# Patient Panel
*Specification*

**Version 02**
**03.19.2024**

# Table of Contents

**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 (ACR) between an organization and their patients.  Connie uses the patient panel to populate the patients care team, enable search for clinical information and populate Connie 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. Connie 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:
ENS_[SourceCode]-1-z-[Date of file submission]. csv
SourceCode is provided by CSS/Connie 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 it 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
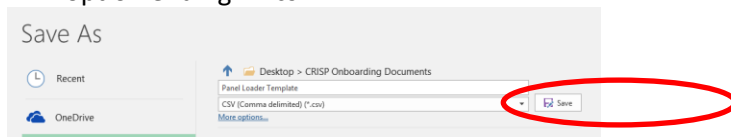


Columns that are filled out will be returned to the organization in ENS PROMPT notifications.
Ex. If you mark that a patient is in a Diabetes program, you will see that in the ENS PROMPT notifications.

## 1.3    File Details

Required Fields marked in **Blue**. Values in **Orange**, provide if available. Values in **Purple** not required for Connie. All other fields are optional.

| COLUMN | CHARACTER LIMIT | EXAMPLE | 0DESCRIPTION |
|---|---|---|---|
| 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 |
| ENS_Startdate | | 11/31/2017 | Date that patient is first added to ENS 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 | | | |
| Race | 100 | W | Patient's race.  See valid codes below. |
| Ethnicity | | 2186-5 | Patient's ethnicity.  See valid codes below |
| Specialist NPI | 15 | 123456789 | Specialist NPI |
| Specialist Name | 100 | Dr. All Better | Specialist Name |
| Specialty | 50 | Cardiology | Medical specialty |

## 2  Message Example

Sample-ENS-Patient-
Panel-11-30-2023.xlsx

**Revision History**

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