should reflect the “free text entry” response for instances where the CBHC has a value other than one listed in the table of	255	C	Provide if applicable

Field No. A	Field Name B	Field Description C	Field Length D	Data Type E	Required F
		Gender Identity valid values in the Appendix, Table 12.			
80.	Date Updated Gender Identity	Date that Gender Identity was originally entered or changed by the CBHC.	8	D	Provide if applicable
81.	Date Verified Gender Identity	Date that Gender Identity was last verified by the CBHC.	8	D	Provide if applicable

3.3 DDF: Name

The DDF must follow the following naming convention:

- <insert CBHC abbreviation>_ddf_<insert date and time>.txt
  - "<insert CBHC abbreviation>" must be replaced by the submitting CBHC's abbreviation found in Table 1 in the Appendix.
    - The CBHC abbreviation must be lowercase, as seen in Table 1 in the Appendix.
  - "<insert date and time>" must be replaced by the date and time of the submission in the format, "YYYYMMDDhhmmss" where:
    - "YYYY" is the four-digit Year
    - "MM" is the two-digit Month (01 = January, and so on)
    - "DD" is the two-digit Day of the Month (01 through 31)
    - "hh" is the two-digit Hour (00 through 23)
    - "mm" is the two-digit for Minutes (00 through 59)
    - "ss" is the two-digit for Seconds (00 through 59)
  - The date and time in the DDF name must match the date and time in the ASDF name.
  - File must be a text file with ".txt" file extension.

4. Metadata File

The Metadata File section contains details specific to the Metadata File data elements, fields, file layout, and name.

4.1 Metadata File: Layout

The table below provides the layout of the Metadata File.

Record No. A	Metadata Record B	Description C	Data Type D	Required E
1.	SENDER="<insert value>"	CBHC abbreviation of the CBHC submitting the file. See Appendix for table of valid values.	VARCHAR	Required
2.	DATE_CREATED="<insert value>"	Date the file was created; date will follow YYYYMMDD format.	DATE	Required
3.	CBHC_ASDF_FILE_NAME="<insert value>"	Name of the ASDF CBHC data file.	VARCHAR	Required
4.	CBHC_DDF_FILE_NAME="<insert value>"	Name of the DDF CBHC data file.	VARCHAR	Required
5.	TOTAL_RECORDS_ASDF_FILE= "<insert value>"	Total number of records in the CBHC ASDF data file.	VARCHAR	Required
6.	TOTAL_RECORDS_DDF_FILE="<insert value>"	Total number of records in the CBHC DDF data file.	VARCHAR	Required
7.	RETURN_TO="<insert value>"	Email address(es) for email notifications. Multiple email addresses should be separated by comma and followed by the next email address; the entire string must be included in straight double-quotes.	VARCHAR	Required
8.	PERIOD_START_DATE="<insert value>"	First day of the quarter submission; date will follow YYYYMMDD format.	DATE	Required
9.	PERIOD_END_DATE="<insert value>"	Last day of the quarter submission; date will follow YYYYMMDD format.	DATE	Required

4.2 Metadata File: Name

The Metadata File name must follow the following naming convention:

- vddf_metadata.txt
    - File must be a text file with ".txt" file extension.

4.3 Metadata File: Additional Information

The Metadata File records will reflect the format and text exhibited in the “Metadata Record” column of the Metadata File Layout; the submission-specific metadata must be submitted in place of “<insert value>” for each respective record. See example below for reference:

SENDER="examplecbhc"
DATE_CREATED="20270410"
CBHC_ASDF_FILE_NAME="examplecbhc_asdf_20270410012559.txt"
CBHC_DDF_FILE_NAME="examplecbhc_ddf_20270410012559.txt"
TOTAL_RECORDS_ASDF_FILE="50"
TOTAL_RECORDS_DDF_FILE="50"
RETURN_TO="example.email@examplecbhc.com,example.email2@examplecbhc.com"
PERIOD_START_DATE="20270101"
PERIOD_END_DATE="20270331"

5. Submission Preparation

The Submission Preparation section contains details specific to preparing the Zip File and the submission file, the Visit and Demographics Data File (VDDF).

5.1 Submission Preparation: ZIP File

The data file(s) – ASDF, DDF – and Metadata File will be compressed/zipped using PKZIP/WINZIP or comparable program; the ZIP File name must follow the following naming convention:

- <insert CBHC abbreviation>_vddf_<insert date and time>.zip
    - "<insert CBHC abbreviation>" must be replaced by the submitting CBHC's abbreviation found in Table 1 in the Appendix.
        - The CBHC abbreviation must be lowercase, as seen in Table 1 in the Appendix.
    - "<insert date and time>" must be replaced by the date and time of the submission in the format, "YYYYMMDDhhmmss" where:
        - "YYYY" is the four-digit Year
        - "MM" is the two-digit Month (01 = January, and so on)
        - "DD" is the two-digit Day of the Month (01 through 31)
        - "hh" is the two-digit Hour (00 through 23)
        - "mm" is the two-digit for Minutes (00 through 59)
        - "ss" is the two-digit for Seconds (00 through 59)
    - The date and time in the file name must match the date and time in the ASDF name and the date and time in the DDF name.
    - File must have a ".zip" file extension.

