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# Ohio Department of Medicaid

## MyCare Ohio Health Risk Assessment Submission Specifications

Provider Agreement Effective July 1, 2019, to June 30, 2020

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## Introduction

As required in Appendix K of the *MyCare Ohio Plan Provider Agreement*, the MyCare Ohio Program (MCOP) must provide care management services as specified in the agreement. The MCOP must submit an electronic file of health risk assessment data for all specified members to IPRO on behalf of the Ohio Department of Medicaid (ODM). This document describes the file layout, data field definitions, and submission procedures to be used for the reporting of the MCOP's health risk assessment data.

Effective July 1, 2019, the MCOP must assess all newly enrolled members using the ODM standardized health risk assessment (HRA) tool within 90 calendar days of enrollment (i.e., 90 days includes the date of enrollment + 89 days). All other members must be assessed using the standardized HRA tool by July 1, 2020.

The initial HRA file must be submitted to ODM by October 20, 2019, and must contain an HRA record for all members actively enrolled on and after July 1, 2019, included on the plan's quarterly reconciled enrollment file for July 1–September 30, 2019. Following the initial file submission, files must be submitted quarterly to IPRO, on behalf of the ODM, by the last calendar day of the month following the end of the quarter (Q1: January 1–March 31, Q2: April 1–June 30, Q3: July 1–September 30, Q4: October 1–December 31). Subsequent quarterly submissions should include all records reported on prior submissions as well as records for newly enrolled members. When reporting for members who have not yet completed an HRA, the MCOP should submit records with a survey disposition status of 6 (Initial survey pending). An additional record documenting the member's completed survey must be included in a subsequent quarterly submission.

Members who are deceased or disenrolled prior to July 1, 2019, are not required to be included in the HRA file submission. For a member reported on the HRA file submission whose enrollment ends prior to July 1, 2019, and who does not subsequently re-enroll, report a disposition status of 5 (Disenrolled, no assessment completed).

The HRA data files must contain at least one record and associated survey disposition status for all plan members, including both those who completed the HRA tool and those who did not. Please see Appendix A for additional information regarding survey disposition status codes. Records for those who completed the HRA include survey responses as well as variables that are not related to the assessment tool (items # R1–R6 in the file submission layout). Records for those who did not complete the HRA include items # R1–R6 but do not include survey responses.

Survey data submission should include the record associated with the member's initial HRA as well as the record for the member's annual reassessments. If a member has multiple reassessments within the 90-day (i.e., after initially enrolling in the plan) or the 365-day time periods (annual reassessment), just submit one HRA record for the 90-day period and/or one reassessment within the 365-day time period. The MCOP should submit the HRA that is the most recent and the most complete. If there is no HRA occurring within 90 days of a newly enrolled member's effective enrollment date, the MCOP must submit the member's record with the appropriate survey disposition status.

## HIPAA Security Measures

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers—including the health risk assessment data file submitted to IPRO on behalf of the ODM—must be submitted via secure file transfer protocol.

## Data File Submission Certification Form

Pursuant to 42 CFR 438.604 and 438.608, the MCOP is required to certify the accuracy, completeness, and truthfulness of data and documents submitted to the ODM that may affect plan payment. The MCOP is required to provide a data certification form for each HRA data file submission. A copy of the data file submission letter of certification is found in Appendix C of this document.

Only HRA data files submitted with a data file submission certification form will be accepted by IPRO, on behalf of the ODM. The IPRO staff will follow up with the MCOP if a form has not been submitted with the initial file due on the last calendar day of the month.

## Corrected Quarterly HRA File – Full Replacement Records

Quarterly HRA files may be resubmitted to replace or correct records, if applicable. A complete quarterly file must be submitted in accordance with the naming convention specified below.

### File Name

The name of the HRA data file contains unique characters identifying the file type, the submitter’s ID, and the quarter and year of submission.

The HRA file should be submitted as a comma separated value (CSV) file. The HRA data file name has the format presented in Table 1:

Table 1: Health Risk Assessment File Name: MMPxxxqyy.RA99

Position	Symbol	Description
1–3	MMP	MMP = Medicare-Medicaid Plan
4–6	xxx	xxx = Submitter ID  145 - Aetna 420 - Buckeye Community Health Plan 315 - CareSource 731 - Molina 761 - United
7–10	qyy	q = Quarter of submission yy = Year of submission
11–15	.RA99	RA = Risk Assessment 99 = Number of quarterly file submission  Note: The first file submission of the quarter should be denoted as “00.” This number should increase by 1 with each new file submission.

