Docusign Envelope ID: 15140CFD-9884-84F1-8027-FA2195162BE1

NEW YORK eHEALTH COLLABORATIVE

SDI Data Use Request: Summary Decision Memo

Administrative Data:

Title: Respiratory Illness Surveillance - Amendment

Tracking Number: DG-64

Date of Data Use Request Receipt: July 21, 2026

Date NYeC Evaluation Completed: July 22, 2026

Date of NYeC Determination (if applicable): N/A

Date of NYeC Recommendation (if applicable): N/A

Date of SDUC Decision (if applicable): August 13, 2026

Note: Attached to this Summary Decision Memo is the Data Use Request (and any supporting documentation) provided to NYeC by the NYS Department of Health Authorized Requester

Overview and Description of Request:

This request was submitted by the New York State Department of Health, acting in its statutorily authorized capacity as a public health authority conducting communicable disease surveillance. In 2025, the SDUC approved the "Respiratory Illness Surveillance Project (Revised)," which supports the Department's assessment of the prevalence of respiratory illnesses statewide across all healthcare settings, enables QEs to contribute a broader set of respiratory illness data to the Data Lake, and allows the respiratory illness use case to be fulfilled exclusively through the SHIN-NY Data Lake following the sunset of the flat file process. That SDUC-approved use case revised and built upon Use Case #2 from the DUCA, "Public Health - Tracking Hospitalizations for Respiratory Illness," which had allowed the Department to receive reports generated from the Data Lake to assess hospitalizations due to prevalent respiratory illnesses, such as COVID-19 and influenza, and was approved by all SHIN-NY QEs when the DUCA was executed in 2023.

The present amendment revises the Respiratory Illness Surveillance (RIS) Specification by adding two data elements to the laboratory test results data type:

1. Accession Number – the laboratory's unique identifier for the specimen/test event; and
2. Specimen Collection Date of the respiratory test.

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The target population remains individuals with an encounter across all healthcare settings due to respiratory illnesses, including but not limited to influenza, COVID-19, respiratory syncytial virus (RSV), Multisystem inflammatory syndrome in children (MIS-C), and pneumonia, excluding individuals with a respiratory illness diagnosis from a facility located outside of NYS. The Department will continue to use the information to assess the prevalence of respiratory illnesses statewide, perform trending over time, understand common comorbidities, and characterize the severity of illness, as described in the approved use case.

NYeC Review

Based on NYeC's review, the Data Use Request is found to be:

I. Procedure

☒ Made by an Authorized Requester

Authorized Requester Name: Deirdre Depew

Authorized Requester Title: Director- Bureau of Data Programs and Policy, Office of Health Services Quality &Analytics

Authorized Requester's Organization/Entity Name: Respiratory Illness Surveillance

☐ Not made by an Authorized Requester

Requester Name: _____

Requester Title: _____

Requester's Organization/Entity Name: _____

II. Purpose

☒ Public Health Permitted Purpose

☒ Data Use Request

☐ Narrow Data Use Request

☐ Data Use Request for Urgent Public Health Surveillance

☐ Medicaid Permitted Purpose

☐ Data Use Request

☐ Narrow Data Use Request

☐ Other (brief description: _____)

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III. Compliance

	Compliant	Not Compliant	Not Applicable
Statewide Common Participation Agreement (SCPA)	☒	☐	☐
Data Use and Contribution Agreement (DUCA) *	☒	☐	☐
SHIN-NY Regulations & Applicable SHIN-NY SOPs	☒	☐	☐
Applicable Law	☒	☐	☐

Justification for Compliance Findings:

The Department's authority to access the requested SDI information for this use case is established under its role as a Public Health Authority as defined in 45 C.F.R. §164.501 (see NYS Public Health Law §206(1)(d)) and the Department's legal authority to investigate suspected or confirmed cases of communicable disease (pursuant to PHL §2(1)(1) and 10 NYCRR Part 2)). These are the same authorities under which the Respiratory Illness Surveillance Project (Revised) was approved in 2025.

The Department's use of identified SHIN-NY data will continue, without patient authorization, for public health surveillance purposes - specifically, to identify individuals who have an encounter related to respiratory illness across all healthcare settings, and to assess the prevalence of respiratory illnesses statewide, perform trending over time, understand common comorbidities, and characterize the severity of illness. This amendment introduces no new use, population, or purpose requiring additional authority.