5.2 Submission Preparation: Visit and Demographics Data File (VDDF)

The ZIP File must be encrypted using PGP encryption; the encrypted file name must follow the following naming convention:

- <insert CBHC abbreviation>_vddf_<insert date and time>.pgp
    - "<insert CBHC abbreviation>" must be replaced by the submitting CBHC's abbreviation found in Table 1 in the Appendix.
        - The CBHC abbreviation must be lowercase, as seen in Table 1 in the Appendix.
    - "<insert date and time>" must be replaced by the date and time of the submission in the format, "YYYYMMDDhhmmss" where:
        - "YYYY" is the four-digit Year
        - "MM" is the two-digit Month (01 = January, and so on)
        - "DD" is the two-digit Day of Month (01 through 31)
        - "hh" is the two-digit Hour (00 through 23)
        - "mm" is the two-digit for Minutes (00 through 59)
        - "ss" is the two-digit for Seconds (00 through 59)
    - The date and time in the file name must match the date and time in the ZIP File name.
    - File must have a ".pgp" file extension.

6. Requirements and Validation

6.1 File Format and Structure

- **Delimiter:** Single pipe delimited.
- **Encoding:** UTF-8
- **Line Break (i.e., Line Ending, Line Feed, or Carriage Return plus Line Feed):**
    - End every record with exactly one line break, including the last record.
    - Use the same line break in a given file and across all applicable files.
    - Do not include extra blank records.
- Do not include column names.
- Do not include header row(s).
- Do not include footer row(s).
- Do not include additional columns.
- Do not omit columns.

6.2 File Transfer

File transfer errors are submission-level errors that the CBHC must manage and address for EOHHS to receive and process the submission.

- The Visit and Demographics Data File (VDDF) uploaded for submission must follow the naming convention outlined in the Submission Preparation: Visit and Demographics Data File (VDDF) section.
    - Naming convention errors prevent delivery; errors prior to delivery will not result in a notification.
- The VDDF must be uploaded to the CBHC's respective "…/outfiles…" submission folder.
    - Uploading to an incorrect folder prevents delivery; errors prior to delivery will not result in a notification.

6.3 Preprocessing

Preprocessing errors are submission-level errors that the CBHC must manage and address for EOHHS to receive and process the submission.

- Preprocessing errors take place upstream of processing the Metadata File, "RETURN_TO: …" record and therefore do not result in error notifications being sent to the provided email address(es).

6.3.1 Preprocessing: Decrypting VDDF

- The VDDF must be encrypted with the specified PGP Public Key provided by EOHHS.
    - Encrypting the VDDF with an unexpected PGP Public Key prevents decryption; decryption errors will not result in a notification.

6.3.2 Preprocessing: ZIP File

- The ZIP file must follow the naming convention and be created as outlined in the Submission Preparation: ZIP File section.
    - Naming convention errors prevent preprocessing; preprocessing errors will not result in a notification.
    - Errors that prevent the ZIP File from being unzipped/prevent the contents from being extracted, prevent preprocessing; preprocessing errors will not result in a notification.
- The successfully unzipped/extracted contents must be the data file(s) – ASDF and/or DDF – and the Metadata File.

6.3.3 Preprocessing: Metadata File

- Omitting the Metadata File prevents preprocessing; preprocessing errors will not result in a notification.

- The Metadata File must follow the naming convention, format, and structure outlined in the Metadata File section and in the File Format and Structure Requirements.
    - Additional examples include:
        - Multiple email addresses may be provided and must be separated by comma and followed by the next email address; the entire string must be included in straight double-quotes.
        - Quotes used in the Metadata File must be flat file standard, straight double quotes (Unicode: U+0022).
    - Metadata File preprocessing errors prevent the use of the email addresses found in the "RETURN_TO: …" record; therefore, Metadata File preprocessing errors will not result in a notification.

6.4 Requirements and Validation: Submissions

A submission will be rejected if:

- The submission and applicable files within do not contain the same date and time in the file names:
    - The date and time in the VDDF name must be the same date and time in the ZIP File name, which must be the same date and time in the ASDF and DDF names.
- The information in the Metadata File does not match the respective data file's (ASDF, DDF) information.
    - For example, the ASDF and/or DDF file name does not match the respective name in the Metadata File.
    - For example, the total number records in the ASDF and/or DDF do not match the respective file's total number of records stated in the Metadata File.
- A data file (ASDF and/or DDF) is not a text file with ".txt" file extension.
- A data file (ASDF and/or DDF) does not follow the delimiter, encoding, and/or line break requirements outlined in the File Format and Structure section.
- There are more or less than the specified number of columns* noted in each file's respective file layout.
    - *See additional details in the Requirements and Validation: Delimiters and NULL Data section, below.

6.5 Requirements and Validation: Delimiters and NULL Data

6.5.1 General Submission Processing: Specified Number of Columns and Delimiters

The specified number of columns and delimiters:

- The ASDF has 29 total columns; therefore, ASDF records must have 28 total pipes.
- The DDF has 81 total columns; therefore, DDF records must have 80 total pipes.
- The Metadata File has 1 total column; therefore, Metadata File records must have 0 total pipes.

6.5.2 General Submission Processing: Delimiters and NULL data

If "Provide if available" and "Provide if applicable" fields do not contain data, the field must be left blank to represent the lack of data.

- Do not submit one or more spaces, special characters, nor any variation of the words, "blank" or "NULL" to represent the lack of data.
- Regardless of the **last field** containing data or being blank, do not follow the field with a pipe.
    - For example, if a file has 5 total fields, it will contain 4 total pipes. See example scenarios below:
        - Example – All fields contain data:
            - Field1|Field2|Field3|Field4|Field5
        - Example – Field 4 is blank:
            - Field1|Field2|Field3||Field5
        - Example – Field 5 is blank:
            - Field1|Field2|Field3|Field4|

6.6 Requirements and Validation: General Record-level

A record will be rejected if:

- A “Required” field is blank or contains incorrect data, incorrect data type, or is the incorrect length.
- A “Provide if available” field contains incorrect data, incorrect data type, or is the incorrect length.
- A “Provide if applicable” field contains incorrect data, incorrect data type, or is the incorrect length.
- Field/data type format is not followed.
    - For example: date fields do not follow the “YYYYMMDD” format or contain special characters.
- Date values are invalid dates.
    - For example: 20250231 (Feb 31, 2025).