Example: File name for the first health risk assessment file submission for January–March 2020:

MMPxxx120.RA00

## Data Field Definitions and Submission Specifications

The fields in Table 2 must be reported in the HRA data file. This file must contain a record and associated survey disposition code for all new enrollees, including both survey respondents and non-respondents. Records for both survey respondents and non-respondents include survey items # R1–R6. Only survey respondents’ records will include data for survey items # 1–21.y, which correspond to survey responses.

Table 2: Data Field Definitions and Submission Specifications

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
R1	Member Medicaid ID	999999999999  <b>NOTE:</b> A valid value is required for every enrollee in the record.	Member’s 12-digit Medicaid ID number	Char	12
R2	Member Date of Birth	mm/dd/yyyy  <b>NOTE:</b> A valid value is required for every enrollee in the record.		Date	Eight-digit date format
R3	Enrollment Effective Date	mm/dd/yyyy  <b>NOTE:</b> A valid value is required for every enrollee in the record. For newly enrolled members, the effective date of enrollment is the first date of active enrollment in the plan. The initial date of a retroactive eligibility span would not be considered the effective date of enrollment. For members currently enrolled as of July 1, 2019, the enrollment effective date is the effective date for the most current continuous enrollment span as of July 1, 2019.		Date	Eight-digit date format
R4	Survey Disposition Status	1 = Completed survey 2 = Deceased 3 = Refusal 4 = No response after maximum attempts 5 = Disenrolled, no assessment completed 6 = Initial survey pending 7 = Annual reassessment due but not yet	A complete listing of survey disposition codes can be found in Appendix A.	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		attempted/completed  <b>NOTE:</b> A valid value is required for every enrollee in the record.			
R5	Completion Date	mm/dd/yyyy  <b>NOTE:</b> A valid value is required for every enrollee in the record.	Date when survey is completed, partially completed, or when survey disposition status is determined.	Date	Eight-digit date format
R6	Survey Mode	1 = Telephonic 2 = Web-based 3 = Face-to-face 4 = Mail 5 = Not applicable  <b>NOTE:</b> A valid value is required for every enrollee in the record.		Char	1
1	[1] Relationship with person answering survey	1 = Myself 2 = My child 3 = Another person for whom I provide care 4 = Other N = No response		Char	1
2.a	[2.a] Speak a language other than English	1 = Yes 2 = No C = Choose not to answer N = No response	Do you speak a language other than English at home?	Char	1
	Other languages: Survey Items # 2.b.1 to 2.b.12 †		If yes, what other languages are spoken? (select all that apply)		
2.b.1	[2.b.1] Other language – Arabic	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.2	[2.b.2] Other language – Creole	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
2.b.3	[2.b.3] Other language – French	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.4	[2.b.4] Other language – Mandarin	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.5	[2.b.5] Other language – Russian	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.6	[2.b.6] Other language – Somali	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.7	[2.b.7] Other language – Spanish	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.8	[2.b.8] Other language – Vietnamese	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.9	[2.b.9] Other language – Nepali	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.10	[2.b.10] Other language – Sign Language	1 = Yes 0 = No		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		U = Unknown C = Choose not to answer N = No response			
2.b.11	[2.b.11] Other language – Other	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.12	[2.b.12] Other language – Not applicable	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
3	[3] Ethnicity	1 = Hispanic or Latino 2 = Not Hispanic or Latino U = Unknown C = Choose not to answer N = No response	How would you describe your ethnicity?	Char	1
	Race: Survey Items # 4.a to 4.f ††		How would you describe your race? (select all that apply)		
4.a	[4.a] Race – American Indian or Alaska Native	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