This amended request will add two data elements to enhance the scope of the respiratory illness surveillance use case already approved under the 2025 revision. The disclosure of identifiable SHIN-NY data for the surveillance purposes described herein, including the amendment to add additional data elements, is consistent with the SHIN-NY Regulations and the SHIN-NY Standard Operating Procedures governing disclosures for Public Health Permitted Purposes. *See* SDI Data Use Approval Process SOP, p 6.

Consistent with the Data Use Request, identified data obtained pursuant to this approval will be accessed only by DOH program staff for official work-related permitted purposes, within designated areas, on official employer-owned equipment, during approved work hours, and in accordance with all applicable policies and procedures. Staff will remain current on data handling best practices and DOH guidelines for data storage. Data will be retained for a minimum of seven years for evaluation and historical trending, managed according to NYS and

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federal law and in conjunction with the New York State Archives records management guidelines; should data no longer be needed in the future, the program will follow New York State Information Technology Services guidance on proper destruction procedures. Identified data will not be disclosed or redisclosed outside the Department.

The request, as framed, is reasonably related to the stated public health objective and is consistent with HIPAA's minimum necessary standard at 45 C.F.R. § 164.514(d). Each element in the specification document, including the two elements added through this request, serves the surveillance functions described in the Data Use Request and remains subject to the limitations and conditions contemplated by the SCPA, DUCA, SHIN-NY Regulations, and SHIN-NY SOPs. Any further modification of the data elements, expansion of the use case, population, or purposes, or any other proposed use, redisclosure, or sharing of the data received under this request would require separate authorization.

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NEW YORK eHEALTH COLLABORATIVE

NYeC Determination: Narrow Data Use Request

☐ Approved

☐ Denied (description of reason[s]):

_____

_____

NYeC Determination: Urgent Public Health Surveillance Data Use Request

☐ Approved

☐ Denied (description of reason[s]):

_____

_____

NYeC Recommendation to SDUC: Data Use Request

☒ Approved

☐ Denied (description of reasons[s]):

_____

_____

Signed by:
Alexandra Fitz
CB567B7186BD443...

7/28/2026

NYeC Head of Enterprise Initiatives and PartnershipsDate

Date

DocuSigned by:
Charlie Feldman
0CADF0900C7C420...

7/27/2026

NYeC Privacy & Compliance Officer

Date

SDUC Determination

☒ Approved

☐ Denied (description of reason[s]): _____

Signed by:
Paul L. Ulrig
0CB111D9525B412...

8/25/2026

SDUC Chair

Date

5 Penn Plaza, 12th Floor, New York, NY 10001
99 Washington Avenue, Suite 1750, Albany, NY 12210 | (518) 299.2321
nyehealth.org

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Project Name: Respiratory Illness Surveillance (2026 Amendment) **Tracking ID: DG-64**	
A. Request Overview	
Item	***Response***
1) **Authorized Requester Information Description** Identification of the Requester's Organization and a brief description of the requester type (e.g., public health authority (PHA); PHA contractor; government agency (specify) etc.)	Respiratory Illness Surveillance - NYSDOH
2) **Project Description** Summary of the project including how this data will be used.	NYS DOH must assess the prevalence of respiratory illnesses statewide, across all healthcare settings per public health law and regulation. The project aims to use the Data Lake to identify individuals who have an encounter related to respiratory illness across all healthcare settings. This Use Case has been operating within the SHIN_NY since 2023 and this amendment adds additional data elements to enhance the reports.
3) **Permitted Purpose Description**	☒ Public Health Activity Permitted Purpose ☒ Data Use Request with Individually Identifiable Health Info (e.g. PHI) ☐ Narrow Data Use Request (e.g. de-identified; LDS). If this box is checked, Requester must complete attestation below in Section D(3)(c). ☐ Data Use Request for Urgent Public Health Surveillance ☐ Medicaid Permitted Purpose ☐ Data Use Request ☐ Narrow Data Use Request (e.g., de-identified; LDS) If this box is checked, Requester must complete the attestation below in D(3)(c). ☐ Other: Click or tap here to enter text.

