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EHI Export Functionality

The WellSky EHI Export consists of two primary components: The Single Patient Export and the Population EHI Export.

The Single Patient Export may be performed by end users with sufficient permissions and without developer assistance.

The Population EHI Export can only be performed with assistance from WellSky Support.

Full details around EHI Export functionality are in our user guide.

Allergy Intolerance

```
{
  "resourceType" : "AllergyIntolerance",
  // from Resource: id, meta, implicitRules, and language
  "identifier" : [{ Identifier }], // External ids for this item
  "clinicalStatus" : { CodeableConcept }, // active | inactive
  "type" : { CodeableConcept }, // allergy
  "code" : { CodeableConcept }, // Code that identifies the allergy
  "patient" : { Reference(Patient) }, // R! Who the allergy is for
  "recordedDate" : "<dateTime>", // Date allergy was first recorded
  "reaction" : [{ // Adverse Reaction Events linked to exposure to substance
    "substance" : { CodeableConcept }, // Specific substance or pharmaceutical product considered to be
    responsible for event
    "manifestation" : [{ CodeableReference(Observation) }], // R! Clinical symptoms/signs associated with
    the Event
    "severity" : "<code>", // mild | moderate | severe (of event as a whole)
    "exposureRoute" : { CodeableConcept }, // How the subject was exposed to the substance
    "note" : [{ Annotation }] // Text about event not captured in other fields
  }]
}
```

Medication Administration

<Encounter>

<Order>

<Description></Description> // 1,500 character description of order with directions

<PRN></PRN> // 'Y' if the order is a prn order

<Chart>

<DateTime></DateTime> // Schedule give dateTime timestamp

<Status></Status> // Complete | Given | Infusing | Not Given | Not Infusing | Not Complete | IV Stopped | Unknown | Prepped | Uncharted

<NCRReason></NCRReason> // 30 character description for not complete/given reason

<NCComment></NCComment> // 80 character comment for not complete/given reason

<Administration>

<DateTime></DateTime> // Action dateTime timestamp

<Performer></Performer> // Full name of user who took action

<Comment></Comment> // 80 character comment for action

<InfuseAmount></InfuseAmount> // 5 digit, 0 decimal infuse amount for IV/Piggyback orders

<InfusePump></InfusePump> // 'Y' if an infusionPump was used for IV/Piggyback orders

<Criteria> // Max of 5 criteria returned

<Vital></Vital> // 'Y' if criteria is a vital sign

<Type></Type> // If vital = 'Y' then Apical Pulse | Blood Pressure | Blood Glucose Level | Mean Arterial Pressure | Oxygen Saturation |

Pain Scale | Respiration | Result | Temperature | Weight | Wong Scale

else 50 character description of user defined criteria

<Refused></Refused> // 'Y' if criteria was refused

<Reason></Reason> // 50 character reason for criteria refusal

<Comment></Comment> // 210 character comment for criteria refusal

<Reading1></Reading1> // 4 digit, 2 decimal criteria vital value

<Reading2></Reading2> // 4 digit, 2 decimal criteria vital value

<unit></unit> // If type = 'Apical Pulse' then B/Min

'Blood Pressure' then mm/Hg

'Temperature' then °F

'Respiration' then /Min

'Blood Glucose Level' then mg/dL

'Oxygen Saturation' then %

'Weight' then lbs | kg

<Method1></Method1> // 50 character method of criteria retrieval

<Method2></Method2> // 50 character method of criteria retrieval

<Method3></Method3> // 50 character method of criteria retrieval

<PostRefused></PostRefused> // 'Y' if post-criteria was refused

<PostReason></PostReason> // 50 character reason for post-criteria refusal

<PostComment></PostComment> // 210 character comment for post-criteria refusal

```
<PostReading1></PostReading1> // 4 digit, 2 decimal post-criteria vital value
<PostReading2></PostReading2> // 4 digit, 2 decimal post-criteria vital value
<Postunit></Postunit> // If type = 'Apical Pulse' then B/Min
                        'Blood Pressure' then mm/Hg
                        'Temperature' then °F
                        'Respiration' then /Min
                        'Blood Glucose Level' then mg/dL
                        'Oxygen Saturation' then %
                        'Weight' then lbs | kg
<PostMethod1></PostMethod1> // 50 character method of post-criteria retrieval
<PostMethod2></PostMethod2> // 50 character method of post-criteria retrieval
<PostMethod3></PostMethod3> // 50 character method of post-criteria retrieval
<Value></Value> // 70 character criteria value if not a vital
<PostValue></PostValue> // 70 character post-criteria value if not a vital
</Criteria>
</Administration>
<Effectiveness>
  <DateTime></DateTime> // Action dateTime timestamp
  <Performer></Performer> // Full name of user who took action
  <Comment></Comment> // 80 character comment for action
</Effectiveness>
<FirstDose>
  <DateTime></DateTime> // Action dateTime Timestamp
  <Performer></Performer> // Full name of user who took action
  <Comment></Comment> // 80 character comment for action
  <Education>
    <Patient></Patient> // 'Y' if education was given to the patient
    <Family></Family> // 'Y' if education was given to family of the patient
    <Other></Other> // 'Y' if education was given to someone outside of patient or patient's
family
    <NA></NA> // 'Y' if education was not given
  </Education>
  <Monitoring>
    <SideEffects></SideEffects> // 'Y' if side effects were monitored on first dose
    <ADR></ADR> // 'Y' if ADR was monitored on first dose
    <Efficacy></Efficacy> // 'Y' if efficacy was monitored on first dose
  </Monitoring>
</FirstDose>
<AdditionalDocumentation>
  <DateTime></DateTime> // Action dateTime timestamp
  <Performer></Performer> // Full name of user who took action
  <Comment></Comment> // 80 character comment for action
```

```
<InfuseAmount></InfuseAmount> // 5 digit, 0 decimal infuse amount for IV/Piggyback orders
<InfusePump></InfusePump> // 'Y' if an infusionPump was used for IV/Piggyback orders
<Criteria> // Max of 5 criteria returned
  <Vital></Vital> // 'Y' if criteria is a vital sign
  <Type></Type> // If vital = 'Y' then Apical Pulse | Blood Pressure | Blood Glucose Level |
Mean Arterial Pressure | Oxygen Saturation |
                    Pain Scale | Respiration | Result | Temperature | Weight | Wong Scale
                    else 50 character description of user defined criteria
  <Refused></Refused> // 'Y' if criteria was refused
  <Reason></Reason> // 50 character reason for criteria refusal
  <Comment></Comment> // 210 character comment for criteria refusal
  <Reading1></Reading1> // 4 digit, 2 decimal criteria vital value
  <Reading2></Reading2> // 4 digit, 2 decimal criteria vital value
  <unit></unit> // If type = 'Apical Pulse' then B/Min
                    'Blood Pressure' then mm/Hg
                    'Temperature' then °F
                    'Respiration' then /Min
                    'Blood Glucose Level' then mg/dL
                    'Oxygen Saturation' then %
                    'Weight' then lbs | kg
  <Method1></Method1> // 50 character method of criteria retrieval
  <Method2></Method2> // 50 character method of criteria retrieval
  <Method3></Method3> // 50 character method of criteria retrieval
  <Value></Value> // 70 character criteria value if not a vital
</Criteria>
</AdditionalDocumentation>
<IVBagStart>
  <DateTime></DateTime> // Action dateTime timestamp
  <Performer></Performer> // Full name of user who took action
</IVBagStart>
<Finished>
  <DateTime></DateTime> // Action dateTime timestamp
  <Performer></Performer> // Full name of user who took action
</Finished>
</Chart>
</Order>
</Encounter>
```

Treatment Administration

<Encounter>

<Order>

<Description></Description> // 1,500 character description of order with directions

<PRN></PRN> // 'Y' if the order is a prn order

<Chart>

<DateTime></DateTime> // Schedule give dateTime timestamp

<Status></Status> // Complete | Given | Infusing | Not Given | Not Infusing | Not Complete | IV Stopped | Unknown | Prepped | Uncharted

<NCRReason></NCRReason> // 30 character description for not complete/given reason

