# **Patient List Alerting File Format**

Below is the file format that is required for Patient List Alerting. The preferred file format is a comma separate file (.csv), excel format will be accepted. A template is available if needed.

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| --- | --- | --- | --- |
| Field Name | Required/Optional | Required Value | Value Definition |
| MRN | Required | N/A | N/A |
| Patient First Name | Required | N/A | N/A |
| Patient Last Name | Required | N/A | N/A |
| Patient Middle Initial | Optional | N/A | N/A |
| Date of Birth | Required | MM/dd/YYYY | N/A |
| Gender | Optional | F,  M,  O,  U,  A,  N  Default to N if not supplied | (F)emale,  (M)ale,  (O)ther,  (U)nknown,  (A)mbiguous,  (N)ot applicable |
| Race | Optional | 1002-5,  2028-9,  2054-5,  2076-8,  2106-3,  2131-1,  Unknown  Default to Unknown if not supplied | 1002-5 = American Indian or Alaska Native  2028-9 = Asian  2054-5 = Black or African American  2076-8 = Native Hawaiian or Other Pacific Islander  2106-3 = White  2131-1 = Other Race  Unknown = Unknown |
| Street Address | Required | N/A | N/A |
| City | Required | N/A | N/A |
| State | Required | N/A | N/A |
| Zip or Postal Code | Required | Must be 5,9 or 10 digits | N/A |
| Address Type | Optional | H, L  Will default to ‘H’ if empty | (H) Home  (L) Legal |
| County/Parish Code (CWE) | Optional | N/A | N/A |
| Social Security Number | Optional | Must be in following format if included.  XXX-XX-XXXX | Must be in following format if included.  XXX-XX-XXXX |
| Provider Identifier (NPI) | Optional | N/A | N/A |
| Provider Direct Mail to receive Alerts | Optional | N/A | Must be valid direct email address. |
| Provider Phone Number to Receive Alerts | Optional | Must be in following format if included.  XXX-XXX-XXXX | Must be in following format if included.  XXX-XXX-XXXX |
| Inpatient Admit (A01) | Optional | Contain blank, Y, N  If left blank (Inpatient Admit by default) | Contain blank, Y, N |
| Inpatient Discharge  (A03) | Optional | Contain blank, Y, N  If left blank (Inpatient Discharge by default) | Contain blank, Y, N |
| ED Admit (A04) | Optional | Contain blank, Y, N  If left blank (ED Admit by default | Contain blank, Y, N |
| Data Source ID | Required | To be provided by HeC |  |
| Provider Group Key | Required | To be provided by HeC |  |
| Delivery Frequency | Optional | Contain blank, RT, B, DD | RT = Real Time, receive the Direct Alert as soon as it occurs  Leave Blank = Default to Real Time  DD = Receive alerts in a daily digest format sent daily  B = Receive the alert both real time and in a daily digest format. |
| Additional Event Types | Optional | Blank or one of the following separated by a ;  EDA03;  EDA11;  EDA13;  IPA11;  IPA13; | EDA03 = ED Discharge  EDA11 = ED Cancel Admit  EDA13 = ED Cancel Discharge  IPA11 = In-Patient Cancel Admit  IPA13 = In-Patient Cancel Discharge |