6.7 Requirements and Validation: ASDF; Record-level

6.7.1 Last Qualifying Visit (LQV) Validation

In the Access Standards Data File (ASDF), record-level validation logic for Field 18-Service Code of the LQV and for Field 19-Appointment Type of the LQV is based on the response in Field 17-LQV Date.

- In the event that a patient does not have a previous qualifying visit at the CBHC and therefore the CBHC does not have a date to enter in Field 17-LQV Date, the CBHC will use the placeholder date, “19510101”.

In addition to the record-level requirements outlined in the Requirements and Validation: General Record-level section, records that do not follow the validation logic below will be rejected.

- If Field 17-LQV Date contains the placeholder date, “19510101” then:
    - Field 18-Service Code of the LQV must be blank, **and**
    - Field 19-Appointment Type of the LQV must be blank.
- If Field 17-LQV Date contains a date other than the placeholder date, then:
    - Field 18-Service Code of the LQV must contain one (1) of the Service Code valid values found in the Appendix.
    - Field 19-Appointment Type of the LQV must contain one (1) of the Appointment Type valid values found in the Appendix.

6.7.2 Appointment Type and Service Code Validation

In the ASDF, for qualifying appointments that occurred, record-level logic validates that the Appointment Type-Service Code combination is valid. Valid combinations are assessed for the following fields:

- Field 18-Service Code of the LQV and Field 19-Appointment Type of the LQV.
- Field 26-Appointment Occurred (Service Code) and Field 27-Appointment Occurred (Appointment Type).

In addition to the record-level requirements outlined in the Requirements and Validation: General Record-level section, records that do not follow the valid Appointment Type-Service Code combination logic below will be rejected.

- If Field 18-Service Code of the LQV is *blank*, then:
    - Field 19-Appointment Type of the LQV must be *blank.*
- If Field 18-Service Code of the LQV is “T1040-HA” or “T1040-HB”, then:
    - Field 19-Appointment Type of the LQV must be “MOUD” or “URGENT” or “URGENT_PSYCHOPHARMA” or “NON_URGENT”.
- If Field 18-Service Code of the LQV is “S9485-HE” or S9485-U1”, then:
    - Field 19-Appointment Type of the LQV must be “MCI_ADULT”.
- If Field 18-Service Code of the LQV is “S9485-HA-HE” or S9485-HA-U1”, then:
    - Field 19-Appointment Type of the LQV must be “MCI_YOUTH”.
- If Field 26-Appointment Occurred (Service Code) is *blank*, then:
    - Field 27-Appointment Occurred (Appointment Type) must be *blank.*
- If Field 26-Appointment Occurred (Service Code) is “T1040-HA” or “T1040-HB”, then:
    - Field 27-Appointment Occurred (Appointment Type) must be “MOUD” or “URGENT” or “URGENT_PSYCHOPHARMA” or “NON_URGENT”.
- If Field 26-Appointment Occurred (Service Code) is “S9485-HE” or S9485-U1”, then:
    - Field 27-Appointment Occurred (Appointment Type) must be “MCI_ADULT”.
- If Field 26-Appointment Occurred (Service Code) is “S9485-HA-HE” or S9485-HA-U1”, then:

- Field 27-Appointment Occurred (Appointment Type) must be “MCI_YOUTH”.

6.7.3 Appointment Occurrence Validation

In the ASDF, records that do not follow the validation logic below will be rejected:

- If Field 23-Appointment Occurred is “Y” or “NR” or “DQ”, then the following fields are required:
  - Field 24-Appointment Occurred Date
  - Field 25-Appointment Occurred Time
  - Field 26-Appointment Occurred (Service Code)
  - Field 27-Appointment Occurred (Appointment Type)
- If Field 23-Appointment Occurred is “Y”, then Field 22-Appointment Type from Qualifying Triage must contain the same valid value as Field 27-Appointment Occurred (Appointment Type).
- If Field 23-Appointment Occurred is “NS” or “OTH”, the following fields must be blank:
  - Field 24-Appointment Occurred Date
  - Field 25-Appointment Occurred Time
  - Field 26-Appointment Occurred (Service Code)
  - Field 27-Appointment Occurred (Appointment Type)
- If Field 23-Appointment Occurred is “NR”, then Field 22-Appointment Type from Qualifying Triage must contain the same valid value as Field 27-Appointment Occurred (Appointment Type).
- If Field 23-Appointment Occurred is “DQ”, Field 22-Appointment Type from Qualifying Triage must **not** contain the same valid value as Field 27-Appointment Occurred (Appointment Type).
- If Field 23-Appointment Occurred is “NQ”, the following fields are required:
  - Field 24-Appointment Occurred Date
  - Field 25-Appointment Occurred Time
- If Field 23-Appointment Occurred is “NQ”, the following fields must be blank:
  - Field 26-Appointment Occurred (Service Code)
  - Field 27-Appointment Occurred (Appointment Type)
- If Field 23-Appointment Occurred is “NS” or “OTH”, the following fields must be blank:
  - Field 24-Appointment Occurred Date
  - Field 25-Appointment Occurred Time
  - Field 26-Appointment Occurred (Service Code)
  - Field 27-Appointment Occurred (Appointment Type)

6.8 Requirements and Validation: DDF; Record-level

6.8.1 Sexual Orientation and Gender Identity Member Age Validation

In the DDF, record-level validation logic for Field 65 through Field 81 – the Sexual Orientation and Gender Identity responses and related date/time fields – is based on a calculation of the MassHealth member’s age. The member must be nineteen (19) years of age or older on December 31 of the measurement year for MassHealth to ingest data found in Field 65 through Field 81; MassHealth will calculate this using the member’s date of birth from Field 6-Member Birth Date in the DDF and the measurement year of the submission. In addition to the record-level requirements outlined in the Requirements and Validation: General Record-level section, records that do not follow the validation logic below will be rejected.