<NCCComment></NCCComment> // 80 character comment for not complete/given reason

<Administration>

<DateTime></DateTime> // Action dateTime timestamp

<Performer></Performer> // Full name of user who took action

<Comment></Comment> // 80 character comment for action

<Criteria> // Max of 5 criteria returned

<Vital></Vital> // 'Y' if criteria is a vital sign

<Type></Type> // If vital = 'Y' then Apical Pulse | Blood Pressure | Blood Glucose Level | Mean Arterial Pressure | Oxygen Saturation |

Pain Scale | Respiration | Result | Temperature | Weight | Wong Scale

else 50 character description of user defined criteria

<Refused></Refused> // 'Y' if criteria was refused

<Reason></Reason> // 50 character reason for criteria refusal

<Comment></Comment> // 210 character comment for criteria refusal

<Reading1></Reading1> // 4 digit, 2 decimal criteria vital value

<Reading2></Reading2> // 4 digit, 2 decimal criteria vital value

<unit></unit> // If type = 'Apical Pulse' then B/Min

'Blood Pressure' then mm/Hg

'Temperature' then °F

'Respiration' then /Min

'Blood Glucose Level' then mg/dL

'Oxygen Saturation' then %

'Weight' then lbs | kg

<Method1></Method1> // 50 character method of criteria retrieval

<Method2></Method2> // 50 character method of criteria retrieval

<Method3></Method3> // 50 character method of criteria retrieval

<Value></Value> // 70 character criteria value if not a vital

</Criteria>

</Administration>

<AdditionalDocumentation>

<DateTime></DateTime> // Action dateTime timestamp

```
<Performer></Performer> // Full name of user who took action
<Comment></Comment> // 80 character comment for action
<Criteria> // Max of 5 criteria returned
  <Vital></Vital> // 'Y' if criteria is a vital sign
  <Type></Type> // If vital = 'Y' then Apical Pulse | Blood Pressure | Blood Glucose Level |
Mean Arterial Pressure | Oxygen Saturation |
                    Pain Scale | Respiration | Result | Temperature | Weight | Wong Scale
                    else 50 character description of user defined criteria
  <Refused></Refused> // 'Y' if criteria was refused
  <Reason></Reason> // 50 character reason for criteria refusal
  <Comment></Comment> // 210 character comment for criteria refusal
  <Reading1></Reading1> // 4 digit, 2 decimal criteria vital value
  <Reading2></Reading2> // 4 digit, 2 decimal criteria vital value
  <unit></unit> // If type = 'Apical Pulse' then B/Min
                    'Blood Pressure' then mm/Hg
                    'Temperature' then °F
                    'Respiration' then /Min
                    'Blood Glucose Level' then mg/dL
                    'Oxygen Saturation' then %
                    'Weight' then lbs | kg
  <Method1></Method1> // 50 character method of criteria retrieval
  <Method2></Method2> // 50 character method of criteria retrieval
  <Method3></Method3> // 50 character method of criteria retrieval
  <Value></Value> // 70 character criteria value if not a vital
</Criteria>
</AdditionalDocumentation>
<Finished>
  <DateTime></DateTime> // Action dateTime timestamp
  <Performer></Performer> // Full name of user who took action
</Finished>
</Chart>
</Order>
</Encounter>
```

Accountability Flowsheet

<Encounter>

<Record>

<ObservationTime></ObservationTime> // The dateTime timestamp when the observation occurred

<Observation></Observation> // 100 character description of the observation

<AdditionalTime></AdditionalTime> // An additional timestamp that may be associated with the observation

<AdditionalInformation></AdditionalInformation> // 50 character additional information description

<Comments></Comments> // 71680 character comment information

<LateReason></LateReason> // 100 character description of the late reason entry

<EnteredBy></EnteredBy> // Full name of user who took action

<DateTime/></DateTime> // Action dateTime timestamp

</Record>

</Encounter>



ADL Assistance

```
<Encounter>
<Record>
<Question></Question> // 25 character question description
  <Answer>
    <SelfPerformance></SelfPerformance> // Independent | Supervision | Limited Assistance |
    Extensive Assistance | Physical Help Transfer |
      Physical Help in Bathing | Total Dependence | Activity did not occur
    <SupportProvided></SupportProvided> // No setup or physical help from staff | Setup help only |
    One person physical assist | Two+ persons physical assist |
      ADL activity did not occur
    <AnswerText></AnswerText> // 50 character answer description
  </Answer>
  <Shift></Shift> // Day | Evening | Night
<EnteredBy></EnteredBy> // Full name of user who took action
<DateTime></DateTime> // Action dateTime timestamp
<Intervention></Intervention> // 3000 character description of any interventions used followed by a
frequency if applied
</Record>
</Encounter>
```

Admission Reconciliation

```
<Encounter>
<ReconciliationStatus></ReconciliationStatus> // Completed History List | No known med history |
Unable to obtain inf
<ReconciliationUser></ReconciliationUser> // Full name of user who updated admission reconciliation
status
<DateTime></DateTime> // Admission reconciliation status update dateTime timestamp
<Order>
<OrderType></OrderType> // Medication | Piggyback | Intravenous | Other
<FreeForm></FreeForm> // Yes if this entry is a free form entry
<Description></Description> // 1,500 character description of order with directions
<SlidingScale></SlidingScale> // 1,000 character description of the sliding scale if the order has one
<ID></ID> // Identifier for order used to identify alternate suggested meds. Format: facilityNumber-
accountNumber-orderNumber
<Type></Type> // ePrescription | Transferred From Facility | Medication From Home | Inpatient Order
<Compliance></Compliance> // 50 character compliance description
<Indications>
<Code1></Code1> // First indication code from the First Data Bank table "Disease Identifier Table"
<Description1></Description1> // First 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code2></Code2> // Second indication code from the First Data Bank table "Disease Identifier Table"
<Description2></Description2> // Second 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code3></Code3> // Third indication code from the First Data Bank table "Disease Identifier Table"
<Description3></Description3> // Third 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code4></Code4> // Fourth indication code from the First Data Bank table "Disease Identifier Table"
<Description4></Description4> // Fourth 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code5></Code5> // Fifth indication code from the First Data Bank table "Disease Identifier Table"
<Description5></Description5> // Fifth 100 character indication description from the First Data Bank
table "Disease Identifier Table"
</Indications>
<Route></Route> // 40 character description of route of administration
<RateMethod></RateMethod> // if OrderType = 'Intravenous' then mL/Hour | Bags/Day | Volume Per
Day | Titration(Bags Per Day)
<RateAmount></RateAmount> // if OrderType = 'Intravenous' then 5 digit, 2 decimal IV Rate amount
<Hours></Hours> // if OrderType = 'Intravenous' then 2 digit, 2 decimal amount of hours for IV
<Name></Name> // 35 character generic name for drug
<NDC></NDC> // 11 character NDC of drug
<Dose></Dose> // If FreeForm = 'Yes' then 20 character dose description
else 8 digit, 3 decimal dose amount
```

<DoseUnit></DoseUnit> // 50 character description of dose unit
<Volume></Volume> // If FreeForm = 'Yes' then 20 character volume description
else 5 digit, 2 decimal volume amount
<VolumeUnit></VolumeUnit> // 50 character description of volume unit
<PiggyName></PiggyName> // 35 character generic name for piggyback solution drug
<PiggyNDC></PiggyNDC> // 11 character NDC of piggyback solution drug
<PiggyRate></PiggyRate> // 3 digit, 2 decimal piggyback solution rate
<PiggyDose></PiggyDose> // 8 digit, 3 decimal piggyback solution dose
<PiggyDoseUnit></PiggyDoseUnit> // 50 character description of piggyback solution dose unit
<PiggyVolume></PiggyVolume> // 5 digit, 2 decimal piggyback solution volume
<PiggyVolumeUnit></PiggyVolumeUnit> // 50 character description of piggyback solution volume unit
<Concentration></Concentration> // mg/min | mcg/min | mg/hr | mcg/kg/min | mg/kg | mcg/kg | mg
| mcg | gm | units | mg/kg/min | mEq | millimole |
units/hr | MMU | mcg/kg/hr | mcg/hr | mL | ml/min | ml/hr | mg TMP/min | mg TMP/hr | mg TMP/kg
| mg TMP |
mg TMP/kg/min
<InfusePeriod></InfusePeriod> // 3 digit, 2 decimal piggyback infuse period
<InfuseUnit></InfuseUnit> // Hours | Minutes
<Solutions> // For IV orders, up to 10 drugs in the solutions
<Drug>
<Name></Name> // 35 character generic name for drug
<NDC></NDC> // 11 character NDC of drug
<Dose></Dose> // 8 digit, 3 decimal dose amount
<DoseUnit></DoseUnit> // 50 character description of dose unit
<Volume></Volume> // 5 digit, 2 decimal volume amount
<VolumeUnit></VolumeUnit> // 50 character description of volume unit
</Drug>
</Solutions>
<Additives> // For IV orders, up to 20 drugs in the additives
<Drug>
<Name></Name> // 35 character generic name for drug
<NDC></NDC> // 11 character NDC of drug
<Dose></Dose> // 8 digit, 3 decimal dose amount
<DoseUnit></DoseUnit> // 50 character description of dose unit
<Volume></Volume> // 5 digit, 2 decimal volume amount
<VolumeUnit></VolumeUnit> // 50 character description of volume unit
</Drug>
</Additives>
<PRN></PRN> // 'Yes' if the order is a PRN order
<Frequency></Frequency> // 72 character frequency description
<RequestType></RequestType> // Now | Routine | Stat
<LastGiveDateTime></LastGiveDateTime> // Last give dateTime timestamp