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4) **Description of Intended Use** Describe the intended use of data, including any intended disclosure or re-disclosure, and the basis on which the intended use, disclosure or re-disdosure is for a Public Health Activity Permitted Purpose or a Medicaid Permitted Purpose and otherwise in compliance with the Statewide Common Participating Agreement (SCPA), the Data Use and Contribution Agreement (DUCA), the SHIN-NY Regulations and SHIN-NY Standard Operating Procedures (SOPs) and applicable law.	DOH will use the information to assess the prevalence of respiratory illnesses statewide, trending over time, to understand common comorbidities, and to characterize the severity of illness.
5) **Target Population Inclusion** Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics.	Individuals with an encounter across all healthcare settings due to respiratory illnesses, including but not limited to: influenza, COVID-19, respiratory syncytial virus (RSV), and Multisystem inflammatory syndrome in children (MIS-C), and pneumonia.
6) **Target Population Exclusion** Specify the criteria that would exclude the case/data from being included in the dataset. (For example, if you are looking at residents of certain counties or only looking for persons over the age of 65.)	Individuals with a respiratory illness diagnosis from a facility located outside of NYS.
7) **What law, regulation, rule or agreement grants the authority to obtain this information?** Identify, in detail, the laws, regulations, contracts, SHIN-NY SOPs and other governing documents that allow and authorize access to the data requested.	Legal authority for collecting this data comes from DOH's role as a Public Health Authority as defined in 45 CFR §164.501 (see NYS Public Health Law §206[1][d]) and DOH has legal authority to investigate suspected or confirmed cases of communicable disease (pursuant to PHL §2[1][l] and 10 NYCRR Part 2) (see 10 NYCRR §300.5[c][2]).
8) **Is this data currently being supplied to Requester from another source? *** (yes/no)	Yes
9) *If Yes, explain where data is being supplied from and why Statewide Data Infrastructure (SDI) Data is being requested.	Receives RIS data extracts from all QEs in the form of a flat file on a weekly basis.

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(SDI data is data held in the "statewide repository" referred to in 10 NYCRR §300.2(f)(5))	
10) **What is the expected start date of this project?** The date when the project work is expected to begin (Mo/Day/Yr.).	Currently Running
11) **Is this request time-sensitive and/or critical? *** (yes/no)	No
12) *If time-sensitive or critical, explain	n/a
13) **When is this information needed?** The date by which Requestor would need the report/data (Mo/Day/Yr.).	ASAP
14) What is the expected end date of this project? The date when the project is expected to end (Mo/Day/Yr.).	n/a - No end date
(B) Technical Specifications Data Use Request	
1) **What data elements are needed?** Describe all the data fields required for your project (example: Date of birth, diagnosis codes, etc.)	Please reference the accompanied "specification document" that outlines the agreed data elements. The data elements included will follow the RIS specification(s) as agreed upon between the DOH and QEs. Specification(s) may update based on emerging diseases or trends. Pneumonia diagnostic codes, list of ICD10 codes distinct from flu/COVID-19/RSV.
2) **Is the data being requested 1) individually identifiable health data, 2) limited data set (LDS)* or 3) de-identified*? (select from drop down, see page 7 for more information).** *If the data requested is a Limited Data Set (LDS) or de-identified data, Requester must complete attestation below in Section D(3)(c).	1) individually identifiable health data
3) **Proposed delivery method***	NYeC Secure File Transfer

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4) *If selected "other" above for delivery method, please explain the proposed delivery method. Only methods with secure encryption mechanisms will be accepted.	n/a
5) **What is the requested format for the data?** (examples include XLS, txt, CSV)	Text File
6) **What safeguards will you put in place to protect the data?**	DOH program staff will only access SHIN-NY information for official work-related purposes, within designated areas, on official employer-owned equipment, during approved work hours, and in accordance with all applicable policies and procedures. Staff will remain current on data handling best practices and DOH guidelines for data storage.
7) **How will files be handled/stored/deleted at the end of the project?**	As this effort will likely continue indefinitely, there is no proposed end date. With that, program currently plans to retain data for a minimum of seven years for evaluation and historical trending. While retained, data will be managed according to NYS and federal law and in conjunction with the New York State Archives records management guidelines. Should data be removed in the future, program will follow New York State Information Technology Services guidance on proper destruction procedures.
8) **Select "Yes" to indicate adherence to the standard of minimum necessary data requests. (This field cannot be blank.)**	Yes
(C) Program/Project Contact Information xx	
1.Program Lead Contact Information	
Name (First, Last):	[redacted]
Bureau/Unit:	NYS DOH – Center for Community Health
Email:	[redacted]@health.ny.gov
Phone Number:	[redacted]