- If the individual is nineteen (19) years of age or older on December 31 of the measurement year, then any valid data found in Field 65 through Field 81 – the Sexual Orientation and Gender Identity responses and related date/time fields – will be ingested.
- If the individual is **NOT** nineteen (19) years of age or older on December 31 of the measurement year, then any data found in Field 65 through Field 81 – the Sexual Orientation and Gender Identity responses and related date/time fields – will result in the record being rejected.
  - Records rejected for this reason will reflect the applicable Error Code from the Error Code table in Section 6.9.

6.9 Error Codes

The table below provides an overview of the error codes that a CBHC may receive in an error report after submission.

Error Code	Error Description
1.	Incorrect Data/Data Type and Length
2.	Missing Value
3.	Code/value missing from reference data or invalid data (Inconsistent with reference data provided for the RELD SOGI fields) *Applicable Fields:* • *CBHC TIN* • *CBHC Abbreviation* • *CBHC PIDSL* • *Medicaid ID* • *Appointment Type* • *Service Code* • *Race* • *Hispanic Ethnicity* • *Granular Ethnicity* • *Written Language* • *Spoken Language* • *Sexual Orientation* • *Gender Identity* • *Disability Question 1 through 6*
4.	Invalid Age Range – Field is subject to a minimum age requirement that has not been met. *Applicable Fields:* • *Sexual Orientation* • *Gender Identity*
5.	Duplicate Record on Business Key. *Applicable Fields by File:* *Access Standards Data File (ASDF)* • *CBHC PIDSL* • *Medicaid ID* • *Qualifying Triage Date* • *Qualifying Triage Time* • *Appointment Type of Qualifying Triage* *Demographics Data File (DDF)* • *Medicaid ID*
101.	Invalid Data – Field must be blank when Field 17-LQV Date contains the placeholder date, “19510101”. *Applicable Fields (ASDF):* • *Service Code of the LQV* • *Appointment Type of the LQV*
102.	Invalid Data – Field is required when Field 17-LQV Date contains a valid date (when Field 17-LQV Date does not contain the placeholder date, “19510101”). *Applicable Fields (ASDF):* • *Service Code of the LQV* • *Appointment Type of the LQV*

103.	Invalid Data – Field must be blank when corresponding Service Code field is blank. *Applicable Fields (ASDF):* • *Appointment Type of the LQV must be blank when Service Code of the LQV is blank* • *Appointment Occurred (Appointment Type) must be blank when Appointment Occurred (Service Code) is blank*
104.	Invalid Data – Field must contain an Appointment Type value that logically correlates to the value in corresponding Service Code field. *Applicable Fields (ASDF):* • *Appointment Type of the LQV value must logically correlate with Service Code of the LQV value* • *Appointment Occurred (Appointment Type) must logically correlate with Appointment Occurred (Service Code) value*
105.	Invalid Data – Field is required when Field 23-Appointment Occurred is “Y”, “NR”, or “DQ”. *Applicable Fields (ASDF):* • *Appointment Occurred Date* • *Appointment Occurred Time* • *Appointment Occurred (Service Code)* • *Appointment Occurred (Appointment Type)*
106.	Invalid Data – Field 22-Appointment Type from Qualifying Triage value must equal Field 27-Appointment Occurred (Appointment Type) value when Field 27-Appointment Occurred (Appointment Type), is “Y”. *Applicable Fields (ASDF):* • *Appointment Type from Qualifying Triage* • *Appointment Occurred (Appointment Type)*
107.	Invalid Data – Field 22-Appointment Type from Qualifying Triage must not contain the same value as Field 27-Appointment Occurred (Appointment Type), when Field 27-Appointment Occurred (Appointment Type), is “DQ”. *Applicable Fields (ASDF):* • *Appointment Type from Qualifying Triage* • *Appointment Occurred (Appointment Type)*

108.	Invalid Data – When Field 23-Appointment Occurred is “NQ”:
	• Field is required.
	  ○ *Applicable Fields (ASDF):*
	  ▪ *Appointment Occurred Date*
	  ▪ *Appointment Occurred Time*
	• Field must be blank.
	  ○ *Applicable Fields (ASDF):*
	  ▪ *Appointment Occurred (Service Code)*
	  ▪ *Appointment Occurred (Appointment Type)*

109.	Invalid Data – Field must be blank when Field 23-Appointment Occurred is “NS” or “OTH”. *Applicable Fields (ASDF):* • *Appointment Occurred Date* • *Appointment Occurred Time* • *Appointment Occurred (Service Code)* • *Appointment Occurred (Appointment Type)*
110.	Invalid Data – Field 22- Appointment Type from Qualifying Triage value must equal Field 27-Appointment Occurred (Appointment Type) value when Field 27-Appointment Occurred (Appointment Type) is “NR”. *Applicable Fields (ASDF):*