<UnknownLastGive></UnknownLastGive> // 'Yes' if the last give date and time is unknown
<UnknownComment></UnknownComment> // Comment if the last give date and time is unknown
<AdmitStatus></AdmitStatus> // Continued | Did Not Continue
<AdmitUser></AdmitUser> // Full name of user who updated order admit status
<DischargeStatus></DischargeStatus> // Continue | Do Not Continue | New Rx
<DischargeUser></DischargeUser> // Full name of user who updated order discharge status
<Comment></Comment> // No limit character comment for order
<Note></Note> // 200 character additional notes
<AlternateID></AlternateID> // ID of order if an alternate is suggested
<OriginalID></OriginalID> // ID of original order if this is an alternate suggested med
<CreateUser></CreateUser> // Full name of user who added order
<CreateDateTime></CreateDateTime> // Added dateTime timestamp
</Order>
</Encounter>

BM Tracking

<Encounter>

<BM>

<DateTime></DateTime> // dateTime timestamp when the bowel movement occurred

<Number></Number> // 30 character description of the number of bowel movements

<Size></Size> // 30 character description of the size of bowel movements

<Form></Form> // 30 character description of the form of bowel movements

<Comment></Comment> // 50 character comment

<ChartDateTime></ChartDateTime> // dateTime timestamp when bowel movement was charted

<Performer></Performer> // Full name of user who added bowel movement

</BM>

</Encounter>

Care Plan Goals

```
{
  "resourceType" : "Goal",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // External Ids for this goal
  "lifecycleStatus" : "<code>", // R! active | completed | cancelled | entered-in-error | rejected
  "achievementStatus" : { CodeableConcept }, // in-progress | achieved | not-achieved | not-attainable
  "category" : [{ CodeableConcept }], // E.g. Treatment, dietary, behavioral, etc.
  "description" : { CodeableConcept }, // R! Code or text describing goal
  "subject" : { Reference(Patient) }, // R! Who this goal is intended for
  "startDate" : "<date>", // When goal pursuit begins
  "target" : [{ // C? Target outcome for the goal
  "dueDate" : "<date>" // When target outcome is due
  }],
  "statusDate" : "<date>", // When goal status took effect
  "expressedBy" : { Reference(Practitioner) }, // Who's responsible for creating Goal?
  "addresses" : [{ Reference(Condition) }], // Issues addressed by this goal
  "note" : [{ Annotation } ] // Comments about the goal
}
```

Care Team

```
{
  "resourceType" : "CareTeam",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // External Ids for this team
  "status" : "<code>", // active | inactive
  "category" : [{ CodeableConcept }], // Type of team
  "name" : "<string>", // Name of the team, such as crisis assessment team
  "subject" : { Reference(Patient) }, // Who care team is for
  "encounter" : { Reference(Encounter) }, // Encounter created as part of
  "period" : { Period }, // Time period team covers
  "participant" : [{ // C? Members of the team
    "role" : [{ CodeableConcept }], // Type of involvement
    "member" : { Reference(Practitioner) }, // Who is involved
    "onBehalfOf" : { Reference(Organization) }, // Organization of the practitioner
    "period" : { Period } // Time period of participant
  }],
  "reasonCode" : [{ CodeableConcept }], // Why the care team exists
  "reasonReference" : [{ Reference(Condition) }], // Why the care team exists
  "managingOrganization" : [{ Reference(Organization) }], // Organization responsible for the care team
  "telecom" : [{ ContactPoint }], // A contact detail for the care team (that applies to all members)
  "note" : [{ Annotation }], // Comments made about the CareTeam
}
```

Consent

```
{
  "resourceType" : "Consent",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // Identifier for this record (external references)
  "status" : "<code>", // R! active | inactive | entered-in-error
  "scope" : { CodeableConcept }, // R! Which of the four areas this resource covers (extensible)
  "category" : [{ CodeableConcept }], // R! Classification of the consent statement- for indexing/retrieval
  "patient" : { Reference(Patient) }, // Who the consent applies to
  "dateTime" : "<dateTime>", // When this Consent was created or indexed
  "performer" : [{ Reference(Patient) }], // Who is agreeing to the policy and rules
  "organization" : [{ Reference(Organization) }], // Custodian of the consent
  "policyRule" : { CodeableConcept }, // C? Regulation that this consents to
  "provision" : { // Constraints to the base Consent.policyRule
  "code" : [{ CodeableConcept }] // e.g. LOINC or SNOMED CT code, etc. in the content
  }
}
```

Correspondence

<Encounter>
<Record>
<RequestedBy></RequestedBy> // Full name of user who requested information
<AddressLine1></AddressLine1> // 40 character address line 1
<AddressLine2></AddressLine2> // 40 character address line 2
<AddressLine3></AddressLine3> // 40 character address line 3
<Phone></Phone> // 10 digit phone number
<Fax></Fax> // 10 digit fax number
<Beeper></Beeper> // 10 digit beeper number
<Email></Email> 50 character e-mail address
<CorrespondenceType></CorrespondenceType> // 50 character description of the type of correspondence
<InfoRequested></InfoRequested> // 60 character correspondence information types
<StatusType></StatusType> // 26 character correspondence status type
<Status></Status> // 350 character correspondence request by status
<DateTimeReceived></DateTimeReceived> // Date time timestamp of date received
<ReceivedMethod>Certified Mail</ReceivedMethod> // 50 character correspondence received method
<ReleaseReceived></ReleaseReceived> // Yes | No
<DateTimeSent></DateTimeSent> Date time timestamp of date sent
<MethodSent></MethodSent> // 50 character correspondence sent method
<SentBy></SentBy> // Full name of user who sent the correspondence
<TrackingNumber></TrackingNumber> 30 character tracking number
<ServiceFromDate></ServiceFromDate> // Service from date YYYY-MM-DD
<ServiceToDate></ServiceToDate> // Service to date YYYY-MM-DD
<RequestIsValid></RequestIsValid> // Yes | No
<VerifiedBy></VerifiedBy> // Full name of user who verified correspondence
<NumberOfPages1></NumberOfPages1> // 4 digit, 0 decimal number of pages 1
<PricePerPage1></PricePerPage1> // 3 digit, 2 decimal price per page 1
<NumberOfPages2></NumberOfPages2> // 4 digit, 0 decimal number of pages 2
<PricePerPage2></PricePerPage2> // 3 digit, 2 decimal price per page 2
<NumberOfPages3></NumberOfPages3> // 4 digit, 0 decimal number of pages 3
<PricePerPage3></PricePerPage3> // 3 digit, 2 decimal price per page 3
<NumberOfPages4></NumberOfPages4> // 4 digit, 0 decimal number of pages 4
<PricePerPage4></PricePerPage4> // 3 digit, 2 decimal price per page 4
<ExtendedFee></ExtendedFee> // 7 digit 2 decimal extended fee amount
<CopyCharge></CopyCharge> // 7 digit 2 decimal copy charge amount
<PostageFee></PostageFee> // 7 digit 2 decimal postage fee amount
<TotalFees></TotalFees> // 7 digit 2 decimal total fee amount
<DatePaid></DatePaid> // Date paid YYYY-MM-DD
<Comments>
<Record>



```
<ActionDate></ActionDate> // Action date YYYY-MM-DD
<ReminderDate></ReminderDate> // Reminder date YYYY-MM-DD
<CommentType></CommentType> // 50 character comment type description
<InsuranceName></InsuranceName> // 40 character insurance provider name
<CommentTag></CommentTag> // 50 character comment tag description
<FromDate></FromDate> // Comment from date YYYY-MM-DD
<ThruDate></ThruDate> // Comment thru date YYYY-MM-DD
<CommentData></CommentData> // 9,999 character comment field
</Record>
</Comments>
</Record>
</Encounter>
```

