

**Expanded HIV Testing in Healthcare Settings
Negative Result Data Requirements**

ADMINISTRATIVE AND RECORD INFORMATION		
Variable Label	Definition	Value Label
Unique ID	<i>Unique non-identifying client encounter number</i> that links encounter administrative, demographic and behavioral information, HIV antibody tests, appointment log, and other record keeping documents. This number links client demographic and record variables with HIV antibody laboratory testing variables in a one-to-many relationship. This variable must not contain any identifying information or information that can be linked to a client's electronic medical record.	
Agency ID	Unique Agency number assigned to the local health department (LHD) or other contracting agency by OA. Additional information about the address and type of location will be collected by OA.	
Intervention ID	Unique intervention number assigned by OA to identify a unique testing intervention within an agency. Additional information about the intervention will be collected by OA.	
Location ID	Unique location number assigned by OA to distinguish locations where agencies regularly provided services. This identifies the physical location and includes static venues, mobile van locations, and outdoor or outreach testing locations. Additional information about the address and type of	

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	location will be collected by OA.	
Session date	The date when services were first initiated. This date is typically the same date as the <i>lab specimen collection date</i> for the first or only HIV test. This date may be the same date as the <i>disclosure session date</i> for rapid tests.	mm/dd/yyyy
Provider ID	Unique Provider ID assigned by OA to distinguish providers who provide HIV testing to clients. Additional information about the providers will be collected by OA.	
CLIENT DEMOGRAPHICS		
Current gender identity	Client's self-identified gender. If a transgender client was biologically male at birth select (3) <i>Transgender: male to female</i> . If a transgender client was biologically female at birth select (4) <i>Transgender: female to male</i> . If a client identifies as intersex or has another self-identified gender select (5) <i>Other identity</i> and specify the gender they identify with.	1=Male 2=Female 3=Transgender male to female 4=Transgender female to male 5=Other identity 6=Decline to answer
Gender identity specified	Specified other gender identity if client indicates (5) <i>Other identity</i> as their self-identified gender identity.	
Biological sex at birth	Client's biological sex at birth (e.g., sex noted on client's birth certificate). Indicate (1) <i>Male</i> for sex that produces spermatozoa by which female ova are fertilized, (2) <i>Female</i> for sex that produces ova and can conceive and bear children, or (3) <i>Intersex</i> if client	1=Male 2=Female 3=Intersex 4=Decline to answer

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	indicates their biological sex is such that sex chromosomes are inconsistent with physical characteristics or physical characteristics are not classifiable as either male or female.	
Race / ethnicity	Race/ethnicity variables represent the six standard groups collected through the US Census. Indicate the race or ethnicity groups that the client identifies with or that comes closest. Indicate all that apply. If the client identifies with another group not listed then indicate (1) <i>Yes</i> for <i>Other race/ethnicity</i> and specify the race or ethnicity they identify with.	
Black / African American race	Client is Black/African American	1=Yes
American Indian / Alaska Native race	Client is American Indian/Alaskan Native	1=Yes
Asian race	Client is Asian	1=Yes
Asian race (specified)	Specify other Asian races, if needed	
Native Hawaiian / Pacific Islander race	Client is Native Hawaiian or Pacific Islander	1=Yes
Native Hawaiian / Pacific Islander race (specified)	Specify other Native Hawaiian / Pacific Islander races, if needed	
Hispanic / Latino(a) race/ethnicity	Client is Hispanic/Latino(a)	1=Yes
Hispanic / Latino(a) race/ethnicity (specified)	Specify other Hispanic / Latino(a) races/ethnicities, if needed	
White race	Client is White	1=Yes
Client does not know	The client does not know their race/ethnicity.	1=Yes
Decline to Answer	The client declines to answer about their race/ethnicity.	1=Yes

