



Patient Panel
Specification

Version 02
03.19.2024



Table of Contents

Overview	3
1 Message Details.....	4
1.1 <i>File Format</i>	4
1.2 <i>Panel Column Descriptions</i>	4
1.3 <i>File Details</i>	4
2 Message Example	6
Revision History	7



Overview

This specification is for provider organizations to send patient panel files containing patient demographic information and Health Provider data to establish an active care relationship between an organization and their patients. FLHIE uses the patient panel to populate the patient's care team, enable search for clinical information and populate FLHIE alerts.

Panel files will age-out after 90 days so a new panel will need to be submitted within 90 days from the last sent file. FLHIE will archive your panel files for 180 days. Hospitals typically share a 2-year historical feed of all patients who have had a visit in the past 2 years while provider practices typically share a list of active patients.

The same panel template is used, regardless if the panel is for ongoing patient encounters or historical patient encounters.



1 Message Details

1.1 File Format

The file must be:

- csv flat files;
- comma delimited formatted;

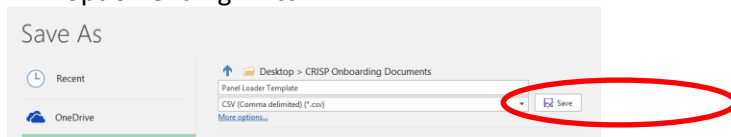
Naming Convention:

SourceCode-1-z-MM-dd-yyyy.csv

SourceCode is provided by CSS/FLHIE to each organization.

1.2 Panel Column Descriptions

- ❖ Please do not alter or delete any columns or headers
- ❖ If a column does not apply to you, please leave cells in that column blank
- ❖ All patient panels should be uploaded in .csv format.
- ❖ To do this, you may click “Save As” in Microsoft Excel, and choose the “CSV (Comma Delimited) (*.csv)” option ending in .csv



Columns that are filled out will be returned to the organization in notifications.

Ex. If you mark that a patient is in a Diabetes program, you will see that in the notifications.

1.3 File Details

Required Fields marked in **Blue**. Values in **Green**, provide if available. Values in **Gray** will appear on your alerts if you include them in the panel. Values in **Orange**, required on delta panels only. All other fields are optional.

COLUMN	CHARACTER LIMIT	EXAMPLE	DESCRIPTION
Group	50	Diabetes	You may choose to designate a group for a subset of your patients
Member_Status	10	ADD	Required for delta panels only. Acceptable values are ADD, UPDATE, or DELETE
Patient_ID	50	JD1234	Practice-specific medical record number, usually from your EHR.
First_Name	30	John	Patient First Name
Middle_Name	30	M	Patient Middle Name
Last_Name	75	Doe	Patient Last Name
Name_Suffix	10	Jr	Patient Name suffix
Address_1	75	123 Main St	Number and Street Name
Address_2	75	Apt. 1	Additional address information
City	50	Columbia	City of patient's residence
State	15	MD	May be abbreviations or full name



Zip	10	21044	5 digit zip code
Birthdate		10/12/1978	Must be in mm/dd/yyyy format
Gender	10	M	May be listed as letter or full (M or Male)
SSN	15	123-45-6789	If listed, must be full 9 digit SSN, dashes optional
Home_Phone	15	301-555-9876	If listed, must be full 10 digit phone number, dashes optional
Work_Phone	15		If listed, must be full 10 digit phone number, dashes optional
Cell_Phone	15		If listed, must be full 10 digit phone number, dashes optional
Practice	50	ABC Clinic	If an organization consists of multiple practices, you may specify here
Location	50	ABC Clinic - Easton	If an organization consists of multiple locations, you may specify here
PCP	100	Dr. Get-Better	Patient's PCP
NPI	15	123456789	Organization NPI
TaxID	20	09-098765	Organization Tax ID
Insurance	50	Medicaid	Patient Insurance
ACO	100	CareFirst	Patient ACO
Account_Number	25	Carefirst - 12345	Patient account number, specific to a program or enrollment
CEND_Startdate		11/31/2017	Date that patient is first added to CEND roster. Must be in mm/dd/yyyy.
Care_Program	100	Diabetes	Care Program Name, if enrolled
Care_Program_StartDt		10/10/2017	Care Program start date. Must be in mm/dd/yyyy.
Care_Program_EndDt		12/31/2017	Care Program disenrollment date. Must be in mm/dd/yyyy.
Care_Manager	100	Sally Care	Care Manager Name
Care_Manager_Phone	10	123-345-5678	Care Manager Phone, must be 10 digit phone number
Care_Manager_Email	20	sallycare@care.com	Care Manager Email, must be in valid email format
RiskScore1	20	Low	May enter a risk score. This will translate exactly like you type it.
RiskScore2	20		Same as above
RiskMethodology1	100	Fram. Risk Score	This would be used to name your 1st risk score
RiskMethodology2	100		Same as above, name a 2nd risk score if you enter it
Region	100	ABC Clinic-X Region	If this patient is in a specific region that you serve, may enter it here
DirectEmail	50	Drx@crispdirect.org	If the patient's provider has a CRISP Direct email, may enter it here
DocHaloID	50	Provider ID	If the patient's provider has a DocHalo ID, you may enter it here
Follow Up Date		01/15/2017	Date follow up visit is scheduled. Must be in mm/dd/yyyy.
Appointment Missed Date		01/16/2017	Date appointment was missed. Must be in mm/dd/yyyy.



Care Alert			
Assigning Authority Code			

2 Message Example

[CSS Patient Panel](#)



Revision History

Date	Version	Author	Comments
1/28/2024	1.0	FLHIE	Create initial document.
3/19/2024	2.0	FLHIE	Added new fields to the panel: Race, Ethnicity, Specialist NPI, Specialist Name, Specialty