Coverage

```
{
  "resourceType" : "Coverage",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // Business Identifier for the coverage
  "status" : "<code>", // R! active | cancelled
  "subscriberId" : "<string>", // ID assigned to the subscriber
  "beneficiary" : { Reference(Patient) }, // R! Plan beneficiary
  "relationship" : { CodeableConcept }, // Spouse | Self | Parent | Child | Other
  "period" : { Period }, // Coverage start and end dates
  "payor" : [{ Reference(Organization|Patient) }], // R! Issuer of the policy
  "class" : [{ // Additional coverage classifications
  "type" : { CodeableConcept }, // R! Type of class such as 'group' or 'plan'
  "value" : "<string>", // R! Value associated with the type
  "name" : "<string>" // Human readable description of the type and value
  }],
  "order" : "<positiveInt>" // Relative order of the coverage
}
```

Device

```
{
  "resourceType" : "Device",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // Instance identifier
  "udiCarrier" : [{ // Unique Device Identifier (UDI) Barcode string
    "deviceIdentifier" : "<string>" // Mandatory fixed portion of UDI
  }],
  "status" : "<code>", // active | inactive | unknown
  "manufacturer" : "<string>", // Name of device manufacturer
  "manufactureDate" : "<dateTime>", // Date when the device was made
  "expirationDate" : "<dateTime>", // Date and time of expiry of this device (if applicable)
  "lotNumber" : "<string>", // Lot number of manufacture
  "serialNumber" : "<string>", // Serial number assigned by the manufacturer
  "deviceName" : [{ // The name of the device as given by the manufacturer
    "name" : "<string>", // R! The name of the device
    "type" : "<code>" // R! other
  }],
  "modelNumber" : "<string>", // The model number for the device
  "patient" : { Reference(Patient) } // Patient to whom Device is affixed
}
```

Discharge Reconciliation

```
<Encounter>
<ReconciliationStatus></ReconciliationStatus> // Completed History List | No known med history |
Unable to obtain inf
<ReconciliationUser></ReconciliationUser> // Full name of user who updated discharge reconciliation
status
<DateTime></DateTime> // Discharge reconciliation status update dateTime timestamp
<Order>
<OrderType></OrderType> // Medication | Piggyback | Intravenous | Other
<FreeForm></FreeForm> // Yes if this entry is a free form entry
<Description></Description> // 1,500 character description of order with directions
<SlidingScale></SlidingScale> // 1,000 character description of the sliding scale if the order has one
<ID></ID> // Identifier for order used to identify alternate suggested meds. Format: facilityNumber-
accountNumber-orderNumber
<Type></Type> // ePrescription | Transferred From Facility | Medication From Home | Inpatient Order
<Compliance></Compliance> // 50 character compliance description
<Indications>
<Code1></Code1> // First indication code from the First Data Bank table "Disease Identifier Table"
<Description1></Description1> // First 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code2></Code2> // Second indication code from the First Data Bank table "Disease Identifier Table"
<Description2></Description2> // Second 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code3></Code3> // Third indication code from the First Data Bank table "Disease Identifier Table"
<Description3></Description3> // Third 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code4></Code4> // Fourth indication code from the First Data Bank table "Disease Identifier Table"
<Description4></Description4> // Fourth 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code5></Code5> // Fifth indication code from the First Data Bank table "Disease Identifier Table"
<Description5></Description5> // Fifth 100 character indication description from the First Data Bank
table "Disease Identifier Table"
</Indications>
<Route></Route> // 40 character description of route of administration
<RateMethod></RateMethod> // if OrderType = 'Intravenous' then mL/Hour | Bags/Day | Volume Per
Day | Titration(Bags Per Day)
<RateAmount></RateAmount> // if OrderType = 'Intravenous' then 5 digit, 2 decimal IV Rate amount
<Hours></Hours> // if OrderType = 'Intravenous' then 2 digit, 2 decimal amount of hours for IV
<Name></Name> // 35 character generic name for drug
<NDC></NDC> // 11 character NDC of drug
<Dose></Dose> // If FreeForm = 'Yes' then 20 character dose description
else 8 digit, 3 decimal dose amount
```

<DoseUnit></DoseUnit> // 50 character description of dose unit
<Volume></Volume> // If FreeForm = 'Yes' then 20 character volume description
else 5 digit, 2 decimal volume amount
<VolumeUnit></VolumeUnit> // 50 character description of volume unit
<PiggyName></PiggyName> // 35 character generic name for piggyback solution drug
<PiggyNDC></PiggyNDC> // 11 character NDC of piggyback solution drug
<PiggyRate></PiggyRate> // 3 digit, 2 decimal piggyback solution rate
<PiggyDose></PiggyDose> // 8 digit, 3 decimal piggyback solution dose
<PiggyDoseUnit></PiggyDoseUnit> // 50 character description of piggyback solution dose unit
<PiggyVolume></PiggyVolume> // 5 digit, 2 decimal piggyback solution volume
<PiggyVolumeUnit></PiggyVolumeUnit> // 50 character description of piggyback solution volume unit
<Concentration></Concentration> // mg/min | mcg/min | mg/hr | mcg/kg/min | mg/kg | mcg/kg | mg
| mcg | gm | units | mg/kg/min | mEq | millimole |
units/hr | MMU | mcg/kg/hr | mcg/hr | mL | ml/min | ml/hr | mg TMP/min | mg TMP/hr | mg TMP/kg
| mg TMP |
mg TMP/kg/min
<InfusePeriod></InfusePeriod> // 3 digit, 2 decimal piggyback infuse period
<InfuseUnit></InfuseUnit> // Hours | Minutes
<Solutions> // For IV orders, up to 10 drugs in the solutions
<Drug>
<Name></Name> // 35 character generic name for drug
<NDC></NDC> // 11 character NDC of drug
<Dose></Dose> // 8 digit, 3 decimal dose amount
<DoseUnit></DoseUnit> // 50 character description of dose unit
<Volume></Volume> // 5 digit, 2 decimal volume amount
<VolumeUnit></VolumeUnit> // 50 character description of volume unit
</Drug>
</Solutions>
<Additives> // For IV orders, up to 20 drugs in the additives
<Drug>
<Name></Name> // 35 character generic name for drug
<NDC></NDC> // 11 character NDC of drug
<Dose></Dose> // 8 digit, 3 decimal dose amount
<DoseUnit></DoseUnit> // 50 character description of dose unit
<Volume></Volume> // 5 digit, 2 decimal volume amount
<VolumeUnit></VolumeUnit> // 50 character description of volume unit
</Drug>
</Additives>
<PRN></PRN> // 'Yes' if the order is a PRN order
<Frequency></Frequency> // 72 character frequency description
<RequestType></RequestType> // Now | Routine | Stat
<LastGiveDateTime></LastGiveDateTime> // Last give dateTime timestamp



<UnknownLastGive></UnknownLastGive> // 'Yes' if the last give date and time is unknown
<UnknownComment></UnknownComment> // Comment if the last give date and time is unknown
<AdmitStatus></AdmitStatus> // Continued | Did Not Continue
<AdmitUser></AdmitUser> // Full name of user who updated order admit status
<DischargeStatus></DischargeStatus> // Continue | Do Not Continue | New Rx
<DischargeUser></DischargeUser> // Full name of user who updated order discharge status
<Comment></Comment> // No limit character comment for order
<DischargeComment></DischargeComment> // No limit character comment for discharge instructions
<Refills></Refills> // 3 digit number of refills for discharge order
<MaxDose></MaxDose> // 8 digit, 3 decimal max dose of discharge order
<MaxDoseUnit></MaxDoseUnit> // 30 character description of max dose unit
<DispenseQuantity></DispenseQuantity> // 3 digit dispense quantity
<DispenseUnit></DispenseUnit> // 25 character description of dispense unit
<DAW></DAW> // 'Yes' if dispense as written
<Note></Note> // 200 character additional notes
<AlternateID></AlternateID> // ID of order if an alternate is suggested
<OriginalID></OriginalID> // ID of original order if this is an alternate suggested med
<CreateUser></CreateUser> // Full name of user who added order
<CreateDateTime></CreateDateTime> // Added dateTime timestamp
</Order>
</Encounter>



