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

Single values only unless multiple values separated by a tilde (~) indicated. <mark>Yellow highlighted in current rulemaking activity by E&I.</mark>

Tilde is the only special character accepted.

Data element	Name	Max. length	Type	Required?	Description/valid values	Error threshold
J001	Message Date	8	Date	Yes	Date of message creation; format YYYYMMDD	
J002	Facility Name	100	Text	Yes	Payer abbreviation	
J003	FacilityID	100	Text	Yes	This will be unique to the payer reporting as assigned by Equity and Inclusion. APAC receives payer and data submitter identification in the file name.	
J004	FacilityAddress	100	Text	Yes	Leave blank	
J005	FacilityAddress2	100	Text	Yes	Leave blank	
J006	FacilityCity	100	Text	Yes	Leave blank	
J007	FacilityState	2	Text	Yes	Leave blank	
J008	FacilityZip	10	Text	Yes	Leave blank	
J009	FacilityPhone	20	Text	Yes	Leave blank	
J010	ProviderID	10	Text	Yes	Leave blank	
J011	ProviderFirstName	100	Text	Yes	Leave blank	
J012	ProviderLastName	100	Text	Yes	Leave blank	
J013	ProviderPhone	20	Text	Yes	Leave blank	
J014	IndividualID	100	Text	Yes	Unique member identifier	
J015	FirstLegNm	100	Text	Yes	Member's first legal name	
J016	LastLegNm	100	Text	Yes	Member's last legal name	
J017	MiddleLegNm	100	Text	No	Member's middle legal name	
J018	FirstNm	100	Text	No	Member's first name they want to use	
J019	LastNm	100	Text	No	Member's last name they want to use	
J020	MiddleNm	100	Text	No	Member's middle name they want to use	
J021	BirthDate	8	Date	Yes	Member's date of birth; format YYYYMMDD	
J022	Sex	2	Text	Yes	Specify one: 0 = Male 1 = Female 2 = Intersex 3 = Unspecified 4 = Non-binary 5 = X	

					6 = Not listed please specify in J023 -1 = Don't know -2 = Don't know what question is asking -3 = Don't want to answer	
J023	SexS	100	Text	Conditional	Sex of member specified; Required when J022 = 6; Provide member specified sex; don not include punctuation or special characters	
J024	IndAddress	100	Text	Yes	Member's street address; Format: street number predirectional street name street designator postdirectional Example: 123 N Main Street	
J025	IndAddress2	100	Text	Optional	Member's address 2. May include PO Box, Suite, etc.	
J026	IndCity	100	Text	Yes	Member's city	
J027	IndState	2	Text	Yes	Member's state	
J028	IndZip	10	Text	Yes	Member's home zip code; either five digit or nine digits separated by hyphen	
J029	IndCounty	100	Text	Yes	Member's county	
J030	IndPhone	12	Text	Yes	Member's telephone number	
J031	OReText	100	Text	Optional	Open text for Race Ethnicity; do not include punctuation or special characters	
J032	REcat	200	Text	Yes	Race Ethnicity Identity; Use Appendix J1 – Race Ethnicity; Multiple Values Allowed, separate multiple values with tilde (~)	
J033	RERaceOthS	100	Text	Conditional	Other race (specify) free text; Required is J032 = 53	
J034	RePriRace	2	Text	Yes	Member's primary race or ethnicity; single value only using Appendix J1; if member reports only one value in J032, populate as -6	
J035	HomeLang	250	Text	Yes	Language used at home; see at https://www.oregon.gov/oha/EI/REALD%20Documents/OR%20REALD%20Languages%20v10.0.xlsx Multiple values allowed separated by a tilde (~)	
J036	SpokLang	3	Text	Conditional	Required if J035 HomeLang is not 'eng'; Preferred spoken language; one value only from https://www.oregon.gov/oha/EI/REALD%20Documents/OR%20REALD%20Languages%20v10.0.xlsx	

J037	WritLang	3	Text	Conditional	Required if J035 HomeLang is not 'eng'; Preferred written language; one value only from https://www.oregon.gov/oha/EI/REALD%20Documents/OR%20REALD%20Languages%20v10.0.xlsx	
J038	IntNeed	2	Text	Conditional	Required if J035 HomeLang is not 'eng'; one value only 1 = Yes 0 = No -1 = Don't know -3 = Don't want to answer	
J039	IntTyp	2	Text	Conditional	Required if J038 IntNeed is '1'; See Appendix J2; Multiple values allowed separated by a tilde (~)	
J040	IntTypS	100	Text	Conditional	Interpreter Other; required if J039 IntTyp = 2; open text; do not include punctuation or special characters	
J041	ENG	2	Text	Conditional	English Proficiency; required if J035 HomeLang is not 'eng' 0 = Very Well 1 = Well 2 = Not Well 3 = Not at All -1 = Don't Know -3 = Don't Want to Answer	
J042	DEAR	2	Text	Yes	Does the member report deafness 1 = Yes 0 = No -1 = Don't know -3 = Don't want to answer Blank if data missing	
J043	DEARAge	3	Text	Conditional	If J042 DEAR = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J044	DEYE	2	Text	Yes	Does the member report blindness 1 = Yes 0 = No -1 = Don't know	

