

(SVAP USCDI v3) Test Data for 170.315 (b) (1) Transitions of Care

In-patient setting

I. INTRODUCTION

This document contains sample test data that can be used for the certification towards objective 170.315(b)(1). This section of the Code of Federal Regulations Title 45 documents the required Health IT technology to be able to create, send and receive a summary care record formatted according to the Consolidated CDA (C-CDA) Release 2.1 and be able to receive a summary care record formatted according to the C-CDA Release 1.1.

A) Test of 45 CFR 170.315 (b) (1)

The following is the summary of test data presented herein for 170.315(b)(1) criteria.

Conventions used in the document:

1. The test data outlined below has both required and optional data that is specified to help the vendors create C-CDA's with the appropriate context and follow the HL7 C-CDA best practices. The optional data is indicated by enclosing them in []. For e.g. [Medical Record Custodian] or [Allergy Substance].
 - a. When a narrative or text block is surrounded by [] the entire narrative block is optional.
 - b. When a column heading is surrounded by [] the data represented by the column is optional. For e.g. [Allergy Substance], the display name is optional.
 - c. When the data within a table cell is surrounded by [] the data within the cell is optional. For e.g. The information recipient Dr Albert Davis is optional from a certification standpoint. Vendors can include it in their C-CDA's to comply with HL7 C-CDA IG and best practices.

| | |
|---------------------------|---------------------|
| [Information Recipient] | [Dr Albert Davis] |
|---------------------------|---------------------|

- d. The C-CDA IG allows display names and text elements to be optionally included in the structured entries. Hence the above optional markings designated by [] in the test data are with respect to the structured entries in the XML. If a certification criteria requires visual display of the structured data (for e.g View, Download and Transmit - VDT), then the vendors have to display the coded data elements in their English representation. For example Medication Name, Problem Name, Vital Sign Name which are English representations of the coded data have to be displayed for the VDT criteria even though they are marked optional in the test data.

2. Additional clarifications are added with the keyword **“Note”**.
3. Data that needs to be visually inspected by the ATL’s in the generated C-CDA’s are indicated by the key word **“Visual Inspection”**.
4. Guidance for No Information Sections: When the test data instructions specify “No Information” for certain data elements, vendors are expected to use the HL7 recommended best practices to represent the information. However vendors don’t have to include sections and entries not required by the document template to represent “No information”.
5. Guidance to Change Test Data: Vendors can work with their ATLs to change the test data specified below. ATLs have been provided a document on how to use the test tools to verify SUT’s capabilities when the test data is changed. This document has also been posted as part of ETT Google Group thread: https://groups.google.com/forum/#!topic/edge-test-tool/fDYr_kqp9_g

To exemplify 170.315 (b) (1), the following clinical scenario will be employed.

Document Narrative:

[Ms. Rebecca Larson is a 45 year old female with a history of Hypertension, Hypothyroidism, Iron deficiency and is a recipient of Renal Allograft is admitted on 6/22/2015 at 10 am EST to Community Health and Hospitals with history of intermittent fever for 2 days. The patient disclosed history of nausea, loose stools and weakness. She was found to have Anemia secondary to iron deficiency and CKD. After conducting multiple tests and administering necessary medications, the patient was discharged to Ambulatory facility to follow up with immunosuppression as an out-patient. The condition of the patient at discharge was stable, with controlled blood sugar levels and a pain score below 3. Additional follow up instructions have been provided to the patient.]

Note: The test data provided in the document was captured during this encounter including historical data. The contextual data provided is to help the vendors create their C-CDA documents using appropriate data. Vendors can ignore the contextual data if it is not required for C-CDA generation; however the generated C-CDA is expected to contain the data relevant to the criteria as specified in the regulation.

II. HEADER DATA

Note: The following data is part of the medical record header identifying the contextual information necessary when exchanging data.