Education

<Encounter>

<Document>

<DateTime></DateTime> // Education added dateTime timestamp

<Subject></Subject> // 78 character education subject

<Performer></Performer> // Full name of user who added education

<htmlData><![CDATA[<html></html>]]></htmlData> // Full text of education in html formatting

</Document>

</Encounter>

Encounter

```
{
  "resourceType" : "Encounter",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // Identifier(s) by which this encounter is known
  "status" : "<code>", // R! planned | in-progress | finished | cancelled
  "class" : { Coding }, // R! Classification of patient encounter
  "type" : [{ CodeableConcept }], // Specific type of encounter
  "serviceType" : { CodeableConcept }, // Specific type of service
  "subject" : { Reference(Patient) }, // The patient or group present at the encounter
  "participant" : [{ // List of participants involved in the encounter
    "type" : [{ CodeableConcept }], // Role of participant in encounter
    "individual" : { Reference(Practitioner) } // Persons involved in the encounter other than the patient
  }],
  "period" : { Period }, // The start and end time of the encounter
  "length" : { Duration }, // Quantity of time the encounter lasted (less time absent)
  "reasonCode" : [{ CodeableConcept }], // Coded reason the encounter takes place
  "diagnosis" : [{ // The list of diagnosis relevant to this encounter
    "condition" : { Reference(Condition) }, // R! The diagnosis or procedure relevant to the encounter
    "use" : { CodeableConcept }, // Role that this diagnosis has within the encounter (e.g. admission, billing,
    discharge â€¡)
    "rank" : "<positiveInt>" // Ranking of the diagnosis (for each role type)
  }],
  "hospitalization" : { // Details about the admission to a healthcare service
    "admitSource" : { CodeableConcept }, // From where patient was admitted (physician referral, transfer)
    "specialArrangement" : [{ CodeableConcept }], // Wheelchair, translator, stretcher, etc.
    "dischargeDisposition" : { CodeableConcept } // Category or kind of location after discharge
  },
  "location" : [{ // List of locations where the patient has been
    "location" : { Reference(Location) }, // R! Location the encounter takes place
    "status" : "<code>", // active | completed
    "physicalType" : { CodeableConcept }, // The physical type of the location (usually the level in the
    location hierachy - bed room ward etc.)
    "period" : { Period } // Time period during which the patient was present at the location
  }],
  "serviceProvider" : { Reference(Organization) } // The organization (facility) responsible for this
  encounter
}
```

Encounter Diagnosis

```
{
  "resourceType" : "Condition",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // External Ids for this condition
  "clinicalStatus" : { CodeableConcept }, // C? active | resolved
  "verificationStatus" : { CodeableConcept }, // C? confirmed
  "category" : [{ CodeableConcept }], // encounter-diagnosis
  "code" : { CodeableConcept }, // Identification of the condition, problem or diagnosis
  "subject" : { Reference(Patient) }, // R! Who has the condition?
  "onsetDateTime" : "<dateTime>", // Estimated date-time
  "abatementDateTime" : "<dateTime>" // When in resolution/remission
}
```

Family Member History

```
{
  "resourceType" : "FamilyMemberHistory",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // External Id(s) for this record
  "status" : "<code>", // R! completed | entered-in-error
  "patient" : { Reference(Patient) }, // R! Patient history is about
  "date" : "<dateTime>", // When history was recorded or last updated
  "relationship" : { CodeableConcept }, // R! Relationship to the subject icon
  "condition" : [{ // Condition that the related person had
    "code" : { CodeableConcept }, // R! Condition suffered by relation
    "onsetAge" : { Age }
  }]
}
```

Financials

<Encounter>
<Bill>
<PayorName></PayorName> // 40 character description of the payor
<PolicyNumber></PolicyNumber> // 20 character policy number
<BillDate></BillDate> // 8 digit billing Date
<BillFromDate></BillFromDate> // 8 digit bill from date
<BillToDate></BillToDate> // 8 digit bill to date
<CreationDate></CreationDate> // 8 digit creation date
<TransmissionDate></TransmissionDate> // Date time timestamp of date of
<TransmissionBy></TransmissionBy> // 10 character name of who transmitted the record
<Diagnosis>
<DiagnosisCode></DiagnosisCode> // up to 25 7 character diagnosis codes
</Diagnosis>
<Procedure>
<ProcedureCode></ProcedureCode> // up to 25 7 character procedure codes
<ProcedureDate></ProcedureDate> // up to 25 8 digit procedure dates
</Procedure>
<AttendingPhysNPI></AttendingPhysNPI> // 11 character attending physician NPI number
<AttendingPhysQualifier></AttendingPhysQualifier> // 2 character attending physician qualifier
<AttendingPhysIdentifier></AttendingPhysIdentifier> // 10 character attending physician identifier
<AttendingPhysLastName></AttendingPhysLastName> // 16 character attending physician last name
<AttendingPhysFirstName></AttendingPhysFirstName> // 12 character attending physician first name
<OperatingPhysNPI></OperatingPhysNPI> // 11 character operating physician NPI number
<OperatingPhysQualifier></OperatingPhysQualifier> // 2 character operating physician qualifier
<OperatingPhysIdentifier></OperatingPhysIdentifier> // 10 character operating physician identifier
<OperatingPhysLastName></OperatingPhysLastName> // 16 character operating physician last name
<OperatingPhysFirstName></OperatingPhysFirstName> // 12 character operating physician first name
<OtherPhys1NPI></OtherPhys1NPI> // 11 character other physician 1 NPI number
<OtherPhys1Qualifier></OtherPhys1Qualifier> // 2 character other physician 1 qualifier
<OtherPhys1Identifier></OtherPhys1Identifier> // 10 character other physician 1 identifier
<OtherPhys1LastName></OtherPhys1LastName> // 16 character other physician 1 last name
<OtherPhys1FirstName></OtherPhys1FirstName> // 12 character other physician 1 first name
<OtherPhys2NPI></OtherPhys2NPI> // 11 character other physician 2 NPI number
<OtherPhys2Qualifier></OtherPhys2Qualifier> // 2 character other physician 2 qualifier
<OtherPhys2Identifier></OtherPhys2Identifier> // 10 character other physician 2 identifier
<OtherPhys2LastName></OtherPhys2LastName> // 16 character other physician 2 last name
<OtherPhys2FirstName></OtherPhys2FirstName> // 12 character other physician 2 first name
<ReferringProvider></ReferringProvider> // 26 character referring provider name
<ReferringProviderId></ReferringProviderId> // 20 character referring physician identifier
<ReferringPhysNPI></ReferringPhysNPI> // 20 character referring physician NPI number
<TrackingNumber></TrackingNumber> // 14 character tracking number



```
<Charges>
<Record>
<SequenceNumber></SequenceNumber> // 7 digit, 0 decimal sequence number
<ServiceDate></ServiceDate> // 8 digit service date
<PostingDate></PostingDate> // 8 digit posting date
<ChargesProcedureCode></ChargesProcedureCode> // 8 character charges procedure code
<ProcedureDescription></ProcedureDescription> // 30 character charges procedure description
<RevenueCode></RevenueCode> // 4, 0 decimal digit revenue code
<RevenueDescription></RevenueDescription> // 25 character revenue description
<Quantity></Quantity> // 5, 0 decimal digit quantity amount
<GrossAmount></GrossAmount> // 9 digit, 2 decimal gross amount
<BillAmount></BillAmount> // 11 digit, 2 decimal bill amount
<NetAmount></NetAmount> // 9 digit, 2 decimal net amount
<Allowances>
<AllowanceAmount></AllowanceAmount> // 9 digit, 2 decimal allowance amount
<AllowanceProcedure></AllowanceProcedure> // 8 character allowance procedure code
<AllowanceDescription></AllowanceDescription> // 30 character allowance description
<AllowanceDepositDate></AllowanceDepositDate> // 8 digit allowance deposit date
</Allowances>
<Payments>
<PaymentAmount></PaymentAmount> // 9 digit, 2 decimal payment amount
<PaymentDescription></PaymentDescription> // 30 character payment description
<BatchNumber></BatchNumber> // 6 digit, 0 decimal batch number
<PaymentDepositDate></PaymentDepositDate> // 8 digit payment deposit date
<PaymentPostingDate></PaymentPostingDate> // 8 digit payment posting date
</Payments>
</Record>
</Charges>
</Bill>
</Encounter>
```