4.b	[4.b] Race – Asian	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
4.c	[4.c] Race – Black or African American	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
4.d	[4.d] Race – Native Hawaiian or Other Pacific Islander	1 = Yes 0 = No		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		U = Unknown C = Choose not to answer N = No response			
4.e	[4.e] Race – White	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
4.f	[4.f] Race – Some other race	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
5	[5] Highest level of education	1 = Less than first grade 2 = First through 8th grade 3 = Some high school, but no diploma 4 = High school graduate or equivalent (GED/ vocational/ trade school graduate) 5 = Some college, but no degree 6 = Associate degree (1-2 year occupational, technical or academic program) 7 = Four-year college graduate/bachelor's degree 8 = Advanced degree (including master's, professional degree, or doctorate) U = Unknown C = Choose not to answer N = No response	What is the highest level of school you have completed or the highest degree received?	Char	1
6	[6] Educational Plan	1 = Yes 2 = No 4 = Not applicable U = Unknown C = Choose not to answer N = No response	Do you currently have a 504 educational plan or individualized educational plan (IEP)?	Char	1
7	[7] Health Status	1 = Excellent 2 = Very good 3 = Good 4 = Fair	In general, would you say that your health is excellent, very good, good, fair or poor?	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		5 = Poor U = Unknown C = Choose not to answer N = No response			
8	[8] Emergency room visits over the last 12 months	1 = 0 times 2 = 1 time 3 = 2 or more times U = Unknown C = Choose not to answer N = No response	How many times have you received care in an emergency room (ER) over the last 12 months? Please do not count urgent care visits.	Char	1
9	[9] Living Situation	1 = I have a steady place to live 2 = I have a place to live today, but I am worried about losing it in the future 3 = I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) U = Unknown C = Choose not to answer N = No response	What is your living situation today?	Char	1
10	[10] Food Security	1 = Often true 2 = Sometimes true 3 = Never true U = Unknown C = Choose not to answer N = No response	In the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Char	1
11	[11] Reliable Transportation	1 = Yes 2 = No U = Unknown C = Choose not to answer N = No response	In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	Char	1
12	[12] Utility Disconnection Notice	1 = Yes 2 = No 3 = Already shut off U = Unknown	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		C = Choose not to answer N = No response			
13.a	[13.a] Physical Abuse	1 = Never 2 = Rarely 3 = Sometimes 4 = Fairly often 5 = Frequently U = Unknown C = Choose not to answer N = No response	How often does anyone, including family and friends, physically hurt you?	Char	1
13.b	[13.b] Verbal Abuse	1 = Never 2 = Rarely 3 = Sometimes 4 = Fairly often 5 = Frequently U = Unknown C = Choose not to answer N = No response	How often does anyone, including family and friends, insult or talk down to you?	Char	1
14	[14] Employment Assistance	1 = Yes, help finding work 2 = Yes, help keeping work 3 = I do not need or want help 4 = Not applicable 5 = I am unable to work due to a disability U = Unknown C = Choose not to answer N = No response	Do you want help finding or keeping work or a job?	Char	1
15	[15] ADL Assistance	1 = I don't need any help 2 = I get all the help I need 3 = I could use a little more help 4 = I need a lot more help 5 = Not applicable U = Unknown C = Choose not to answer N = No response	If for any reason you need help with day-to-day activities such as bathing, etc., do you get the help you need?	Char	1
16	[16] Loneliness around people	1 = Never 2 = Rarely 3 = Sometimes	How often do you feel lonely or isolated from those around you?	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		4 = Often 5 = Always U = Unknown C = Choose not to answer N = No response			
17.a	[17.a] Little interest or pleasure in doing things	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day U = Unknown C = Choose not to answer N = No response	Over the past 2 weeks, how often have you been bothered by any of the following problem? Little interest or pleasure in doing things?	Char	1
