Patient Panel Template User Guide:
Tips for completing the Patient Panel Template

FLORIDA HIE

Group	Member_Status	Patient_ID	First_Name	Middle_Name	Last_Name	Name_Suffix	Address_1	Address_2	City
	ADD	999999	John	K	Doe		33 main st	apt 45	baltimore
	UPDATE	1000000	Jane	K	Doe		34 main st	apt 46	baltimore
	DELETE	1000001	Jim	K	Doe	Jr	35 main st	apt 47	baltimore

State	Zip	Birthdate	Gender	SSN	Home_Phone	Work_Phone	Cell_Phone	Practice	Location	PCP
MD	21230	12/31/1900	M	999-99-9999	3025551212	3025551212	3025551212		555 Healthy Way	Dr. Smith
MD	21230	12/31/1900	F	999-99-9999	3025551212	3025551212	3025551212		222 Crab St.	Dr. Smith
MD	21230	12/31/1900	M	999-99-9999	3025551212	3025551212	3025551212		555 Healthy Way	Dr. Smith

All panels are required to have these columns headers, be named the same, and be in this order. All files must be saved as CSV (Comma delimited)

Values always required	Values optional - These fields will appear on your CEND alerts if you include them in the panel	Values required for delta panels only	Provide these values if available	Values required for care alert panels

Completing the Patient Panel Template properly for self-service processing via the Panel Processor application is key to reducing panel rejections, misidentification of patients, and loss of valuable time.

Required Fields	Notes
Patient_ID	Patient IDs cannot contain spaces or additional characters such as (‘single quote, “ double quote, / slash, \ backslash, % percent, <less than sign, > greater than sign, + plus sign,? question mark, ‘apostrophe, ’ apostrophe, ` back-quote. Add numbers and/or letters as: 12345, 12345ABC.
First_Name	It is best to use a space between multiple first names, but do not replace apostrophes or other characters in the name with spaces to maintain the best chances at a phonetic match. If the patient uses a single letter as a name, spell it out (ex. “J” = “Jay”). Otherwise, the name will be considered anonymous.
Last_Name	It is best to use a space between multiple last names. If the name is hyphenated, please include the hyphen.

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Required Fields	Notes
Address_1	For individuals with no fixed address
City	Ensure the spelling of the city's name is consistent and spelled correctly.
State	Use the abbreviated two letters (MD, DC, VA, etc.).
Zip	A 5-digit zip code is sufficient.
Birthdate	The birthdate can be entered in M/D/YYYY or MM/DD/YYYY format.
Gender	Male, Female, Unknown, Other or M/F/U/O

Optional Fields	Notes
Group	Group or population within your organization that the patient is assigned to, if any
Middle_Name	It is best to use a space between multiple middle names.
Name_Suffix	The following values are acceptable: Sr., Jr., III
Home_Phone	Acceptable formats: 9999999999 or 999-999-9999
Cell_Phone	Acceptable formats: 9999999999 or 999-999-9999
Practice	The name of the practice associated with this patient panel.
PCP	Patient's Primary Care Provider
NPI	PCP's 10-digit National Provider Identifier. Acceptable format: 1111111111
TaxID	Organizations associated 9-digit Taxpayer Identification Number
Insurance	Patient's insurance provider. Ex: CareFirst BCBS
ACO	Patient's Accountable Care Organization

Optional Fields	Notes
Acccout_Number	
CEND_Startdate	M/D/YYYY or MM/DD/YYYY is acceptable.
Care_Program	Name of care program within your organization the consumer is affiliated with (if any)
Care_Program_StartDt	M/D/YYYY or MM/DD/YYYY is acceptable.
Care_Program_EndDt	M/D/YYYY or MM/DD/YYYY is acceptable.
Care_Manager	Patient's Care Manager within your organization.
Care_Manager_Phone	Patient's care manager's phone number contact.
Care_Manager_Email	Patient's care manager's email contact. Ex: abc@crisphealth.org
RiskScore1	
RiskMethodology1	
RiskScore2	
RiskMethodology2	
Region	CRISP Region is associated with your organization. MD, DC, CT, WV, or AK
DirectEmail	Patient's email address. Ex: abc@crisphealth.org
DocHaloID	
Follow_Up_Date	
Appointment_Missed_Date	
ACO	

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DELTA Panels Only	Notes
Member_Status	Action necessary for patient's account on your roster. Acceptable values: ADD, UPDATE, DELETE

CARE Alert Panels Only	Notes
Care_Alert	
Assigning_Authority_Code	

Here are some Best Practices, and Practices to Avoid, to help you complete your patient panel template more effectively:

Best Practices

- **Ensure ALL column headers are included, named, and listed IDENTICALLY to the order on the patient panel template.** We recommend copying & pasting your patient data into the template, so that the headers are already correct.
- **Ensure your patient panel is named correctly.** The file should be named in this format: subscribercode-1-z-MM-DD-YYYY. (Ex: ENS_VAL-1-z-02-14-2023).
- **Ensure your patient panel is saved as a .csv file.** (.csv, comma delimited).
- **Ensure your patient panel reflects accurate data in ALL required fields.** (Patient ID, First Name, Last Name, Address, City, State, Zip, DOB, & Gender).
- **Ensure that there is no unnecessary or additional spacing within the cells.**
- **Ensure there are no duplicate patients.**



Practices to Avoid

- **Do not leave blank cells in the required blue highlighted fields.**
- **Do not add additional details** (e.g., lives with wife, shelter, or likes to watch basketball) in Address 1 or Address 2 fields.
- **Do not add additional characters in the fields.** This includes *, /, (), etc. in required fields.