

CRISP Patient Panel Checklist Addendum

<u>Please complete this addendum if your organization has chosen to submit panels or receive notifications outside</u> of traditional methods (CRISP Direct or Self-Service Panel Loader), or if you would like to receive CCDAs

Account and POC Information Account Name: Click to enter text. Point of Contact Name (ENS/Panel Lead): Click to enter text. Email: Click to enter text.	Date: Click to enter a date. Phone Number: Enter Phone #.
Inbound to CRISP Please choose one of the following: □ SFTP	
 □ CRISP hosted – CRISP will enter a work ticket to configure this selection □ Participant hosted – We will reach out to you for the following informationand Port # 	
 ADT/SIU What event trigger will be used to add patients? (Ex. A04): Click to enter te Will there be any additional trigger events (Ex. Discharge=A08): Click to enter Do you want to include any specific trigger values (ex. Location)? If so, in w Will you include any other Attributes (Ex. PCP, Care Manager, Care Program segment(s)? Click to enter text. 	ter text. /hich segment(s)? Click to enter text.
☐ Other (Please specify): Click to enter text.	
Outbound to Participant Please choose one of the following: SFTP CRISP hosted – CRISP will enter a work ticket to configure this selection, share credentials Participant hosted – We will reach out to your ENS lead for the following Password, and Port #	
☐ TCP/IP ☐ Do we have an existing VPN? ☐ Yes ☐ IP and port for Test: Click to enter text. ☐ IP and port for Prod: Click to enter text. ☐ Technical Point of Contact (Full Name, Email and Phor	•
☐ Technical Point of Contact (Full Name, Email and Phor ☐ CCDA ☐ PCP Specific – CCDAs will be send directly to specific PCPs within a pract need to have PCPs associated to each patient on panel. ☐ Practice Specific – CCDAs will be routed to practice based on how they was Address provided by practice or SFTP).	tice for their patients. Patient panel will
☐ Other (Please specify): Click to enter text.	