	• *Appointment Type from Qualifying Triage* • *Appointment Occurred (Appointment Type)*
111.	Invalid Data – Field 17- Last Qualifying Visit Date must be on or before Field 20-Qualifying Triage Date. Applicable Fields (ASDF): • *Last Qualifying Visit Date* • *Qualifying Triage Date*
112.	Invalid Data – Field 20- Qualifying Triage Date must be on or before field 24-Qualifying Visit Date. Applicable Fields (ASDF): • *Qualifying Triage Date* • *Qualifying visit Date*
113.	Invalid Data – Field 28 and 29 are required when fields 22-Appointment Type from Qualifying Triage is “MCI-adult” or “MCI-youth”, Field 23-Apointment Occurred is “Y”, and Field 27- Appointment Occurred (Appointment Type) matches the value in Field 22. Applicable Fields (ASDF): • *Appointment Type from Qualifying Triage* • *Appointment Occurred* • *Appointment Occurred appointment type* • *MCI Date of Readiness* • *MCI Time of Readiness*
114.	Invalid Data – Field 28 and 29 must be blank when field 22-Appointment Type from Qualifying Triage is not “MCI-adult” or “MCI-youth” and field 27-Appointment Occurred (Appointment Type) is not “MCI-adult” or “MCI-youth” or does not match with field 22 if “MCI-adult” or “MCI-youth”: Applicable Fields (ASDF): • *Appointment Type from Qualifying Triage* • *Appointment Occurred* • *Appointment Occurred Appointment Type* • *MCI Date of Readiness* • *MCI Time of Readiness*

7. Error Resolution

The Error Resolution section outlines the expectations related to resubmissions for the purposes of error resolution.

7.1 Error Resolution: Overview

A VDDF submission is followed by processes to validate and load the submission. Validating and loading the data may result in errors. Errors are communicated to the submitting CBHC in a Summary Report and Detailed Report.

- Error reports are text files (".txt").
- Error reports are PGP encrypted before sent to the respective CBHC.
- Error reports will be delivered to the respective CBHC's, "/infiles" folder.
- CBHCs will decrypt the error reports using their PGP private key.
- CBHCs will review and address errors within the Submission & Resubmission timeframe outlined in Section 8.

7.2 Error Resolution: Process

Errors will be corrected within the respective file from which the errors were produced; the records that did not contain errors and the records that contain fixed/addressed errors will be submitted in the error resolution resubmission.

- For example, if a data file contains ten records and during validation five records result in errors, the Detailed Report will provide the detailed information on the five records with errors.
    - The CBHC will address the errors in the five records that contained errors.
    - The CBHC will resubmit the data file with the ten total records; the five records that did not contain errors and the five records that contains the fixed/addressed data elements.

7.2.1 Error Resolution: Process; Additional Details and Requirements

In the event that a data file contains no errors and/or is not submitted or resubmitted during error resolution the Metadata File will contain:

- "none.txt" to represent the excluded data file's name, **and**
- "0" to represent the excluded data file's total number of records
    - For example, if a submission/resubmission for error resolution does not contain the ASDF, the Metadata File would appear as:

        SENDER="examplecbhc"
        DATE_CREATED="20270410"
        CBHC_ASDF_FILE_NAME="none.txt"
        CBHC_DDF_FILE_NAME="examplecbhc_ddf_20270503100000.txt"
        TOTAL_RECORDS_ASDF_FILE="0"
        TOTAL_RECORDS_DDF_FILE="50"
        RETURN_TO="example.email@examplecbhc.com,example.email2@examplecbhc.com"
        PERIOD_START_DATE="20270101"
        PERIOD_END_DATE="20270331"

    - For example, if a submission/resubmission for error resolution does not contain the DDF, the Metadata File would appear as:

        SENDER="examplecbhc"
        DATE_CREATED="20270410"
        CBHC_ASDF_FILE_NAME="examplecbhc_asdf_20270503100000.txt"
        CBHC_DDF_FILE_NAME="none.txt"
        TOTAL_RECORDS_ASDF_FILE="50"
        TOTAL_RECORDS_DDF_FILE="0"
        RETURN_TO="example.email@examplecbhc.com,example.email2@examplecbhc.com"
        PERIOD_START_DATE="20270101"
        PERIOD_END_DATE="20270331"

Resubmissions must also meet the following requirements:

- Resubmissions must contain file names that meet the naming convention requirements.
    - Resubmissions must contain an updated date and time in the file name (the date and time in the resubmitted files must be updated to reflect the resubmission specific date and time).
- Resubmissions must follow the submission preparation process outlined in Section 5.
- Errors can be fixed/addressed throughout the submission and resubmission timeframe (See 8.2 Submissions and Resubmissions: Schedule for additional details); in the event of a resubmission containing errors, the CBHC can address and resubmit more than one time.
- Resubmissions are subject to all record-level, file-level, and submission-level requirements outlined within the Submission Guide.

8. Submissions and Resubmissions

The Submissions and Resubmissions section outlines the expected submission frequency, timeframe for resubmissions related to error resolution, and process details.

8.1 Submissions and Resubmissions: Overview

The Visit and Demographics Data File (VDDF) will be submitted to EOHHS quarterly. The submission and, if applicable, resubmission(s) to correct errors, will take place in the same quarter which the respective VDDF was originally submitted.

8.2 Submissions and Resubmissions: Schedule

The table below outlines the quarterly submissions, target submission dates, and required submission and resubmission timeframe.