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Date of birth	Client's date of birth	mm/dd/yyyy
First letter of last name	First letter of client's last name. This information is necessary to create a unique client ID and is used as part of an anonymous matching code to track successful referrals to services. The matching criteria are made up of the first letter of the client's last name, date of birth, race, gender and residence ZIP code.	A - Z
Residence county	If client resides in California, the California County where the client's residence was located at the time of service delivery. If the client is a transient then enter the county where they most often reside or hang out.	1=Alameda 2=Alpine 3=Amador 4=Butte 5=Calaveras 6=Colusa 7=Contra Costa 8=Del Norte 9=El Dorado 10=Fresno 11=Glenn 12=Humboldt 13=Imperial 14=Inyo 15=Kern 16=Kings 17=Lake 18=Lassen 19=Los Angeles 20=Madera 21=Marin 22=Mariposa 23=Mendocino 24=Merced 25=Modoc 26=Mono 27=Monterey 28=Napa 29=Nevada 30=Orange 31=Placer

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		<p>32=Plumas 33=Riverside 34=Sacramento 35=San Benito 36=San Bernardino 37=San Diego 38=San Francisco 39=San Joaquin 40=San Luis Obispo 41=San Mateo 42=Santa Barbara 43=Santa Clara 44=Santa Cruz 45=Shasta 46=Sierra 47=Siskiyou 48=Solano 49=Sonoma 50=Stanislaus 51=Sutter 52=Tehama 53=Trinity 54=Tulare 55=Tuolumne 56=Ventura 57=Yolo 58=Yuba</p>
<p>Residence State</p>	<p>The state or territory where the client's residence was located at the time of service delivery. If the client is a transient then enter the state or territory where they most often reside or hang out.</p>	<p>AK=Alaska AL=Alabama AR=Arkansas AZ=Arizona CA=California CO=Colorado CT=Connecticut DC=District of Columbia DE=Delaware FL=Florida GA=Georgia GU=Guam HI=Hawaii ID=Idaho IL=Illinois</p>

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		IN=Indiana KS=Kansas KY=Kentucky LA=Louisiana MA=Massachusetts MD=Maryland ME=Maine MI=Michigan MN=Minnesota MO=Missouri MS=Mississippi NC=North Carolina NE=Nebraska NH=New Hampshire NJ=New Jersey NM=New Mexico NV=Nevada NY=New York OH=Ohio OR=Oregon PA=Pennsylvania PR=Puerto Rico SC=South Carolina SD=South Dakota TN=Tennessee TX=Texas UT=Utah VA=Virginia WA=Washington WI=Wisconsin
Residence ZIP code	Five digit residence ZIP code where the client's residence was located at the time of service delivery. If the client is a transient then record the ZIP code where they most often reside or hang out.	5 digit ZIP code
Housing Status (currently)	Client's current housing status.	1=Homeless 2=Unstably housed 3=Stably housed 9=Decline to Answer

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Housing Status (most severe in the past 12 months)	Client's most severe housing status in the last 12 months.	1=Homeless 2=Unstably housed 3=Stably housed 9=Decline to Answer
Health insurance coverage	The type(s) of health insurance coverage available to the client. Indicate all that apply.	
No health insurance coverage	If client has no health insurance coverage of any kind then select (1) Yes. Other insurance variables (<i>Private insurance, Medi-Cal (Medicaid), Medicare, Military, Indian Health Service, and Other public health</i>) must be blank if client indicates they do not have any insurance coverage.	1=Yes
Private insurance	Client has health insurance coverage either through employment or by self-enrollment with a health insurance provider, health maintenance organization (HMO), preferred provider organization (PPO), or point of service plan (POS).	1=Yes
Medi-Cal (Medicaid)	Client is enrolled in California's Medi-Cal or Medicaid program.	1=Yes
Family PACT	Client is enrolled in Family PACT Program.	1=Yes
Medicare	Client is enrolled in Medicare program.	1=Yes
Military	Client receives health insurance through the military (e.g., Tricare) whether for active duty, retired, reserve, guard, veteran, or for family members.	1=Yes
Indian Health Service	Client has access to Indian Health Service programs.	1=Yes