					-3 = Don't want to answer Blank if data missing	
J045	DEYEAge	3	Text	Conditional	If J044 DEYE = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J046	DPHY	2	Text	Conditional	Required if member is age 5 or older at time of report; does member report a physical limitation 1 = Yes 0 = No -1 = Don't know -3 = Don't want to answer Blank if data missing of member under age 5	
J047	DPHYAge	3	Text	Conditional	Physical limitation age; If J046 DPHY = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J048	DREM	2	Text	Conditional	Required if member is age 5 or older at time of report; does member report problems with cognitive memory 1 = Yes 0 = No -1 = Don't know -3 = Don't want to answer Blank if data missing or member under age 5	
J049	DREMAge	3	Text	Conditional	Cognitive memory age; If J048 DREM = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J050	DDRS	2	Text	Conditional	Required if member is age 5 or older at time of report; does member report problems with self care 1 = Yes 0 = No	

					-1 = Don't know -3 = Don't want to answer Blank if data missing	
J051	DDRSAge	3	Text	Conditional	Self-care age; If J050 DDRS = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J052	DLEA	2	Text	Conditional	Required if member is age 5 or older at time of report; does member report problems learning 1 = Yes 0 = No -1 = Don't know -3 = Don't want to answer Blank if data missing or member under age 5	
J053	DLEAAge	3	Text	Conditional	Learning age; If J052 DLEA = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J054	DCOM	2	Text	Conditional	Required if member is age 5 or older at time of report; does member report problems communicating 1 = Yes 0 = No -1 = Don't know -3 = Don't want to answer Blank if data missing or member under age 5	
J055	DCOMAge	3	Text	Conditional	Learning age; If J054 DCOM = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J056	DOUT	2	Text	Conditional	Required if member is age 15 or older at time of report; does member report problems with living independently 1 = Yes 0 = No	

					-1 = Don't know -3 = Don't want to answer Blank if data missing or member under age 15	
J057	DOUTAge	3	Text	Conditional	Independent living age; If J056 = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J058	DMHD	2	Text	Conditional	Required if member is age 15 or older at time of report; does member report mental health needs 1 = Yes 0 = No -1 = Don't know -2 = Don't know what the question is asking -3 = Don't want to answer Blank if data missing or member under age 15	
J059	DMHDAge	3	Text	Conditional	Mental health age; If J058 = 1; age in years 0 = since infancy 1-120 age in years -1 = Don't know -3 = Don't want to answer	
J060	DAopen	100	Text	Conditional	Disability open text; free text entry; do not include punctuation or special characters	
J061	Exempt Reason	1	Numeric	Conditional	Blank (currently reported by hospitals only)	
J062	GIopen	100	Text		Blank (currently reported by hospitals only)	
J063	GenIden	50	Text		Blank (currently reported by hospitals only)	
J064	GIspS	100	Text		Blank (currently reported by hospitals only)	
J065	TransCat	2	Text		Blank (currently reported by hospitals only)	
J066	SOopen	100	Text		Blank (currently reported by hospitals only)	
J067	SexOri	50	Text		Blank (currently reported by hospitals only)	
J068	SOspS	100	Text		Blank (currently reported by hospitals only)	
J069	Pronouns	50	Text		Blank (currently reported by hospitals only)	
J070	PspS	100	Text		Blank (currently reported by hospitals only)	

Appendix J1 – Race Ethnicity Codes

(equivalent to Division of Equity & Inclusion REALD and SOGI Reporting Appendix A)

Please use the values in RaceEthID column of this appendix for populating J032 REcat and J034 RePriRac.

- If more than one value is selected in J032 REcat, appropriate values for J034 RePriRac include any single value from the values previously selected in J032 or one of the values below with Fields listed including RePriRace.
- If only one race/ethnicity value is provided in J032 REcat, "-6" should be used to populate J034 RePriRac.