17.b	[17.b] Feeling down, depressed, or hopeless	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day U = Unknown C = Choose not to answer N = No response	Over the past 2 weeks, how often have you been bothered by any of the following problem? Feeling down, depressed, or hopeless?	Char	1
18	[18] Stress	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much U = Unknown C = Choose not to answer N = No response	Over the past 2 weeks, how often have you been bothered by stress?	Char	1
19.a	[19.a] Alcohol	1 = Never 2 = Once or twice 3 = Monthly 4 = Weekly 5 = Daily or almost daily U = Unknown C = Choose not to answer N = No response	How many times in the past 12 months have you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.	Char	1
19.b	[19.b] Tobacco	1 = Never 2 = Once or twice	How many times in the past 12 months have you used tobacco	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		3 = Monthly 4 = Weekly 5 = Daily or almost daily U = Unknown C = Choose not to answer N = No response	products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?		
19.c	[19.c] Prescription drugs for non-medical reason	1 = Never 2 = Once or twice 3 = Monthly 4 = Weekly 5 = Daily or almost daily U = Unknown C = Choose not to answer N = No response	How many times in the past year have you used prescription drugs for non-medical reasons?	Char	1
19.d	[19.d] Illegal drugs	1 = Never 2 = Once or twice 3 = Monthly 4 = Weekly 5 = Daily or almost daily U = Unknown C = Choose not to answer N = No response	How many times in the past year have you used illegal drugs?	Char	1
20	[20] Pregnant	1 = Yes 2 = No 3 = Not applicable U = Unknown C = Choose not to answer N = No response	Are you or could you currently be pregnant?	Char	1
	Clinical Conditions: Survey Items # 21a to 21w †††		Have you ever been diagnosed with or told by a clinician that you had: (Select all that apply)		
21.a	[21.a] Clinical Conditions – ADHD	1 = Yes 0 = No N = No response		Char	1
21.b	[21.b] Clinical Conditions – Anxiety	1 = Yes 0 = No N = No response		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
21.c	[21.c] Clinical Conditions –Asthma	1 = Yes 0 = No N = No response		Char	1
21.d	[21.d] Clinical Conditions –Autism	1 = Yes 0 = No N = No response		Char	1
21.e	[21.e] Clinical Conditions -Cancer	1 = Yes 0 = No N = No response		Char	1
21.f	[21.f] Clinical Conditions – Cystic Fibrosis	1 = Yes 0 = No N = No response		Char	1
21.g	[21.g] Clinical Conditions – Congestive Heart Failure	1 = Yes 0 = No N = No response		Char	1
21.h	[21.h] Clinical Conditions –Chronic Obstructive Pulmonary Disorder (COPD)	1 = Yes 0 = No N = No response		Char	1
21.i	[21.i] Clinical Conditions – Depression	1 = Yes 0 = No N = No response		Char	1
21.j	[21.j] Clinical Conditions – Developmental Delays	1 = Yes 0 = No N = No response		Char	1
21.k	[21.k] Clinical Conditions -Diabetes or High blood sugar levels	1 = Yes 0 = No N = No response		Char	1
21.l	[21.l] Clinical Conditions – Heart Failure	1 = Yes 0 = No N = No response		Char	1
21.m	[21.m] Clinical Conditions – Hemophilia	1 = Yes 0 = No N = No response		Char	1
21n	[21.n] Clinical Conditions – High blood pressure	1 = Yes 0 = No N = No response		Char	1
21o	[21.o] Clinical Conditions --	1 = Yes		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
	HIV/AIDS	0 = No N = No response			
21p	[21.p] Clinical Conditions –Kidney Failure (ESRD)	1 = Yes 0 = No N = No response		Char	1
21.q	[21.q] Clinical Conditions – Obesity	1 = Yes 0 = No N = No response		Char	1
21.r	[21.r] Clinical Conditions – Sickle Cell	1 = Yes 0 = No N = No response		Char	1
21.s	[21.s] Clinical Conditions – Substance Use Disorder	1 = Yes 0 = No N = No response		Char	1
21.t	[21.t] Clinical Conditions – Any other condition that you were born with that requires ongoing care	1 = Yes 0 = No N = No response		Char	1
21.u	[21.u] Clinical Conditions – Any behavioral health condition that requires care or therapy	1 = Yes 0 = No N = No response		Char	1
21.v	[21.v] Clinical Conditions – Delivered a baby too small, or too soon	1 = Yes 0 = No N = No response		Char	1
21.w	[21.w] Clinical Conditions – Other condition not listed	1 = Yes 0 = No N = No response		Char	1
21.x	[21.x] Clinical Conditions – Choose not to answer	1 = Yes 0 = No N = No response		Char	1
21.y	[21.y] Clinical Conditions – Unknown	1 = Yes 0 = No N = No response		Char	1

