



Attribution Specification

Below is the file format that is required for Patient Attribution List. 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
Unique Patient Id	Required	N/A	ie MRN, member ID
Patient First Name	Required	N/A	First Name
Patient Last Name	Required	N/A	Last Name
Date of Birth	Required	MM/dd/YYYY	Date of Birth
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
Street Address	Optional	N/A	N/A
City	Optional	N/A	N/A
State	Optional	N/A	N/A
Zip or Postal Code	Optional	Must be 5,9 or 10 digits	N/A

*Please, send your completed attribution list to Charles Marra.

Secure Email Address:

Charles.marra@hiemail.healthconnections.org