A) USCDI Data Class/Element: Patient Demographics

| USCDI Data Elements | Contextual Data Elements required for the Medical Record encoding to C-CDA IG | Details | Additional Information |
|--|---|---|--|
| Patient Name (First Name, Last Name, Previous Name, Middle Name, Suffix) | | First Name: Rebecca Last Name: Larson Middle Name: Jones Previous Name: Robin Suffix: | The Previous Name specified is the Patient's Birth Name and should be coded accordingly. |
| Sex | | Female (248152002, Code System – SNOMED-CT) | |
| Date of Birth | | 5/1/1970 | |
| Race | | White (2106-3) | |
| Ethnicity | | Not Hispanic or Latino (2186-5) | |
| Preferred Language | | English (en) | |
| Current Address | Home Address | 1357, Amber Dr, Beaverton, OR-97006 | |
| Phone Number | | Mobile: 555-777-1234 Home: 555-723-1544 | |
| Gender Identity | | Asked but Unknown (ASKU nullFlavor) | To be represented as Gender Identity Observation |
| Sexual Orientation | | Unknown (UNK nullFlavor) | To be represented as Sexual Orientation Observation |

B) Relevant Information regarding the Visit

Note: The information in this table is provided for context and to help populate the required elements in the C-CDA Header along with any ONC Health IT Certification Program-required data elements.

| USCDI Data Elements | Contextual Data Elements required for medical record encoding to C-CDA | Details | Additional Information |
|---------------------|--|---|--|
| | Providers Name | Dr Henry Seven First Name: Henry Last Name: Seven | [Dr Seven and his staff work for Community Health and Hospitals 1002, Healthcare Dr, Portland, OR-97266] |

| USCDI Data Elements | Contextual Data Elements required for medical record encoding to C-CDA | Details | Additional Information |
|---------------------|--|--|--|
| | Office Contact Information | Mary McDonald First Name: Mary Last Name: McDonald Telephone: 555-555-1002 | |
| | [Author/Legal Authenticator/ Authenticator of Electronic Medical Record] | [Dr Henry Seven Date: 6/22/2015] | |
| | [System that generated the document] | [Community Health Hospitals EMR] | |
| | [Informants] | [Frank Larson (Spouse) First Name: Frank Last Name: Larson] | |
| | [Medical Record Custodian] | [Community Health and Hospitals] | |
| | [Information Recipient] | [Dr Henry Seven] | |
| | Admission Date | 6/22/2015 | |
| | Discharge Date | 6/24/2015 | |
| Care Team Members | Care Team Members | Dr Henry Seven Mary McDonald | |
| Related Person | [Other Participants in event] | [Mr Robert Matthews (Grand Parent) First Name: Robert Last Name: Matthews Mr Frank Larson (Spouse) – Same Address information as Ms Rebecca Larson.] | |
| | [Event Documentation Details or Documentation of Event] | [Dr Henry Seven (PCP) 2 day encounter Event Code = Anemia] | [Code for Anemia Finding: 164139008 , Code System: SNOMED-CT] |

III. BODY DATA

Note: The following data is part of the medical record details identifying the relevant clinical data captured as part of the visit.

A) USCDI Data Class/Element: Allergies and Intolerances

Note: Allergies and Intolerances are to be represented using the Allergies and Intolerances Section. The Start Date is to be represented using the effectiveTime data element of Allergy Intolerance Observation as biologically relevant time.

| Code | CodeSystem | [Allergy Substance] | Reaction | Severity | [Timing Information] | Concern Status |
|-----------|------------|-----------------------|------------------------------------|----------|-------------------------|----------------|
| 7980 (IN) | RxNorm | Penicillin G | Hives (code- 247472004, SNOMED-CT) | Moderate | Start Date – 5/10/1980, | Active |
| 733 (IN) | RxNorm | Ampicillin | Hives (code- 247472004, SNOMED-CT) | Moderate | Start Date – 5/10/1980, | Active |

B) USCDI Data Class/Element: Medications

Note: Timing information (Start and End Dates) are to be represented using the effectiveTime data element in the Medication Activity entry.