Free Form Note

```
{
"resourceType" : "DocumentReference",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // Other identifiers for the document
"status" : "<code>", // R! current | entered-in-error
"docStatus" : "<code>", // preliminary | final
"category" : [{ CodeableConcept }], // Categorization of document
"subject" : { Reference(Patient) }, // Who/what is the subject of the document
"date" : "<instant>", // When this document reference was created
"author" : [{ Reference(Practitioner) }], // Who and/or what authored the document
"authenticator" : { Reference(Practitioner) }, // Who/what authenticated the document
"content" : [{ // R! Document referenced
"attachment" : { Attachment } // R! Where to access the document
}]
}
```

Immunization

```
{
"resourceType" : "Immunization",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // Business identifier
"status" : "<code>", // R! completed | entered-in-error | not-done
"statusReason" : { CodeableConcept }, // Reason not done
"vaccineCode" : { CodeableConcept }, // R! Vaccine product administered
"patient" : { Reference(Patient) }, // R! Who was immunized
"encounter" : { Reference(Encounter) }, // Encounter immunization was part of
"occurrenceDateTime" : "<dateTime>", // Vaccine administration date
"primarySource" : <boolean>, // Indicates context the data was recorded in
"reportOrigin" : { CodeableConcept }, // Indicates the source of a secondarily reported record
"lotNumber" : "<string>", // Vaccine lot number
"expirationDate" : "<date>", // Vaccine expiration date
"site" : { CodeableConcept }, // Body site vaccine was administered
"doseQuantity" : { Quantity(SimpleQuantity) }, // Amount of vaccine administered
"note" : [{ Annotation }], // Additional immunization notes
"protocolApplied" : [{ // Protocol followed by the provider
"doseNumberPositiveInt" : "<positiveInt>" //Dose number within series
}}
}
```

Insurance Organization

```
{  
  "resourceType" : "Organization",  
  // from Resource: id, meta, implicitRules, and language  
  // from DomainResource: text, contained, extension, and modifierExtension  
  "identifier" : [{ Identifier }], // C? Identifies this organization across multiple systems  
  "active" : <boolean>, // Whether the organization's record is still in active use  
  "type" : [{ CodeableConcept }], // Kind of organization  
  "name" : "<string>", // C? Name used for the organization  
  "telecom" : [{ ContactPoint }], // C? A contact detail for the organization  
  "address" : [{ Address }], // C? An address for the organization  
}
```

Intake/Output

<Encounter>

<Record>

<Type></Type> // Intake | Output

<Category></Category> // 25 character category description

<Question></Question> // 25 character question description

<Response></Response> // 25 character response description

<Amount></Amount> // 5 digit, 2 decimal infuse/discharged amount

<Units></Units> // 2 character unit of measurement

<EnteredBy></EnteredBy> // Full name of user who took action

<EnteredDate></EnteredDate> // Date action was performed (YYYYMMDD)

<EnteredTime></EnteredTime> // Time action was performed (HHMMSS)

<Status></Status> // Confirmed | Unconfirmed

</Record>

</Encounter>

IRF PAI

<ASSESSMENT>
<ASMT_SYS_CD></ASMT_SYS_CD> // 10 character assessment system name
<TRANS_TYPE_CD></TRANS_TYPE_CD> // 1 character field to identify transaction type
<FAC_ID></FAC_ID> // 10 character field to identify facility
<STATE_CD></STATE_CD> // 2 character field to identify the state
<FAC_ADDR_1></FAC_ADDR_1> // 30 character field for facility address line 1
<FAC_ADDR_2></FAC_ADDR_2> // 30 character field for facility address line 2
<FAC_CITY></FAC_CITY> // 20 character field to identify facility city
<FAC_ZIP></FAC_ZIP> // 5 character field to identify facility zip code
<FAC_CNTCT></FAC_CNTCT> // 30 character field for facility contact person name
<FAC_PHONE></FAC_PHONE> // 10 character field for facility contact person phone number
<FAC_EXTEN></FAC_EXTEN> // 5 character field for facility contact phone extension
<FAC_DOC_CD></FAC_DOC_CD> // 8 character field for facility document id
<ITM_SET_VRSN_CD></ITM_SET_VRSN_CD> // 5 character field for irf-pai item set version
<SPEC_VRSN_CD></SPEC_VRSN_CD> // 5 character field for specifications version
<SFTWR_VNDR_ID></SFTWR_VNDR_ID> // // 9 character vendor fed employer tax id
<SFTWR_VNDR_NAME></SFTWR_VNDR_NAME> // 50 character vendor name
<SFTWR_VNDR_EMAIL_ADR></SFTWR_VNDR_EMAIL_ADR> // 50 character field for software vendor email
<SFTWR_PROD_NAME></SFTWR_PROD_NAME> // 50 character field for software product name
<SFTWR_PROD_VRSN_CD></SFTWR_PROD_VRSN_CD> // 20 character field for software version code
<CORRECTION_NUM></CORRECTION_NUM> // 2 digit, 0 decimal field for correction number
<SBMTD_CMG_TXT></SBMTD_CMG_TXT> // 10 character field for submitted cmg code
<SBMTD_CMG_VRSN_TXT></SBMTD_CMG_VRSN_TXT> // 10 character field for submitted cmg version code
<FACILITYCODE></FACILITYCODE> // 6 digit, 0 decimal field for the facility
<PATIENTID></PATIENTID> // 9 digit, 0 decimal field for patient id
<QUESTION></QUESTION> // Question will be replaced by the question number on the IRF PAI form (e.g. A24A1, H0400, O0100, etc).
Answer to the related question will be placed in character format inside of the related question tags.
</ASSESSMENT>

Location

```
{
"resourceType" : "Location",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // Unique code or number identifying the location to its users
"status" : "<code>", // active
"name" : "<string>", // Name of the location as used by humans
"mode" : "<code>", // instance
"telecom" : [{ ContactPoint }], // Contact details of the location
"address" : { Address }, // Physical location
"physicalType" : { CodeableConcept }, // Physical form of the location
"managingOrganization" : { Reference(Organization) }, // Organization responsible for provisioning and
upkeep
"partOf" : { Reference(Location) } // Another Location this one is physically a part of
}
```



CARE Data Set

<ASSESSMENT>

<ASMT_SYS_CD></ASMT_SYS_CD> // 10 character assessment system

<ITM_SBST_CD></ITM_SBST_CD> // 3 character item subset code

<ITM_SET_VRSN_CD></ITM_SET_VRSN_CD> // 10 character item set version code

<SPEC_VRSN_CD></SPEC_VRSN_CD> // 10 character specifications version code

<PRODN_TEST_CD></PRODN_TEST_CD> // P | T

<STATE_CD></STATE_CD> // 2 character facility state postal code

<FAC_ID></FAC_ID> // 16 character state facility submission

<SFTWR_VNDR_ID></SFTWR_VNDR_ID> // 9 character vendor fed employer tax id

<SFTWR_VNDR_NAME></SFTWR_VNDR_NAME> // 50 character vendor name

<SFTWR_VNDR_EMAIL_ADR></SFTWR_VNDR_EMAIL_ADR> // 50 character vendor email address

<SFTWR_PROD_NAME></SFTWR_PROD_NAME> // 50 character vendor product name

<SFTWR_PROD_VRSN_CD></SFTWR_PROD_VRSN_CD> // 20 character vendor product version

<FAC_DOC_ID></FAC_DOC_ID> // 20 character facility document id

<QUESTION></QUESTION> // Question will be replaced by the question number on the LTCDS form (e.g. A0100, I0050, Z0400, etc).