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2. Other Project Team Members	
a) Team Member 1 (Name, Employer, Contact Info)	[redacted] - BCDC
b) Team Member 2 (Name, Employer, Contact Info)	[redacted] - BCDC
c) Team Member 3 (Name, Employer, Contact Info)	[redacted] - BCDC
d) Team Member 4 (Name, Employer, Contact Info)	[redacted] - EIP
e) Team Member 5 (Name, Employer, Contact Info)	[redacted] - EIP
f) Team Member 6 (Name, Employer, Contact Info)	[redacted] - EIP
g) Team Member 7 (Name, Employer, Contact Info)	[redacted] - EIP
h) Team Member 8 (Name, Employer, Contact Info)	[redacted] - EIP
i) Team Member 9 (Name, Employer, Contact Info)	[redacted] - EIP
j) Team Member 10 (Name, Employer, Contact Info)	[redacted] - EIP
k) Team Member 11 (Name, Employer, Contact Info)	[redacted] - BCDC

(D) Data Use Request Authorized Requester Attestation & Agreement Form	
1) Name of Requester's Organization: Respiratory Illness Surveillance	
2) Authorized Requester Information	
Name: [redacted]	
Title: Director- Bureau of Data Programs and Policy, Office of Health Services Quality &Analytics	
Email: [redacted]@health.ny.gov	
Phone Number: [redacted]	
3) Attestations: Authorized Requester attests to the following:	
a) This Data Use Request meets the following criteria:	
i. Request is for a **Public Health Activities** by Public Health Authority. **OR** Request is for a **Medicaid Permitted Purpose**	☒ ☐
ii. Request is in compliance with the SCPA, DUCA, SHIN-NY Regulations and SHIN-NY SOPs.	☒

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iii. Request is in compliance with applicable law.	☒
iv. Data elements requested meet the standard of minimum necessary.	☒
b) Safeguards and Protections Attestation:	
Appropriate safeguards and internal controls will be used for data access and use, security and privacy.	☒
c) Data Classification and Use Attestation (for Narrow Data Requests)	
(select one or both, or neither) **HIPAA Limited Data Set 45 C.F.R. 164.514(e)**	☐
De-Identified Data (45 C.F.R. 164.514(b)(2))	☐

Based on the Data Classification(s) identified above, the Authorized Requester attests and agrees to the following:

- The data will be used solely for the **permitted purpose(s)** described in this approved SDI Data Use Request and as authorized under the SCPA, DUCA, SHIN-NY Regulations, and SHIN-NY SOPs and applicable law.
- Requester may use and disclose a Limited Data Set solely for the purpose(s) expressly described in, and approved through this SDI Data Use Request, and only to the extent such use or disclosure is permitted under applicable law and consistent with 45 C.F.R. § 164.514(e). Requester shall not use or further disclose the Limited Data Set in any manner that would violate the HIPAA Privacy Rule if done by a covered entity.
- Access to and receipt of a Limited Data Set shall be **limited to those workforce members, agents, contractors, and other specifically authorized persons** identified by Requester as having a need to know the information for the approved purpose(s), and no other person or entity may use or receive the Limited Data Set except as expressly permitted by this SDI Data Use Request and applicable law.
- The data will **not be re-identified**, and no third party will be permitted to re-identify or attempt to re identify individuals whose information is included in the data. If the Requester becomes aware of any actual or attempted re-identification of individuals or data, Requester will notify NYeC immediately.
- No individual whose information is included in the data may be contacted in association with the use case described and approved in this SDI Data Use Request., nor will any third party be permitted to contact or attempt to contact such individuals based solely on SDI Data.
- Any **agents, contractors, or downstream recipients** with access to the data will agree and be subject to use, disclosure, and safeguard obligations no less protective than those set forth in this Data Use Request, the Statewide Common Participation Agreement, and applicable law.
- Appropriate **administrative, technical, and physical safeguards** will be used to prevent any use or disclosure of the data not permitted by this Data Use Request or applicable law, and any unauthorized use or disclosure of which Requester becomes aware will be reported to NYeC in accordance with the SCPA, and SHIN-NY SOPs.
- The data will not be used for marketing purposes or sold, licensed, or otherwise disclosed in exchange for remuneration, except as permitted by HIPAA and applicable law, and only with prior written consent of NYeC.
- The Requester will not, and will not permit any third parties to use de-identified data for any purpose other than those permitted in this Data Use Request or otherwise as permitted by law.
- Requester shall otherwise comply in full with 45 C.F.R. § 164.514(e)(4)(ii).
- Upon expiration, suspension or termination of this Data Use Request, Requester shall immediately cease all use and disclosure of all SDI Data and comply with any instructions from NYeC regarding continued retention, return, destruction, or other handling of the data, in accordance with this Data Use Request, the SCPA, DUCA,

