



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, 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 |