Answer to the related question will be placed in character format inside of the related question tags.

</ASSESSMENT>

Marketing Form

```
{
  "resourceType" : "DocumentReference",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "masterIdentifier" : { Identifier }, // Master Version Specific Identifier
  "identifier" : [{ Identifier }], // Other identifiers for the document
  "status" : "<code>", // R! current | entered-in-error
  "docStatus" : "<code>", // preliminary | final
  "type" : { CodeableConcept }, // Kind of document (LOINC if possible)
  "subject" : { Reference(Patient) }, // Who/what is the subject of the document
  "date" : "<instant>", // When this document reference was created
  "author" : [{ Reference(Practitioner) }], // Who and/or what authored the document
  "authenticator" : { Reference(Practitioner) }, // Who/what authenticated the document
  "content" : [{ // R! Document referenced
  "attachment" : { Attachment } // R! Where to access the document
  }}
}
```



Minimum Data Set

<ASSESSMENT>

<ASMT_SYS_CD></ASMT_SYS_CD> // 10 character assessment system

<ITM_SBST_CD></ITM_SBST_CD> // 3 character item subset code

<ITM_SET_VRSN_CD></ITM_SET_VRSN_CD> // 10 character item set version code

<SPEC_VRSN_CD></SPEC_VRSN_CD> // 10 character specifications version code

<PRODN_TEST_CD></PRODN_TEST_CD> // P | T

<STATE_CD></STATE_CD> // 2 character facility state postal code

<FAC_ID></FAC_ID> // 16 character state facility submission

<SFTWR_VNDR_ID></SFTWR_VNDR_ID> // 9 character vendor fed employer tax id

<SFTWR_VNDR_NAME></SFTWR_VNDR_NAME> // 50 character vendor name

<SFTWR_VNDR_EMAIL_ADR></SFTWR_VNDR_EMAIL_ADR> // 50 character vendor email address

<SFTWR_PROD_NAME></SFTWR_PROD_NAME> // 50 character vendor product name

<SFTWR_PROD_VRSN_CD></SFTWR_PROD_VRSN_CD> // 20 character vendor product version

<FAC_DOC_ID></FAC_DOC_ID> // 20 character facility document id

<STATE_PDPM_OBRA_CD></STATE_PDPM_OBRA_CD> // Y | N

<QUESTION></QUESTION> // Question will be replaced by the question number on the MDS form (e.g. A0100A, F0400B, J1100Z, etc).

Answer to the related question will be placed in character format inside of the related question tags.

</ASSESSMENT>

Medical Diagnosis

```
{
"resourceType" : "Condition",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // External Ids for this condition
"clinicalStatus" : { CodeableConcept }, // C? active | inactive | resolved
"verificationStatus" : { CodeableConcept }, // C? confirmed | entered-in-error
"category" : [{ CodeableConcept }], // problem-list-item
"code" : { CodeableConcept }, // Identification of the condition, problem or diagnosis
"subject" : { Reference(Patient) }, // R! Who has the condition?
"onsetDateTime" : "<dateTime>", // Estimated date-time
"abatementDateTime" : "<dateTime>", // When in resolution/remission
"note" : [{ Annotation }] // Additional information about the Condition
}
```

Medication

```
{
  "resourceType" : "Medication",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // Business identifier for this medication
  "code" : { CodeableConcept }, // Codes that identify this medication
  "status" : "<code>", // active | inactive
  "form" : { CodeableConcept }, // powder | tablets | capsule +
  "ingredient" : [{ // Active or inactive ingredient
  "itemCodeableConcept" : { CodeableConcept }, // The actual ingredient or content
  "isActive" : <boolean>, // Active ingredient indicator
  "strength" : { Ratio } // Quantity of ingredient present
  }}
}
```

Medication Request

```
{
  "resourceType" : "MedicationRequest",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // External ids for this request
  "status" : "<code>", // R! active | on-hold | cancelled | completed
  "intent" : "<code>", // R! order
  "priority" : "<code>", // routine | urgent | stat
  "medicationReference" : { Reference(Medication) },
  "subject" : { Reference(Patient) }, // R! Who or group medication request is for
  "encounter" : { Reference(Encounter) }, // Encounter created as part of encounter/admission/stay
  "authoredOn" : "<dateTime>", // When request was initially authored
  "requester" : { Reference(Practitioner) }, // Who/What requested the Request
  "performer" : { Reference(CareTeam) }, // Intended performer of administration
  "recorder" : { Reference(Practitioner) }, // Person who entered the request
  "reasonCode" : [{ CodeableConcept }], // Reason or indication for ordering or not ordering the
  medication
  "note" : [{ Annotation }], // Information about the prescription
  "dosageInstruction" : [{ Dosage }], // How the medication should be taken
  "dispenseRequest" : { // Medication supply authorization
  "numberOfRepeatsAllowed" : "<unsignedInt>" // Number of refills authorized
  }
}
```

Notes

```
{
  "resourceType" : "DocumentReference",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // Other identifiers for the document
  "status" : "<code>", // R! current | entered-in-error
  "docStatus" : "<code>", // preliminary | final
  "type" : { CodeableConcept }, // Kind of document (LOINC if possible)
  "category" : [{ CodeableConcept }], // Categorization of document
  "subject" : { Reference(Patient) }, // Who/what is the subject of the document
  "date" : "<instant>", // When this document reference was created
  "author" : [{ Reference(Practitioner) }], // Who and/or what authored the document
  "authenticator" : { Reference(Practitioner) }, // Who/what authenticated the document
  "content" : [{ // R! Document referenced
  "attachment" : { Attachment } // R! Where to access the document
  }}
}
```

Organization

```
{
"resourceType" : "Organization",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // C? Identifies this organization across multiple systems
"active" : <boolean>, // Whether the organization's record is still in active use
"name" : "<string>", // C? Name used for the organization
"telecom" : [{ ContactPoint }], // C? A contact detail for the organization
"address" : [{ Address }], // C? An address for the organization
"contact" : [{}] // Contact for the organization for a certain purpose
}
```

Patient Demographics

```
{
  "resourceType" : "Patient",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // An identifier for this patient
  "active" : <boolean>, // Whether this patient's record is in active use
  "name" : [{ HumanName }], // A name associated with the patient
  "telecom" : [{ ContactPoint }], // A contact detail for the individual
  "gender" : "<code>", // male | female | unknown
  "birthDate" : "<date>", // The date of birth for the individual
  "deceasedDateTime" : "<dateTime>", // Indicates if the individual is deceased or not.
  "address" : [{ Address }], // An address for the individual
  "maritalStatus" : { CodeableConcept }, // Marital (civil) status of a patient
  "contact" : [{ // A contact party (e.g. guardian, partner, friend) for the patient
    "relationship" : [{ CodeableConcept }], // The kind of relationship
    "name" : { HumanName }, // A name associated with the contact person
    "telecom" : [{ ContactPoint }], // A contact detail for the person
    "address" : { Address }, // Address for the contact person
    "gender" : "<code>", // male | female | unknown
  }],
  "communication" : [{ // A language which may be used to communicate with the patient about his or her
    health
    "language" : { CodeableConcept }, // R! The language which can be used to communicate with the
    patient about his or her health
  }],
  "generalPractitioner" : [{ Reference(Practitioner) }], // Patient's nominated primary care provider
  "extension" : [{ Extension}] // Race and ethnicity
}
```

Practitioner

```
{
  "resourceType" : "Practitioner",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // An identifier for the person as this agent
  "active" : <boolean>, // Whether this practitioner's record is in active use
  "name" : [{ HumanName }], // The name(s) associated with the practitioner
  "telecom" : [{ ContactPoint }], // A contact detail for the practitioner (that apply to all roles)
  "address" : [{ Address }], // Address(es) of the practitioner that are not role specific (typically home
address)
  "gender" : "<code>", // male | female | unknown
  "birthDate" : "<date>", // The date on which the practitioner was born
  "communication" : [{ CodeableConcept }] // A language the practitioner can use in patient
communication
}
```

Practitioner Role

```
{
"resourceType" : "PractitionerRole",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // Business Identifiers that are specific to a role/location
"active" : <boolean>, // Whether this practitioner role record is in active use
"practitioner" : { Reference(Practitioner) }, // Practitioner that is able to provide the defined services for
the organization
"organization" : { Reference(Organization) }, // Organization where the roles are available
"location" : [{ Reference(Location) }], // The location(s) at which this practitioner provides care
"telecom" : [{ ContactPoint }] // Contact details that are specific to the role/location/service
}
```