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Other public health insurance coverage	Client receives health care and services covered through some other public source than listed above. Specify other health coverage.	1=Yes
Health insurance coverage specified	Specify health insurance if <i>Other public health insurance coverage</i> is indicated.	
FINAL HIV ANTIBODY TESTING RESULT		
Final HIV test result	<p>Indicate client's final HIV test result. This is the final test result that is given to the client during the last disclosure session or would have been given to the client if the client does not return for the disclosure session.</p> <p>Select (1) <i>Negative</i> if the HIV test result(s) indicates HIV antibodies were not detected and the client is likely not infected with HIV or (6) <i>Invalid</i> for invalid rapid tests without any additional valid rapid (i.e., preliminary positive, negative) or conventional HIV test results.</p> <p>Invalid test are rapid tests where the internal control line does not appear or the lines are not appropriately aligned in the result window.</p>	1=Negative 6=Invalid
HIV ANTIBODY LABORATORY TESTING		
Unique client encounter number	<i>Unique non-identifying client encounter number</i> that links encounter administrative, demographic and behavioral information, HIV antibody tests, appointment log, and other record keeping documents. This number links client demographic and record variables with HIV antibody	

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	laboratory testing variables in a one-to-many relationship. This variable must not contain any identifying information or information that can be linked to a client's electronic medical record.	
Unique laboratory test number	<i>Unique laboratory test number</i> is typically printed on the laboratory slip, laboratory report, or on stickers and uniquely identifies a specific lab test request. This may be the same number as the <i>unique client encounter number</i> if there is only one test or if this is the first in a series of tests.	
Lab slip sequence number	Indicates the sequence of testing here. If this is the first test in the sequence then this is "1." If there is a second or follow-up test to a previous result (e.g., a negative rapid test following an invalid rapid test) then this is "2"). This sequencing applies only to a series of related tests performed on a client to get a final result.	Sequential numbering starting with 1 and ranging to an unlimited number of tests.
Date specimen collected	The date when the lab specimen was collected. (This date is typically the same date as the <i>intervention session date</i> unless client returns for additional HIV antibody tests.)	mm/dd/yyyy
HIV test type	Rapid or conventional HIV antibody test type. If a RNA (polymerase chain reaction (PCR) or Nucleic Acid Test (NAT)) HIV test is performed then select conventional HIV test.	1 = Rapid HIV test 2 = Conventional HIV test
Rapid Testing Only		

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Rapid HIV test specimen	Type of specimen collected for the rapid test (oral fluid, blood finger stick, or blood collected through venipuncture).	1 = Oral fluid 2 = Finger stick 3 = Venipuncture
Rapid test result	Result of the rapid HIV antibody test.	2 = Negative 3 = Invalid
Conventional Testing Only		
Conventional HIV test specimen	Type of specimen collected for the conventional test (oral fluid, blood finger stick, or blood collected through venipuncture).	1 = Oral fluid 2 = Finger stick 3 = Venipuncture
Summary interpretation of conventional HIV test	Laboratory summary interpretation of HIV antibody tests performed which provides additional confirmation of test results. Report (3) <i>No HIV antibody detected</i> if client is not infected with HIV.	3 = No HIV antibody detected
BILLING (It is required to update these variables, if billing and reimbursement for the HIV test was not resolved at the time of the initial data submission.)		
Who was billed for the HIV test?	The payer of the HIV test. If it was billed to the ET program then indicate (1) OA. If the clinic will pay for the HIV test then indicate (2) <u>Clinic</u> paid for the HIV test. If the client paid for the HIV test then indicate (3) <u>Client</u> paid for the test. If the HIV test has not been billed then do not respond to this question. Do not respond to this question until the HIV test has been billed.	1=OA 2=Clinic paid for the HIV test 3=Client paid for the HIV test 4=Private 5=Medi-Cal (Medicaid) 6=Family PACT 7=Medicare 8=Military/Tricare 9=Indian Health Services 10=Other Public
Did you receive reimbursement for the HIV test?	If the clinic has received payment for the HIV test then mark (1) Yes. If the HIV test has been billed and payment for the HIV test is <u>expected</u> , but has not been received then mark (2) No, clinic is	1=Yes 2=No, the clinic is waiting for the reimbursement 3=No, the clinic will not be reimbursed

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	waiting for the reimbursement. If the HIV test has been billed and payment for the HIV test is <u>not expected</u> then mark (3) No, clinic will not be reimbursed.	
Date you received reimbursement for the HIV test.	The date when the clinic received payment for the HIV test.	MM/DD/YYYY

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