| Code | CodeSystem | [Medication Name] | [Timing Information] | Route | Frequency | Dose | Indication | Dispense Data |
|--------------|------------|-----------------------|--|------------|-------------------|--------|---------------------------|--|
| 309090 (SCD) | RxNorm | Ceftriaxone 100 MG/ML | StartDate: 6/22/2015, End Date 6/30/2015 | Injectable | Two times daily | 1 unit | Fever Problem Observation | Fill Status = Completed, Repeat Number = 2, quantity = 6 |
| 209459 (SBD) | RxNorm | Tylenol 500mg | StartDate: 6/22/2015, End Date 6/30/2015 | Oral | As needed | 1 unit | Fever Problem Observation | |
| 731241 (SBD) | RxNorm | Aranesp 0.5 MG/ML | StartDate: 6/22/2015, End Date 6/30/2015 | Injectable | Once a week | 1 unit | | |
| 284215 (SCD) | RxNorm | Clindamycin 300mg | StartDate: 6/23/2015, End Date 6/30/2015 | Oral | Three times daily | 1 unit | | |
| 198371 (SCD) | RxNorm | Torseamide 20mg | StartDate: 6/23/2015, End Date 6/30/2015 | Oral | Daily | 1 unit | | |

| Code | CodeSystem | [Medication Name] | [Timing Information] | Route | Frequency | Dose | Indication | Dispense Data |
|--------------|------------|--------------------------|--|-------|----------------------|--------|------------|---------------|
| 860886 (SCD) | RxNorm | FenoFibric Acid 35 mg | StartDate: 6/24/2015, End Date: 7/4/2015 | Oral | At the hour of sleep | 1 unit | | |
| 485023 (SCD) | RxNorm | Mycophenolic Acid 360 mg | StartDate: 6/24/2015, End Date: 6/27/2015 | Oral | Two times daily | 1 unit | | |
| 977434 (SCD) | RxNorm | Everolimus 0.5 mg | StartDate: 6/24/2015, End Date: 7/20/2015 | Oral | Two times daily | 1 unit | | |
| 197511 (SCD) | RxNorm | Ciprofloxacin 250 mg | StartDate: 6/24/2015 , End Date: 7/24/2015 | Oral | Three times daily | 1 unit | | |

C) USCDI Data Class/Element: Problems

Note: Timing information is to be represented using the effectiveTime data element in the Problem Observation. Start Date is to be used as Onset Date and End Date as Resolution Date.

| Code | CodeSystem | [Problem Name] | [Timing Information] | Health concern status |
|-----------|------------|--|--|-----------------------|
| 59621000 | SNOMED-CT | Essential hypertension (Disorder,) | 5/10/2015 - Start Date | Active |
| 83986005 | SNOMED-CT | Severe Hypothyroidism (Disorder) | 12/31/2006 – Start Date | Active |
| 236578006 | SNOMED-CT | Chronic rejection of renal transplant (disorder) | 12/31/2011 – Start Date | Active |
| 87522002 | SNOMED-CT | Iron deficiency anemia (disorder) | 6/22/2015 – Start Date | Active |
| 64667001 | SNOMED-CT | Interstitial pneumonia (disorder) | 6/22/2015 – Start Date | Active |
| 238131007 | SNOMED-CT | Overweight (finding) | 12/31/2006 – Start Date 6/1/2007 – End Date | Completed |

D) Encounter Diagnoses

Note: Encounter Diagnoses can be represented by either SNOMED-CT or ICD-10. So SUT can choose either the ICD-10 code or the SNOMED-CT code as appropriate from the table below based on the CodeSystem supported.

| Code | CodeSystem | [Description] | Start Date | Service Delivery Location | Discharge Disposition | Encounter Type |
|-----------|------------|----------------------------------|------------|--|-------------------------------------|---|
| D63.1 | ICD-10 | Anemia in Chronic Kidney Disease | 6/22/2015 | Community Health and Hospitals 1002, Healthcare Dr, Portland, OR-97266 | Discharged to Home(N UBC Code - 01) | Inpatient Encounter CPT Code = 99221 |
| 234348004 | SNOMED-CT | Anemia of renal disease | 6/22/2015 | Community Health and Hospitals 1002, Healthcare Dr, Portland, OR-97266 | Discharged to Home(N UBC Code - 01) | Inpatient Encounter CPT Code = 99221 |

