

# EHI Data Export Format



Element	Description	Type	Expected Value
_id	Unique record identifier	int	"100001"
first_name	Client first name	text	"Joe"
last_name	Client last name	text	"Smith"
company_id	Client Company ID	text	"ABC1234"
ahcccs	AHCCCS number	text	"A0838580"
mi	Client middle initial or name	text	"A" or "Anthony"
nick_name	Client nickname	text	"Jojo"
status	Record status	text	"Active"
dob	Client date of birth	text	"01/01/2010"
interpretive_services	Are interpretive services in use	bool	"Yes"
email	Client email	text	"name@email.com"
cis	ID with contractors	int	987654321
ssn	Client social security number	encrypted	
tpl	Third Party Liability	bool	"Yes"
address	Clients address	text	"123 Main St"
mailing_address	Mailing address for client	text	"123 Main St"
phone	Phone number for client	text	"6025551234"
diagnosis	Client diagnosis	text	"F43.23"
eligibility_date_checked	Last time eligibility was checked	text	"01/01/2010"
ahcccs_eligibility	Is client eligible	bool	"True"
eligibility_health_plan	Health plan name	text	"Health Choice Arizona"
eligibility_rate_code	Rate code	text	"4315SOBRA CHILD 14-20 FEMALE"
eligibility_bx_health_enrollment	Behavioral health enrollment	text	"52 HEALTH CHOICE ARIZONA"
county	County client resides	text	"Maricopa"
separate_mailing	Alternative mailing address	text	"123 Main St"
medifax	Medifax description	text	"ACC/CAP"
primary_insurance	Client primary insurance	text	"Blue Cross Blue Shield"
secondary_insurance	Client secondary insurance	text	"Blue Cross Blue Shield"
tertiary_insurance	Client tertiary insurance	text	"Blue Cross Blue Shield"
race	Client race	text	"Asian"
ethnicity	Client ethnicity	text	"Hispanic or Latino"
gender_identity	Clients gender identity	text	"Transgender Man"

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sexual_orientation	Clients sexual orientation	text	"Heterosexual"
interpreter	Does client use/need an interpreter	text	"No"
mobility_assistance	Does client need mobility assistance	text	"None"
need_childcare_arrangement	Does client need child care arrangements	text	"No"
visual_impairment_assistance	Does client have/need seeing impaired assistance	text	"None"
hearing_impairment_assistance	Does client have/need hearing impairment assistance	text	"None"
allergies_medical_conditions	Narrative re: allergies and medical conditions	text	"Allergy to Latex, seizure disorder"
medications_info	Information about current meds	text	"Medication,Dose,Insturctions"
important_additional_information	Additional details identified by agency	text	"Weigh backwards"
language_preference	Preferred language of client	text	"English"
hctc	Is the client in HCTC placement	bool	"Yes"
residence_type	Client living environment	text	"Jail"
marital_status	Client marital status	text	"Married"
formal_schooling	Highest level of clients formal schooling	text	"Associates Degree"
employment_status	Clients employment status	text	"Employed"
family_size	Clients family size	text	"4"
income	Clients income level	text	"30,000"
member_population	Client population category	text	"Child"
casii_level	CALOCUS/CASII Level	text	"Level 0: Basic Services"
system_involvement	System Involvement	text	"DDD,ADJC"
veterans_status	Is the client a veteran, branch if known	text	"Army Veteran"
ahcccs_category	Client AHCCCS funding category	text	"SMI"
medicare	Is client enrolled in medicare	text	"No"
phones	Client phone number	text	"6025551234"
payer	Payer for services	text	"Medicare"
advanced_directive	Does client have an advanced directive	text	"No"
special_assistance	Does client require special assistance	text	"None"
out_of_home	Out of Home	bool	"Yes"
photo	Is a photo of the client on file	bool	"Yes"
school	Name of clients school	text	"ABC Elementary"

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treatment_participation	Clients level of participation	text	"Voluntary"
transferring_agency	Agency client transferred from/to	text	"AgencyZ"
transfer_reason	Reason for clients transfer	text	"Relocation"
referral_reason	Reason for clients referral	text	"Mental health"
referral_to_intake_reason	Reason intake more than 7 days from time of referral	text	"Client rescheduled"
referral_type	Referral type	text	"Urgent"
referral_source	From where was client referred	text	"Doctor"
referral_only	Is the client still referral only	bool	"Yes"
network	Comprehensive provider	text	"AgencyA"
first_offered_appointment	First appointment available	text	"01/01/2020"
first_scheduled_appointment	Initial appointment scheduled	text	"01/01/2020"
transmission_site_code	HIE site code for program	text	"ABCDZ"
current_primary_program	Clients current primary program	text	"ProgramName"
last_assessment_date	Last Assessment Date	text	"01/01/2020"
referring_agency_review_date	Referring Agency's Plan Review Date	text	"01/01/2020"
other_special_population	Client special population based on agency specific category	text	"After care"
program_name	Name of the program	text	"Family First Care"
program_type	Type of program	text	"Special Assistance"
program_start_date	Date client entered system	text	"01/01/2020"
program_end_date	Date client ended program	text	"01/01/2020"
program_intake_date	Date client entered program	text	"01/01/2020"
programenrollment_primary	Is clients program enrollment the primary program	bool	"Yes"