

VHIE Connectivity Criteria Tier 3 Expanded Data Elements

Location(s):

Vendor:

Date:

| Concepts | Data Elements | Standardized Coding System(s) | <i>HCO use only</i> Documentation Assessment Providers are documenting data sets in discrete data fields (Yes or No) | <i>VITL use only</i> Connectivity Assessment EHR vendor is technically capable of transmitting data sets |
|--------------------|---|---|---|---|
| Demographics | Maiden Name | N/A | | |
| | Phone Number | | | |
| | SSN | | | |
| | Nickname | | | |
| | Suffix | | | |
| | Birth Sex | | | |
| | Race | | | |
| | Ethnicity | | | |
| | Preferred Language | | | |
| | Phone Type | | | |
| Providers | Care Team Member NPI (Individual) | National Provider Index (NPI) | | |
| | Servicing Provider Site Address | N/A | | |
| Diagnostic Results | Urinalysis results for substance use and/or treatment adherence | Logical Observation Identifiers Names and Codes (LOINC) | | |
| Problems | Pregnancy | IHTSDO SNOMED CT. Will also accept ICD-9, ICD-10 | | |
| | Fetal Loss | | | |
| | Suicidality | | | |
| | Opioid Use Disorder | | | |
| | Alcohol Use Disorder | | | |
| | Upper Respiratory Infection | | | |
| | Social Determinants of Health (Problems) | | | |
| | Disability/Physical Limitation | | | |
| Vital Signs | Body temperature | Logical Observation Identifiers Names and Codes (LOINC) in Unified Code of Units of Measure, Revision 1.9. | | |
| | Inhaled oxygen concentration | | | |
| | BMI percentile per age and sex for youth 2-20 | | | |
| | Weights for age per length and sex | | | |
| | Occipital-frontal circumference for children < 3 years old | | | |
| | Audiological Evaluation, <= 3 months age | | | |

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|------------------------------------|---|---|--|--|
| Procedures | Postpartum Care between 21 and 56 days after delivery | Snomed, CPT, HCPCS, Loinc | | |
| | Pulmonary Function Test | | | |
| | Developmental Screening <= 3 years | | | |
| | HEDIS Appropriate Treatment for Upper Respiratory Infection ("URI") | | | |
| | Diabetes Eye Screening | | | |
| | Contraceptive Counseling | | | |
| | Long-Acting Reversible Contraception Insertion | | | |
| | Long-Acting Reversible Contraception Removal | | | |
| | Childbirth (live birth) | | | |
| | Abortion | | | |
| | Prenatal Care | | | |
| | First Trimester Care for Pregnancy | | | |
| | Second Trimester Care for Pregnancy | | | |
| Third Trimester Care for Pregnancy | | | | |
| Advance Directives | Advance Directives (Y/N) | N/A | | |
| | Advance Directives Contents | | | |
| Allergies | Food Allergies | RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine | | |
| | Latex Allergies | | | |
| Screenings/Patient Education | Colorectal Cancer Screening Results | Snomed, CPT, HCPCS, Loinc | | |
| | Breast Cancer Screening Results | | | |
| | Tobacco Cessation Treatment or Follow-Up | | | |
| | Reproductive Health Screening | | | |
| | Reproductive Health Follow-Up | | | |
| | Depression Treatment or Follow-Up | | | |
| | Substance Use Treatment or Follow-Up | | | |
| Payers | Secondary Insurer | N/A | | |
| | Secondary Insurer Member ID | | | |

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|---|---|--|---|---|
| Assessment and Plan of Treatment | NQF 0647 + 0648 Receipt of Care Transition Record at Discharge | N/A | | |
| | NQF 0648 Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) ("CTR") | | | |
| Chief Complaint | Chief Complaint | Snomed, CPT, HCPCS, Loinc, ICD-9/10 | | |
| Clinical Notes | Consultation Note | Snomed, CPT, HCPCS, Loinc, ICD-9/10 | | |
| | Contraceptive Use | RxNorm | | |
| | Long-Acting Reversible Contraception ("LARC") Use | RxNorm | | |
| | Imaging Narrative | Snomed, CPT, HCPCS, Loinc, ICD-9/10 | | |
| | Laboratory Report Narrative | | | |
| | Pathology Report Narrative | | | |
| | Procedure Note | | | |
| Progress Note | | | | |
| Discharge Instruction | Discharge Instruction | Snomed, CPT, HCPCS, Loinc, ICD-9/10 | | |
| | Discharge Instruction Contents | | | |
| Family History | Family History | Snomed, CPT, HCPCS, Loinc, ICD-9/10 | | |
| | Family History Contents | | | |
| Provenance | Author Time Stamp | N/A | | |
| Unique Device Identifier(s) for a Patient's Implantable Device(s) | Unique Device Identifier(s) for a Patient's Implantable Device(s) | UDI identifier as described by applicable FDA regulation | | |