E) USCDI Data Class/Element: Procedures

Note: Target Site is provided for context, vendors may or may not choose to include this as part of the C-CDA entries. Date is to be represented using the effectiveTime data element in the Procedure Activity Procedure entry.

| Code | CodeSystem | [Procedure Name] | [Target Site] | Date | Service Delivery Location |
|-----------|------------|-----------------------------------|--|-----------|--|
| 10847001 | SNOMED-CT | Bronchoscopy | 91724006 (Tracheobronchial structure (body structure)) | 6/22/2015 | Community Health and Hospitals 1002, Healthcare Dr, Portland, OR-97266 |
| 168731009 | SNOMED-CT | Chest X-Ray, PA and Lateral Views | 82094008 (Lower Respiratory Tract Structure) | 6/22/2015 | Community Health and Hospitals 1002, Healthcare Dr, Portland, OR-97266 |

| Code | CodeSystem | [Procedure Name] | [Target Site] | Date | Service Delivery Location |
|-----------|------------|---|---|-----------|--|
| 175135009 | SNOMED-CT | Introduction of cardiac pacemaker system via vein | 9454009 – Structure of subclavian vein, Code System - SNOMED-CT | 10/5/2011 | Community Health and Hospitals 1002, Healthcare Dr, Portland, OR-97266 |

F) Diagnostic Imaging Test / Diagnostic Imaging Report

| Test Code | Code System | Test Name | Date | Result |
|-----------|-------------|----------------------|--------------|---|
| 30746-2 | LOINC | Portable Chest Xrays | - 6/22/20215 | Lungs may be infected further tests needed. |

- G) USCDI Data Class/Element: Clinical Notes (**Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the text content, the validator will validate the presence of the notes section and entry. Only the text content needs to be visually inspected.)

F.1 Procedure Note:

Dr Seven examined Ms Rebecca Larson and found that the pacemaker is operating properly and the breathlessness is due to high fever and anxiety.

H) USCDI Data Class/Element: Immunizations

Note: Additional Notes represent why the Immunization was cancelled and there are no specific notes applicable to the completed immunizations.

| Vaccine Code | CodeSystem | [Vaccine Name] | Date | Status | [Lot Number] | [Manufacturer Name] | Additional Notes |
|--------------|------------|--------------------------------|----------|-----------|--------------|---------------------|------------------|
| 106 | CVX | Tetanus and diphtheria toxoids | 1/4/2012 | Completed | 2 | Immuno Inc. | N/A |

| Vaccine Code | CodeSystem | [Vaccine Name] | Date | Status | [Lot Number] | [Manufacturer Name] | Additional Notes |
|--------------|------------|---|-----------|-----------|--------------|---------------------|--|
| 166 | CVX | influenza, intradermal, quadrivalent, preservative free | 6/22/2015 | Cancelled | | Immuno Inc. | Immunization was not given - Patient rejected immunization |

I) USCDI Data Class/Element: Vital Signs

| Code | Code System | [Vitals Name] | Timing Information | Value and Units |
|--------------------|-------------|------------------------------|-------------------------|---------------------------|
| 8302-2 | LOINC | Height | 6/22/2015 [10:05 EST] | Value=177 units=cm |
| 29463-7 | LOINC | Weight | 6/22/2015 [10:05 EST] | Value=88 units=kg |
| 8462-4 (Diastolic) | LOINC | Blood Pressure-Diastolic | 6/22/2015 [10:08 EST] | Value=88 units=mm[Hg] |
| 8480-6 (Systolic) | LOINC | Blood Pressure-Systolic | 6/22/2015 [10:08 EST] | Value=145 units=mm[Hg] |
| 8867-4 | LOINC | Heart Rate | 6/22/2015 [10:10 EST] | Value=80 Units=/min |
| 59408-5 | LOINC | O2 % BldC Oximetry | 6/22/2015 [10:12 EST] | Value=95 units=% |
| 3150-0 | LOINC | Inhaled Oxygen Concentration | 6/22/2015 [10:12 EST] | Value=36 units=% |
| 8310-5 | LOINC | Body Temperature | 6/22/2015 [10:15 EST] | Value=38 Units=Cel |
| 9279-1 | LOINC | Respiratory Rate | 6/22/2015 [10:15 EST] | Value=18 units=/min |

