

Important Information: Patient Panel

Required Fields marked in **Orange**. Only one of the two fields marked in **Blue** are required. In addition to required fields, we highly recommend that MDPCP practices include information for fields marked in **Green**.

COLUMN	CHARACTER LIMIT	EXAMPLE	DESCRIPTION
Group	50	Diabetes	You may choose to designate a group for a subset of your patient
Member_Status	10	ADD	This column should be set to ADD for all patients at all times.
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	30	Doe	Patient Last Name
Name_Suffix	75	Jr	Patient Name suffix
Address_1	10	123 Main St	Number and Street Name
Address_2	75	Apt. 1	Additional address information
City	75	Columbia	City of patient's residence
State	50	MD	May be abbreviations or full name
Zip	15	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	10	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 - no text, i.e. extentions
Work_Phone	15		If listed, must be full 10 digit phone number, dashes optional - no text, i.e. extentions
Cell_Phone	15		If listed, must be full 10 digit phone number, dashes optional - no text, i.e. extentions
Practice	15	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	50	Dr. Get-Better	Patient's PCP
NPI	100	123456789	Organization NPI
TaxID	15	09-098765	Organization Tax ID
Insurance	20	Medicaid	Patient Insurance
ACO	50	CareFirst	Patient ACO
Account_Number	100	CareFirst-12345	Patient account number, specific to a program or enrollment
ENS_Startdate	25	11/31/17	Date that patient is first added to ENS roster. Must be in mm/dd/yyyy.
Care_Program		Diabetes	Care Program Name, if enrolled
Care_Program_StartDt	100	10/10/17	Care Program start date. Must be in mm/dd/yyyy.
Care_Program_EndDt		10/12/17	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 - no text, i.e. extentions
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
PatientEmail	50	johnd@email.com	If entered, must be in valid email format
Care_Manager_ID	50	SallyC123	If your Care Managers have ID, you my enter it here
Program	255	Psychiatric Rehab	If patient is in a program other than a Care Mgt program, enter it here
LocationName	255	Columbia	May designate a program location, other than the practice location
ProviderFirstName	255	Sam	You may enter a Provider Name, other than PCP
ProviderLastName	255	Social Worker	You may enter a Provider Name, other than PCP
RiskMethodology-Description1	255	Fram. Risk Score is...	Provide a description of the risk methodology you may have entered
RiskMethodology-Description2	255		Same as above, for a 2nd risk methodology used
CareProgramDuration	255	90 Day Program	Provide information regarding care program's enrollment timeframes