# **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.

|  |  |  |  |
| --- | --- | --- | --- |
| 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, NDefault 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,UnknownDefault to Unknown if not supplied | 1002-5 = American Indian or Alaska Native2028-9 = Asian2054-5 = Black or African American2076-8 = Native Hawaiian or Other Pacific Islander2106-3 = White2131-1 = Other RaceUnknown = 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, LWill 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, NIf left blank (Inpatient Admit by default) | Contain blank, Y, N |
| Inpatient Discharge (A03) | Optional | Contain blank, Y, NIf left blank (Inpatient Discharge by default) | Contain blank, Y, N |
| ED Admit (A04) | Optional | Contain blank, Y, NIf 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 occursLeave Blank = Default to Real TimeDD = Receive alerts in a daily digest format sent dailyB = 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 DischargeEDA11 = ED Cancel AdmitEDA13 = ED Cancel DischargeIPA11 = In-Patient Cancel AdmitIPA13 = In-Patient Cancel Discharge |