J) USCDI Data Class/Element: Laboratory Test

Note: The pending Urinalysis lab test has no results yet and is a planned future event and has to be coded accordingly. The HL7 best practice to code a pending lab test is to represent it with a planned observation in the Plan of Treatment section.

| Test Code | Code System | [Name] | Date |
|-----------|-------------|-----------------------------------|-----------|
| 24357-6 | LOINC | Urinalysis macro (dipstick) panel | 6/22/2015 |
| 58410-2 | LOINC | CBC | 6/22/2015 |
| 24357-6 | LOINC | Urinalysis macro (dipstick) panel | 6/29/2015 |

K) USCDI Data Class/Element: Laboratory Values/Results

Note: The results below correspond to the CBC (First 4 rows) and the Urinalysis (Rest of the rows in the table except the first 4 rows) lab tests on 6/22/2015. Reference Ranges such as YELLOW are optional and vendors may or may not choose to include them as part of their C-CDA entries. Additionally when units are not present then the result value does not require any specific unit.

| Result Code | Code System | [Name] | Result Value and units | Date | [Reference Range] |
|-------------|-------------|--|---|-----------|---------------------|
| 30313-1 | LOINC | HGB | Value=10.2 units= g/dL | 6/22/2015 | |
| 33765-9 | LOINC | WBC | Value = 12.3 units=10 ³ /uL | 6/22/2015 | N/A - 500,000 |
| 26515-7 | LOINC | PLT | Value=123 units= 10 ³ /ul | 6/22/2015 | |
| 50544-6 | LOINC | Everolimus Blood | Value=10 units=ng/mL | 6/22/2015 | 2.0-8.0 |
| 5778-6 | LOINC | Color of Urine | YELLOW | 6/22/2015 | YELLOW |
| 5767-9 | LOINC | Appearance of Urine | CLEAR | 6/22/2015 | CLEAR |
| 5811-5 | LOINC | Specific gravity of Urine by Test strip | 1.015 | 6/22/2015 | 1.005 – 1.030 |
| 5803-2 | LOINC | pH of Urine by Test strip | Value=5.0 units=[pH] | 6/22/2015 | 5.0-8.0 |
| 5792-7 | LOINC | Glucose [Mass/volume] in urine by test strip | Value=50 units=mg/dL | 6/22/2015 | Neg |
| 5797-6 | LOINC | Ketones [Mass/Volume] in urine by test strip | Negative | 6/22/2015 | Negative |
| 5804-0 | LOINC | Protein[Mass/Volue] in urine by test strip | Value=100 units=mg/dL | 6/22/2015 | negative |

L) Clinical Tests and Clinical Results

| Test Code | Code System | [Test Name] | Result Value and units | Date |
|-----------|-------------|---------------|------------------------|-----------|
| 44975-1 | LOINC | EKG | 0.4 seconds | 6/22/2015 |

M) USCDI Data Class/Element: Smoking Status

Note: The C-CDA IG specifies how Smoking Status has to be represented using a combination of Tobacco Use and Smoking Status templates. Vendors are expected to follow the C-CDA IG to encode these data elements appropriately

| Element Description | [Description] | Start Date | End Date | Code | Code System |
|------------------------|-------------------|------------|----------|-----------|-------------|
| Current Smoking Status | Current every day | 6/22/2015 | - | 449868002 | SNOMED-CT |

N) USCDI Data Class/Element: Unique Device Identifiers for a Patient's Implantable Device(s)

Note: Device Code is provided for context, vendors may or may not choose to include this as part of the C-CDA entries. Also the implantable device identified below was introduced as part of the procedure documented in the procedure section namely "Introduction of cardiac pacemaker system via vein".

| UDI | Assigning Authority | [Device Code] | [Scoping Entity] |
|--|---------------------|---|--------------------|
| (01)00643169007222(17)160128(21)BLC200461H | FDA | 704708004 - Cardiac resynchronization therapy implantable pacemaker, CodeSystem – SNOMED-CT | FDA |