Previous Hospital Stay

<Encounter>

<Stay>

<Hospital></Hospital> // 50 character previous hospital name

<AdmitDate></AdmitDate> // YYYY-MM-DD admit date of the previous hospital stay

<DischargeDate></DischargeDate> // YYYY-MM-DD discharge date of the previous hospital stay

<PhoneNumber></PhoneNumber> // 10 digit phone number of the previous hospital

<OccurrenceSpan></OccurrenceSpan> // 50 character description of the occurrence span

<RevenueCode></RevenueCode> // 4 digit revenue code for the previous hospital stay

<ICUDays></ICUDays> // 3 digit number of ICU/CCU days for previous hospital stay

<CreateDateTime></CreateDateTime> // Create dateTime timestamp

<CreatedBy></CreatedBy> // Full name of user who created the previous hospital stay record

</Stay>

</Encounter>

Problem List

```
{
"resourceType" : "Condition",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // External Ids for this condition
"clinicalStatus" : { CodeableConcept }, // C? active | resolved
"verificationStatus" : { CodeableConcept }, // C? confirmed | entered-in-error
"category" : [{ CodeableConcept }], // problem-list-item
"code" : { CodeableConcept }, // Identification of the condition, problem or diagnosis
"subject" : { Reference(Patient) }, // R! Who has the condition?
"onsetDateTime" : "<dateTime>", // Estimated or actual date-time
"abatementDateTime" : "<dateTime>" // When in resolution/remission
}
```

Procedure

```
{  
  "resourceType" : "Procedure",  
  // from Resource: id, meta, implicitRules, and language  
  // from DomainResource: text, contained, extension, and modifierExtension  
  "identifier" : [{ Identifier }], // External Identifiers for this procedure  
  "status" : "<code>", // R! completed | unknown  
  "code" : { CodeableConcept }, // Identification of the procedure  
  "subject" : { Reference(Patient) }, // R! Who the procedure was performed on  
  "encounter" : { Reference(Encounter) }, // Encounter created as part of  
  "performedDateTime" : "<dateTime>" // When the procedure was performed  
}
```

Smoking Status

```
{
"resourceType" : "Observation",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // Business Identifier for observation
"status" : "<code>", // R! final
"category" : [{ CodeableConcept }], // Classification of type of observation
"code" : { CodeableConcept }, // R! Type of observation (code / type)
"subject" : { Reference(Patient) }, // Who and/or what the observation is about
"encounter" : { Reference(Encounter) }, // Healthcare event during which this observation is made
"effectiveDateTime" : "<dateTime>", // Clinically relevant time/time-period for observation
"issued" : "<instant>", // Date/Time this version was made available
"performer" : [{ Reference(Practitioner),
"valueCodeableConcept" : { CodeableConcept }
```

Therapy Goals

```
{
"resourceType" : "Goal",
// from Resource: id, meta, implicitRules, and language
// from DomainResource: text, contained, extension, and modifierExtension
"identifier" : [{ Identifier }], // External Ids for this goal
"lifecycleStatus" : "<code>", // R! active | completed | cancelled | entered-in-error
"achievementStatus" : { CodeableConcept }, // in-progress | achieved | not-achieved | not-attainable
"category" : [{ CodeableConcept }], // E.g. Treatment, dietary, behavioral, etc.
"description" : { CodeableConcept }, // R! Code or text describing goal
"subject" : { Reference(Patient) }, // R! Who this goal is intended for
"startDate" : "<date>", // When goal pursuit begins
"statusDate" : "<date>", // When goal status took effect
"expressedBy" : { Reference(Practitioner) }, // Who's responsible for creating Goal?
"note" : [{ Annotation }] // Comments about the goal
}
```

Treatments

<Encounter>
<Treatment>
<ID></ID> // Identifier for order used to identify unique orders. Format: facilityNumber-accountNumber-orderNumber
<Description></Description> // 1,500 character description of order with directions
<Index></Index> // 40 character order index
<OrderedDateTime></OrderedDateTime> // Ordered dateTime timestamp
<Frequency></Frequency> // 72 character frequency description
<Duration></Duration> // 3 digit, 0 decimal order duration
<DurationType></DurationType> // Bags | Days | Hours | Doses
<PRN></PRN> // 'Yes' if the order is a PRN order
<StartDateTime></StartDateTime> // Order start dateTime timestamp
<StopDateTime></StopDateTime> // Order stop dateTime timestamp
<EnteredBy></EnteredBy> // Full name of user who entered order
<OrderPhysician></OrderPhysician> // Full name of physician who authorized the order
<DiscontinuePhysician></DiscontinuePhysician> // Full name of physician who authorized discontinuing the order
<Status></Status> // Print Prescription | D/C Verbal Order Read Back | Omnicare not sent-Controlled Med | HIM sent back to ordering clinician for signature | Directions > 140 chars-Should be faxed to Omnicare | Sent to Lab | Omnicare not sent-Compound | Omnicare not sent-IV Order | HIM sent back to D/C clinician for signature | Needs Redraw | Specimen Obtained | Discontinued/Cancelled | Discontinued | Expired | Completed | Billed | Viewed Results | Received | Received Results | In Progress | Lab | Activate | Not Completed | Open | Partially Billed | Order Updated | Replaced | Scheduled | D/C Order Signed | Unverified | Verified | Review | Electronic Sign | Order Read Back | Change Order Phys | Change D/C Physician | Refused Order | Pick Up Order | Review Pick Up | Nurse Renewal Sign | Provider Renewal Sign | Pick Up Discontinued | Review Pick Up Discontinued | Expiring Order Reviewed | Electronic Cosign
<Procedure></Procedure> // 30 character procedure description
<DiagnosisCode></DiagnosisCode> // ICD 10 diagnosis code
<DiagnosisDescription></DiagnosisDescription> // 48 character diagnosis description
<Indications>
<Code1></Code1> // First indication code from the First Data Bank table "Disease Identifier Table"
<Description1></Description1> // First 100 character indication description from the First Data Bank table "Disease Identifier Table"
<Code2></Code2> // Second indication code from the First Data Bank table "Disease Identifier Table"



```
<Description2></Description2> // Second 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code3></Code3> // Third indication code from the First Data Bank table "Disease Identifier Table"
<Description3></Description3> // Third 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code4></Code4> // Fourth indication code from the First Data Bank table "Disease Identifier Table"
<Description4></Description4> // Fourth 100 character indication description from the First Data Bank
table "Disease Identifier Table"
<Code5></Code5> // Fifth indication code from the First Data Bank table "Disease Identifier Table"
<Description5></Description5> // Fifth 100 character indication description from the First Data Bank
table "Disease Identifier Table"
</Indications>
<GiveTimes>
<Time></Time> // Time for schedule give in HH:MM format
</GiveTimes>
<OrderFields> // Order fields contain additional customizable information that could be relevant to the
order. The x at the end of labelx and
valuex will be incremented for each field that comes back and can be linked together that way (ex. label1
links to value1)
<labelx></labelx>
<valuex></valuex>
</OrderFields>
<Comment></Comment> // 999 character order comment
</Treatment>
</Encounter>
```

Vital Signs

```
{
  "resourceType" : "Observation",
  // from Resource: id, meta, implicitRules, and language
  // from DomainResource: text, contained, extension, and modifierExtension
  "identifier" : [{ Identifier }], // Business Identifier for observation
  "status" : "<code>", // R! entered-in-error | preliminary | final
  "category" : [{ CodeableConcept }], // Classification of type of observation
  "code" : { CodeableConcept }, // R! Type of observation (code / type)
  "subject" : { Reference(Patient) }, // Who and/or what the observation is about
  "encounter" : { Reference(Encounter) }, // Healthcare event during which this observation is made
  // effective[x]: Clinically relevant time/time-period for observation. One of these 4:
  "effectiveDateTime" : "<dateTime>",
  "valueQuantity" : { Quantity },
  "component" : [{ // Component results
    "code" : { CodeableConcept }, // R! Type of component observation (code / type)
    "valueQuantity" : { Quantity } // Actual component result
  }]
}
```

