HealtheConnections' Statewide Encounter Alerts Service: Patient List Subscription File Basic Guidelines

The following guidelines outline the formatting and data requirements for submitting a Patient List Subscription file for HealtheConnections' Statewide Encounter Alerts Service (SEAS). Adhering to these standards ensures accurate alert delivery.

Patient List Subscription: Formatting Requirements

- Files must be saved as .csv (comma delimited) or .txt (tab or pipe delimited).
- Submit files with the following naming convention: PLA-SHINNY-OrgName-Date. Example: PLA-SHINNY-HealtheConnections-07302025.csv
- File names once established must remain consistent as above, however the date can vary. Example: PLA-SHINNY-OrgName-Date.csv
- Every file MUST include the headers as the first row of the file.
- Column headers, once established, must remain consistent and retain the same spelling, capitalization, and spacing between files. Example: Date of Birth cannot change to DOB or date of birth
- Column header names and the order of the columns of information do not need to match the sample file exactly but should remain consistent once established.
- Column formats must remain consistent throughout the entire column. Example: Gender can either be one character M/F/O or full text Male/Female/Other, but not both
- Format for all 'Date' fields must contain a 4-digit year. Example: 1990
- The date formats must remain the same between files. If DOB is provided in format M/d/yyyy, all subsequent files must contain DOBs in format M/d/yyyy.
- Patients must have a unique Patient ID (MRN) that remains consistent with that patient and will not be duplicated or reassigned to another patient.
- Social Security Number (SSN) should not be used in the Unique Identifier field.
- Leave values blank when no information is available. Do not use 'null', 'N/A', or unknown for any fields.
- Remove place holder values. For example, do not leave an unknown DOB set to 1/1/1900 or SSN set to 999999999.
- Any files or communications containing protected health information (PHI) must be sent using secure methods only, which includes:
    - **Direct Mail** via the HIE portal to patientsubscriptions@hiemail.healtheconnections.org
    - **Encrypted Email** to support@healtheconnections.org
    - **sFTP**

Alerts will be delivered to your organization only on patients included on this file,so only patients considered 'active' by your facility should be listed. Remember, the more demographic data you provide, the better the value we can provide back to your organization. Please include ALL possible demographic data as outlined in the required and optional fields below.

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Patient List Subscription: Required Demographic Fields

There are 13 required fields, listed below.

Column Name	Description	Maximum Characters Allowed	Required Field
Unique Identifier	A Unique Identifier is required for every patient. Traditionally this value is the internal ID that an organization uses to identify a patient (Medical Record Number (MRN)). This value should never be duplicated or reassigned to a different patient.	255	Required
First Name	Patient first name only	45	Required
Middle Name	Patient middle name or middle initial	45	Required if Available
Last Name	Patient last name only	255	Required
Date of Birth	Patient date of birth. Format requires a 4 digit year with NO time stamp. Various formats are permitted however ALL dates within this column need to follow the same format and include a 4 digit year. Example: MM/dd/yyyy or yyyyMMdd	10	Required
Sex	The patient's birth sex. The patient's gender, either full text or truncated. Values permitted include Male (M), Female (F), or Other (O).	3	Required if Available
Street Address 1	The first line of the patient's street address	255	Required
Street Address 2	The second line of the patient's street address. Example: Apartment number	45	Required if Available
City	The city/town of the patient's street address	45	Required
State	The two letter USPS state abbreviation of the patient street address	2	Required
Zip	The US zip code of the patient address, either five or nine digits	10	Required
Phone Number	The patient primary phone number, must be 10 digits. Only one phone number will be processed per patient. It's recommended to provide the most common (main) contact number they would give when presenting for an encounter.	10	Required
Social Security Number	Patient social security number (SSN). Full nine digits preferred, format should allow for preceding 0's, can accept last four digits. All SSN is processed with a salt and hash encryption, no SSN is stored. Please make every effort to provide; significantly improves patient matching from 99% accuracy to at most 83% if all other patient date elements are present and accurate.	11	Required if Available

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Patient List Subscription: Optional Supplemental Fields

Other optional specifications, such as those listed below, are designed to enable specific workflows or processes within the system. The options below are suggestions; custom optional fields can also be supported.

Column Name	Description	Maximum Characters Allowed	Optional Field
Suffix	Patient legal suffix	10	Optional
County	The county of the patient street address	45	Optional
FIPS Code	The FIPS code of the member street address	5	Optional
Phone Type	The type of phone (e.g., Home, Cell, Work, etc)	10	Optional
Phone Number 2	Member phone number, must be 10 digits	10	Optional
Preferred Language	Use alpha 2-character code if one exists (ISO 639-1); use alpha 3 character code if an alpha 2 character code does not exist (ISO 639-2)	3	Optional
Assigned or Attributed PCP NPI	NPI of Patient's primary care provider (PCP) or assigned/attributed provider.	45	Optional
PCP Name	Name of patient's primary care provider		Optional
PCP Street Address	PCP Facility Street Address		Optional
PCP City	PCP Facility City		Optional
PCP State	PCP Facility State		Optional
PCP Zip Code	PCP Facility Zip Code		Optional
PCP Phone	PCP Facility Phone Number		Optional
PCP Clinic	Primary care provider's clinic or practice name		Optional
PCP Start Date	The start date that the provider becomes the patient principal PCP. Must have the same number of items as Principal PCP ID.	10	Optional
PCP End Date	The date that the principal PCP is no longer the primary healthcare provider; otherwise leave blank. Must have the same number of items as Principal PCP ID. Without end dates, logic will be used to prioritize recent PCP and move historical PCP to inactive.	10	Optional
Care Team Member Name	Care Manager/Coordinator Name		Optional
Care Team Member Street Address	Care Manager/Coordinator Facility Street Address		Optional
Care Team City	Care Manager/Coordinator Facility City		Optional
Care Team State	Care Manager/Coordinator Facility State		Optional
Care Team Zip Code	Care Manager/Coordinator Facility Zip Code		Optional
Care Team Facility Name	Case Manager/Coordinator Facility Name - Can be same name as entity name		Optional
Care Team Member Phone Number	Care Manager/Coordinator Phone Number		Optional

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Care Team Member NPI/Taxonomy	Care Team NPI/Taxonomy; Examples include case managers and/or care manager assigned to a patient. May use a facility level NPI or ID.	45	Optional
Care Team Member Assignment Date	Start date that the care team provider joined the Member integrated care team. Must have the same number of items as Care Team Provider ID's.	10	Optional
Care Team Member Termination Date	Leave blank until end date is known. Must have the same number of items as Care Team Provider ID's. Without end dates, logic will be used to prioritize recent Care Team information and move historical Care Team information to inactive.	10	Optional
Payer/Carrier Name	The Carrier/Payer name is the plan who holds the policy. Payer name that will be visible in portal and easy to recognize (MSSP, Medicaid ACO, Collective Health Plan, etc.)	45	Optional
Plan Name	Plan name as it appears on the members insurance card	45	Optional
Plan ID	Unique plan or benefit package identification number		Optional
Network Type	HMO, PPO, POS, EPO	45	Optional
Coordination of Benefits (COB)	Primary with no known secondary; Primary with known secondary, Secondary		Optional

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