O) USCDI Data Class/Element: Assessment and Plan of Treatment:

- a. **Assessment (Visual Inspection** – ATL's need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)
 - i. The patient was found to have Anemia and Dr Seven and his staff diagnosed the condition and treated Ms Rebecca for Anemia during the 2 day stay at Community Health Hospitals. Ms Rebecca recovered from Anemia during the stay and is being discharged in a stable condition. If there is fever greater than 101.5 F or onset of chest pain/breathlessness the patient is advised to contact emergency.
- b. **Plan of Treatment (Visual Inspection** – ATL's need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)
 - i. Schedule an appointment with Dr Seven after 1 week for Follow up with Outpatient facility for Immunosuppressive therapy.

P) SDOH Assessment

The following is a social history assessment on hunger vital signs. This has to be represented using the Assessment Scale Observation within the Social History section.

| Assessment Code | Code System | [Display Name] | Status and Date | Value of the Assessment |
|--|-------------|---|------------------------|-------------------------------------|
| 88121-9 | LOINC | Hunger Vital Signs | Completed on 6/22/2015 | 2 (Integer) |
| | | | | |
| Assessment Questions to be represented as Assessment Scale Supporting Observation | | | | |
| 88122-7 | LOINC | (I/We) worried whether (my/our) food would run out before (I/we) got money to buy more | Completed on 6/22/2015 | LA28397-0 (LOINC code - Often true) |
| 88123-5 | LOINC | Within the past 12Mo the food we bought just didn't last and we didn't have money to get more | Completed on 6/22/2015 | LA28397-0 (LOINC code - Often true) |

Q) SDOH Intervention

This information is to be represented as a Planned Procedure in the Plan of Treatment section.

| Intervention Code | Code System | [Display Name] | Proposed Date |
|-------------------|-------------|---|--|
| 467771000124109 | SNOMED-CT | Assistance with application for food pantry program | Authored on 6/22/2015 to be acted on 6/23/2015 |

R) USCDI Data Class/Element: Goals: (Visual Inspection – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)

- a. Need to gain more energy to do regular activities.(Visual Inspection)
- b. Negotiated Goal to keep Body Temperature at 98-99 degrees Fahrenheit with regular monitoring.

S) SDOH Goal

The data presented in the table has to be represented as a Goal Observation.

| Goal Code | Code System | [Display Name] | Achieve By Date |
|-----------|-------------|----------------------------|-----------------|
| 161036002 | SNOMED-CT | Housing Adequate (finding) | 8/31/2015 |

T) USCDI Data Class/Element: HealthConcerns: (**Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)

- c. Chronic Sickness exhibited by patient
- d. HealthCare Concerns refer to underlying clinical facts
 - i. Documented HyperTension problem
 - ii. Documented HypoThyroidism problem
 - iii. Watch Weight of patient
 - iv. Documented Anemia problem

U) SDOH Health Concern

This data has to be represented in the Health Concerns Section using the Health Concern Act wrapping a Problem Observation.

Health Concern Data:

| Code | CodeSystem | [Health Concern Name] | [Timing Information] | Concern Status |
|----------------|------------|-------------------------|----------------------|----------------|
| 75310-3 | LOINC | Health Concern | 6/22/2015 | Active |

Problem Observation Data:

| Code | CodeSystem | [Problem Name] | [Timing Information] | Concern Status |
|------------------|------------|------------------|----------------------|----------------|
| 733423003 | SNOMED-CT | Food insecurity | 6/22/2015 | Active |

V) Discharge Instructions (**Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the below narrative content)

- e. Diet: Diabetic low salt diet
- f. Medications: Take prescribed medications as advised.
- g. Appointments: Schedule an appointment with Dr Seven after 1 week. Follow up with Outpatient facility for Immunosuppression treatment.
- h. For Fever of > 101.5 F, or onset of chest pain/breathlessness contact Emergency.