Submission Reference	Date Range of Data within Submission	Submission to EOHHS Target Date	Submission & Resubmission Timeframe
Q1 VDDF	1/1-3/31	4/30	4/1-6/30
Q2 VDDF	4/1-6/30	7/31	7/1-9/30
Q3 VDDF	7/1-9/30	10/31	10/1-12/31
Q4 VDDF	10/1-12/31	1/31 (of the following year)	1/1-3/31 (of the following year)

NOTE: *The 2025 submission timeline will differ from the timeline outlined above for subsequent performance years.*

8.2.1 Submission Target Date

EOHHS encourages CBHCs to submit a given quarter's VDDF as soon as possible and included the Submission Target Date, above, to encourage time for error resolution within the submission and resubmission timeframe.

8.3 Submissions and Resubmissions: Additional Details

The secure transfer of files between CBHCs and EOHHS leverage the CBHC-specific, VDDF-specific folders summarized below:

- CBHC (Sending) → EOHHS (Receiving)
  - Applicable Files: VDDF submissions and resubmissions
  - Folder: Must be submitted to EOHHS via the respective CBHC's secure file transfer, "/outfiles/vddf/…" folder(s)
- EOHHS (Sending) → CBHC (Receiving)
  - Applicable Files: Error Report(s)/File Load Report(s)
  - Folder: EOHHS will deliver the Error Report(s)/File Load Report(s) to the respective CBHC's secure file transfer, "/infiles/vddf/…" folder(s)

Both, "/outfiles/vddf/…" and "/infiles/vddf/…" folders contain environment-specific sub-folders; EOHHS will specify which environment-specific sub-folder to leverage, for example, for future testing versus for ongoing submissions. Please reach out to EOHHS with questions related to access or use of these folders.

Appendix

The Appendix contains supporting documentation related to the CBHC organizations, data elements, and valid values.

Table 1: CBHC Names and IDs

Field No. A	CBHC Name B	CBHC Tax Identification Number (TIN) C	CBHC Abbreviation D
1.	Advocates Community Counseling	237451423	advct
2.	Aspire Health Alliance	042677185	aspir
3.	Bay Cove Human Services	042518575	baycv
4.	BHN Liberty Street Clinic	042103756	bhnwb
5.	BILH Behavioral Services	042777145	bilbs
6.	Boston Medical Center	043314093	bostnmedc
7.	Cambridge Health Alliance	043320571	camha
8.	Center for Human Development	042503926	chdgt
9.	Child and Family Services	042104754	cfs
10.	Clinical and Support Options	042206041	clnso
11.	Community Counseling of Bristol County	043035697	ccbc
12.	Community HealthLink	042626179	chl
13.	Eliot Community Health Services	042316924	eliot
14.	Fairwinds Nantuckets Counseling Center	042308993	frwnd
15.	High Point Treatment Center	043357938	hiptc
16.	Martha's Vineyard	042301598	mvcs
17.	North Suffolk Mental Health Assoc.	042317215	nrsuf
18.	Riverside Community Care	043097170	rivcc
19.	The Brien Center for Mental Health and Substance Use	042081870	brien
20.	Vinfen Behavioral Health	042632219	vinfn

Table 2: Data Types

Data Types		
Data Type ID A	**Data Type** B	**Data Type Description** C
C	Character	Includes space, A-Z (upper or lower case), 0-9.
N	Numeric	Includes 0-9
D	Date	Dates must be in a numeric format. Dates are eight digits in “YYYYMMDD” format, where: • “YYYY” is the four-digit Year. • “MM” is the two-digit Month (01 = January, and so on). • “DD” is the two-digit Day of Month (01 through 31). Example: November 2, 1963 = 19631102
T	Time	Time must be in a numeric format. Times are six digits in “hhmmss” format, where: • “hh” is the two-digit Hour (00 through 23). • “mm” is the two-digit for Minutes (00 through 59). • “ss” is the two-digit for Seconds (00 through 59). • Example: 11:59.59 PM = 235959

Table 3A: Service Codes

Service Codes	
Valid Value A	**Value Description** B
T1040-HA	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Child/Adolescent Services).
T1040-HB	Medicaid Certified Community Behavioral Health Clinic Services, per Diem (Adult Services)
S9485-HE	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions).
S9485-HA-HE	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at CBHC site. Inclusive of initial evaluation and first day crisis interventions).
S9485-U1	Crisis intervention mental health services, per diem. (Adult Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service 15).
S9485-HA-U1	Crisis intervention mental health services, per diem. (Youth Mobile Crisis Intervention provided at community-based sites of service outside of the CBHC site. Inclusive of initial evaluation and first day crisis interventions. Use Place of Service code 15).

Table 3B: CBHC Appointment Types

Appointment Types	
Valid Value A	**Value Description** B
MOUD	CBHC Bundle Service appointment for medication for the treatment of opioid use disorders (MOUD); valid value if Service Code field contains “T1040-HA” or “T1040-HB”.
URGENT	CBHC Bundle Service Urgent appointment for; valid value if Service Code field contains “T1040-HA” or “T1040-HB”.
URGENT_PSYCHOPHARMA	CBHC Bundle Service Urgent Psychopharmacology appointment; valid value if Service Code field contains “T1040-HA” or “T1040-HB”.
NON_URGENT	CBHC Bundle Service Non-Urgent appointment; valid value if Service Code field contains “T1040-HA” or “T1040-HB”.
MCI_YOUTH	Valid value if Service Code field contains “S9485-HA-HE” or “S9485-HA-U1”.
MCI_ADULT	Valid value if Service Code field contains “S9485-HE” or “S9485-U1”.