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SHIN NY Regulations, SHIN NY SOPs, and applicable law.	
d) Attestations Regarding Potential Violation of this Data Use Request	
i. The New York State Department of Health in coordination with NYeC, reserves the right to investigate any actual or suspected breach, or improper access, use, or disclosure of data by Requester or any person acting on Requester's behalf stemming from this Data Use Request.	☒
ii. Requester acknowledges and agrees that NYeC may, following notice to and consultation with the Department, suspend, terminate, or revoke Requester's access to SDI Data immediately upon notice, or immediately without prior notice where NYeC determines prompt action is necessary, if NYeC determines in its reasonable discretion that Requester has violated this Data Use Request, the SCPA, DUCA, SHIN-NY Regulations, SHIN-NY SOPs, or applicable law. Requester shall cooperate with the Department and NYeC in investigating and mitigating any such violation.	☒
4. Authorized Requester Signature: Deirdre Depew	
Click or tap here to enter text. [redacted]	**Date of Signature:** [redacted]

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Updated 3 July 2026

Respiratory Illness Surveillance Specification

Fulfilling RIS Use Case from the Data Lake

This document serves as a reference to the data elements of interest for Qualified Entity (QE) to submit Respiratory Illness Surveillance (RIS) data to the Data Lake that may be passed along to the NYSDOH to fulfill the use case. RIS relies on two data types: lab results and diagnosis information. The details of the data elements needed for the two types can be found below.

When supplying the RIS data to the NYSDOH, NYeC will append the SHIN-NY sMPI identifier and may provide race and ethnicity data available within the broader Data Lake should the RIS data not contain it.

Laboratory Test Results

Data Element	**Definition**
QE Name	QE providing the data (i.e., source QE)
Facility ID	Identifier for the source facility (i.e. assigning authority code) generating the data
Accession Number	Laboratory unique identifier for the specimen/test result
Facility MRN	Medical Record Number (MRN) from the source facility generating the data
MPI ID	Unique Patient Identifier from the QE MPI
Patient First Name	First Name of Patient
Patient Middle Name/Initial	Middle Name or initial of patient
Patient Last Name	Last Name of Patient
Date of Birth	Date of Birth
Gender	Administrative Gender, where possible please fill with gender identity
Sex Assigned at Birth	Patient's Sex Assigned at Birth
Race Code System	Patient's Race Code System
Race Code	Patient's Race Code *Note: If race value is blank from the testing facility, please use the most recent race value provided for the patient.*
Race Description	Patient's Race Description
Ethnicity Code System	Patient's Ethnicity Code System
Ethnicity Code	Patient's Ethnicity Code *Note: If ethnicity value is blank from the testing facility, please use the most recent ethnicity value provided for the patient.* *Format:* https://phinvads.cdc.gov/vads/ViewValueSet.action?id=67D34BBC-617F-DD11-B38D-00188B398520
Ethnicity Description	Patient's Ethnicity Description
Street Address 1	Patient's Home Street Address 1
Street Address 2	Patient's Home Street Address 2
City	Patient's Home City
County	Patient's Home County
State	Patient's Home State