W) Reason For Referral:

| Referral Code | CodeSystem | Timing Information | Referral Status | Indication Code For Referral |
|---------------|------------|--------------------|-----------------|--|
| 103696004 | SNOMED-CT | 6/22/2015 | Active | Problem Observation data related to Chronic Kidney Disease in Problems Section |

Ms Rebecca Larson is being referred to a Specialist for a Kidney examination.

X) Functional Status (The below observation is to be represented as a Functional Status Observation)

| Functional Condition | Code | Code System | Date |
|----------------------|-----------|-------------|----------|
| Dependence on Cane | 105504002 | SNOMED-CT | 5/1/2005 |

Y) Disability Status (The below observation is to be represented as Disability Observation in Functional Status Section)

| CUBS Disability Status Answer | Code | Code System | Date |
|--|-----------|-------------|-----------|
| I'm Vulnerable - I sometimes or periodically have acute or chronic symptoms affecting housing, employment, social interactions, etc. | LA29243-5 | LOINC | 6/22/2015 |

Z) Mental Status (To be represented as a Mental Status Observation)

| Mental Status Observation | Code | Code System | Date |
|---------------------------|----------|-------------|----------|
| Amnesia | 48167000 | SNOMED-CT | 5/1/2005 |

AA) Basic Occupation and Occupation Industry (These data elements are to be represented as Basic Occupation and Basic Occupation Industry Observations)

| USCDI Data Elements | Code | Code System | Date |
|---------------------------|---|---------------------------|-----------|
| Basic Occupation | 37-2011.00.028742 [Display Name: (Odd Jobs Day Worker [Janitors and Cleaners, Except Maids and Housekeeping])] | 2.16.840.1.114222.4.5.327 | 6/22/2015 |
| Basic Occupation Industry | 561720.002294 [Display Name: (Building cleaning services, interior [Janitorial Services])] | 2.16.840.1.114222.4.5.327 | 6/22/2015 |

BB) Tribal Affiliation (This data element has to be represented as a Tribal Affiliation Observation)

| USCDI Data Elements | Details | Code System | Date |
|---------------------|---|-------------------------|-----------|
| Tribal Affiliation | 65 [Display Name: (Coquille Indian Tribe)] | 2.16.840.1.113883.5.140 | 6/22/2015 |

CC) Pregnancy Status

| USCDI Data Elements | Details | Code System | Date |
|---------------------|--|-------------|-----------|
| Pregnancy Status | 60001007 [Display Name: (Not Pregnant)] | SNOMED CT | 6/22/2015 |

DD) Health Insurance Information

| USCDI Data Elements | Start Date |
|---------------------|------------|
| Coverage Status | 1/1/2015 |

| USCDI Data Elements | Code | Code System | Translation Code | Translation Code System |
|---------------------|------|---|------------------|--|
| Coverage Type | PR | Insurance Type Code (OID: 2.16.840.1.113883.6.255.1336) | 72 | Source of Payment Typology, OID: 2.16.840.1.113883.3.221.5 |

| USCDI Data Elements | Code | Code System | [Display Name] |
|----------------------------|--------|--|------------------|
| Relationship To Subscriber | FAMDEP | HL7RoleCode (OID: oid:2.16.840.1.113883.5.111) | Family dependent |

| USCDI Data Element | Value |
|--|---|
| Member Identifier | 88800933502 |
| Subscriber Identifier | 888009335 |
| Group Identifier | Root - 2.16.840.1.113883.19 Extension – Acme Gold Plan |
| Payer Identifier and Other information | Payer Identifier: Root - 2.16.840.1.113883.19 Payer Name: Example Payer Organization Address: 1234 Insurance Road City: Blue Bell State: MA Country : US Telecom: (555)555-1515 |

EE) USCDI Data Class/Element: Clinical Notes (**Visual Inspection** – ATL’s need to visually inspect the System Under Test (SUT) generated C-CDA for the text content, the validator will validate the presence of the notes section and entry. Only the text content needs to be visually inspected.)

T.1 Progress Note Narrative:

Ms Rebecca Larson got admitted due to developing high fever and since has shown considerable improvement and can be discharged shortly.