Table 4: Visit Occurrence Type

Visit Occurrence Type	
Valid Value A	**Value Description** B
Y	**Qualifying Visit Scheduled at Qualifying Triage Occurred:** When a patient completes the Qualifying Visit scheduled at the Qualifying Triage.
NS	**Opt-Out/No-Show/Cancellation:** When a patient opted out of, did not show for, or cancelled the Qualifying Visit scheduled at the Qualifying Triage.
NR	**Rescheduled Appointment from Qualifying Triage:** When a patient completes a Qualifying Visit that is rescheduled from the initial appointment scheduled at the Qualifying Triage.
DQ	**Different Qualifying Visit Appointment Type:** When a patient completes a Qualifying Visit that is different than the Qualifying Visit scheduled at the Qualifying Triage.
NQ	**Non-Qualifying Visit:** When a patient completes a non-Qualifying Visit instead of the Qualifying Visit scheduled at the Qualifying Triage.

OTH	**Other:** When a patient completes a visit that cannot be identified by the other values provided instead of the Qualifying Visit scheduled at the Qualifying Triage or when the visit is scheduled but the date on which it's scheduled has not passed at the time of reporting to accurately indicate one of the definitive Visit Occurrence Types.

Table 5: Race

Race	
Valid Value A	**Value Description** B
1002-5	American Indian or Alaska Native
2028-9	Asian
2054-5	Black or African American
2076-8	Native Hawaiian or Other Pacific Islander
2106-3	White
OTH	Race is not listed here
ASKU	Member was asked to provide their race, and the member actively selected or indicated that they "choose not to answer."
DONTKNOW	Member was asked to provide their race, and the member actively selected or indicated that they did not know their race
UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g., clinical condition that alters consciousness)
UNK	The race of the member is unknown since either: (a) the member was not asked to provide their race, or (b) the member was asked to provide their race, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK

Table 6: Hispanic Ethnicity

Hispanic Ethnicity	
Valid Value A	**Value Description** B
2135-2	Hispanic or Latino
2186-5	Not Hispanic or Latino
ASKU	Member was asked to provide their ethnicity, and the member actively selected or indicated that they "choose not to answer."
DONTKNOW	Member was asked to provide their ethnicity, and the member actively selected or indicated that they did not know their ethnicity.
UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g., clinical condition that alters consciousness)
UNK	The ethnicity of the member is unknown since either: (a) the member was not asked to provide their ethnicity, or (b) the member was asked to provide their ethnicity, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response and should be assigned the value of ASKU instead of UNK.

Table 7: Granular Ethnicity



CDE_ETHNIC_VALUES_USCDIv3.xlsx

Table 8: Preferred Spoken Language

Preferred Spoken Language		
Valid Value A	**Value Description** B	**Value Note** C
ak	Akan	
sq	Albanian	
ase	American Sign Language	
am	Amharic	
ar	Arabic	
hy	Armenian	
bn	Bengali	
bs	Bosnian	
bg	Bulgarian	
my	Burmese	
yue	Cantonese	
CAPE-V	Cape Verdean	MassHealth created value
ceb	Cebuano	
chr	Cherokee	
zh	Chinese	
hr	Croatian	
cs	Czech	
da	Danish	
nl	Dutch	
en	English	
om	Ethiopian	
fil	Filipino	
fi	Finnish	
fr	French	
ff	Fulah	
lg	Ganda	
de	German	
el	Greek	
gu	Gujarati	
ht	Haitian Creole	
he	Hebrew	
hi	Hindi	
hmn	Hmong	
hu	Hungarian	
ig	Igbo	
id	Indonesian	
ga	Irish	
it	Italian	
jam	Jamaican Creole English	
ja	Japanese	

Preferred Spoken Language		
Valid Value A	**Value Description** B	**Value Note** C
kea	Kabuverdianu	
kn	Kannada	
km	Khmer	Also referred to as Cambodian or Cambodian Khmer
ko	Korean	
lo	Lao	Also referred to as Laotian
lv	Latvian	
lt	Lithuanian	
mk	Macedonian	
ms	Malay	
ml	Malayalam	
cmn	Mandarin	
mr	Marathi	
nan	Min Nan Chinese	
ne	Nepali	Also referred to as Nepalese
ssa	Nilo-Saharan languages	
ps	Pashto	
pl	Polish	
pt	Portuguese	
pa	Punjabi	
ro	Romanian	
ru	Russian	
sr	Serbian	
sn	Shona	
sgn	Sign Languages	This code is meant for all non-American Sign Language sign languages
si	Sinhala	
sk	Slovak	
sl	Slovenian	
so	Somali	
es	Spanish	
sw	Swahili	
sv	Swedish	
gsw	Swiss German	
tl	Tagalog	
ta	Tamil	
te	ACugu	
th	Thai	
bo	Tibetan	
ti	Tigrinya	
tr	Turkish	
uk	Ukrainian	
ur	Urdu	

Preferred Spoken Language		
Valid Value A	**Value Description** B	**Value Note** C
vi	Vietnamese	
yi	Yiddish	
yo	Yoruba	
OTH	Other	FHIR/HL7 NullFlavor
ASKU	Member was asked to provide their preferred spoken language and the member actively selected or indicated that they "choose not answer."	FHIR/HL7 NullFlavor
DONTKNOW	Member was asked to provide their preferred spoken language, and the member actively selected or indicated that they did not know their spoken language.	MassHealth created value
UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness).	MassHealth created value
UNK	The spoken language of the member is unknown since either: (a) the member was not asked to provide their spoken language, or (b) the member was asked to provide their spoken language, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.	FHIR/HL7 NullFlavor