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Zip Code	Patient's Home Zip Code
Telephone Number	Patient's primary telephone number
Observation Category	Categorization of "laboratory" according to the SHIN-NY FHIR IG: https://hl7.org/fhir/us/core/2023Jan/ValueSet-us-core-simple-observation-category.html
Respiratory Illness Test Code	Lab code value
Test Code Description	Description of the Code provided in data
Respiratory Illness Test Code Standard	Coding Standard *Note: Please send national code sets. Local codes have been provided in the past and can continue to be supplied as the QEs work with participants to use national standard code sets if translation is included in local code description fields.*
Respiratory Illness Test Result	Result of Respiratory Illness Test, including all tests that are part of a panel and all results (e.g., positive, detected, negative, not detected, influenza A, influenza B, SARS-CoV-2, equivocal, etc.)
Test Result Subtype	RSV and Influenza subtype information extracted from the LOINC or Result. See these guidance documents for specifications: • Influenza: https://www.health.ny.gov/professionals/diseases/reporting/communicable/docs/influenza_guidance_clinical.pdf • • https://www.health.ny.gov/professionals/diseases/reporting/communicable/docs/influenza_guidance_limited_service.pdf RSV: • https://www.health.ny.gov/professionals/diseases/reporting/communicable/
Specimen collection date of the respiratory Illness Test Result	Date the respiratory illness testing specimen was collected
Respiratory Illness Test Result Date	Date of the Result
Respiratory Illness Result Facility	Internal Code for the Organization Facility that sent the Test Result, not the Diagnosing Facility *Note: Mapping Table will be provided for Code to Common Name* *Note: If Resulting Facility is a Reference Lab and there is not a Facility listed, please transmit the Reference Lab Name or CLIA Number*
Respiratory Illness Test Result Facility MRN	Facility that sent the Test Result, not the Diagnosing Facility
Respiratory Illness Test Result Facility Zip	Zip Code of the Facility that sent the Test Result
Encounter Type	Episode of Care
Encounter Admit Date	Date admitted to Hospital, if a hospitalization encounter
Encounter Discharge Date	The date the patient was discharged from the hospital, if a hospitalization encounter

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Diagnoses

Data Element	Definition
QE Name	QE providing the data (i.e., source QE)
Facility ID	Identifier for the source facility (i.e. assigning authority code) generating the data
Facility MRN	Medical Record Number (MRN) from the source facility generating the data
MPI ID	Unique Patient Identifier from the QE MPI
Patient First Name	First Name of Patient
Patient Middle Name/Initial	Middle Name or initial of patient
Patient Last Name	Last Name of Patient
Date of Birth	Date of Birth
Gender	Administrative Gender, where possible please fill with gender identify
Sex Assigned at Birth	Patient's Sex Assigned at Birth
Race Code System	Patient's Race Code System
Race Code	Patient's Race Code *Note: If race value is blank from the testing facility, please use the most recent race value provided for the patient.*
Race Description	Patient's Race Description
Ethnicity Code System	Patient's Ethnicity Code System
Ethnicity Code	Patient's Ethnicity Code *Note: If ethnicity value is blank from the testing facility, please use the most recent ethnicity value provided for the patient.* *Format:* https://phinvads.cdc.gov/vads/ViewValueSet.action?id=67D34BBC-617F-DD11-B38D-00188B398520
Ethnicity Description	Patient's Ethnicity Description
Street Address 1	Patient's Home Street Address 1
Street Address 2	Patient's Home Street Address 2
City	Patient's Home City
County	Patient's Home County
State	Patient's Home State
Zip Code	Patient's Home Zip Code
Telephone Number	Patient's primary telephone number
Diagnosis Date	Date of The Diagnosis
Encounter Type	Episode of Care
Encounter Date	Date of Encounter
Admission Date	Date admitted to Hospital, if a hospitalization encounter
Discharge Date	The date the patient was discharged from the hospital, if a hospitalization encounter
Discharge Disposition Code System	The coding system used to generate the discharge disposition using the SPARCS (HL7) Discharge Disposition (HL7) Code.
Discharge Disposition Code	The disposition of the patient at time of discharge (i.e., discharged to home, expired, etc.) using the SPARCS (HL7) Discharge Disposition (HL7) Code.

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Discharge Disposition Code Description	Description of discharge disposition code
Diagnosis Code System	Diagnosis Code System *Note: Please provide national code sets. Local codes have been provided in the past and can continue to be supplied as the QEs work with participants to use national standard code sets if translation is included in local code description fields.*
Diagnosis Code	Diagnosis Code for Respiratory Illness or DX1 for an encounter (may be a few days after a positive RIS lab). Diagnosis Code for other diagnoses (multiple) related to the RIS encounter may also be provided to NYSDOH.
Diagnosis Code Description	Description of the Code provided in data