Data Element(s)	Race Description	RaceEthID
J032 REcat; J034 RePriRace	American Indian	1
J032 REcat; J034 RePriRace	Alaska Native	2
J032 REcat; J034 RePriRace	Canadian Inuit, Metis, or First Nation	3
J032 REcat; J034 RePriRace	Indigenous Mexican, Central American, or South American	4
	Afghan	
J032 REcat; J034 RePriRace	Asian Indian	6
J032 REcat; J034 RePriRace	Cambodian	7
J032 REcat; J034 RePriRace	Chinese	8
J032 REcat; J034 RePriRace	Communities of Myanmar	9
J032 REcat; J034 RePriRace	Filipino	10
J032 REcat; J034 RePriRace	Hmong	11
	Indonesian	
J032 REcat; J034 RePriRace	Japanese	12
J032 REcat; J034 RePriRace	Korean	13
J032 REcat; J034 RePriRace	Laotian	14
	Pakistani	
J032 REcat; J034 RePriRace	South Asian	15
	Taiwanese	
	Thai	
J032 REcat; J034 RePriRace	Vietnamese	16
J032 REcat; J034 RePriRace	Other Asian not listed	17
J032 REcat; J034 RePriRace	African American	19
J032 REcat; J034 RePriRace	Afro-Caribbean	20
J032 REcat; J034 RePriRace	Ethiopian	21
J032 REcat; J034 RePriRace	Somali	22
J032 REcat; J034 RePriRace	Other African not listed	23
J032 REcat; J034 RePriRace	Other Black not listed	24
	Afro-Latinx	
J032 REcat; J034 RePriRace	Latinx Mexican	26
J032 REcat; J034 RePriRace	Latinx Central American	27
	Cuban	
	Puerto Rican	
J032 REcat; J034 RePriRace	Latinx South American	28
J032 REcat; J034 RePriRace	Other Hispanic/Latinx not listed	29
J032 REcat; J034 RePriRace	Middle Eastern	31

J032 REcat; J034 RePriRace	North African	32
J032 REcat; J034 RePriRace	Chamoru (Chamorro)	34
J032 REcat; J034 RePriRace	Communities Micronesian Region	37
J032 REcat; J034 RePriRace	Marshallese	38
J032 REcat; J034 RePriRace	Samoan	39
J032 REcat; J034 RePriRace	Native Hawaiian	41
J032 REcat; J034 RePriRace	Other Pacific Islander not listed	42
	Ashkenazi	
	Sephardi	
	Other Jewish not listed	
	Egyptian	
	Iraqi	
	Iranian	
	Lebanese	
	Palestinian	
	Syrian	
	Turkish	
	Other Middle Eastern not listed	
	Other North African not listed	
J032 REcat; J034 RePriRace	Eastern European	44
	Romanian	
	Russian	
J032 REcat; J034 RePriRace	Slavic	45
	Ukrainian	
J032 REcat; J034 RePriRace	Western European	46
J032 REcat; J034 RePriRace	Other White not listed	47
J034 RePriRace	I don't have just one primary identity	49
J034 RePriRace	Identify as Biracial or Multiracial	50
J032 REcat	Other (please list)	53
J032 REcat; J034 RePriRace	Don't know	-1
J032 REcat; J034 RePriRace	Don't want to answer	-3
J032 REcat; J034 RePriRace	Did not answer/missing	-4
J032 REcat; J034 RePriRace	Not asked (due to skip logic)	-6

Appendix J2 – Interpreter Type Codes reported in J039 IntTyp

(Equivalent of Division of Equity & Inclusion REALD and SOGI Reporting Appendix C)

Response Description	InterpreterID
Spoken language interpreter	0
American Sign Language (ASL)	1
Other (flag placeholder for detail in IntTypS)	2
Contact sign language (PSE) interpreter	3
Mexican Sign Language	4
Sign language interpreter in another language	5
Tactile (for Deaf-Blind people)	6
Deaf interpreter for Deaf-Blind, additional barriers, or both	7
Assistive Listening Devise (FM, Loop)	8

CART/Captioning	9
Other sign language not listed	
Did not answer/missing	-4

Appendix J3 – Gender Identity Codes for J063

(Equivalent of Division of Equity & Inclusion REALD and SOGI Reporting Appendix E)

Response Description	GenIdenID
Boy, Man	0
Girl, Woman	1
Non-binary	2
Agender, No gender	3
Questioning	4
Genderfluid	5
Genderqueer	6
Ethnicity based, other gender identity	
Not listed. Please specify	10
Don't know	-1
Don't know what the question is asking	-2
Don't want to answer	-3

Appendix J4 – Sexual Orientation Codes for J067

(Equivalent of Division of Equity & Inclusion REALD and SOGI Reporting Appendix F)

Response Description	SexOriID
Straight	0
Lesbian	1
Gay	2
Same-gender loving	3
Same-sex loving	4
Queer	5
Bisexual	6
Pansexual	7
Asexual	8
Questioning	11
Not listed. Please specify:	12
Don't know	-1
Don't know what the question is asking	-2
Don't want to answer	-3

Appendix J5 – Pronouns Codes for J069

(Equivalent of Division of Equity & Inclusion REALD and SOGI Reporting Appendix G)

Response Description	PronounsID
He/Him	0
She/Her	1
They/Them	2
No prounouns, use my name	3
Not listed. Please specify:	4
Ze/Hir	6
Ze/Zir	7
Xe/Xem	8
Don't know	-1
Don't know what the question is asking	-2
Don't want to answer	-3