† For survey items # 2.b.1 to 2.b.12, treat each item as a Yes/No question.

- If the response to question 2.a is “No (0)”, then each language response can be left blank
- If a respondent does not reply “Yes (1)” or “No (0)” to a question, then code that question as “No Response (N),” or “Choose Not to Answer (C)” if the respondent indicates that they choose not to answer, or “Unknown (U)” if the respondent indicates that they do not know

- If a respondent does not know the answer to the entire question, then code each language as “Unknown (U)”
- If a respondent chooses not to answer the entire question, then code each language as “Choose Not to Answer (C)”
- If a respondent leaves all response options blank, then code each language as “No Response (N)” rather than “No (0)”

†† For survey items # 4.a to 4.f, treat each item as a Yes/No question.

- If a respondent does not reply “Yes (1)” or “No (0)” to a question, then code that question as “No Response (N),” or “Choose Not to Answer (C)” if the respondent indicates that they choose not to answer, or “Unknown (U)” if the respondent indicates that they do not know
- If a respondent does not know the answer to the entire question, then code each race as “Unknown (U)”
- If a respondent chooses not to answer the entire question, then code each race as “Choose Not to Answer (C)”
- If a respondent leaves all response options blank, then code each race as “No Response (N)” rather than “No (0)”

††† For survey items # 21.a to 21.w, treat each item as a Yes/No question.

- If a respondent chooses not to answer the entire question, then code answer option 21. x as “Yes (1).” All the other responses should be left blank
- If a respondent indicates that they do not know the answer to the question for each item (21. a to 21. w), then code option 21. y as “Yes (1)”. All the other responses should be left blank
- If a respondent does not provide a response for a specific condition (21. a to 21. w), then the response for that specific condition should be coded “No Response (N)”
- If a respondent leaves all response options blank (21. a to 21. w), then code each clinical condition as “No Response (N)” rather than “No (0)”

## Appendix A: Survey Disposition Codes

Code	Description
1	<b>Completed survey</b> Assign this code if the respondent answers at least one or more of the assessment questions.
2	<b>Deceased</b> Assign this code if the enrollee is reported as deceased during the assessment period.
3	<b>Refusal</b> Assign this code if a sampled enrollee indicates that he or she does not wish to participate in the survey.
4	<b>No response after maximum attempts</b> Assign this code if the enrollee does not respond to the survey or cannot be reached during the assessment period.
5	<b>Disenrolled, no assessment completed</b> Assign this code if the enrollee has disenrolled prior to the required initial or annual assessment date.
6	<b>Initial survey pending</b> Assign this code for enrollees who have not yet completed an HRA.
7	<b>Annual reassessment due but not yet attempted /completed</b> Assign this code if an annual reassessment is due, but not yet attempted or completed.

## Appendix B: Example of Full Replacement Records

### First Submission

Example:

Joe Smith's enrollment effective date of January 1, 2020. He does not complete the survey within 90 days of enrollment, so he is assigned a survey disposition code of 4.

MEDICAID ID: 999999999999

ENROLLMENT EFFECTIVE DATE: January 1, 2020

SURVEY DISPOSITION STATUS: 4, because the member is unable to be reached after maximum attempts

COMPLETION DATE: 4/1/2020, because the member's disposition status is determined within 90 days of enrollment

Medicaid ID	Enrollment Effective Date	Survey Disposition Status	Completion Date
999999999999	01/01/2020	4	04/01/2020

### Second Submission

Example:

Joe Smith's enrollment effective date of January 1, 2020. His assessment is completed on April 15, 2020.

MEDICAID ID: 999999999999

ENROLLMENT EFFECTIVE DATE: January 1, 2020

SURVEY DISPOSITION STATUS: 1, because the member completes the survey on April 15, 2020

COMPLETION DATE: 4/15/2020, because the member completes the survey on April 15, 2020

Medicaid ID	Enrollment Effective Date	Survey Disposition Status	Completion Date
999999999999	01/01/2020	4	04/01/2020
999999999999	01/01/2020	1	04/15/2020

## Appendix C: Data File Submission Letter of Certification

### Data File Submission Letter of Certification

I, the undersigned, do hereby attest, based on my knowledge, information, and belief, that pursuant to 42 CFR 438.604 and 438.608, the data contained in the file submission are accurate, truthful, and complete.

_____ Signature of CEO, CFO, or delegated authority	_____ Date
_____ Print Name	

File Name (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Risk Stratification Data File    | <input type="checkbox"/> Primary Care Provider Data File |
| <input type="checkbox"/> Care Management Status Data File | <input type="checkbox"/> Population Stream Data          |
| <input type="checkbox"/> Health Risk Assessment Data File |  |

File Indicate if this file is a:

- |  |   |
|--|---|
| <input type="checkbox"/> First-time submission | <input type="checkbox"/> Resubmission/Replacement |
|--|---|

Name of MCOP Submitted for:
-----------------------------

Electronic Media Submitter Name	MCOP Submitter ID (3-digit)
Street Address, City, State, and Zip Code	Telephone Number (include area code) ( )