SECTION 2. PATIENT DEMOGRAPHICS AND ORAL HEALTH SERVICES

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| # | Variable | Response Option | Recommendation |
| 8 | HIV/AIDS Status | * HIV-positive, not AIDS
* CDC-defined AIDS (HIV-positive with AIDS-defining illness)
* HIV-positive, AIDS status unknown
 | * HIV-positive, not AIDS
* HIV-positive, AIDS status unknown
* CDC-defined AIDS
* HIV-indeterminate (infants <2 years old)
 |
| 9a | Gender | * Male
* Female
* Transgender
* Unknown/unreported
 | * Male
* Female
* Transgender Male to Female
* Transgender Female to Male
* Transgender Other
* Unknown
 |
| 9b | Sex at birth | * Male
* Female
 | No change |
| 10 | Pregnancy Status | * Pregnant
* Not pregnant
* Unsure if pregnant
* Unknown/unreported
 | * Pregnant
* Not pregnant
* Unknown/unreported
 |
| 11a | Ethnicity | * Hispanic or Latino/a
* Non-Hispanic or Latino/a
 | * Hispanic, Latino/a
* Non-Hispanic/Latino/a
 |
| 11b | Hispanic subgroup | * Mexican, Mexican American, Chicano/a
* Puerto Rican
* Cuban
* Other Hispanic, Latino/a or Spanish origin
 | * Mexican, Mexican American, Chicano/a
* Puerto Rican
* Cuban
* Another Hispanic, Latino/a or Spanish origin
 |
| 12a | Race | * White
* Black or African American
* Asian
* Native Hawaiian or other Pacific Islander
* American Indian or Alaska Native
* More than one race
 | Alphabetize listNo change to response options.  |
| 12b | Asian subgroup | * Asian Indian
* Chinese
* Filipino
* Japanese
* Korean
* Vietnamese
* Other Asian
 | No change |
| 12c | Native Hawaiian/Pacific Islander subgroup | * Native Hawaiian
* Guamanian or Chamorro
* Samoan
* Other Pacific Islander
 | No change |
| 13 | Age | * 12 or younger
* 13–24
* 25–44
* 45–64
* 65 or older
* Unknown/unreported
 | to match the RSR report:<1313-2425-3435-4445-5455-6465> |
| 14 | Income | * Equal to or below the Federal poverty line
* 101–200% of Federal poverty line
* 201–300% of Federal poverty line
* > 300% of Federal poverty line
* Unknown/unreported
 | No change |

Section 5: Additional Dental Reimbursement Program Information

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| # | Variable | Response Option | Recommendation |
| 23a | Amount of unreimbursed costs | Total unreimbursed costs of oral health care provided to patients with HIV (rounded to the nearest dollar) | Total unreimbursed costs of oral health care provided to patients with HIV during the reporting period (rounded to the nearest dollar) |