Table 9: Preferred Written Language

Preferred Written Language		
Valid Value A	**Value Description** B	**Value Note** C
ak	Akan	
sq	Albanian	
am	Amharic	
ar	Arabic	
hy	Armenian	
bn	Bengali	
bs	Bosnian	
brai	Braille	
bg	Bulgarian	
my	Burmese	
CAPE-V	Cape Verdean	MassHealth created value
ceb	Cebuano	
chr	Cherokee	
zh-Hans	Chinese - Simplified	
zh-Hant	Chinese - Traditional	
hr	Croatian	
cs	Czech	
da	Danish	
nl	Dutch	
en	English	
om	Ethiopian	
fil	Filipino	

Preferred Written Language		
Valid Value A	Value Description B	Value Note C
fi	Finnish	
fr	French	
ff	Fulah	
lg	Ganda	
de	German	
el	Greek	
gu	Gujarati	
ht	Haitian Creole	
he	Hebrew	
hi	Hindi	
hmn	Hmong	
hu	Hungarian	
ig	Igbo	
id	Indonesian	
ga	Irish	
it	Italian	
jam	Jamaican Creole English	
ja	Japanese	
kea	Kabuverdianu	
kn	Kannada	
km	Khmer	Also referred to as Cambodian or Cambodian Khmer
ko	Korean	
lo	Lao	Also referred to as Laotian
lv	Latvian	
lt	Lithuanian	
mk	Macedonian	
ms	Malay	
ml	Malayalam	
mr	Marathi	
ne	Nepali	Also referred to as Nepalese
ssa	Nilo-Saharan languages	
ps	Pashto	
pl	Polish	
pt	Portuguese	
pa	Punjabi	
ro	Romanian	
ru	Russian	
sr	Serbian	
sr-Cyrl	Serbian-Cyrillic	
sn	Shona	
si	Sinhala	
sk	Slovak	
sl	Slovenian	
so	Somali	

Preferred Written Language		
Valid Value A	**Value Description** B	**Value Note** C
es	Spanish	
sw	Swahili	
sv	Swedish	
gsw	Swiss German	
tl	Tagalog	
ta	Tamil	
te	Telugu	
th	Thai	
bo	Tibetan	
ti	Tigrinya	
tr	Turkish	
uk	Ukrainian	
ur	Urdu	
vi	Vietnamese	
yi	Yiddish	
yo	Yoruba	
OTH	Other	FHIR/HL7 NullFlavor
ASKU	Member was asked to provide their preferred written language and the member actively selected or indicated that they "choose not answer."	FHIR/HL7 NullFlavor
DONTKNOW	Member was asked to provide their preferred written language, and the member actively selected or indicated that they did not know their preferred written language.	MassHealth created value
UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g. clinical condition that alters consciousness).	MassHealth created value
UNK	The preferred written language of the member is unknown since either: (a) the member was not asked to provide their written language, or (b) the member was asked to provide their written language, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a valid response, and should be assigned the value of ASKU instead of UNK.	FHIR/HL7 NullFlavor

Table 10: Member Disability Questions Responses

Member Disability Questions Responses	
Valid Value A	**Value Description** B
LA33-6	Yes
LA32-8	No
ASKU	Member was asked [1 of 6 questions regarding disability], and the member actively selected or indicated that they “choose not to answer.”
DONTKNOW	Member was asked [1 of 6 questions regarding disability], and the member actively selected or indicated that they did not know the answer.
UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g., clinical condition that alters consciousness)

UNK	Whether a member has [1 of 6 disabilities] is unknown since either: (a) the member was not asked [a given disability question], or (b) the member was asked [a given disability question], and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response, and should be assigned the value of ASKU instead of UNK

Table 11: Member Sexual Orientation

Member Sexual Orientation	
Valid Value A	**Value Description** B
42035005	Bisexual
20430005	Straight or heterosexual
38628009	Lesbian or gay
QUEER	Queer, pansexual, and/or questioning
OTH	Sexual orientation is not listed here
ASKU	Member was asked to provide their sexual orientation, and the member actively selected or indicated that they "choose not to answer."
DONTKNOW	Member was asked to provide their sexual orientation, and the member actively selected or indicated that they did not know their sexual orientation.
UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g., clinical condition that alters consciousness)
UNK	The sexual orientation of the member is unknown since either: (a) the member was not asked to provide their sexual orientation, or (b) the member was asked to provide their sexual orientation, and a response was not given. Note that a member actively selecting or indicating the response "choose not to answer" is a valid response and should be assigned the value of ASKU instead of UNK.

Table 12: Member Gender Identity

Member Gender Identity	
Valid Value A	**Value Description** B
446151000124109	Male
446141000124107	Female
446131000124102	Genderqueer/gender nonconforming/non-binary; neither exclusively male nor female
407376001	Transgender man/trans man
407377005	Transgender woman/trans woman
OTH	Gender identity is not listed here
ASKU	Member was asked to provide their gender identity, and the member actively selected or indicated that they "choose not to answer."
DONTKNOW	Member was asked to provide their gender identity, and the member actively selected or indicated that they did not know their gender identity.
UTC	Unable to collect this information on member due to lack of clinical capacity of member to respond (e.g., clinical condition that alters consciousness)
UNK	The gender identity of the member is unknown since either: (a) the member was not asked to provide their gender identity, or

	(b) the member was asked to provide their gender identity, and a response was not given. Note that a member actively selecting or indicating the response “choose not to answer” is a is a valid response and should be assigned the value of ASKU instead of UNK.